



# Idaho Healthcare Coalition

## Meeting Minutes:

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**SUBJECT:** IHC July Minutes

**DATE:** July 13, 2016

**ATTENDEES:** Josh Bishop, Dr. Andrew Baron, Pam Catt-Oliason, Russell Duke, Dr. Ted Epperly, Lisa Hettinger, Deena LaJoie, Dr. David Pate, Susie Pouliot, Dr. Kevin Rich, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Jennifer Wheeler, Matt Wimmer, Cynthia York, Nikole Zogg

**LOCATION:** 700 W State Street, 1<sup>st</sup> Floor East Conference Room

**Teleconference:** Scott Carrell, Dr. Mike Dixon, Dr. Scott Dunn, Katherine Hansen, Janica Hardin, Carol Moehrle, Daniel Ordyna, Geri Rackow, Dr. Boyd Southwick, Dr. Bill Woodhouse

**Members Absent:** Director Richard Armstrong, Melissa Christian, Jeff Crouch, Ross Edmunds, Lee Heider, Dr. Glenn Jefferson, Yvonne Ketchum, Rene LeBlanc, Maggie Mann, Nicole McKay, Casey Meza, Tammy Perkins, Dr. David Peterman, Dr. Robert Polk, Dr. David Schmitz, Larry Tisdale, Karen Vauk, Lora Whalen, Janet Willis, Dr. Fred Wood

**Guests:** Jesse Arnoldson, Rachel Blanton, Wayne Denny, Gina Pannell, Janet Reis, SeAnne Saffii-Waite, Stewart Wilder, Dr. Tom Young, and Shenghan Xu

**IDHW Staff:** Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Ann Watkins,

**Mercer:** Katie Falls

**STATUS:** Draft (07/14/2016)

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# Summary of Motions/Decisions:

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**Motion:**

Neva Santos moved to accept the minutes of the May 18, 2016 and June 8 2016 Idaho Healthcare Coalition (IHC) meeting as prepared.

Dr. Andrew Baron seconded the motion.

Dr. David Pate moved that the Idaho Healthcare Coalition recommend the Governor appoint Kathy Brashear to the IHC.

Neva Santos seconded the motion.

Dr. Kevin Rich moved that the Idaho Healthcare Coalition recommend the Governor appoint Pam Catt-Oliason to the IHC.

Josh Bishop seconded the motion.

Dr. Scott Dunn moved that the Idaho Healthcare Coalition accept Matt Wimmer as co-chair to the Idaho Medical Home Collaborative Workgroup and recommend the Governor appoint him to the IHC.

Dr. Kevin Rich seconded the motion.

Dr. David Pate moved that the Idaho Healthcare Coalition adopt the SHIP cohort two recruitment plan and interest survey as presented by Dr. Scott Dunn and Kym Schreiber to the IHC.

Russell Duke seconded the motion.

**Outcome:**

Motion carried

Motion carried.

Motion carried.

Motion carried.

Motion carried.

# Agenda Topics:

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**Opening remarks, Introductions, Agenda review, Approve minutes –**

- ◆ Dr. Epperly presented a recent article published in the Idaho Statesman entitled *8 myths about covering the uninsured in Idaho* published in the Idaho Statesman. IHC members Dr. Baron and Yvonne Ketchum are quoted in this article and there will be a follow up article by the Idaho Statesman.
- ◆ Dr. Epperly provided a quote for the meeting “If you don’t try to create the future you want, you must endure the future you get.” by John C. Maxwell.
- ◆ Dr. Epperly called roll. At the time of roll call there was not a quorum present. The approval of motions was deferred until a quorum was established mid-way through the meeting.

**Mental Health Diagnosis and Suicide Prevention Screening – Stewart Wilder, Dr. Tom Young**

- ◆ Dr. Epperly discussed the present and immediate need for better mental health care in Idaho in helping eliminate the number of Idahoans committing suicide. He introduced presenters Dr. Tom Young a board certified physician who has worked in many areas of the medical field throughout his career, he is the President and Co-founder of nView Health, an organization dedicated to improving the diagnoses of mental illness by primary care doctors. Stewart Wilder is an owner of the Interim HealthCare franchise and President of the Live Wilder foundation which is dedicated to achieve zero suicide in youth. Both Dr. Young and Mr. Wilder have been impacted by suicide.
- ◆ Dr. Young presented on nView Health, a new company that provides clients with a new way of diagnosing mental

illness. Right now the first step in addressing mental illness which is diagnosis is not being handled properly. Currently 1 in 5 people will experience a diagnosable mental illness this year. When untreated can lead to severe impacts on patients, families, health systems, payers, employers and the community.

- ◆ The estimated economic impact of these untreated mental diagnoses is 465 billion dollars annually. Most chronic illnesses become twice as expensive to treat with missed, under-diagnosed or untreated mental health comorbidity. Treating patients with 360° care costs less than when patients end up in the hospital with these illnesses.
- ◆ Patient Centered Medical Homes (as a response to these problems) need a standard depression screening method. Current statistics show that 45% of people who commit suicide visited their primary care doctor within a month of their death. After attempting suicide 67% of people seek medical attention which leads to higher medical costs.
- ◆ Primary care doctors have the potential to help prevent suicides and help connect patients to the mental health care they need. Studies show that two thirds of mental health diagnoses come from primary care doctors; however there is a high misdiagnosis rate among these patients. The Mini-International Neuropsychiatric Interview (M.I.N.I.) is the most widely used neuropsychiatric diagnostic assessment tool in the world according to the World Health Organization, with a diagnosis rate of 89% from the National Institute of Health. Consistency in diagnosing mental illness is an important step in addressing the issues with mental health in the country and within Idaho.
- ◆ Stewart Wilder presented the Live Wilder foundation he started that is focused on ending youth suicide. Their goal is to advance to zero suicide deaths in youth through education and treatment. Mr. Wilder has helped to establish the Idaho Suicide Prevention Coalition which is a government funded program for suicide prevention.
- ◆ Dr. Tom Young took questions on their presentation. Dr. Pate inquired what percent of Idaho's medical homes have a mental health professional imbedded in the medical neighborhood; only 5 to 10% of the medical homes have this service.
- ◆ Dr. Epperly helped conclude the presentation by thanking both Dr. Young and Mr. Wilder for their presentations and the work they have done towards ending suicide deaths.

#### **Mercer Project Management Update and Communications Materials – *Katie Falls, Mercer:***

- ◆ Katie Falls presented on the communications toolkit summary for the IHC. The toolkit was developed to help IHC market the PCMH model to other providers, patients, and various people in the healthcare community. The summary provided to the audience shows what materials have been created, their purpose and their intended target audience.
- ◆ Ms. Falls reviewed the three new communication materials created by the Mercer team. The first is the PCMH window sticker PCMH practices could display as a visual to show patients who participate in the Medical-Health Neighborhood and is available to help with various needs of the patient. IHC members had several suggestions on how to improve the stickers' graphic. Suggestions made were to make the PCMH icon bigger, remove or change the type of car displayed as transportation, to change exercise to physical activity and add it into one icon for public health, and to simplify the graphic. Ms. Falls and the SHIP team will take these suggestions and work on redesigning the graphic presenting several options at the next IHC meeting.
- ◆ As a companion piece to the Medical Health Neighborhood sticker, Ms. Falls presented the PCMH/Medical-Health Neighborhood mini poster that is meant to complement the window sticker for use by SHIP primary care clinics.
- ◆ Ms. Falls also presented on the contents of the provider Medical Health Neighborhood fact sheet. IHC members discussed the fact sheet and discussed the potential need for an MOU to be a part of the medical neighborhood toolkit. This MOU may be developed as a regionally based tool.
- ◆ IHC members also identified a gap in the medical home community fact sheet. The discussion ended with Katie receiving feedback on the content of that fact sheet. A future deliverable e.g. the patient fact sheet will be developed soon for IHC review.
- ◆ Ms. Falls provided a brief update on the Mercer dashboard. The dashboard was supposed to be presented today; however it was delayed because there are goal success measures that are being adjusted. Once these measures have been finalized, they will be incorporated in the dashboard and it will be presented to the IHC. These updates may also trigger revisions to the Workgroup charters.

#### **Regional Collaboratives Update – *Dr. Boyd Southwick, Eastern Idaho Public Health District (Region 7) and Dr. Kevin***

*Rich, Central District Health Department (Region 4):*

- ◆ Dr. Southwick provided a brief presentation on the activities of Region 7 RC. Out of the eight clinics in their region, six are not NCQA recognized. In an effort to remedy this; care coordinator positions have been established. The region is also focusing on identifying diabetes resources as well as utilizing NCQA standards that apply to diabetes.
- ◆ In the near future, Region 7 will be looking at tobacco cessation and how to encourage their clinics to continue quality control monitoring for this activity.
- ◆ Dr. Kevin Rich presented on the Region 4 RC activities. This RC has strong membership participation from all but one of the 15 cohort one clinics. The Regional Collaborative has started work on educating their clinics and other partners about plans for the RC4 medical health neighborhood.
- ◆ With over half of their clinics being NCQA recognized; they have sent out surveys to help identify gaps in areas that may require more focus within their district.

**Cohort 2 Recruitment Proposal – Dr. Scott Dunn, IMHC Chair and Kym Schreiber SHIP Operations**

- ◆ Kym Schreiber discussed the lessons learned from cohort one's application and selection processes. There was only a two week turn around last year for the interest application; for Cohort 2 clinic recruitment, there will be a longer window for completing the interest survey. Also the number of interest survey questions has been shortened and no longer mirrors the questions included in the final application. The title of *interest application* has been changed to *interest survey* to further distinguish between this introductory process and the final application process.
- ◆ Dr. Dunn discussed an expanded recruitment strategy that includes other avenues for clinic outreach. Several organizations within Idaho's healthcare system will be enlisted to encourage primary care clinics to fill out an interest survey. The interest survey along with an introduction letter from Dr. Epperly will be available electronically on the SHIP website and a physical copy will also be sent out to clinics if needed. The interest survey requests that clinics provide key pieces of information to aid in the distribution of the final application.
- ◆ Ms. Schreiber presented the Cohort 2 recruitment timeline and highlighted changes from the prior year. October 28<sup>th</sup>, 2016 will be the deadline for submission of final applications. The IMHC workgroup will meet August 24<sup>th</sup> to discuss the Cohort 2 final application process and identify if any changes are needed.

**SHIP Operations and Advisory Group Reports/Updates – Cynthia York, Administrator, OHPI:**

- ◆ Josh Bishop, Co-Chair of the Multi-Payer Workgroup presented on the financial analysis provided by Mercer and certified by an actuary. This report and analysis is based upon the sets of data provided by all Idaho payers. The analysis includes 2015 findings and conservatively estimates 90 million dollars in savings with conservative interventions.
- ◆ Mary Sheridan provided highlights on ongoing activities with the CHEMS and CHW groups with the start of the first training course for Community Health Workers on August 22, 2016.

**Closing remarks and Next Steps – Dr. Ted Epperly:**

- ◆ The next IHC meeting is August 10, 2016, and will be located in the JRW Building East side conference room on the first floor.

There being no further business Dr. Epperly adjourned the meeting at **4:22pm**