



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC February Minutes

DATE: February 08th, 2017

ATTENDEES: Director Richard Armstrong, Dr. Andrew Baron, Pam Catt-Oliason, Dr. Ted Epperly, Lisa Hettinger, Deena LaJoie, Elke Shaw-Tulloch, Mary Sheridan, Jennifer Wheeler, Matt Wimmer, Cynthia York

Teleconference: Josh Bishop, Kathy Brashear, Dr. Scott Dunn, Kahterine Hansen, Janica Hardin, Yvonne Ketchum, Dr. James Lederer, Casey Meza, Susie Pouliot, Neva Santos, Larry Tisdale, Karen Vauk, Dr. Bill Woodhouse

Members Melissa Christian, Dr. Keith Davis,

Absent: Russell Duke, Ross Edmunds, Senator Lee Heider, Dr. Glenn Jefferson, Rene LeBlanc, Maggie Mann, Nicole McKay, Carol Moehrle, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. Daivd Peterman, Geri Rackow, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Dr. Boyd Southwick, Lora Whalen, Dr. Fred Wood, Nikole Zogg

IDHW Staff James Corbett, Jeff Crouch, Wayne Denny, Tara Fouts, Meg Hall, Adiya Jaffari, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Stacey St.Amand

Guests: Grace Chandler, Elwood Cleaver, Pat Dennehy, Jeannet Haskell, Katie Falls, Jennifer Feliciano, Julie Lineberger, Janice Lung, Dr. Janet Reis, Sarah Renner, Catherine Schneider, Marilyn Sword, Norm Varin, Sandeep Wadwha, Maggie Wolfe, Dr. Shenghan Xu

STATUS: Draft (02/08/2017)

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

Summary of Motions/Decisions:

Motion:

Elke Shaw- Tulloch moved to accept the minutes of the January 11, 2017 Idaho Healthcare Coalition (IHC) meeting as prepared. Kathy Brashear seconded this motion.

Outcome:

Motion Carried

Dr. Andrew Baron moved that the Idaho Healthcare Coalition adopt the SHIP payer financial and enrollment metric report as presented by Katie Falls. Jennifer Wheeler seconded the motion.

Motion Carried

Matt Wimmer moved that the Idaho Healthcare Coalition adopt measures and review criteria for the telehealth grant as presented by Mary Sheridan. Jennifer Wheeler seconded the motion.

Motion Carried

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and went over the agenda items. Cynthia York introduced the new graduate assistants working with SHIP: Adiya Jaffari is a graduate of Boise State University and a Fullbright Scholar currently working toward applying to medical school. Miss Jaffari will be working on goals two and five with SHIP. Tara Fouts is earning her master in Health Promotion at Boise State University; she is currently working as a health educator in the Central District Health office and is conducting an independent study on women in retirement. She will be assisting the State Evaluator team in their work with SHIP. Dr. Epperly started the meeting with a quote from Albert Einstein “If I had an hour to solve a problem I’d spend 55 minutes thinking about the problem and 5 minutes thinking about solutions.” Dr. Epperly asked if there were any amendments or changes to meeting minutes from January; there being none, the minutes were approved.

The Heroism of Incrementalism by Atul Gawande – Dr. Ted Epperly, IHC Chair

- ◆ Dr. Epperly introduced Dr. Gawande’s *New Yorker* article on the importance of incremental healthcare and the significance of helping individuals on a daily basis through primary health care. Dr. Gawande is a surgeon and public health researcher at Brigham and Women’s Hospital in Boston, Massachusetts.
- ◆ Dr. Baron commented that this was a great article for primary care providers who can see the impact of consistent care in a patient.

Cohort One Transition & Cohort Two Onboarding – Grace Chandler, Briljent

- ◆ Grace Chandler presented the current status of SHIP Cohort One clinics and the progress being made by SHIP Cohort Two clinics. Briljent has begun to send out renewal agreements to allow Cohort One clinics that have not yet achieved PCMH recognition to continue their work toward PCMH recognition and to receive reimbursement payments. Fifty-six Cohort Two clinics were sent their agreements with Briljent which are due back to Briljent by February 21st 2017.
- ◆ Ms. Chandler went over the Cohort One program evaluation survey results conducted by Briljent. Briljent received 46 responses; however because the surveys were completely anonymous they may not necessarily be representative of 46 clinics out of the 55. Ms. Chandler went over the results of these surveys highlighting key results and open-ended comments.
- ◆ Following her presentation Ms. Chandler answered questions from IHC members about whether there is a way to raise the percentage of clinics that are satisfied with their coaching experience and what the granularity of these results was. Ms. Chandler answered that they are looking at the number of satisfied clinics on the coaching side and Briljent is working to provide a more refined report. A second survey will be done at the June Learning Collaborative to get a

better understanding of where clinics are. Meg Hall commented that there has been a lot of progress in getting clinics recognized as PCMHs.

- ◆ Sarah Renner presented information on the reimbursement rate of Cohort One clinics: all fifty-five clinics have received the reimbursement payment for measure two by submitting a completed application and executed contract. Sixty percent of clinics received reimbursement payment for measure two by also submitting PCMH accreditation. Ms. Renner also went over the dashboard elements of Cohort One participation.
- ◆ Pat Dennehy presented the on-going work with Cohort One: there are still twenty-two clinics that need to complete PCMH transformation. Ms. Dennehy reviewed the achievements of Cohort One clinics that were successful in obtaining PCMH status within the Cohort One year. She also went over what activities worked well for Cohort One and which ones didn't; Ms. Dennehy said that these lessons learned will be implemented for Cohort Two.

Medicare Value-Based Payment Update – *Sandeep Wadhwa, Noridian*

- ◆ Sandeep Wadhwa presented the potential ways in which Noridian and the IHC could collaborate in the future for data sharing. Dr. Wadhwa went over what events on the payer side of healthcare led to this potential. There are four areas in addition to IHC support: 1) annual payer reporting for SHIP 2) SHIP clinical quality measure reporting 3) provider outreach and education on chronic care management and preventive services, and 4) facilitation of an Idaho equity plan. Dr. Wadhwa went into a little more detail on what these areas of support mean and how they could work in SHIP.
- ◆ Dr. Wadhwa gave a presentation that went over CMS and Medicare and their take on this issue.

Mercer Project Management Update – *Katie Falls, Mercer*

- ◆ Katie Falls presented a payer financial report and its relation to goal six. Goal six is related to moving from a volume-based system of care to a value-based one. There are four categories related to data requests:
 - Category One: No link to quality and value
 - Category Two: Link to quality and value
 - Category Three: Value methodologies built on FFS architecture
 - Category Four: Population-based payment
- ◆ Ms. Falls went over this report and the details from the 2015 study conducted at the beginning of the SHIP project.
- ◆ IHC members asked questions about the payer financial report regarding why Medicaid was at 100% in category one even though Medicaid is quality driven. This was because Medicaid is not quality driven at the provider level.

RC Granting Program Update – *Elke Shaw-Tulloch, Division Administrator*

- ◆ Elke Shaw-Tulloch provided the IHC with an update on the Regional Collaborative grant process. There were seven grant proposals received: Districts One, Three, Four, Five, and Six each submitted one grant proposal; District Seven did not submit a proposal as they did not think they had the bandwidth to take on a grant project; and District Two submitted two proposals. Currently District Six's grant proposal is the only one that looks like it will be funded shortly. District Five's proposal was not selected, and only one of District Two's proposals was selected but they declined the offer.

Telehealth Update – *Mary Sheridan, Bureau Chief Office of Rural and Primary Care*

- ◆ Mary Sheridan presented the concepts and criteria proposed for the telehealth application and funding as a part of goal four. Ms. Sheridan went over the timeline for this application, the measures that will be looked at, and the review criteria in selecting clinics to receive this funding.
- ◆ There will be eight areas of review criteria that will be scored on the applications: executive summary, project description, project targets and measurable indicators, scale, innovation and design, budget, letters of support, and demand analysis and/or readiness assessment.
- ◆ Following her presentation Ms. Sheridan answered questions from IHC members on sustainability and how involved payers have been in determining readiness to provide coverage of some of the proposed components. Medicaid is already providing reimbursement for telehealth and tele-psychiatry, however if other insurance companies do not provide reimbursement it becomes difficult for providers to track.

IHDE Update – *Julie Lineberger, IHDE, Interim Executive Director*

- ◆ Julie Lineberger provided the IHC with an update of the current IHDE activities. Ms. Lineberger provided updated statistics on the progress of clinics becoming connected. There is still a lot of work to do. However the IHDE is making great strides toward reaching their goal of connecting all SHIP clinics to IHDE.

Timeline and Next Steps – *Dr. Epperly, Chair*

- ◆ Casey Moyer reviewed the recent visit by Dr. Craig Jones to the CQM Workgroup and what outcomes were achieved. A decision was made to combine the HIT Workgroup, CQM Workgroup, and the Data Element Mapping Subcommittee into one group to further development of measures and eliminate duplication of efforts.
- ◆ SHIP has developed a newsletter that will be going out every two months to SHIP stakeholders. The second issue will be going out the week of March 13th.

There being no further business, Chairman Epperly adjourned the meeting at **4:27pm**.