



# Idaho Healthcare Coalition

## Meeting Minutes:

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**SUBJECT:** IHC March Minutes

**DATE:** March 08, 2017

**ATTENDEES:** Director Richard Armstrong, Pam Catt-Oliason, Dr. Keith Davis, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen via Amy Mart, Janica Hardin, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. David Pate via Sandy Stevenson, Tammy Perkins, Susie Pouliot, Dr. Kevin Rich, Neva Santos, Mary Sheridan, Larry Tisdale, Matt Wimmer, Cynthia York, Nikole Zogg

**LOCATION:** 700 W State Street, 1<sup>st</sup> Floor East Conference Room

**Teleconference:** Dr. Andrew Baron, Kathy Brashear, Rene LeBlanc, Maggie Mann, Casey Meza, Carol Moehrle, Dr. David Peterman, Karen Vauk, Jennifer Wheeler, Dr. Bill Woodhouse,

**Members Absent:** Josh Bishop, Melissa Christian, Russell Duke, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Dr. James Lederer, Nicole McKay, Daniel Ordyna, Geri Rackow, Dr. Rhonda Robinson-Beale, Elke Shaw-Tulloch, Dr. Boyd Southwick, Lora Whalen, Representative Dr. Fred Wood,

**IDHW Staff** Rachel Blanton, Emily Bennett, Rhonda D'Amico, Tara Fouts, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Stacey St. Amand, Marta Tanikuni, Joey Vasquez, Molly Volk, Ann Watkins

**Guests:** Michelle Anderson, Grace Chandler, Katie Falls, Janette Haskell, Stephanie Heaton, Elwood Kleaver, Julie Lineberger, Janice Lung, Don McKenzie, Melissa Nystrom, Janet Reis, Norm Varin, Dr. Karl Watts

**STATUS:** Draft (3/9/2017)

## Summary of Motions/Decisions:

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**Motion:**

Susie Pouliot moved that the Idaho Healthcare Coalition recommend the governor appoint Michelle Anderson to the IHC.  
Neva Santos seconded the motion.

**Outcome:**

PASSED

Lisa Hettinger moved to accept the minutes of the February 08, 2017 Idaho Healthcare Coalition (IHC) meeting as prepared.  
Mary Sheridan seconded the motion.

PASSED

## Agenda Topics:

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**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. Dr. Epperly took time to acknowledge that March 8<sup>th</sup> is Registered Dietitian Nutritionist Day and International Women’s Day. He thanked Deena LaJoie for bringing snacks for IHC members and started the meeting with a quote from Mother Teresa, “I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”

**CMMI SIM Model Test Update – Dr. Stephen Cha, Director, State Innovations Group and Chris Crider, SIM Project Officer for Idaho**

- ◆ Dr. Epperly gave an update from Dr. Stephen Cha who was unable to join the meeting. Dr. Cha is a physician and the director for all of the SIM state projects. Dr. Cha wanted to convey that the federal government is in a constantly changing landscape with new leadership and this transition period is difficult for those in the federal government. This adds to the difficulty programs will have but this is to be expected. At this time there is absolute support for all the state SIM projects, including ours here in Idaho. Nothing has been expressed to senior leadership at HRSA or HHS that would indicate anything short of interest and support for state-based innovation. Currently there are more “red” states than “blue” states undergoing healthcare transformation through the SIM grant process. Dr. Cha wanted to reassure anyone who is nervous about the cancellation of the grant during the transition of administrations
- ◆ The final point Dr. made was that not only has Idaho been talked about a great deal as a state with a lot of positive change but the impact the change is making in reference to the dollar per capita savings. Idaho is becoming a model for how rural states can affect positive healthcare reform.
- ◆ Dr. Cha is scheduled to be joining the IHC via teleconference at the April meeting.

**Cohort One Panel Discussion – Katie Falls, Mercer**

- ◆ Katie Falls facilitated a panel discussion among four representatives of Cohort One clinics regarding their experience with SHIP over the past year. Ms. Falls had each of the panelists introduce themselves and the organization they represent.
- ◆ Don McKenzie works with St. Luke’s Health System as the practice manager for all of the McCall area clinics. Melissa Nystrom works as a quality improvement manager with CHAS Health’s administration offices and as a PCMH manager with CHAS’ Moscow and Lewiston practices. Dr. Karl Watts works at Saint Alphonsus Health System as the Medical Director of PCMH Transformation. Stephanie Heaton works as the Director of Grants and Special Programs with Health West Community Health Centers in Eastern Idaho.
- ◆ The first question Ms. Falls posed to the panelists was what form of training and/or support did they find most helpful for PCMH transformation and what areas could have been improved?
  - Don McKenzie responded that for his clinics, the coaching calls didn’t really click until later in the year. Specifically, because as a rural community clinic being paired with a coach who is focused on urban clinics

there was a lack of understanding about the clinic dynamics and still a lot to be learned. After several months of training calls their coach finally began to understand their model which led to more valuable coaching sessions.

- Melissa Nystrom stated that one of the most beneficial forms of support CHAS received was from the Regional Collaborative, and being able to engage and get a better understanding of their medical home neighborhood. Going through the process as a group experiencing the same difficulties and being able to bounce ideas and questions off one another helped. Specifically this worked well with getting data together so that District Two's data was all at the same level. Regarding coaching calls, they had a similar experience of it being difficult depending on the coach they were working with and working over the phone. Their coach was helpful and had a lot of great ideas but they didn't always pertain to where the CHAS clinics were; more face-to-face interactions and getting to know the coach beforehand would have been helpful. One of their biggest struggles was the way the portal was set up and the way information was shared on the website.
- Dr. Karl Watts thought the most valuable area in this transformation was the technical assistance coaching from the health district. The HMA coaches were also helpful and Saint Alphonsus clinics were able to use the coaches by talking with them and explaining how their clinics operate and what they needed from them as coaches; he said the coaches responded well. Dr. Watts mentioned that he would like to see better alignment and standardization of processes, something that is needed when working with twenty-five clinics.
- Stephanie Heaton spoke about how helpful the public health representatives were and working with the regional collaborative and other clinics. She said the financial piece was nice because it helped them have more time for meetings and get along with other cohort members in their area. The portal was a little difficult to navigate and there was some miscommunication about where different information was meant to go on the site.
- IHC members were given the chance to ask the panelists questions. Yvonne Ketchum asked Stephanie Heaton if she could tell her more about the portal and the six elements of transformation that had to be pulled out and explain this process a little more. Ms. Heaton explained that after the initial meeting with the HMA coach during which they talked about the project and what it would be, the HealthWest team went in and filled out what they wanted to achieve in the portal regarding the six different areas of transformation. The goals that they established were big lifts that were hard to report successes on regularly. She thought it would be beneficial for Cohort Two clinics to better understand upfront what they are required to do in this process and make smaller steps. Don McKenzie said that beginning to use the portal and transferring information into it was a little bit of a lift and it would be beneficial to make sure clinics really understand what is going into the portal.
- Ms. Falls commented that at the last IHC meeting, HMA presented survey results from Cohort One regarding their experience. Ms. Falls asked if the panelists thought they were able to effectively express their concerns in the survey. Melissa Nystrom said she thought she was able to communicate her experience in the survey.
- Another IHC member asked what support the HMA coaches provided to help change the culture in the clinics or whether it something that was done internally. Melissa Nystrom said that the main focus of the coaches and their work with the clinics was centered on the six elements of PCMH transformation. CHAS' Cohort One clinics didn't really take control of their coaching calls which had some effect on this, however in Cohort Two they are going to try and take more of a lead on the coaching calls. Casey Moyer mentioned that during the January IHC meeting, HMA presented the feedback they received from Cohort One clinics and a lot of the topics being discussed are being addressed by HMA and Brilljent. Nikole Zogg asked what type of support might be helpful for the districts to provide to each cohort. Don McKenzie mentioned that their understanding of PCMH, processes for transformation, and their experience is helpful and important to maintain. Dr. Watts thought that Regional Collaboratives are very beneficial to clinics and providers.
- ◆ Ms. Falls asked about some of the specific challenges their clinics had experienced during transformation, lessons learned, and what might have been done differently.
  - Don McKenzie suggested setting up the right structure to support the work that is being completed. He said there is a lot work that goes into the six specific areas, most of which was already being completed but not being documented properly. He suggested documenting the processes and then validating the work being done in a standardized way; there should be a process put in place and then make sure you have the supporting data.

Setting up a structure from the very beginning and developing a timeline and sticking to it works better than starting these processes in month seven of transformation.

- Melissa Nystrom thought that taking more ownership of the coaching calls would be beneficial, instead of sitting back and waiting to see what the coaches were going to do. The best support they received was from the collaborative and CHAS would like to see that continued support in Cohort Two.
- Dr. Watts responded that he would not do PCDCs and PCMHA's from the start since they can't do without an understanding of what PCMH transformation is; he also mentioned he wouldn't begin by putting anything on the six areas of transformation on the website. He would take more time to understand what a PCMH is and then develop and build a transformation plan once a better overall knowledge of what is needed for transformation has been established.
- Stephanie Heaton said that as an organization it might have been better to take more control of the coaching calls and take more of a leadership role in their transformation.
- Lisa Hettinger asked Dr. Watts if he felt that the accreditation process used in Oregon was better than the NCQA accreditation process. Dr. Watts recognized that there are some differences between the two accreditation systems but said neither is better than the other. Janica Hardin asked what metrics are being used to drive transformation. Dr. Watts stated that there are four areas that drive transformation 1) patient experience 2) quality metrics 3) utilization measures 4) provider satisfaction measures. Don McKenzie mentioned that patient experience and provider satisfaction were key components to PCMH transformation. Yvonne Ketchum wanted to know if the clinics were to ask patients a year ago and again now whether or not they would notice a change in transformation, all the panelists agreed that there would probably be some patients who have noticed a difference but there is still a lot that needs to be done.
- ◆ Regarding the experience connecting to IHDE, Ms. Falls asked what issues and successes clinics had with data.
  - Don McKenzie commented that all the McCall clinics have EMRs and the use of IHDE and the connection was huge in terms of transition of care.
  - Melissa Nystrom mentioned that the CHAS clinics did experience an EMR change and that they could probably utilize it better for checking and gathering data.
  - Dr. Watts suggested that there needs to be a better definition of bi-directional connection and how it is used, and that this has caused some challenges. Access is huge and the definition of connection to IHDE needs to be well defined for alignment.
  - Stephanie Heaton said that HealthWest is planning to change EHRs so they have decided not to connect to IHDE until the new EHR has been updated.
  - Matt Wimmer asked what pieces of data clinics would like to have access to in order to make patient care easier. Dr. Watts stated that information about where patients have been and what has happened to them, making sure that emergency room and hospital visit information is being sent back to clinics. Don McKenzie commented that the process of getting lab work and other information is time consuming. Kathy Brashear inquired whether or not prescription drug information is available from IHDE data. There currently is not a medication identification model for IHDE but the Board of Pharmacy monitors all controlled substances (but not other medications patients may be on). Dr. Baron commented that there isn't a good measure of patient engagement and how patients see themselves improving. Dr. Watts agreed and addressed the problem of assessing these measures consistently and accurately.
- ◆ Wrapping up the panel discussion, Dr. Epperly asked the panelists what one thing they would like to leave with the IHC as the most important take away.
  - Don McKenzie said that the PCMH transformation is the right thing to do, and if you aren't already engaging in the PCMH model you should start.
  - Melissa Nystrom agreed that it is important and getting all team members on board and understanding why it is valuable is necessary.
  - Dr. Watts said that it wouldn't be valuable if it wasn't challenging. He said the IHC sits in a position to use their influence to bring about change across the state.
  - Stephanie Heaton mentioned that there needs to be alignment between all participants in healthcare.

**Partnering with Public Health Preparedness to Support Clinics and the Medical Health Neighborhood – Rhonda D’Amico, MHE SHIP Program Manager, Southeastern Public Health and Devin Hughes, Healthcare Liaison, Public Health Preparedness**

- ◆ Rhonda D’Amico and Devin Hughes presented information about the workshop put on by the Southeastern Idaho Public Health District, the Southeastern Idaho Healthcare Coalition, and the Southeastern Healthcare Collaborative for CMS emergency preparedness. The objectives of the workshop are to describe linkages between Public Health Preparedness, PCMH clinics, local coalitions, and the Medical Health Neighborhood to provide updates on disaster preparedness planning within the new CMS rules, introduce Hazard Vulnerability Assessments, and discuss opportunities to replicate training throughout Idaho.
- ◆ Public health agencies throughout the U.S. have the responsibility to assist in disaster planning and preparation, specifically working with healthcare systems to coordinate efforts. The new rules proposed by CMS include a rule on emergency preparedness with a Condition of Participation (CoPs) that 17 healthcare providers and supplier types will be required to comply with, including hospitals, critical access hospitals, public health agencies, and FQHCs.
- ◆ There are four core elements being addressed: Risk Assessment and Emergency Plan, Policies and Procedures, Communication Plan, and Training and Testing Program. The new rule will be implemented on November 15, 2017. Ms. D’Amico and Mr. Hughes described where on their websites more information about the rule and upcoming trainings can be found.

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

- ◆ Julie Lineberger provided the IHC with a brief update on the current status of Cohort One and Two clinics’ connections with IHDE. Currently in Cohort One there are ten organization builds that are completed, nine organizations are in progress, and six organizations are on hold. Cohort Two has 14 organizations that are also in Cohort One and 15 organizations where new builds will be established.

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

- ◆ Dr. Epperly thanked everyone for their participation and welcomed members to address any unfinished business. Mary Sheridan pointed out that the Virtual PCMH application for Cohort One clinics is now available as is a technical assistance webinar. The Telehealth application for Cohort One clinics will be available March 13<sup>th</sup>.
- ◆ Dr. Epperly asked IHC members to think about what the group can do to continue success in the project for the next two years.

There being no further business Chairman adjourned the meeting at **4:26pm**