



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC December Minutes **DATE:** December 12, 2018

ATTENDEES: Kathy Brashear, Russell Duke, **LOCATION:** 700 W State Street, 1st
Ross Edmunds, Dr. Ted
Epperly, Lisa Hettinger, Deena
LaJoie, Jedd Smith as proxy
for Dr. James Lederer, Casey
Moyer, Dr. David Pate, Dr.
Kevin Rich, Dr. Rhonda
Robinson-Beale, Neva Santos,
Elke Shaw-Tulloch, Mary
Sheridan, Norm Varin, Jennifer
Wheeler, Beth Kriete as proxy
for Matt Wimmer

Teleconference: Michelle Anderson, Russ
Barron, Melody Bowyer, Pam
Catt-Oliason, Janica Hardin,
Yvonne Ketchum-Ward,
Maggie Mann, Carol Moehrle,
Susie Pouliot, Geri Rackow,
Lora Whalen, Rachel Blanton
as proxy for Nikole Zogg

Members Absent: Dr. Andrew Baron, Dr. Richard
Bell, Melissa Christian, Dr.
Keith Davis, Dr. Scott Dunn,
Lee Heider, Drew Hobby, Dr.
Mark Horrocks, Dr. Glenn
Jefferson, Amy Mart, Dr. Kelly
McGrath, Nicole McKay,
Casey Meza, Daniel Ordyna,
Tammy Perkins, Dr. David
Peterman, Dr. Boyd
Southwick, Larry Tisdale,
Karen Vauk, Dr. Fred Wood

IDHW Staff Kevin Grant, Meagan Graves,
Burke Jensen, Madeline
Russell, Kym Schreiber,
Stacey St.Amand, Ann
Watkins, Cynthia York

STATUS: Approved 1/9/2019

Summary of Motions/Decisions:

Motion:

Neva Santos moved that the IHC accept the November 14, 2018 IHC meeting minutes as presented.
Jennifer Wheeler seconded the motion.

Outcome:

Passed

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took roll. He opened the meeting with a quote, “If you want to touch the past touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life.” ~ Anonymous.
- ◆ The IHC moved to accept the minutes of the November 14, 2018 IHC meeting as prepared.

Regional Collaborative Panel – Madeline Russell, SHIP Operations & PHD SHIP Managers

- ◆ Representatives of the regional collaboratives attended virtually (Russ Duke attended in-person) to present their successes and lessons learned and review their transition plans. A hand-out of their post-SHIP missions and goals is contained in the IHC packet including sustainability highlights.
 - **District 7 - James Corbett:** successes included PCMH transformation, medical-health neighborhood development and community health data outcomes; QI specialists started from the outset to collect data – improved clinics’ capabilities for NCQA recognition. Barriers included distance, multiple initiative fatigue, getting IHDE connected and different payment structures.
 - **District 6 - Rhonda D’Amico:** successes included having a confident QI specialist to promote growth and development models; establishing trusting relationships with clinics; and a grant opportunity on suicide prevention. By 1/31/2019 clinics will have access to tools and resources to advance PCMH recognition; by 2/1/2019 the PHD will hire a program manager of suicide prevention (32 hrs./wk.).
 - **District 4 - Russ Duke:** successes included having had a large, consistent membership group to coordinate partnerships, best practices, and resources; held the first annual meeting of the Idaho Integrated Behavioral Health Network (IIBHN) in April 2018; and a grant opportunity on the caregiver integration project. The greatest challenge has been sustainability. Looked at adopting Pathways Community Health Model; Collaboratives 3 and 4 met to discuss combining resources and chartering together.
 - **District 3 - Rachel Blanton:** successes included working with a diverse group of people and creating relationships that will endure beyond SHIP funding; and the Idaho Care Network moving forward with support of several local organizations. Challenges included initiative fatigue and struggling with data, waiting too long to develop own measures.
 - **District 2 - Kayla Sprenger:** successes included development of relationships and best practices for clinics; use of mentorship for newer clinics. Lessons learned/barriers included being able to collect accurate and timely data to measure changes in clinics and sustainability.
 - **District 1 - Steve Holloway:** successes included holding forums for collaboration and kick-off meetings that set the stage for each cohort year; PCMH meetings held five or six

times a year; 'lunch and learn' meetings held with clinic staffs. Barriers included staff turnover at clinics and sustainability.

- ◆ Following the presentations, there was an extended discussion of the medical-health neighborhood-specific initiatives and what could be sustained without funding.
- ◆ Dr. Epperly requested that each district furnish a list of activities that they anticipate continuing that can be done absent SHIP funding.

Healthcare Transformation Council of Idaho (HTCI) Final Planning Update – Dr. Ted Epperly and Dr. David Pate

The first meeting of the HTCI will be held on February 21, 2019. The charter, business case and member list will be reviewed at that meeting.

- Drs. Epperly and Pate met with Governor-elect Little on December 4th.
- The governor-elect is mindful that there are issues around healthcare and gave a continuing commitment to make gubernatorial appointments to the HTCI.
- There is support for the OHPI request.
- His presence was requested at the first meeting.
- It was also requested that he make an executive order by the end of January 2019.
- The governor-elect asked about integrating data and connecting systems and how IHDE would integrate with HTCI.
- ◆ A matrix was presented that contained feedback from the workgroup survey (November 2018), the IHC survey (March 2018) and the PCMH sustainability workshop (January 2018). The matrix is contained in the IHC packet.
- ◆ Lisa Hettinger reminded members that letters of support were needed as soon as possible. The letters are to be sent with the budget request to JFAC.

Dashboard Update – Katie Falls, Principal, Mercer

- ◆ Ms. Falls discussed the most recent SHIP success measures on the Project Management Dashboard:
 - A decrease in the count of nationally accredited SHIP clinics occurred due to process scheduling issues either at the clinic level or with NCQA.
 - The state AY3 target for individuals receiving care through value-based purchasing and alternative payment models is 550,000. The actual count is 922,561 which is equal to 83% of the Idaho population.
 - The number of Idahoans who enroll in a primary care practice selected for a SHIP cohort that have an EHR connected HIE has increased by 38,000 since last quarter. The metric reflects a decreasing trend because the quarterly target (denominator) increased by a higher number.

IHDE Update – Brad Erickson, IHDE Executive Director

- ◆ The IHDE is on track to connect 152 of 166 clinics (to some degree or another) by January 31, 2019. To date, they have connected nine hospital systems (representing 19 individual hospitals).
- ◆ Since December 12, 2018 they have trained 188 new users.
- ◆ Brad was invited back to January 2019 IHC meeting to present the final connection outcome report as well as share the outcome of the organizational strategic planning currently underway.

Additional Business and Next Steps- Dr. Ted Epperly, IHC Co-Chair

- ◆ The last meeting of the IHC will be held January 9, 2019.
- ◆ There being no further business, the meeting was adjourned at 4:26pm.