



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC August Minutes

DATE: August 8, 2018

ATTENDEES: Russ Barron, Pam Catt-Oliason, Melissa Dilley as proxy for Russell Duke, Gina Westcott as proxy for Ross Edmunds, Ted Epperly, MD, Casey Moyer as proxy for Lisa Hettinger, Todd York as proxy for Drew Hobby, Yvonne Ketchum-Ward, Nicole McKay, Kevin Rich, MD, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Beth Kriete as proxy for Matt Wimmer, Ann Watkins as proxy for Cynthia York, Rachel Blanton as proxy for Nikole Zogg

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

Teleconference: Michelle Anderson, Kathy Brashear, Keith Davis, MD, Janica Hardin, Mark Horrocks, MD, Casey Meza, Kayla Springer as proxy for Carol Moehrle, David Pate, MD, Susie Pouliot, Lora Whalen,

Members Absent: Andrew Baron, MD, Richard Bell, MD, Melody Bowyer, Melissa Christian, Scott Dunn, MD, Lee Heider, Glenn Jefferson, MD, Deena LaJoie, Maggie Mann, Amy Mart, Kelly McGrath, MD, Daniel Ordyna, Tammy Perkins, David Peterman, MD, Geri Rackow, Rhonda Robinson-Beale, MD, Neva Santos, Boyd Southwick, MD, Norm Varin, Jennifer Wheeler, Fred Wood,

IDHW Staff Jeff Crouch, Burke Jensen, Madeline Russell, Stacey St.Amand, Sherie Thompson, Ann Watkins

STATUS: Approved September 12, 2018

Summary of Motions/Decisions:

Motion: Pam Catt-Oliason moved that the IHC accept the July 11, 2018 IHC meeting minutes. Kevin Rich, MD seconded the motion.	Outcome: Passed
Elke Shaw-Tulloch moved that the IHC recommend to the Governor, that Casey Moyer be appointed to the IHC to replace Cynthia York. Yvonne Ketchum-Ward seconded the motion.	Passed
Ann Watkins moved that the IHC support the submission of the Financial Analysis report to CMMI as presented by Mercer. Mary Sheridan seconded the motion.	Passed
Larry Tisdale moved that the IHC support the change in scope to Goal 5 as presented by Burke Jensen and Janica Harding. Elke Shaw-Tulloch seconded the motion.	Passed
Mary Sheridan moved that the IHC support the submission of the Sustainability Plan Part Two to CMMI. Todd York seconded the motion.	Passed

Agenda Topics:

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

- ◆ Casey Moyer welcomed everyone to the meeting and took role. He opened the meeting with a quote from Dr. Epperly, “Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.” ~ Vince Lombardi

Financial Analysis Report for AY3 – Scott Banken, CPA, Principal, Mercer

- ◆ The financial analysis showed that cost avoidance by payer, Medicare (\$57.3 million) and Medicaid (\$66.3 million) cost avoided, exceeded increased costs incurred by commercial payers (\$30.1 million) by \$93.5 million, which exceeds the project (Goal 1) of \$89 million.
- ◆ The full report can be found in the IHC packet.
- ◆ The IHC voted to support the submission of the Financial Analysis report to CMMI as presented.

SHIP Data Quality Pivot – *Burke Jensen, SHIP Project Manager; Janica Hardin, DGW Co-Chair*

- ◆ Burke Jensen provided a background that included challenges being faced in the areas of data completeness and EHR variations in CCDs.
- ◆ Key constraints include:
 - No plans or funds for HTS data analytics reporting to extend beyond the SHIP grant.
 - Many health systems and payers don't plan to use SHIP data analytics because they have their own analytic solutions.
 - IHDE is unable to build any new data feeds to clinics beyond what has already been planned.
 - Medicaid is working with Truven to develop a quality measurement/analytics solution for its Shared Savings program.
- ◆ The following recommendations were made for HIT to “pivot” in order to continue meeting grant requirements:
 - Substitute the HTS reporting for Medicaid CQM reporting/provider portal.
 - Add BFRSS survey data for smoking and obesity measures.
 - Continue with:
 - Child immunization reporting (via IRIS)
 - Access to care reporting (via State Evaluator)
 - Patient attribution process (reported through (HTS))
 - IHDE clinic connection builds will continue
- ◆ The IHC voted to approve the Goal 5 pivot.

Sustainability Plan Part Two Update – *Katie Falls, Principal, Mercer*

- ◆ Katie Falls provided highlights of the “Roadmap for Sustaining SIM Investments” which provides details for sustaining key elements of SHIP needed to achieve Idaho’s goals for the next phase of transformation. The roadmap is broken down by ‘primary driver’ as follows:
 - PD1: Accelerate establishment of the PCMH model of care (Goals 1 and 4).
 - PD2: Increase the use of HIT and HIE to improve care coordination at the patient level and data collection and analysis at the system level (Goals 2 and 5).
 - PD3: Establish seven RCs to support the integration of each PCMH with the broader Medical-Health Neighborhood (Goal 3).
 - PD4: Align value-based payments across payers to decrease the overall cost of healthcare in Idaho (Goals 6 and 7).
- ◆ The IHC voted to support the submission of the plan to CMMI as presented.

IHDE Connection Update – *Jim Borchers, IHDE Marketing Director*

- ◆ Eighty-one clinics are now fully bi-directional. This is up from last month’s connection count of 75 clinics. One hundred fifty-one of 165 clinics are connected or are projected to be by January 31, 2019. This is up from last month’s projection of 142.
- ◆ Since February 2018, there have been 139 clinics and 27 hospital visits. This marks 100% of the goal met five months early.

Public Meeting Law Update – *Nicole McKay, Deputy Attorney General*

- ◆ The 2018 legislature passed two bills that amend Idaho’s open meeting laws. Open, transparent meetings is the over-arching goal of the laws.

- ◆ The laws define “public agency” and “public meeting.”
- ◆ Agendas and meeting minutes must be posted online if there is an online presence.
- ◆ Any action item must be labeled as such.
- ◆ Ms. McKay stated the IHC is doing everything right. She shared that sub-committees/workgroups are not subject to open meeting laws because they do not meet the quorum requirement and do not make policy, they simply make recommendations to the IHC which ultimately votes on policy decisions.

Transformation Sustainability Workgroup Update – *Ted Epperly, MD, IHC Chair; Katie Falls, Principal, Mercer*

- ◆ The charter for the group is nearly complete. The group will be called the “*Healthcare Transformation Council of Idaho*.” It will be half the size of the current IHC, be comprised of various stakeholders, and members will potentially be governor-appointed. It will have a “recommendation” ability.

RC Survey Presentation of Report – *Elizabeth Spaulding, Langdon Group*

- ◆ IDHW conducted an online survey of the RCs in July 2018. It was distributed to 165 RC members; 35 members responded for a 21% response rate.
- ◆ These are preliminary results; final results will be reported at the September IHC meeting.

CHW Learning Collaborative Update – *Madeline Russell, SHIP Project Manager; Kelsey Hofacer, Bureau of Community and Environmental Health, Diabetes, Heart Disease, and Stroke Prevention Program*

- ◆ There were 125 attendees at the LC held July 25, 2018 at the ISU Meridian campus.
- ◆ Ninety-one percent of respondents to a survey said the LC met their expectations and most found the conference useful.
- ◆ A full evaluation of conference and break-out session results can be found in the IHC meeting packet.

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

- ◆ Family Medicine Residency of Idaho CHW, Martha Madero, has been chosen as one of the National Association of Community Health Centers’ ten Health Center Hero finalists from hundreds of nominations sent in from around the country.
- ◆ There being no further business, the meeting was adjourned at 4:30PM.