



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC June Minutes

ATTENDEES: Pam Catt-Oliason, Melissa Christian, Ted Epperly, MD, Lisa Hettinger, Deena LaJoie, David Pate, MD, Tammy Perkins, Rhonda Robinson-Beale, MD, Dieuwke Dizney-Spencer as proxy for Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Norm Varin, Jennifer Wheeler, Cynthia York, Rachel Blanton as proxy for Nikole Zogg

Teleconference: Michelle Anderson, Andrew Baron, MD, Richard Bell, MD, Cherlye Becker as proxy for Melody Bowyer, Kathy Brashear, Melissa Dilley as proxy for Russell Duke, Drew Hobby, Mark Horrocks, MD, Yvonne Ketchum-Ward, Kayla Sprenger as proxy for Carol Moehrle, Carol Decker as proxy for Geri Rackow, Karen Vauk

Members Absent: Russ Barron, Keith Davis, MD, Scott Dunn, MD, Ross Edmunds, Janica Hardin, Lee Heider, Glenn Jefferson, MD, Maggie Mann, Amy Mart, Kelly McGrath, MD, Nicole McKay, Casey Meza, Daniel Ordyna, David Peterman, MD, Susie Pouliot, Kevin Rich, MD, Neva Santos, Boyd Southwick, MD, Lora Whalen, Matt Wimmer, Fred Wood

IDHW Staff Ann Watkins, Kymberlee Schreiber, Stacey St.Amand, Madeline Russell, Burke Jensen, Sherie Thompson Casey Moyer

STATUS: Approved 7/11/2018

DATE: June 13, 2018

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

Summary of Motions/Decisions:

Motion:

David Pate moved that the IHC accept the May 9, 2018 meeting minutes.
Pam Catt-Oliason seconded the motion.

Outcome:

Passed

Agenda Topics:

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

- ◆ Ted Epperly welcomed everyone to the meeting and took role. He opened the meeting with the quote, “Don’t judge each day by the harvest you reap but by the seeds that you plant.” ~ Robert Louis Stevenson
- ◆ A presentation was made to Cynthia York on the occasion of her retirement from IDHW.

Telehealth Update – Madeline Russell, Goals 3 and 4 Project Manager

- ◆ The Idaho Telehealth planning meeting was held on May 23 to discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Telehealth stakeholders and subject matter experts attended.
- ◆ At the planning meeting, Stacey Carson, chair of the Idaho Telehealth Council, provided an overview of the legislative resolution that led to the creation of the council. She mentioned that due to a membership decrease, member recruitment will be necessary if there is an interest in continuing with the council.
- ◆ Group discussions about barriers to telehealth in Idaho resulted in six major themes: reimbursement, workflow and clinic operations, access to specialty care, patient/provider education, resources, and data.
- ◆ A recommendation and additional information from the May planning meeting will be provided at the July IHC meeting for consideration and support.

PCMH Learning Collaborative – Jeanene Smith, HMA, Managing Principal

- ◆ Fifty-three clinics have started in Cohort Three. After completing self-assessments, site visits, identifying gaps, and starting their transformation plans, all clinics are on track to receive their PCMH reimbursement payments of up to \$10,000.
- ◆ Six content-specific webinars will be held bi-monthly. Mentorship webinars for all three cohorts are also being offered every other month.
- ◆ Clinic teams and PHD SHIP QI staff will meet in Boise on June 27 and 28 for the Cohort Three Learning Collaborative. HMA, Briljent, IHDE, public and private payers, CMMI, and SHIP staff will also be among the approximately 160 attendees.

CMMI Visit – Casey Moyer, Operations Project Manager, Office of Healthcare Policy Initiatives, IDHW

- ◆ Dr. Cha has left CMMI. Chris Crider and Allison Pompey of CMMI, and Gabriel Nah of OAGM, will be in Idaho for a site visit on June 26 and 27. On the agenda are sustainability planning, scopes of work, and timing. As CMMI begins to wind down, it will be important for them to work with the Transformation Sustainability Workgroup as OHPI moves into its next phase.

IHDE Connection Update – *Jim Borchers, Director of Business Development, Idaho Health Data Exchange*

- ◆ By February 1, 2019, it is projected that there will be 129 of 166 clinics connected. Sixty are currently fully bi-directional. Since February 2018, there have been 67 clinic and 18 hospital visits.
- ◆ From IHDE's perspective, the biggest challenges for establishing connections are the workloads and getting providers to support the workflow changes.
- ◆ The movement of personnel among clinics (from clinics connected with IHDE to non-connected clinics) is helpful because these personnel advocate for establishing connections with IHDE.

Idaho Healthcare Summit Update – *Dr. Rhonda Robinson-Beale, Director, Blue Cross of Idaho Foundation*

- ◆ The SHIP staff and several other stakeholders were among the 257 attendees at this year's summit on May 17 and 18 in Boise. The goal of the summit was to launch new healthcare solutions in Idaho.
- ◆ Speakers and break-out sessions included Dr. Susan Frampton (patient-centered care), Ross Edmunds (WICHE), Optum (population health), Dr. Laura Smith (mobilizing communities), and panels on rural health, behavioral health, primary care delivery systems, etc. <http://idahohealthcaresummit.com/program>

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

- ◆ As part of the SIM grant, CMMI requires ROI information. Scott Banken reported a 9% increase in the cost of healthcare nationally; in Idaho that number was 6.5% for CY2017, resulting in a 2.5% cost reduction and a \$130 million savings. A final report is anticipated to be submitted to the IHC for approval at the July meeting.

IHC Transition Workgroup – *Dr. Ted Epperly, Co-Chair, IHC; Cynthia York, Administrator, Office of Healthcare Policy Initiatives, IDHW*

- ◆ Fifteen people met on May 31 and will meet every few weeks to create a charter using the process of forming, storming, norming, and performing. The group normed around two ideas: how do we strategically drive transformation in the state and how do we overcome identified barriers and gaps. Timing is to submit a draft of the charter to the IHC in September and get approval of the charter and business plan by December.
- ◆ Discussion ensued and focused on the following:
 - The executive order will expire and a new one will be needed; the likelihood of that will be determined by the governor-elect. But the multitude of stakeholders still engaged and wanting to continue this work regardless of gubernatorial support is encouraging.
 - It's important to keep the Multi-Payer Workgroup work as a part of this and to keep the payer perspective at the table.
 - This work will incorporate social determinants of health and population health to include all Idahoans.

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

- ◆ As a reminder, IHC meetings are now being held from 2:00 to 4:30pm on the second Wednesday of each month.
- ◆ There being no further business, the meeting was adjourned at 3:50PM.