



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC November Minutes	DATE:	November 9 th , 2016
ATTENDEES:	Pam Catt-Oliason, Ross Edmunds, Katherine Hansen, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. James Lederer, Dr. Kevin Rich, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Matt Wimmer, Cynthia York	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Dr. Andrew Baron, Rene LeBlanc, Maggie Mann, Carol Moehrle, Dr. David Peterman, Geri Rackow, Jennifer Wheeler, Dr. Bill Woodhouse		
Members Absent:	Director Richard Armstrong, Josh Bishop, Kathy Brashear, Melissa Christian, Jeff Crouch, Dr. Keith Davis, Dr. Mike Dixon, Russ Duke, Janica Hardin, Senator Lee Heider, Dr. Glenn Jefferson, Nicole McKay, Casey Meza, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Susie Pouliot, Dr. Dave Schmitz, Dr. Boyd Southwick, Lora Whalen, Janet Willis, Dr. Fred Wood, Nikole Zogg		
IDHW Staff	Miro Barac, Wayne Denny, Taylor Kaserman, Casey Moyer, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Alexa Wilson, Stacey St.Amand		
Guests:	Sarah Baker, Rachel Blanton, Elwood Cleaver, Katie Falls, Scott Oien, Gina Pannell, Dr. Janet Reis, Dr. Rhonda Robinson-Beale, Linda Rowe, Elizabeth Spaulding, Senator Stephen Thayn, Norm Varin, Dr. Shenghan Xu		
STATUS:	Draft (11/09/2016)		

Summary of Motions/Decisions:

Motion:

Larry Tisdale moved to accept the minutes of the October 12, 2016 Idaho Healthcare Coalition (IHC) meeting as prepared. Elke Shaw-Tulloch seconded this motion.

Outcome:

Motion Carried

Katherine Hansen moved that the Idaho Healthcare Coalition recommend the Governor appoint Dr. Rhonda Robinson-Beale to the IHC. Neva Santos seconded the motion.

Motion Carried

Neva Santos moved that the Idaho Healthcare Coalition adopt the Regional Collaborative Strategic Plans as presented by Elke Shaw-Tulloch. Dr. Kevin Rich seconded the motion.

Motion Carried

Katherine Hansen moved that the Idaho Healthcare Coalition adopt the SHIP Operational Plan as presented by Mercer. Neva Santos seconded the motion.

Motion Carried

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes – Dr. Ted Epperly, Chair

- ◆ Lisa Hettinger started the meeting with a quote from Frederick B. Wilcox “Progress always involves risks. You can’t steal second base and keep your foot on first.” Ms. Hettinger called role and introduced Dr. Rhonda Robinson-Beale who will be replacing Jeff Crouch on the IHC. No changes were suggested to the October IHC meeting minutes.

PCMH Learning Collaborative Review – Grace Chandler, Briljent

- ◆ Grace Chandler presented survey results from the Public Health District Staff Learning Session held on October 24th. Ms. Chandler went over highlights of the survey results which showed that the learning sessions were well received by participants.
- ◆ The learning session was followed by the Learning Collaborative for Cohort One clinics. Ms. Chandler presented feedback from participants in the two day learning collaborative. The results were positive and there was constructive feedback for enhancements to the next Learning Collaborative. Ms. Chandler broke down results of the survey by each day.
- ◆ Looking ahead to future trainings, Ms. Chandler presented potential topics that may be presented at the Cohort Two Learning Collaborative. Suggestions provided by attendees in the survey results will also be taken into consideration when developing the next agenda.
- ◆ Dr. Rich provided IHC members with his perspective of the learning collaborative from a physician’s point of view: he liked the format of having two half days because it made it possible for clinics to travel to the collaborative without losing an extra day for travel; Dr. Rich also enjoyed the curriculum (specifically MACRA and value-based payment systems) and the breakout sessions; he said that even as an NCQA content expert there was still information he took away from the collaborative.
- ◆ Yvonne Ketchum mentioned that she received feedback from her staff that the learning collaborative was helpful and productive.
- ◆ Dr. Baron also provided positive feedback on his experience at the learning collaborative.

Regional Health Collaborative Summit Review – *Elizabeth Spaulding, Langdon Group*

- ◆ Elizabeth Spaulding presented highlights of the Regional Collaborative Summit that was held on October 26th. She spoke about the presentations that were given in the afternoon, and also talked about the Regional Collaborative grant that will be made available soon.
- ◆ The function, role, and value of the strategic plan were the main focus of the Regional Collaborative Summit. Most of the day's conversation centered on understanding and using the strategic plans.
- ◆ Dr. Rich said it was worthwhile to attend, that it was nice to see other Regional Collaborative leadership teams, and that it was helpful to compare successes and learning opportunities. He said the summit was a good opportunity for Regional Collaboratives to combine the work and knowledge of public health and primary care practices.
- ◆ Geri Rackow commented on behalf of the Public Health District Directors that overall it was a good summit and that it was valuable to meet with peers across the state.

Regional Collaborative Strategic Plans/Recommendation from Population Health Workgroup and SHIP RC grant overview – *Elke Shaw-Tulloch, IDHW*

- ◆ Elke Shaw-Tulloch presented the highlights of the seven regional collaborative strategic plans and what the focus areas of each strategic plan were. The three primary focus areas that were identified by the Population Health Workgroup are Patient-Centered Medical Home Transformation Support, Medical-Health Neighborhood Development & Connections, and Regional Collaborative Sustainability & Population Health Initiatives. Ms. Shaw-Tulloch briefly went over these three focus areas, highlighting important objectives in each area. IHC members were asked to adopt the RC strategic plans based on the recommendation from the Population Health Workgroup.
- ◆ Following her presentation Ms. Shaw-Tulloch gave a presentation on the upcoming grant program that is being made available to Regional Collaboratives. The application has been created and the timeline for the application process is Monday November 14th until December 21st when notice of the award will go out. The award year will extend from February 1, 2017 through January 31st 2018.

Dashboard Presentation – *Katie Falls, Mercer*

- ◆ Katie Falls presented highlights of the SHIP Operational Plan which is currently being put together by the SHIP and Mercer teams and will be submitted to CMMI on December 1st 2016. Ms. Falls went over the table of contents, highlighting the key pieces of information that will be included in the Operational Plan. The five main sections of the Operational Plan include the executive summary, policy and operational areas, detailed operational plans by goals and drivers, program monitoring and evaluation, and a sustainability plan. Ms. Falls went over the subsections of each of these sections, giving a clear idea of what will be sent to CMMI in the Operational Plan.
- ◆ The Appendices to the Operational Plan include; SHIP metrics, risk assessment and mitigation strategies, state evaluation logic models, HIT component crosswalk, and a glossary. Following her presentation of the Operational Plan Ms. Falls provided members with a working timeline for submission of the Operational Plan and answered questions from members.

SHIP Operations and Advisory Group Reports/ Updates – *Cynthia York, DHW SHIP*

- ◆ Kym Schreiber provided IHC members with a brief update on the Cohort Two timeline. A total of 81 final applications were received; the selection committee is currently reviewing the applications and will have recommendations returned no later than Friday November 18th. SHIP staff will then notify the selected 55 clinics.
- ◆ Larry Tisdale asked if all of the non-selected clinics from Cohort One applied. Ms. Schreiber answered that some of them did. More detailed numbers will be presented at the December IHC meeting.
- ◆ Dr. Rich asked if the same ratios for Cohort One will be kept for Cohort Two. Ms. Schreiber responded that the geographic division will still be kept but that there will be a variety of factors that affect clinic distribution statewide. She said it should still look very similar to the breakout seen in Cohort One.
- ◆ Pam Catt-Oliason asked how and when clinics will be able to apply for the Virtual PCMH. The Virtual PCMH application and process is being developed and will be available to Cohort One and Two clinics with more information available at the December meeting. There is a target of 50 clinics over the course of three years.

Timeline and Next Steps – *Lisa Hettinger, Co-Chair*

- ◆ Lisa Hettinger addressed the issue of the presidential election results and the future of the Affordable Care Act.

- ◆ Senator Thayne expressed his concern about the SHIP program being a top down approach. He commented that there is not enough patient involvement in decisions being made. Dr. Baron commented on the need for enhancements to patient engagement strategies. Discussion on the SHIP initiative and its direction and model continued. Senator Thayne will present at the December IHC meeting.

There being no further business, Chairman Hettinger adjourned the meeting at **3:43pm**.