



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC June Minutes	DATE:	June 8 th , 2016
ATTENDEES:	Director Richard Armstrong, Katherine Hansen, Janica Hardin, Lisa Hettinger, Deena LaJoie, Dr. Robert Polk, Susie Pouliot, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Jennifer Wheeler, Cynthia York	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Josh Bishop, Scott Carrell, Dr. Keith Davis, Dr. Mike Dixon, Dr. Scott Dunn, Casey Meza, Dr. David Peterman, Dr. Dave Schmitz		
Members Absent:	Dr. Andrew Baron, Melissa Christian, Russell Duke, Ross Edmunds, Dr. Ted Epperly, Senator Lee Heider, Dr. Glenn Jefferson, Yvonne Ketchum, Rene LeBlanc, Nicole McKay, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Geri Rackow, Dr. Kevin Rich, Dr. Boyd Southwick, Karen Vauk, Lora Whalen, Anne Wilde, Janet Willis, Dr. Fred Wood, Dr. Bill Woodhouse, Nikole Zogg		
IDHW Staff	Casey Moyer, Ann Watkins, Kym Schreiber, Miro Barac, Burke Jensen, Kate Creswell, Taylor Kaserman, Alexa Wilson		
Guest Attendees	Kathy Brashear, Katie Falls, Rachel Blanton, Diane Kelly, Tracy McCulloch, Dr. Janet Reis, Linda Rowe, Dr. SeAnne Safaii- Waite, Kayla Sprenger, Norm Varin, Matt Wimmer, Dr. Shenghan Xu,		
STATUS:	Draft (06/14/2016)		

Summary of Motions/Decisions:

Quorum was not met during the meeting and all motions were deferred to a later date.

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes –

- ◆ Lisa Hettinger welcomed everyone and thanked them for coming. Ms. Hettinger started the meeting with a quote “The only way to make sense out of change is to plunge into it, move with it, and join the dance.” by Alan Watts, and proceeded with calling role.
- ◆ Ms. Hettinger introduced and welcomed Kathy Brashear Senior VP Chief Resource Officer for Alliance Title Team. Ms. Brashear has thirty years of experience in human resources; she will be taking the place of Anne Wilde on the coalition. Ms. Hettinger also introduced Matt Wimmer as the new Administrator for the Division of Medicaid within the Department of Health and Welfare. Mr. Wimmer provided information on his background and work experience.
- ◆ Ms. Hettinger solicited changes or corrections that needed to be added to the May 18th meeting minutes, no changes were noted.

Oral Health Integration – Jeff Hummel, MD, MPH, Jennifer Wheeler, Idaho Oral Health Alliance

- ◆ Ms. Wheeler introduced Dr. Hummel with Qualis Health. Dr. Hummel has worked for Qualis Health since 2006 as Medical Director for Healthcare Informatics. His special interest is integrating information technology into clinical workflows for quality improvement. He is currently involved in several national and regional projects designed to integrate oral health into primary care in a medical home setting.
- ◆ Highlights from his presentation include:
 - Many of dental problems are preventable diseases that can be easily treated or prevented by meeting a person’s dental health needs, especially in children.
 - Tooth decay is one of the greatest impacts on children and can affect their health in many ways.
 - Children age 3-4 with infections may end up in the operating room and under anesthesia; this may result in issues with learning later on in life. These children are also at high risk for diabetes later in life.
 - 25% of children suffer from tooth decay.
 - In the adult population 30-40% of adults suffer from periodontal disease.
 - Currently oral health professionals are looking for an upstream solution to these oral health issues which affect large portions of the population.
- ◆ Dental professionals should enlist the help of primary care teams or a physician because this at-risk demographic group is likely to be seen by a primary care doctor rather than a dentist.
- ◆ The Oral Health Alliance is working toward a partnership with primary care physicians to focus on preventative efforts, which is in line with the SHIP’s triple aim to improve health outcomes for all Idahoans, improve quality and patient experience of care and reduce health care costs
- ◆ Dr. Hummel concluded his presentation and responded to questions.

Regional Collaboratives Update – Dr. Scott Dunn, Panhandle Health District and Dr. Kelly McGrath, North Central Health District

- ◆ Dr. Dunn from Regional Health Collaborative (RC) 1 updated the IHC on current regional events and activities. At their last meeting Mary Sheridan presented on CHEMS and the regional collaborative is coordinating with EMS agencies in region 1 to foster cooperation. The RC is also in the process of establishing a clinical information sharing platform. The RC has identified two quality initiative projects: 1) oral health fluoride varnish and 2) opioid prescribing. The RC has set up dates to do more focused training on the different areas of the NCQA process and how to capture each of the NCQA elements.

- ◆ Kayla Sprenger presented on behalf of Dr. McGrath on the current events and activities taking place in Regional Health Collaborative (RC) 2. The RC membership includes representatives from each Cohort 1 clinic. Membership also includes community members representing the patient perspective. The RC has met seven (7) times during each regional collaborative meeting and there is time set aside for each of the cohort one clinics to share best practices.

SHIP State Evaluator – *Dr. Shenghan Xu, Associate Professor of Operations Management College of Business and Economics, University of Idaho*

- ◆ Dr. Xu thanked the IHC for inviting her and her team to present and introduced herself and her team that will be working as the state evaluation team for SHIP. Dr. Xu reviewed the professional backgrounds of the nine member evaluation team, providing an insight to the expertise they are bringing to this project. Her presentation highlighted the following:
 - The differences between state led and federal led evaluations and the way they are conducted. The state evaluators' objective is focused on the goals established by the state. The state evaluation is focused on process measures, while the federal evaluation focuses more on outcome measures. Most data will be collected through surveys, focus groups, and meetings/interviews.
 - Staffing assignments for each of the project goals was discussed.
- ◆ A workgroup is being formed as a mechanism for review and feedback as well as directing comments to the IDHW team.

Communications Materials Update – *Katie Falls, Mercer*

- ◆ Katie Falls updated the IHC on the communication materials that Mercer has been preparing. The fact sheet will describe the benefits of the medical health neighborhood concept and ultimately it will be customized to reflect each Regional Collaborative.
- ◆ Casey Moyer provided additional context citing the presentation two months ago. A medical-health neighborhood poster was presented and received positive feedback which is now being used to develop two tool kit items for clinics and patients. Additional information will be presented at the next IHC meeting.
- ◆ Ms. Falls provided an update on other Mercer project deliverables that included, the master project management plan, IHC Dashboard and yearly operational plan. The Year 3 Operational Plan is due on December 1, 2016 to CMMI. Planning for this document is already underway.
- ◆ The IHC dashboard that includes Goals 1-7 success measures will be presented at the July 2016 IHC meeting.

HIT Update – *Burke Jensen, DHW HIT Project Manager*

- ◆ Burke Jensen provided a HIT update.
- ◆ There are two SHIP project goals related to enhancing health IT, – goals 2 and 5.
- ◆ In year one of the model test grant, the Cohort 1 (55 clinics) will report out on four metrics. The next year the Cohort 1 (55 clinics) will begin reporting an additional six (6) metrics. Cohort 2 will begin their first year reporting the first four metrics. In year three, Cohort 1 (55 clinics) will report all sixteen clinical quality metrics; Cohort 2 (55 clinics) will report ten clinical quality metrics; Cohort 3 (55 clinics) will report four clinical quality metrics.
- ◆ Mr. Jensen presented a timeline that outlines the goals of the HIT workgroup for the rest of this grant year. Key milestones include: 1) two work sprints in which IHDE will be connecting (bi-directional) to cohort one clinics and 2) release date of the CQM reports.
- ◆ Janica Hardin noted that this is an aggressive timeline for the 55 clinics. Ms. Hardin was asked a question on the process for establishing the baseline and who is responsible for conducting this dialogue with the clinics and their EMRs. SHIP is reviewing this to determine who will fill this gap; this may be a joint effort between HealthTech Solutions (HTS), and IDHW staff.
- ◆ The HIT workgroup has two subcommittees to assist and support the HIT workgroup:
 - Data Element Mapping subcommittee has provided recommendations on the different clinical quality metrics that align with national measures the analytic solution will produce for the clinic, county, region and state.
 - Use Cases subcommittee will convene in July to develop a gap analysis of the different clinics and the information that is needed.
- ◆ Idaho Health Data Exchange (IHDE) is conducting readiness assessments for all of the cohort 1 clinics. Thirty-five clinics are currently ready to connect to IHDE. The other twenty have various connection issues that are being

addressed. IHDE is also working on privacy agreements between them, the clinics, and HTS. The next steps for IHDE are to finalize the readiness assessments and begin building connections.

- ◆ An IT consultant with expertise in health data exchanges, particularly the Oklahoma health data exchange, has been contracted to assist and support Idaho and the HIT workgroup address best practices.
- ◆ Mr. Jensen concluded his presentation by opening the floor to questions.

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

- ◆ Cynthia York presented the workgroup summary report. She added that one of the biggest challenges within operations is working to achieve integration of the seven goals when coordinating fifteen vendor contracts.
- ◆ Kym Schreiber directed everyone's attention to the PCMH cards that were handed out at the meeting. They are wallet size cards and are a recruitment tool for clinic or primary care providers interested in PCMH transformation. These will help with recruitment of clinics for cohorts two and three. Anyone interested in receiving additional cards to assist in clinic recruitment may contact Kym.

Timeline and Next Steps –

- ◆ Lisa Hettinger reminded the IHC that implementations are never easy, and expressed appreciation for all of the stakeholders who continue to come together to ensure the SHIP goals are reached.
- ◆ Cynthia York provided an update on the funding carry over request for Year 1 Pre Implementation; CMMI has approved the request and Idaho's submission document has been identified as a best practice to share with other states.

There being no further business the Chair adjourned the meeting at **3:30pm**.