



Idaho Healthcare Coalition

SUBJECT: IHC April Minutes

DATE: April 11, 2018

ATTENDEES: Sam Summers, MD in for Andrew Baron, MD, Russ Barron, Ted Epperly, MD, Janica Hardin, Lisa Hettinger, Drew Hobby, Yvonne Ketchum-Ward, Deena LaJoie, David Pate, MD, Tammy Perkins, Kevin Rich, MD, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Norm Varin, Karen Vauk, Jennifer Wheeler, Cynthia York, Rachel Blanton in for Nikole Zogg

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

Teleconference: Michelle Anderson, Richard Bell, MD, Melody Bowyer, Kathy Brashear, Pam Catt-Oliason, Melissa Christian, Russell Duke, James Lederer, MD, Maggie Mann, Amy Mart, Casey Meza, Carol Moehrle, Susie Pouliot, Geri Rackow, Neva Santos,

Members Absent: Keith Davis, MD, Scott Dunn, MD, Ross Edmunds, Senator Lee Heider, Mark Horrocks, MD, Glenn Jefferson, MD, Kelly McGrath, MD, Nicole McKay, Daniel Ordyna, David Peterman, MD, Boyd Southwick, MD, Lora Whalen, Matt Wimmer, Representative Fred Wood, MD

IDHW Staff Ann Watkins, Kymberlee Schreiber, Stacey St. Amand, Madeline Russell, Jill Cooke, Alexis Marcovitz, Burke Jensen

STATUS: Approved 5/09/2018

Summary of Motions/Decisions:

Motion:

It was moved that the IHC accept the March 14, 2017 meeting minutes.

Outcome:

Passed

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes – *Ted Epperly, MD, IHC Co-Chair*

- ◆ Ted Epperly welcomed everyone to the meeting and took role. Dr. Epperly started the meeting with a Zen proverb, “No seed ever sees the flower.”

Results from IHC Survey – *Katie Falls, Principal, Mercer; Dr. Jeanene Smith, Principal, Health Management Associates*

- ◆ A ten-question survey about SHIP and healthcare transformation sustainability was distributed to IHC members in March. There was an 87% response rate to the survey.
- ◆ One hundred percent of respondents agreed that transformation of Idaho’s healthcare delivery system needs to continue.
- ◆ Respondents were asked to identify the top five components of the SHIP model that should be continued. The top five answers were: Health Information Exchange (HIE) development to support data exchange and analytics, payment reform, alignment of common CQMs across payers, PCMH training and TA, and telehealth.
- ◆ Support for continuation of an IHC-like stakeholder group was strong at more than 70%. Respondents felt the group would accelerate the transformation process, hold stakeholder neutrality and anti-trust protection, and was needed to drive and sustain partnerships.
- ◆ Respondents felt that the IHC has provided assistance to PCMHs, provided a forum for developing common goals and leadership for transformation, and assisted with collaboration among provider, payers and diverse interest groups. They felt these should be continued post-SHIP. Suggestions for changes included making the IHC a smaller group and changing the membership composition to include more stakeholder representatives and fewer state agency representatives.
- ◆ Nearly 80% felt the support of OHPI would be needed in the future to keep engagement, focus, and support; and monitoring and tracking activities.
- ◆ Suggested stakeholder groups to be represented in a future IHC advisory entity included public and private payers, PCPs, health data experts and health data exchange, consumer advocates, legislators, public health, healthcare provider specialists, business groups, patients, and public and private entities working on social determinants of health.

Interactive Discussion – *Katie Falls, Principal, Mercer; Dr. Jeanene Smith, Principal, Health Management Associates, Dr. Ted Epperly, IHC Co-Chair*

- ◆ The first theme that emerged in the discussion was **transformation**. Members felt that transformation is a “foregone conclusion,” and that being nimble as a group and keeping transformation moving forward are imperative. They felt that with an organization the size of the current IHC, it was difficult to be flexible. There were questions about how much financial support and commitment there is especially with a new gubernatorial

administration coming in; but others felt that stakeholders created the mission and vision, they can drive transformation also. Finally, it was felt that what is needed is an invested core group that includes payers and employers.

- ◆ **Payers** were the next topic of discussion. Participants felt that there is active engagement with the payer community across the state but that it's not about the payers, it's about the payers and providers and trying to arrive at healthcare transformation goals together. Several said that payers need to take the lead. One said that payers need to create structures that allow all physicians to participate if they choose.
- ◆ Participants discussed **funding** next and trying to find the value proposition and demonstrating it within the medical home. They said that cost factors are the biggest challenges. We need to be able to say what the ROI on the project has been, what we need money for, and how funding will be utilized.
- ◆ **Data** was the next topic and the expressed need for it was universal. Data is needed for selling our success to the feds, to the legislature, and to have them kick in funds. If we don't have data, we can't improve. We need more real-time data including claims utilization and cost data as well as pharmacy data, lab data, and census data; that's the value of a data exchange. It's one of the things we've fallen short on. Consumers are demanding it.
- ◆ **Next Steps** are to form a sub-committee that would come up with a charter by July so it can be finalized by September. The group needs to be small with a short timeline; it needs to involve the pairing of the transformation effort with the PHDs and RC sustainability work. SHIP Project Managers should be at the table but the number of department staff should be minimized. The deliverables from this sub-committee would include:
 - Developing a mission statement/charter
 - Developing a process to maintain accountability
 - Determining governance of the group
 - Determining ROI to see where improvement has been made

Additional Business and Next Steps- *Ted Epperly, MD, IHC Co-Chair*

- ◆ With no further business the meeting was adjourned at 4:10.