

Summary of Motions/Decisions:

Motion:

Neva Santos moved to accept the minutes of the April 13, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared with edits to the attendance list.

Katherine Hansen seconded the motion.

Dr. Keith Davis moved he Idaho Healthcare Coalition approve the set of measures created by the CHEMS measures design workgroup as presented by Mary Sheridan.

Karen Vauk seconded the motion.

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

Susie Pouliot seconded the motion.

Outcome:

Motion carried

Motion carried.

Motion carried.

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes –

- ◆ Dr. Epperly called the roll, and welcomed everyone to the meeting and reminded everyone about Denise Chuckovich's retirement ceremony.
- ◆ Following roll call Dr. Epperly gave the opening quote dedicating it to Denise Chuckovich, "Life is about discovering who we are; leading is about striving to become better than we are, and helping everything and everyone around us to become better too." and thanked Denise for her dedicated work, selflessness and hard work on the SHIP project.
- ◆ Dr. Epperly asked for approval of the April IHC meeting minutes, the April 13th 2016 IHC meeting minutes were approved.

Idaho Caregivers Alliance (ICA) Presentation – Sarah Toevs PhD, Boise State University

- ◆ Dr. Sarah Toevs applauded the work of the IHC and thanked the members for inviting her to present. Dr. Toevs provided a brief introduction about herself, her work, and as a representative for family caregivers. The ICA's mission is to advance the well-being of caregivers by promoting collaboration that improves access to quality, responsive support services across the state. These caregivers are typically family members who are uncompensated and provide primary or sole care for a family member or dependent.
- ◆ The sponsoring agencies that provide monetary support for the ICA deliver services for the elderly. However, the ICA members take care of someone in need regardless of their age. There is not a lot of support or resources for these caregivers no matter the age of those in their care. Idaho statistics show that 1 in 4 Idahoans are an unpaid caregiver.
- ◆ A statewide needs assessment of caregivers was conducted by the ICA; their findings showed that 57 percent of caregivers provide services that require specialty training, and the majority of Medicaid funds for these patients are spent on institutionalization.
- ◆ The ICA established a task force and have presented at several caregiver summits. There is diverse membership on the taskforce to give a voice to all caregivers and to emphasize that there are significant gaps and limited resources available to help Idaho caregivers.
- ◆ Recommendations that have come from the taskforce are: 1) provide more support for caregivers, 2) to increase

public awareness of the issues that caregivers face, 3) integrate future work if the ICA with Community Health Emergency Medical Services, Community Health Workers, Regional Collaboratives, and Regional Collaborative Behavioral Health Boards.

- ◆ Going forward the ICA is working to engage the public and state legislators. The ICA would also like to develop statewide plans, and integrate with other statewide initiatives.
- ◆ Dr. Toevs concluded her presentation by sharing the contact information from The Idaho Caregivers Alliance. Dr. Epperly thanked Dr. Toevs for presenting to the coalition and asked if any members had any questions.
- ◆ Mary Sheridan asked about the Powerful Tools for Caregivers training. Dr. Toevs answered that this training is a six week intensive support group for family caregivers that is scheduled to take place this summer starting June 23rd. The ICA is currently working on funding models that tie into Idaho respite funds.
- ◆ Dr. Peterman said this is one of the most important items presented to the Idaho Healthcare Coalition. Dr. Peterman believes there needs to be a voice at the table from the alliance, have the alliance nominate someone from their group to the IHC. Dr. Epperly encouraged the Regional Collaboratives to engage the ICA in their efforts.
- ◆ Denise Chuckovich asked if there are any national models where caregivers have an established payment model and how are they designed. Dr. Toevs responded that there are few models around the country for caregivers. There are a variety of models in areas that have caregiver programs but none that would fit with Idaho.
- ◆ Nikole Zogg asked if the ICA saw a lot of caregiver fatigue and if they had a plan for coping with this. Dr. Toevs addressed her question by recognizing there is caregiver fatigue but the ICA is working on establishing ways to relief caregiver fatigue.

CHEMS Measures Update – Mark Babson, Ada County Paramedics & Mary Sheridan, IDHW:

- ◆ Dr. Epperly introduced Mark Babson from the Ada County Paramedics and congratulated him on being awarded the national EMS Advocate of the Year Award.
- ◆ Mark Babson presented the SHIP CHEMS is designed to utilize EMS personnel to provide primary care services outside of the clinics. The concept is to take established healthcare providers and close the gaps by expanding access to healthcare. It is a national concept but care can be tailored to local needs. Establishing EMS programs is about leveraging current providers.
- ◆ EMS professionals are some of the only medical professionals that communicate with everyone involved in the healthcare process. Paramedics provide the care of several medical professionals in one setting.
- ◆ EMS agencies and professionals already extend the reach of the provider and primary care. Typically they are already well integrated into the community. These professionals are very accustomed to working on an interdisciplinary team. Emergency Medical Services are the start of the healthcare system, with only five percent of EMS work being emergent.
- ◆ Mr. Babson also presented on the SHIP CHEMS initiatives, which includes an external outreach programs for engagement as well as internal strategies for recruitment.
- ◆ The CHEMS design team worked together to develop a mentoring program for CHEMS agencies. All participants now are in some sort of educational programs. Blackfoot Fire is currently sending personnel through the training program and served as the SHIP pilot project.
- ◆ Mr. Babson also presented a map of the CHEMS agency across the state, there is participation by EMS agencies in all seven districts. Districts one, three, and six all have personnel in the current ems training program through ISU.
- ◆ Mary Sheridan presented on the SHIP CHEMS metrics assembled by the measures design workgroup. This workgroup had public health, university representatives, EMS agencies, and DHW representation. The workgroup met three times in January, February and March. At the January kickoff meeting the group had Matt Zavadsky a nationally recognized expert present to them on CHEMS initiatives. This was very helpful in getting the conversation started on metrics for CHEMS.
- ◆ Ms. Sheridan went through the CHEMS report provided to the IHC members (Meeting Attachment). The CHEMS design measures workgroup developed five metrics that these agencies will try and capture through the CHEMS community programs throughout the state. The entire workgroup agreed on the strategies used in creating the measures and fully vetted the questions posed for each of the five metrics. Measure four most directly connects with SHIP.
- ◆ Dr. Epperly asked about liability for the CHEMS program and if it is covered under the standard liability and how coverage is paid. Response: All CHEMS program activities fall under the EMS and their medical directors

approval of scope. When it comes to PCMH and SHIP; the biggest challenge is the lack of reimbursement for the CHEMS agency services and the workgroup is helping agencies develop payment plans. The workgroup is hoping the MPW would at least be willing to discuss payment options for EMS services in a PCMH model.

- ◆ Nikole Zogg asked if other programs have figured out payment models, Ms. Sheridan answered yes, but not all of these models work for our state.

Update on HIPAA and Behavioral Health Records– *Ross Edmunds, Chair, Behavioral Health Integration Workgroup*

- ◆ Ross Edmunds presented on laws and regulations regarding behavioral health information sharing between primary care doctors and behavioral health specialists. There are currently two bodies of authority: 1) HIPAA and 2) 42CFR Part 2.
- ◆ The 42CFR Part 2 contains more regulations and restrictions than HIPAA. An easily identifiable challenge with both of these regulations is the understanding of these laws and the role misinformation plays in confounding understanding. There is not consistent understanding of the laws by physicians and behavioral health specialists. An additional barrier also lies within payment in which health plans often lack coverage for behavioral health services.
- ◆ Mr. Edmunds reviewed potential strategies for improvement in this disconnect. Suggestions included: establishment of more trainings in documentation and sharing of behavioral health records; as well as facilitated partnerships in public health districts throughout the state between the PHDs, the SHIP regional collaboratives and the regional health boards.
- ◆ Currently there are behavioral health initiatives by the regional-health collaboratives in Regions 3 and 4. These initiatives are reviewing the current reimbursement structures and developing Memorandums of Understanding. The main barrier identified at the regional level includes the lack of close relationships between primary care physicians and behavioral health specialists.
- ◆ Dr. Epperly thanked Mr. Edmunds for his presentation and concluded that moving forward the IHC should look to the Behavioral Health Integration Workgroup for further recommendations to encourage greater integration.

Communications Materials and Dashboard – *Katie Falls, Mercer:*

- ◆ Katie Falls presented the revised IHC program metrics dashboard (designed to reflect progress on Goals 1-7) and which incorporate the updates the IHC members suggested in the April IHC meeting. The recommendation to add the name of each goal and metric was not done due to the space impact it would have on the document (one page limit was another requirement previously requested). Ms. Falls presented the IHC with possible alternatives to this suggestion.
- ◆ The dashboard report would be provided on a quarterly basis starting with the July IHC meeting.
- ◆ Ms. Falls then presented the Virtual PCMH brochure that was drafted by Mercer with edits from the IDHW team. This document looks at the three pillars of the Virtual PCMH (CHEMS, CHW, Telehealth).
- ◆ Mary Sheridan asked if public health district SHIP staff were supportive of being the point of contact in the document. Both SHIP managers from Regions 3 and 4 agreed that it would be a natural fit for them to be the point of contact for those interested in the Virtual PCMH.
- ◆ Dr. Epperly asked if the health literacy is it at an 8th grade reading level, Ms. Falls responded that she would have to get back to the IHC on the exact level, but reminded members that the target audience was providers and others in the physician community, not the general public so the reading level is higher than it has been on other documents.

Briljent Portal Demonstration – *Sarah Renner, Myers and Stauffer:*

- ◆ Sarah Renner provided an overview of the portal and requirements related to PCMH incentive payments
 - Myers and Stauffer has begun processing information and, they now have the ability to report on this incentive payment measure within the portal.
 - Briljent is ready to receive documents from clinics about PCMH recognition and certification IPAS has the capability to receive this information from the portal.
 - Ms. Renner reviewed a data flowchart for the portal. Users are able to generate graph reports depicting the clinics progress in PCMH transformation.
- ◆ Rhonda Williams with Briljent presented on the dashboard (currently under construction).
 - Ms. Williams reviewed the usability of the portal and dashboard and what the different links on the page

had.

- ◆ There are several links and resources within the portal to assist clinics enrolled in the cohort.
- ◆ Ms. Renner presented the IPAS dashboard, and demonstrated navigation into the various modules on the dashboard. She also demonstrated the graph functions within the dashboard that illustrate the participation level of clinics and districts.
Following her presentation she asked for feedback from the IHC either directly or through the SHIP team.
- ◆ Yvonne Ketchum asked who owns the data. Ms. Renner responded that the IPAS system is used exclusively by Myers and Stauffer. The SHIP team has access to the information clinics will see and the SHIP logo will be depicted on the dashboard. When the project is over the Idaho DHW will own this data.
- ◆ Dr. Epperly requested feedback from the public health district managers. The SHIP managers Gina Pannell and Rachel Harris responded this will be a useful tool for the clinics, but the information was already known to them through their job functions and they may need data at a more detailed level Dr. Epperly thanked them for their comments and Ms. Renner and Ms. Williams presentation.

Regional Collaboratives Update – Dr. Keith Davis, South Central Public Health District (Region 5) and Dr. Bill Woodhouse, Southeastern Idaho Public Health District (Region 6):

- ◆ Dr. Davis presented on activities occurring in RC in Health District 5. They have had four meetings thus far and a fifth meeting will be this Friday. Discussions have centered on the merits of growing the RC membership. Cohort one clinics have representatives on RC or have been invited to share info on their organization. Dr. Davis has visited all of the Cohort one clinics. If these clinics stay on track; they will be at NCQA level 3. Their RC is also working on a resource list would like to see it electronic format in the future. They have solicited clinic input and have created multiple resource lists for areas throughout their region.
- ◆ District 5 is talking about formation of the medical-health neighborhood and have scheduled meetings with paramedics and the commission on aging.
- ◆ Dr. Woodhouse from Health District 6 presented that their executive committee has been meeting monthly since October. In fact their RC met just before this IHC meeting. The Clinic Committee, led by Dr. Horrocks met for the first time last month and is meeting again tomorrow. The Clinic Committee is creating a list for potential members for medical –health neighborhood. A lot of activity is centered around the SHIP CHEMS program with Chief Gray of the Blackfoot Fire Department. They will continue to grow their membership over the three year period and will schedule meetings to engage clinics based upon their level of PCMH transformation.
- ◆ Dr. Epperly thanked them for all they have done to make the regional collaboratives work and come to life.
- ◆ How are other regional collaboratives approaching community involvement:, addressing the needs of clinics and how they are recruiting RC members based upon the needs of clinics in their region. Dr. Peterman talked about how region 4s collaborative has brought in more members to the RCs.

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

- ◆ Cynthia York provided a debrief of the time spent in northern Idaho for the Idaho Healthcare Summit. The SHIP Team attended and also met with eight clinics from Health Districts 1 and 2. The keynote speaker, former Surgeon General David Thatcher addressed the issue of healthcare equity and stated that “healthcare should be in a political no-fly zone”. There were several parallels between his presentation and the SHIP. There is a strong need to give people what they need earlier.
- ◆ The right science doesn’t necessarily get you the right policy; we need to keep this in mind moving forward. At the conference there were three breakout sessions: one on how employers can influence change in healthcare. Another speaker from Providence Health discussed Intel’s program which implemented supply chain management solutions to streamline costs instead of passing healthcare cost increases onto employees. The third breakout session dealt with payment reform.
- ◆ The conference also addressed the need to invest in humans and the uninsured population in Idaho. The State of Idaho can’t continue to absorb increases in the numbers of people who need critical care.

Closing remarks and Next Steps – Denise Chuckovich, Deputy Director:

- ◆ Dr. Epperly asked if members had anything further to discuss before closing the meeting. Dr. Epperly invited everyone to Denise Chuckovich’s retirement celebration.

There being no further business Dr. Epperly adjourned the meeting at **3:45pm**

