



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: Idaho Healthcare Coalition **DATE:** March 09, 2016

ATTENDEES: Dr. Ted Epperly, Denise Chuckovich, Cynthia York, Josh Bishop, Scott Carrell, Jeff Crouch, Dr. Keith Davis, Russell Duke, Ross Edmunds, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. David Peterman, Susie Pouliot, Dr. Kevin Rich, Elke Shaw-Tulloch, Larry Tisdale, Jennifer Wheeler, Cynthia York, Nikole Zogg

LOCATION: 700 W State Street, 1st Floor East Conference Room

Teleconference: Dr. Mike Dixon, Rene LeBlanc, Dr. Casey Meza, Carol Moehrle, Dr. David Peterman, Geri Rackow, Lora Whalen, Dr. Bill Woodhouse, Grace Chandler, James Corbett, Pat Dennehy, Dr. Mark Horrocks, Rhonda DeAmico

Members Absent: Director Richard Armstrong, Dr. Andrew Baron, Melissa Christian, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Maggie Mann, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. Robert Polk, Neva Santos, Mary Sheridan, Dr. Boyd Southwick, Karen Vauk, Anne Wilde, Representative Fred Wood

DHW Staff Ann Watkins, Miro Barac, Casey Moyer, Kym Schreiber, Taylor Kaserman, Alexa Wilson, Burke Jensen

Guests: Rachel Harris, Gina Pannell, Norm Varin, Sandeep Kapoor, Ashish Virmani, Amy Osborne, Kevin Martin, Cory Serber

Mercer: Katie Falls

STATUS: Draft 03/14/16

Summary of Motions/Decisions:

Motion: Jennifer Wheeler moved to accept the minutes of the February 10, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Russell Duke seconded the motion.

Motion carried.

Motion: Dr. Keith Davis moved that the Idaho Healthcare Coalition adopt the SHIP Communications Plan materials as presented by Mercer.

Josh Bishop seconded the motion.

Motion carried.

Motion: Dr. Keith Davis moved to accept the Population Health Workgroup Spectrum of Population Health Concept Document as presented.

Jeff Crouch seconded the motion.

Motion carried.

Motion: Dr. Keith Davis moved to accept the Statewide Healthcare Innovation Plan Operations update as presented.

Susie Pouliot seconded the motion.

Motion carried.

Agenda Topics:

Opening remarks: “Eat food. Not too much. Mostly plants. Get healthcare. Not too much. Mostly primary care.” Michael Pollan, Dr. Epperly

- ◆ Dr. Epperly called the roll, and welcomed everyone.
- ◆ Dr. Epperly called for a motion to approve the minutes from February 2016.

Agenda Topics

Introduction to Data Analytics Contractor – Sandeep Kapoor, CEO HealthTech Solutions:

- ◆ Mr. Kapoor introduced himself and his team from HealthTech Solutions. HealthTech Solutions is based in Kentucky and has been in business for five years. The company has grown to more than 75 employees since its inception.
- ◆ The majority of the work done by HealthTech Solutions is around Health Information Technology and working with electronic health records. Currently operating in sixteen states and with the federal government.
- ◆ Mr. Kapoor gave examples of work HealthTech Solutions has been doing in Wyoming. Mr. Kapoor provided screenshots of dashboards depicting the use and tracking of health information data. This work is in alignment with what Idaho is trying to do and what work they will be doing in Idaho throughout their

contract. In Wyoming they worked to include data from providers, clinics, claims and members information to work as a whole. The goal was to provide actionable information to states utilizing a large amount of data from diverse sources.

- ◆ Dr. Epperly then asked the IHC members if they had any questions for Mr. Kapoor on his presentation and the work he and his team will be doing in Idaho. Yvonne Ketchum had questions on how the Idaho data analytics work compares and contrasts to Wyoming and the work done there; Mr. Kapoor answered that in Wyoming they have worked with Medicaid data and claims data.
- ◆ Jeff Crouch mentioned the recent Supreme Court ruling on data and how states submit data. Mr. Kapoor answered that this will be handled based on what the state of Idaho decides in terms of data submission. Scott Carrell mentioned how HealthTech's expertise will greatly assist with the complex nature of this project, including the means of data collection. Yvonne Ketchum asked if HealthTech Solutions would just be working with data from SHIP clinics or if it is accessible for other clinics as well. Mr. Kapoor answered that the contract is currently just for clinics participating in SHIP.
- ◆ Dr. Epperly thanked Mr. Kapoor for his presentation and is looking forward to seeing how HealthTech's work plays out.

Project Management Update – Katie Falls, Mercer:

- ◆ Ms. Falls presented an overview of the Master Project Management Plan that Mercer has been working on with the Idaho Department of Health and Welfare staff. The Mercer staff hopes to have it completed by the end of March.
- ◆ The Mercer team is also working on a draft dashboard that will help measure progress toward goals of the Model Test for review by the IHC. It is currently being reviewed and edited by the IDHW staff and will go to Dr. Epperly for review and feedback before the April IHC meeting.
- ◆ Ms. Falls presented the brochure Mercer designed for SHIP PCMH clinics as part of the communication toolbox. The IHC members gave feedback on the brochure content and its use to promote the benefits of PCMH transformation to Cohort 1 Clinic patients.
- ◆ Ms. Falls went over brochure content and how it can be a useful tool. If there are changes that a user would like to make, please refer all edits to the IDHW staff to ensure the best wording for these documents is being used and to keep these materials consistent.
- ◆ Members of the IHC asked Ms. Falls questions regarding the brochure and how to use it properly. It was requested that the brochures also be available in Spanish.
- ◆ Casey Moyer demonstrated the IHC member page of the SHIP website to show how members can access the communication toolkit documents approved by the IHC. Ms. Falls asked for a motion to have the brochure approved and asked IHC members what they would like developed next. There was a question about how clinics will access these brochures and it was announced that they will also be made available through the Brilljent/HMA clinic portal. Powerpoint content will be loaded to the Brilljent portal for clinics to use.

Briljent update on Learning Collaborative w/PCPs – Grace Chandler, Brilljent:

- ◆ Ms. Chandler provided an update on Cohort 1 Clinics' PCMH training and implementation that has taken place since the beginning of February. Catherine Snider from Myers and Stauffer updated the IHC members on incentive payment measure one; all 55 clinics have met this incentive payment. The second incentive payment is next on the list for HMA and they will be working with clinics to reach accreditation levels in order to qualify for this incentive payment. Brilljent and HMA are both working on tracking performance participation and the measurement of clinic participation in webinars/learning collaboratives.
- ◆ Pat Dennehy gave an overview of the learning collaboratives that took place last week in Boise, ID. The public health district staff participated in the first learning collaborative on Monday and Tuesday. HMA is

working with public health district staff members to further their training to become effective practice facilitators.

- ◆ Ms. Dennehy described the learning collaborative that took place with cohort one clinics at the University of Phoenix. She discussed the two day learning collaborative and training opportunity for clinics. HMA is still collecting information from clinic participants and determining how they are going to accommodate those who were unable to join in person on March 2-3. A webinar of the learning collaborative was discussed Ms. Dennehy talked about the diversity among the clinics; a lot of clinics wanted to know differences in NCQA recognition between 2011 and 2014, to answer these questions HMA is putting together a webinar in the near future. At that time, they will address these questions. Ms. Dennehy provided an overview of the learning collaborative content and the take aways from clinic staff. Evaluations of the learning collaborative are still being aggregated and a report will be provided in the near future.
- ◆ Dr. Epperly asked if members had any comments or questions on Ms. Dennehy's or Briljent's presentation.
- ◆ Dr. Davis commented on the learning collaborative and the excellence of the speakers. Feedback from his staff - their favorite feature was visiting with other clinics and interacting with them.
- ◆ Cynthia York mentioned a comment she received from Dr. Rich. His takeaway was that he learned he needed to connect with hospitals' transition of care committees. Dr. Rich stated he has already started to connect with them. His observation was that even though there are some clinics that are more advanced in PCMH transformation; there is still a lot to learn from HMA and other clinics.

Regional Collaborative Report – Miro Barac, SHIP Operations & RC representatives:

- ◆ Dr. Epperly introduced the speakers that represented each regional collaborative.
- ◆ Mr. Barac provided an update on work that he is doing with Mercer to develop project management plans for Goals three and four from the Statewide Healthcare Innovation Plan. This will be done by the end of the month and will be used to create operational plans for the Regional Collaboratives.
- ◆ Lora Whalen presented on what is currently taking place in region one. They have met three times and are planning a kick off on March 30th. The collaborative has discussed challenges and what they need from the IHC; their ask is they are looking for help with Nextgen EMR and access to more data to determine their selection of clinical quality measures.
- ◆ Dr. Kelly McGrath presented from region two; they have met once and are meeting next Tuesday in a face to face meeting. All clinics in their region are already NCQA level three. They are developing their medical neighborhood and working on how to support subsequent cohorts. Regarding the medical neighborhood; they are asking for help on how to develop the medical neighborhood and its components. They would like to know if they need several small medical neighborhoods or is the whole region working as one large medical neighborhood. The collaborative is hoping to get this online in the next six months or by the September meeting. The regional collaborative would also like help with measuring medical neighborhood performance and behavioral health integration.
- ◆ Rachel Harris presented on region three efforts. The region has fifteen established members and is making sure to keep a diverse group in relation to the care community. As a collaborative the region has had three meetings and are meeting once a month. They have sent out invitations for workgroups across the region to talk with their peers on PCMH transformation. For medical health neighborhoods they are creating workgroups to identify health groups within the community and how to support health care across these communities. The collaborative is involved in several healthcare coalitions within their region.
- ◆ Gina Pannell presented on region four where the collaborative has nineteen members in their collaborative and fourteen clinics are represented. The collaborative has tried to create a diverse regional collaborative with various members throughout the health care community. Next steps are waiting for PCMH transformation plans to help clinics on areas they would like to work on individually. The collaborative is working on referral networks and referral management systems and to identify different challenges of

clinics and providers. They will be meeting again in April. Region four's collaborative would like to maximize any help that the IHC members are giving to other collaboratives.

- ◆ Dr. Davis presented on region five; key points that he gave were that the collaborative has met seven times. The collaborative needs representatives from the Sun Valley and Wood River Valley area. With only four clinics in Cohort 1, region five has the smallest collaborative and is using only two electronic medical records; and are challenged with the types of support available to clinics and members. The collaborative is hoping to develop a subcommittee to address their need for more communication about the Idaho Health Data Exchange and payment plans.
- ◆ Dr. Horrocks presented on region six's collaborative; currently they have six clinics and have formed an executive committee comprised of the public health district staff, the regional collaborative chair and co-chair and clinic representatives. The collaborative is allocating time to clinics based on needs for the clinics individually. The neighborhood committee is a rotating committee; everyone on this committee has to bring something to the table that will help clinics undergoing PCMH transformation. Committee membership will change based on what help is needed from the clinics or the committee. Going forward the collaborative would like help with sustainability of PCMH transformation and would like guidance on how to keep this going after the grant funding is gone. The collaborative would also like more information on the sharing of behavioral health notes to primary care doctors; they would like more formal documents on this issue and need clarification on what is and is not allowed for sharing behavioral health information.
- ◆ James Corbett presented on the region seven collaborative which is made up of Dr. Southwick, Dr. Groberg and Geri Rackow. The regional collaborative has eight clinics that are going through cohort one and are represented on the collaborative. They need to build the medical health neighborhood in a way that can help their patients best; they are in the process of identifying gaps and areas of need from clinics to help the clinics in the best way possible. The collaborative feels that networking, avoiding duplication, and building off of other regional collaborative best practices are the best ways to help clinics, clients and patients. They would also want payment reform, data analytics, and sustainable funds to help with behavioral health integration.
- ◆ Dr. Epperly discussed the take aways from the SHIP regional collaborative presentations and what is happening across the state. Behavioral health integration and payment sustainability are two of the biggest areas of concern from the regional collaboratives. He went on to thank all seven districts for their work and for providing an update.
- ◆ Denise Chuckovich commented on this exciting next step on working with the regional collaboratives moving forward. Cynthia York pointed out the need for baseline data and how we can define it and move it out to the regional collaboratives.

Population Health Presentation – Elke Shaw-Tulloch, Division of Public Health:

- ◆ Elke Shaw-Tulloch presented the concept document developed by the Population Health Workgroup. This document is meant to define all aspects of population health. The workgroup put a lot of effort and work into what the definition of Population Health is and how to put it into a document that can be utilized by various individuals within the healthcare spectrum. This is a white paper to be used as a conversation starter. The workgroup is looking for the IHC members' endorsement of this document so that it can be utilized by clinics and regional collaboratives.
- ◆ Jeff Crouch had a question regarding clarifying roles on the document. Elke commented that this is meant to apply to several audiences and it depends on who is using it for where they fall within each bucket. Dr. Epperly concurred with the feedback that clarification of roles is important. Nikole Zogg also suggested that additional roles of healthcare professionals needed to be included. Dr. Davis asked if CHEMS is referenced in the graphic in the document. He also asked for clarification on the intended audience of this document.

Denise Chuckovich commented that we may want to look at another similar document but more catered to patients. Dr. Davis asked if there were other graphics available that incorporate the bucket approach.

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

- ◆ Dr. Epperly asked the IHC members if they had any questions about the SHIP operations report that they would like to discuss specifically.
- ◆ Jeff Crouch gave an update of the Multi-Payer workgroup meeting that took place earlier that morning. The payers were updated on the demographics of cohort one clinics and requested that they be provided a list of selected clinics. The group talked about logistics of linking payer contact information to the SHIP website e.g. a landing page that will link to each of the payers. This type of link will serve as a resource for clinics who want to engage with payers involved in payment reform initiatives. There was a self-funded update from Mannatt on how to engage the self-funded community. There will be a follow up on self-funded engagement. The workgroup discussed the frequency of future meetings and agreed on a quarterly meeting schedule. Jeff Crouch proposed rotating chairs in an effort to engage and involve other members as chair and co-chair. Dr. Davis commented that if engagement is an issue, meeting quarterly may not help this problem. Dr. Peterman addressed Dr. Davis' concerns of the meeting times being moved to quarterly and ensured that it will not interrupt the engagement of the workgroup. Dr. Epperly asked whether two new chairs have been identified. Cynthia York and Jeff Crouch have discussed this and will enlist the help of MP workgroup members to engage potential co-chairs.

Closing remarks and Next Steps – Dr. Ted Epperly:

- ◆ Dr. Epperly asked if there were any suggested future meeting topics. Dr. Davis mentioned the future medical school that is coming to Idaho.
- ◆ Ross Edmunds mentioned the legislature's approval of money for an office of suicide prevention. This will be housed under the division of Public Health.
- ◆ Dr. Epperly thanked everyone and concluded the meeting. "Eat food. Not too much. Mostly plants. Get healthcare. Not too much. Mostly primary care." Michael Pollan, Dr. Epperly

There being no further business Dr. Epperly adjourned the meeting at 4:26 p.m.