



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC May Minutes

ATTENDEES: Pam Catt-Oliason, Ross Edmunds, Ted Epperly, MD, Lisa Hettinger, Yvonne Ketchum-Ward, Deena LaJoie, David Pate, MD, Kevin Rich, MD, Rhonda Robinson-Beale, MD, Elke Shaw-Tulloch, Dieuwke Dizney-Spencer as proxy for Mary Sheridan, Meg Hall as proxy for Matt Wimmer, Cynthia York, Rachel Blanton as proxy for Nikole Zogg

Teleconference: Michelle Anderson, Andrew Baron, MD, Russ Barron, Keith Davis, MD, Mark Horrocks, MD, Maggie Mann, Melissa Morris as proxy for Amy Mart, Casey Meza, Carol Moehrle, Susie Pouliot, Geri Rackow, Karen Vauk

Members Absent: Richard Bell, MD, Melody Bowyer, Kathy Brashear, Melissa Christian, Russell Duke, Scott Dunn, MD, Janica Hardin, Lee Heider, Drew Hobby, Glenn Jefferson, MD, James Lederer, MD, Kelly McGrath, MD, Nicole McKay, Daniel Ordyna, Tammy Perkins, David Peterman, MD, Neva Santos, Boyd Southwick, MD, Larry Tisdale, Norm Varin, Lora Whalen, Jennifer Wheeler, Fred Wood, MD

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

STATUS: Approved 06/13/2018

DATE: May 9, 2018

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

Summary of Motions/Decisions:

Motion:

Elke Shaw-Tulloch moved that the IHC accept the April 11, 2018 meeting minutes.

Diewke Dizney-Spencer seconded the motion.

Outcome:

Passed

Ross Edmunds moved to recommend that the governor appoint Dr. Rhonda Robinson-Beale to the IHC representing Blue Cross of Idaho Foundation.

Elke Shaw-Tulloch seconded the motion.

Passed

Lisa Hettinger moved to accept the charge for the Idaho Healthcare Delivery Transformation Sustainability Workgroup as modified.

Dr. Kevin Rich seconded the motion.

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 the quote, “The path is not long, but the way is deep. You must not only walk there, you must be prepared to leap.” ~ Hildegard Von Bingen

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

- ◆ The Telehealth Reimbursement Matrix was created in 2015. Though helpful as a tool for providers, it was in need of an update. The Multi-Payer Workgroup decided that an updated matrix would be beneficial not only for workgroup members, but for providers considering a telehealth program. Much remained the same; however, one question stood out, “Does your organization anticipate changing its telemedicine reimbursement policies within the next year?” Every payer identified that, yes, they had plans to update their policies.
- ◆ Based on the feedback from this question, a Telehealth Council Strategic Planning Meeting has been scheduled for May 23rd. The objective of this meeting is to identify challenges, barriers, and opportunities for telehealth in Idaho. Agenda items include: determining if there’s a role for the Telehealth Council post-SHIP; discussing what would be reasonable for Idaho to do; and deciding where telehealth is going to reside post-SHIP.

Charge for the IHC Workgroup – *Cynthia York, Administrator, Office of Healthcare Policy Initiatives, IDHW*

- ◆ Cynthia York presented the objective of the charge for the Transformation Sustainability Workgroup (TSW): “The TSW is charged to develop recommendations for a post-SHIP transformation sustainability business case, including the development of a draft charter for a multi-stakeholder advisory body for the ongoing healthcare delivery transformation efforts.” She and Dr. Epperly also discussed the scope, deliverables/timeline, timing/schedule, workgroup membership, and staff resources of the charge.

- ◆ After a group discussion about making the business case, composition of the group, the educational and advocacy opportunity of the business case to the new governor, activities of sub-committees and workgroups, funding opportunities, and social determinants of health, it was agreed that modifications would be made to the charge to address:
 - Some consideration of behavioral health
 - Whole-person orientation
 - Incorporating the specialist in the medical-health neighborhood

Regional Collaborative (RC) Transition Workshop Report – *Madeline Russell, Goals 3 and 4 Project Manager; Dr. Jeanene Smith, Principal, HMA*

- ◆ The RC Transition Workshop was held April 10-11, 2018 in Boise. RCs from Districts 3 and 4 along with PHD SHIP staff from District 1 were in attendance. The workshop focused on collectively planning for post-SHIP transitions; each RC was asked to develop its own transition plan due in December 2018.
- ◆ Workshop discussions focused on the Medicaid Regional Care Coalition (RCC) model, the Community Health Outcome Improvement Coalition (CHOICE) structure and functions; and sharing three common goals across the RCs:
 - PCMH transformation
 - Support to improve care coordination
 - Medical-health neighborhood support
 - Patient engagement
 - Behavioral Health Integration (BHI)
 - Developing mechanisms to stay connected across the state. PHDs are currently the conveners of this connection. There is a need to develop a way to continue these connections (more than IHDE, it's learning collaboratives, networking, etc.).
- ◆ After the workshop, SHIP managers identified that statewide sharing may not be of value to their RCs.
- ◆ A discussion of the upcoming RC Summit was also held including: offering the summit as a webinar and in-person to maximize participation; inviting key individuals to help RCs with their post-SHIP transition planning; and strategizing how RCs will integrate with the IHC and Medicaid to further transform after SHIP.
- ◆ Given the feedback received, it does not make sense to continue putting resources toward a summit. However, the door is still open if things change.

CMMI SHIP Sustainability Report- *Katie Falls, Mercer*

- ◆ Ms. Falls presented part one of the report which is due to CMMI on May 30, 2018.
 - Part one includes: SHIP changes and accomplishments to date, priorities for the next phase of transformation, and key SHIP elements to be sustained.
- ◆ SHIP's contributions to accelerated delivery and payment reform in Idaho include:
 - One hundred sixty-three primary care clinics actively participating in Idaho's SHIP in both rural and urban settings.
 - SHIP's focus on transformation has moved the state and Idaho's other healthcare payers to pay for value instead of volume which is expected to bend the cost curve in the state.
 - SHIP has developed and supported innovative workforce development strategies to address the state's critical health professional workforce shortage.

- SHIP has brought together the key healthcare stakeholders to look across efforts for Idaho's transformation.
- ◆ Based on results from the March 2018 IHC survey, priorities for the next phase of health system transformation include:
 - Further implementation of payment models that reward the value of care.
 - Improve data exchange and analytics to support care coordination and monitor quality.
 - Align common CQMs across payers.
 - Continue to support practices as they move to the PCMH model.
 - The state has a continued role in convening and facilitating collaboration across stakeholders.
- ◆ Ms. Fall's presentation then addressed accomplishments, lessons learned, and changes for each of SHIP's seven goals.
- ◆ Ms. Falls then discussed the next phase of transformation and key SHIP elements to support continued transformation:
 - Continued support of practices as they move to the PCMH model.
 - Continued support of virtual PCMH initiatives.
 - Continue HIE and data analytics.
 - Continue post-SHIP transition planning for Regional Collaboratives.
 - Continue advancing payment reform.
- ◆ Finally, Ms. Falls addressed the external factors that will impact sustainability:
 - State leadership and political changes.
 - Medicaid RCC model.
 - Lack of dedicated state funding to support transformation.
 - Loss of/reduction in local regional supports.

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

- ◆ Going forward, IHC meetings will be held from 2:00 to 4:30pm on the second Wednesday of each month.
- ◆ There being no further business, the meeting was adjourned at 4:05PM.