

Meeting Minutes:

SUBJECT: IHC May Minutes **DATE:** May 10, 2017

ATTENDEES: Director Richard Armstrong, Kathy Brashear, Melissa Christian, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen, Lisa Hettinger, Deena LaJoie, Dr. Kevin Rich, Kevin Nielsen on behalf of Dr. Rhonda Robinson-Beale, Elke Shaw-Tulloch, Larry Tisdale, Cynthia York

Teleconference: Russell Duke, Janica Hardin, Dr. James Lederer, Maggie Mann, Casey Meza, Geri Rackow, Neva Santos, Lora Whalen

Members Absent: Michelle Anderson, Dr. Andrew Baron, Dr. Richard Bell, Josh Bishop, Dr. Keith Davis, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Yvonne Ketchum, Rene LeBlanc, Nicole McKay, Carol Moehrle, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. David Peterman, Mary Sheridan, Dr. Boyd Southwick, Karen Vauk, Jennifer Wheeler, Matt Wimmer, Representative Fred Wood, Dr. Bill Woodhouse, Nikole Zogg

IDHW Staff Jeff Crouch, Wayne Denny, Tara Fouts, Adiya Jaffari, Taylor Kaserman, Casey Moyer, Madeline Russell, Kym Schreiber, Stacey St. Amand, Joey Vasquez, Molly Volk, Ann Watkins

Guests: Elwood Cleaver, Julie Lineberger, Janice Lung, Gina Pannell, Janet Reis, Linda Rowe, Ty Stevenson, Corey Surber, Norm Varin, Maggie Wolfe, Shenghan Xu

STATUS: Draft (5/18/2017) **LOCATION:** 700 W State Street, 1st Floor East Conference Room

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting, went over the agenda items, and opened with a quote from Nelson Mandela, “It always seems impossible until it’s done.” Minutes from the April meeting were not approved due to a lack of quorum.

ONC Site Visit Update – *Dr. Stephen Cha, Director, State Innovations Group and Chris Crider, SIM Project Officer for Idaho*

- ◆ Burke Jensen and Joey Vasquez gave a presentation about their recent visit to Portland, Maine to meet with the Office of the National Coordinator for Health Information Technology technical assistant partners. Both thought the meeting went well and provided the SHIP and Medicaid teams with valuable take-aways that will help with their efforts to align SHIP and Medicaid activities.

Mercer Update – *Katie Falls, Mercer*

- ◆ Maggie Wolfe presented a brief general overview of the SHIP annual report. The report is a requirement of CMMI for all SIM states on an annual basis. It is related to but different from the dashboard report highlighting the goal success measures. In this report, driver diagrams highlight the various projects that help achieve SHIP’s goals. The first primary driver is focused on goals one and four (looking at achievements made toward accelerating the establishment of the PCMH model of care).
- ◆ The second primary driver focuses on goals two and five, concentrating on the establishment of the first four Clinical Quality Measures (CQMs), along with working through privacy and security issues.
- ◆ The third primary driver focuses on goal three. In Award Year Two (AY2) Regional Collaboratives increased membership and developed strategic plans to help support SHIP clinics.
- ◆ Finally, the fourth primary driver focuses on goals six and seven. Payers have continued their participation in the path to value-based payments, have developed an alternative payment framework, and are working with strategic alignments with Medicaid. As the project progresses, there will be a continued effort to seek alignment between goals one through six.
- ◆ The work being done is complicated and will take a lot of effort to reach the goals set forth in the project but Idaho is moving along well and shows a lot of determination and commitment to reaching its goals. Part of this journey includes working with Medicaid and other partners toward alignment of activities along with clinics working on continuous quality improvement.

Briljent Update – *Grace Chandler, Briljent*

- ◆ Grace Chandler gave an update on where clinics are now for both Cohorts One and Two. In Cohort One, 36 out of the 55 clinics have achieved PCMH recognition. Cohort Two clinics have sent in their budget templates for reimbursement payments and have begun to work on their transformation plans.
- ◆ Nancy Jaeckels-Kamp provided additional information on the work being done by Cohort Two clinics. The key activities in the technical assistance plan for Cohort Two are the six content-specific webinars to be delivered every other month, site visits with their HMA coaches, and attending the upcoming Learning Collaborative on June 27th and 28th at Boise State University being sponsored by Blue Cross of Idaho, BSU, and PacificSource Health Plans. The Learning Collaborative will feature sessions focused on ongoing coaching and learning topics and having some Cohort One and Two teams give presentations. Clinics will hear from national and local experts.
- ◆ There has been a change in the staffing for the HMA coaches. One change made for Cohort Two is that coaching is now divided by region. In addition, Pat Dennehy is no longer with HMA.; she is being replaced by Dr. Tom Denberg.

Behavioral Health Update – *Ross Edmunds, and Gina Westcott*

- ◆ Gina Westcott is the Behavioral Health Southwest Hub Administrative Director who oversees direct service and operations taking place in regions three, four and five, and assists in the division’s role in Behavioral Health Integration (BHI). BHI started out with a challenge of defining how behavioral health integration fit into all seven goals of SHIP. The BHI Workgroup was developed to help better understand how this behavioral health integration would work within the scope of SHIP. In 2016 the workgroup held seven meetings and has evaluated where Idaho clinics are with BHI. Some key achievements made by the workgroup are:
 1. pursue a behavioral health consultant peer-to-peer model,
 2. explore how regional behavioral health boards could support regional collaboratives,
 3. pursue additional trainings with NASHP, and
 4. get another survey out to clinics for behavioral health integration.
- ◆ In August, the workgroup made recommendations to the CQM Workgroup on behavioral health success measures for the required clinical quality measures of SHIP. The measure chosen was the depression and drug/alcohol use screenings in patients. The BHI Workgroup also sponsored a lunch at the Learning Collaborative where they talked to clinics. Upcoming

activities for the workgroup include continuing work with Dr. Ben Miller from the Farley Policy Center, updating the workgroup charter, and looking for additional workgroup members.

- ◆ Ross Edmunds gave an update on the interest in Idaho in overall behavioral health planning. There are multiple groups in the state focused on behavioral health, and there must be an effort to make sure all these groups are coordinated. Anytime a request is sent to the legislature, they want to know how all these efforts are coordinated and related. A primary focus of many of these projects is behavioral health integration into primary care.
- ◆ Two of the successes that the Division of Behavioral Health has had recently are getting an adjustment in policy related to Medicaid approved to help children in poverty and providing better hospitalization of the mentally ill to help ease pressure on communities and local entities.
- ◆ Payment models are the number one issue in bridging healthcare gaps. Another problem with these programs in Idaho is the availability of patient services. The number one disease that takes the most from humans is depression, which is why all this work is extremely important.

Regence Blue Shield Update – *Melissa Christian, Vice President of Provider Services for Idaho, Regence Blue Shield*

- ◆ Melissa Christian presented the value-based program at Regence Blue Shield. She said, the insurance world is still operating in the fee for service world, and Regence is looking at how to collaborate to move this block forward toward fee for value service. Regence is working on bending the cost curve; they believe that the best care is the most cost effective care. Negotiations on reimbursements are using data around members, identifying physician partners, and starting to share data.
- ◆ Regence has started working with hospitals on a three-year program to improve performance; they use CMS metrics to avoid asking one more thing from providers. The program begins in year one with a minimal increase and years two and three have an increase in reimbursement tied to improved performance. Every hospital except one is in Regence's program.
- ◆ Physicians are on the total cost of care program, which is a PPO network with an identified medical group, that collaborates with physician partners. Regence works with physicians to engage with members that are attributing to them. Attribution is great but there are still issues with patient accountability. A lot of work being done by Regence is focused on actionable items from identifying cost drivers to identifying care gaps and evaluating the management of chronic conditions.

Virtual PCMH Update – *Madeline Russell, IDHW, RC Project Manager*

- ◆ As of April 21st, six clinics have been designated as virtual PCMHs. These selected clinics need to complete budget templates to receive the \$2,500 dollars for being designated as a virtual PCMH. The virtual PCMH application will reopen soon to Cohort One and Cohort Two clinics that wish to apply. Clinics applying need to be in a medically underserved area, professional shortage area, or utilize Telehealth, CHW, or CHEMS.

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

- ◆ Julie Lineberger provided a brief update on the current status of Cohort One and Two clinics' connections with IHDE. Of the 26 clinics that are connected from Cohort One, 11 of the 30 organizations represented are connected. Twenty of 56 clinics are connected from Cohort Two, eight of the 29 organizations represented are connected. Ms. Lineberger provided additional details on the connection statuses of clinics that have recently been connected or that are still on hold. There are 76 interfaces that IHDE was charged with building for Cohort One, 36 of which are complete.
- ◆ IHDE is looking at putting together a payer database.

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

- ◆ Dr. Epperly thanked everyone for their participation and, there being no further business, adjourned the meeting at 4:17pm.