



# Idaho Healthcare Coalition

## Meeting Agenda

Wednesday, June 8, 2016, 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)

1<sup>st</sup> Floor East Conference Room

700 W State Street, Boise, Idaho

Call-In Number: 877-820-7831; Participation Code: 302163

Attendee URL: <https://rap.dhw.idaho.gov/meeting/61493742/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=61493742&signin=rap.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b>

Password: 12345

1:30 p.m.	Opening remarks, roll call, introduce any new members, guests, any new DHW staff, agenda review, and approval of 05/18/2016 meeting notes – <i>Lisa Hettinger, Co-Chair</i> <b>ACTION ITEMS</b>
1:40 p.m.	Oral Health Integration – <i>Jeff Hummel, MD, MPH, Jennifer Wheeler, Idaho Oral Health Alliance</i>
2:00 p.m.	Regional Collaboratives Update – <i>Dr. Scott Dunn, Panhandle Health District and Dr. Kelly McGrath, North Central Health District</i>
2:10pm	SHIP State Evaluator – <i>Dr. Shenghan Xu, Associate Professor of Operations Management College of Business and Economics, University of Idaho</i>
2:30 pm	Communications Materials update — <i>Katie Falls, Mercer</i>
2:45pm	Break
3:00pm	HIT Update – <i>Burke Jensen, DHW HIT Project Manager</i>
3:30p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – May 2016): <ul style="list-style-type: none"> <li>• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, DHW</i></li> <li>• Regional Collaboratives Update – <i>Miro Barac, DHW</i></li> <li>• Telehealth, Community EMS, Community Health Workers – <i>Miro Barac, DHW</i></li> <li>• HIT Workgroup – <i>Burke Jensen, DHW and Janica Hardin, St. Alphonsus Medical Group</i></li> <li>• Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, Pacific Source, Workgroup Chairs</i></li> <li>• Quality Measures Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Workgroup Chair</i></li> <li>• Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, Behavioral Health Division, Workgroup Co-Chair</i></li> <li>• Population Health Workgroup – <i>Elke Shaw-Tulloch, Health Division, Workgroup Chair</i></li> <li>• IMHC Workgroup – <i>Dr. Scott Dunn, IMHC Workgroup Chair</i></li> </ul>
3:45 p.m.	Additional business & next steps – <i>Lisa Hettinger, Co-Chair</i>
4:30 p.m.	<b>Adjourn</b>

## Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

**Goal 1:** Transform primary care practices across the state into patient-centered medical homes (PCMHs).

**Goal 2:** Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

**Goal 3:** Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

**Goal 4:** Improve rural patient access to PCMHs by developing virtual PCMHs.

**Goal 5:** Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

**Goal 6:** Align payment mechanisms across payers to transform payment methodology from volume to value.

**Goal 7:** Reduce overall healthcare costs



# Summary of Motions/Decisions:

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**Motion:**

Neva Santos moved to accept the minutes of the April 13, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared with edits to the attendance list.

Katherine Hansen seconded the motion.

Dr. Keith Davis moved he Idaho Healthcare Coalition approve the set of measures created by the CHEMS measures design workgroup as presented by Mary Sheridan.

Karen Vauk seconded the motion.

Dr. Keith Davis moved that the Idaho Healthcare Coalition adopt the SHIP Communications Plan materials as presented by Mercer.

Susie Pouliot seconded the motion.

**Outcome:**

Motion carried

Motion carried.

Motion carried.

## Agenda Topics:

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**Opening remarks, Introductions, Agenda review, Approve minutes –**

- ◆ Dr. Epperly called the roll, and welcomed everyone to the meeting and reminded everyone about Denise Chuckovich's retirement ceremony.
- ◆ Following roll call Dr. Epperly gave the opening quote dedicating it to Denise Chuckovich, "Life is about discovering who we are; leading is about striving to become better than we are, and helping everything and everyone around us to become better too." and thanked Denise for her dedicated work, selflessness and hard work on the SHIP project.
- ◆ Dr. Epperly asked for approval of the April IHC meeting minutes, the April 13<sup>th</sup> 2016 IHC meeting minutes were approved.

**Idaho Caregivers Alliance (ICA) Presentation – Sarah Toevs PhD, Boise State University**

- ◆ Dr. Sarah Toevs applauded the work of the IHC and thanked the members for inviting her to present. Dr. Toevs provided a brief introduction about herself, her work, and as a representative for family caregivers. The ICA's mission is to advance the well-being of caregivers by promoting collaboration that improves access to quality, responsive support services across the state. These caregivers are typically family members who are uncompensated and provide primary or sole care for a family member or dependent.
- ◆ The sponsoring agencies that provide monetary support for the ICA deliver services for the elderly. However, the ICA members take care of someone in need regardless of their age. There is not a lot of support or resources for these caregivers no matter the age of those in their care. Idaho statistics show that 1 in 4 Idahoans are an unpaid caregiver.
- ◆ A statewide needs assessment of caregivers was conducted by the ICA; their findings showed that 57 percent of caregivers provide services that require specialty training, and the majority of Medicaid funds for these patients are spent on institutionalization.
- ◆ The ICA established a task force and have presented at several caregiver summits. There is diverse membership on the taskforce to give a voice to all caregivers and to emphasize that there are significant gaps and limited resources available to help Idaho caregivers.
- ◆ Recommendations that have come from the taskforce are: 1) provide more support for caregivers, 2) to increase

public awareness of the issues that caregivers face, 3) integrate future work if the ICA with Community Health Emergency Medical Services, Community Health Workers, Regional Collaboratives, and Regional Collaborative Behavioral Health Boards.

- ◆ Going forward the ICA is working to engage the public and state legislators. The ICA would also like to develop statewide plans, and integrate with other statewide initiatives.
- ◆ Dr. Toevs concluded her presentation by sharing the contact information from The Idaho Caregivers Alliance. Dr. Epperly thanked Dr. Toevs for presenting to the coalition and asked if any members had any questions.
- ◆ Mary Sheridan asked about the Powerful Tools for Caregivers training. Dr. Toevs answered that this training is a six week intensive support group for family caregivers that is scheduled to take place this summer starting June 23<sup>rd</sup>. The ICA is currently working on funding models that tie into Idaho respite funds.
- ◆ Dr. Peterman said this is one of the most important items presented to the Idaho Healthcare Coalition. Dr. Peterman believes there needs to be a voice at the table from the alliance, have the alliance nominate someone from their group to the IHC. Dr. Epperly encouraged the Regional Collaboratives to engage the ICA in their efforts.
- ◆ Denise Chuckovich asked if there are any national models where caregivers have an established payment model and how are they designed. Dr. Toevs responded that there are few models around the country for caregivers. There are a variety of models in areas that have caregiver programs but none that would fit with Idaho.
- ◆ Nikole Zogg asked if the ICA saw a lot of caregiver fatigue and if they had a plan for coping with this. Dr. Toevs addressed her question by recognizing there is caregiver fatigue but the ICA is working on establishing ways to relief caregiver fatigue.

#### **CHEMS Measures Update – Mark Babson, Ada County Paramedics & Mary Sheridan, IDHW:**

- ◆ Dr. Epperly introduced Mark Babson from the Ada County Paramedics and congratulated him on being awarded the national EMS Advocate of the Year Award.
- ◆ Mark Babson presented the SHIP CHEMS is designed to utilize EMS personnel to provide primary care services outside of the clinics. The concept is to take established healthcare providers and close the gaps by expanding access to healthcare. It is a national concept but care can be tailored to local needs. Establishing EMS programs is about leveraging current providers.
- ◆ EMS professionals are some of the only medical professionals that communicate with everyone involved in the healthcare process. Paramedics provide the care of several medical professionals in one setting.
- ◆ EMS agencies and professionals already extend the reach of the provider and primary care. Typically they are already well integrated into the community. These professionals are very accustomed to working on an interdisciplinary team. Emergency Medical Services are the start of the healthcare system, with only five percent of EMS work being emergent.
- ◆ Mr. Babson also presented on the SHIP CHEMS initiatives, which includes an external outreach programs for engagement as well as internal strategies for recruitment.
- ◆ The CHEMS design team worked together to develop a mentoring program for CHEMS agencies. All participants now are in some sort of educational programs. Blackfoot Fire is currently sending personnel through the training program and served as the SHIP pilot project.
- ◆ Mr. Babson also presented a map of the CHEMS agency across the state, there is participation by EMS agencies in all seven districts. Districts one, three, and six all have personnel in the current ems training program through ISU.
- ◆ Mary Sheridan presented on the SHIP CHEMS metrics assembled by the measures design workgroup. This workgroup had public health, university representatives, EMS agencies, and DHW representation. The workgroup met three times in January, February and March. At the January kickoff meeting the group had Matt Zavadsky a nationally recognized expert present to them on CHEMS initiatives. This was very helpful in getting the conversation started on metrics for CHEMS.
- ◆ Ms. Sheridan went through the CHEMS report provided to the IHC members (Meeting Attachment). The CHEMS design measures workgroup developed five metrics that these agencies will try and capture through the CHEMS community programs throughout the state. The entire workgroup agreed on the strategies used in creating the measures and fully vetted the questions posed for each of the five metrics. Measure four most directly connects with SHIP.
- ◆ Dr. Epperly asked about liability for the CHEMS program and if it is covered under the standard liability and how coverage is paid. Response: All CHEMS program activities fall under the EMS and their medical directors

approval of scope. When it comes to PCMH and SHIP; the biggest challenge is the lack of reimbursement for the CHEMS agency services and the workgroup is helping agencies develop payment plans. The workgroup is hoping the MPW would at least be willing to discuss payment options for EMS services in a PCMH model.

- ◆ Nikole Zogg asked if other programs have figured out payment models, Ms. Sheridan answered yes, but not all of these models work for our state.

#### **Update on HIPAA and Behavioral Health Records**— *Ross Edmunds, Chair, Behavioral Health Integration Workgroup*

- ◆ Ross Edmunds presented on laws and regulations regarding behavioral health information sharing between primary care doctors and behavioral health specialists. There are currently two bodies of authority: 1) HIPAA and 2) 42CFR Part 2.
- ◆ The 42CFR Part 2 contains more regulations and restrictions than HIPAA. An easily identifiable challenge with both of these regulations is the understanding of these laws and the role misinformation plays in confounding understanding. There is not consistent understanding of the laws by physicians and behavioral health specialists. An additional barrier also lies within payment in which health plans often lack coverage for behavioral health services.
- ◆ Mr. Edmunds reviewed potential strategies for improvement in this disconnect. Suggestions included: establishment of more trainings in documentation and sharing of behavioral health records; as well as facilitated partnerships in public health districts throughout the state between the PHDs, the SHIP regional collaboratives and the regional health boards.
- ◆ Currently there are behavioral health initiatives by the regional-health collaboratives in Regions 3 and 4. These initiatives are reviewing the current reimbursement structures and developing Memorandums of Understanding. The main barrier identified at the regional level includes the lack of close relationships between primary care physicians and behavioral health specialists.
- ◆ Dr. Epperly thanked Mr. Edmunds for his presentation and concluded that moving forward the IHC should look to the Behavioral Health Integration Workgroup for further recommendations to encourage greater integration.

#### **Communications Materials and Dashboard** – *Katie Falls, Mercer:*

- ◆ Katie Falls presented the revised IHC program metrics dashboard (designed to reflect progress on Goals 1-7) and which incorporate the updates the IHC members suggested in the April IHC meeting. The recommendation to add the name of each goal and metric was not done due to the space impact it would have on the document (one page limit was another requirement previously requested). Ms. Falls presented the IHC with possible alternatives to this suggestion.
- ◆ The dashboard report would be provided on a quarterly basis starting with the July IHC meeting.
- ◆ Ms. Falls then presented the Virtual PCMH brochure that was drafted by Mercer with edits from the IDHW team. This document looks at the three pillars of the Virtual PCMH (CHEMS, CHW, Telehealth).
- ◆ Mary Sheridan asked if public health district SHIP staff were supportive of being the point of contact in the document. Both SHIP managers from Regions 3 and 4 agreed that it would be a natural fit for them to be the point of contact for those interested in the Virtual PCMH.
- ◆ Dr. Epperly asked if the health literacy is it at an 8<sup>th</sup> grade reading level, Ms. Falls responded that she would have to get back to the IHC on the exact level, but reminded members that the target audience was providers and others in the physician community, not the general public so the reading level is higher than it has been on other documents.

#### **Briljent Portal Demonstration** – *Sarah Renner, Myers and Stauffer:*

- ◆ Sarah Renner provided an overview of the portal and requirements related to PCMH incentive payments
  - Myers and Stauffer has begun processing information and, they now have the ability to report on this incentive payment measure within the portal.
  - Briljent is ready to receive documents from clinics about PCMH recognition and certification IPAS has the capability to receive this information from the portal.
  - Ms. Renner reviewed a data flowchart for the portal. Users are able to generate graph reports depicting the clinics progress in PCMH transformation.
- ◆ Rhonda Williams with Briljent presented on the dashboard (currently under construction).
  - Ms. Williams reviewed the usability of the portal and dashboard and what the different links on the page

had.

- ◆ There are several links and resources within the portal to assist clinics enrolled in the cohort.
- ◆ Ms. Renner presented the IPAS dashboard, and demonstrated navigation into the various modules on the dashboard. She also demonstrated the graph functions within the dashboard that illustrate the participation level of clinics and districts.  
Following her presentation she asked for feedback from the IHC either directly or through the SHIP team.
- ◆ Yvonne Ketchum asked who owns the data. Ms. Renner responded that the IPAS system is used exclusively by Myers and Stauffer. The SHIP team has access to the information clinics will see and the SHIP logo will be depicted on the dashboard. When the project is over the Idaho DHW will own this data.
- ◆ Dr. Epperly requested feedback from the public health district managers. The SHIP managers Gina Pannell and Rachel Harris responded this will be a useful tool for the clinics, but the information was already known to them through their job functions and they may need data at a more detailed level Dr. Epperly thanked them for their comments and Ms. Renner and Ms. Williams presentation.

**Regional Collaboratives Update – Dr. Keith Davis, South Central Public Health District (Region 5) and Dr. Bill Woodhouse, Southeastern Idaho Public Health District (Region 6):**

- ◆ Dr. Davis presented on activities occurring in RC in Health District 5. They have had four meetings thus far and a fifth meeting will be this Friday. Discussions have centered on the merits of growing the RC membership. Cohort one clinics have representatives on RC or have been invited to share info on their organization. Dr. Davis has visited all of the Cohort one clinics. If these clinics stay on track; they will be at NCQA level 3. Their RC is also working on a resource list would like to see it electronic format in the future. They have solicited clinic input and have created multiple resource lists for areas throughout their region.
- ◆ District 5 is talking about formation of the medical-health neighborhood and have scheduled meetings with paramedics and the commission on aging.
- ◆ Dr. Woodhouse from Health District 6 presented that their executive committee has been meeting monthly since October. In fact their RC met just before this IHC meeting. The Clinic Committee, led by Dr. Horrocks met for the first time last month and is meeting again tomorrow. The Clinic Committee is creating a list for potential members for medical –health neighborhood. A lot of activity is centered around the SHIP CHEMS program with Chief Gray of the Blackfoot Fire Department. They will continue to grow their membership over the three year period and will schedule meetings to engage clinics based upon their level of PCMH transformation.
- ◆ Dr. Epperly thanked them for all they have done to make the regional collaboratives work and come to life.
- ◆ How are other regional collaboratives approaching community involvement:, addressing the needs of clinics and how they are recruiting RC members based upon the needs of clinics in their region. Dr. Peterman talked about how region 4s collaborative has brought in more members to the RCs.

**SHIP Operations and Advisory Group Reports/Updates – Cynthia York, Administrator, OHPI:**

- ◆ Cynthia York provided a debrief of the time spent in northern Idaho for the Idaho Healthcare Summit. The SHIP Team attended and also met with eight clinics from Health Districts 1 and 2. The keynote speaker, former Surgeon General David Thatcher addressed the issue of healthcare equity and stated that “healthcare should be in a political no-fly zone”. There were several parallels between his presentation and the SHIP. There is a strong need to give people what they need earlier.
- ◆ The right science doesn’t necessarily get you the right policy; we need to keep this in mind moving forward. At the conference there were three breakout sessions: one on how employers can influence change in healthcare. Another speaker from Providence Health discussed Intel’s program which implemented supply chain management solutions to streamline costs instead of passing healthcare cost increases onto employees. The third breakout session dealt with payment reform.
- ◆ The conference also addressed the need to invest in humans and the uninsured population in Idaho. The State of Idaho can’t continue to absorb increases in the numbers of people who need critical care.

**Closing remarks and Next Steps – Denise Chuckovich, Deputy Director:**

- ◆ Dr. Epperly asked if members had anything further to discuss before closing the meeting. Dr. Epperly invited everyone to Denise Chuckovich’s retirement celebration.

There being no further business Dr. Epperly adjourned the meeting at **3:45pm**





# Idaho Healthcare Coalition

## Action Items

June 08, 2016

- Action Item 1 – Minutes

IHC members will be asked to adopt the minutes from the last IHC meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the May 18, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: \_\_\_\_\_

Motion Carried.

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- Action Item 2 – Recommendation for Appointment to IHC

IHC members will be asked to provide a recommendation to the Governor for appointment to the IHC.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition recommend the governor appoint Kathy Brashear to the IHC.

Second: \_\_\_\_\_

Motion Carried.

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- Action Item 3 – Idaho Medical Home Collaborative Workgroup Chair

IHC members will be asked to accept Matt Wimmer as the new co-chair of the Idaho Medical Home Collaborative Workgroup as presented and provide a recommendation to the governor for appointment to the IHC.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition accept Matt Wimmer as co-chair to the Idaho Medical Home Collaborative Workgroup and recommend the governor appoint him to the IHC.

Second: \_\_\_\_\_

Motion Carried.

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# Care Integration: The Case for Oral Health in Primary Care

Idaho Healthcare Coalition

Jeff Hummel, MD, MPH

June 8, 2016



Advancing Healthcare  
Improving Health

# What is the problem we are trying to solve? *A Prevention Gap*

- Caries and periodontal disease are preventable chronic infectious diseases
- Unacceptably high burden of disease nationwide
- Dental care is the most common unmet health need
- The healthcare system, as currently configured, fails to reach the populations with the highest burden of disease resulting in pervasive health disparities and wasteful spending



# Poor Oral Health is Associated with

## **Tooth Decay**

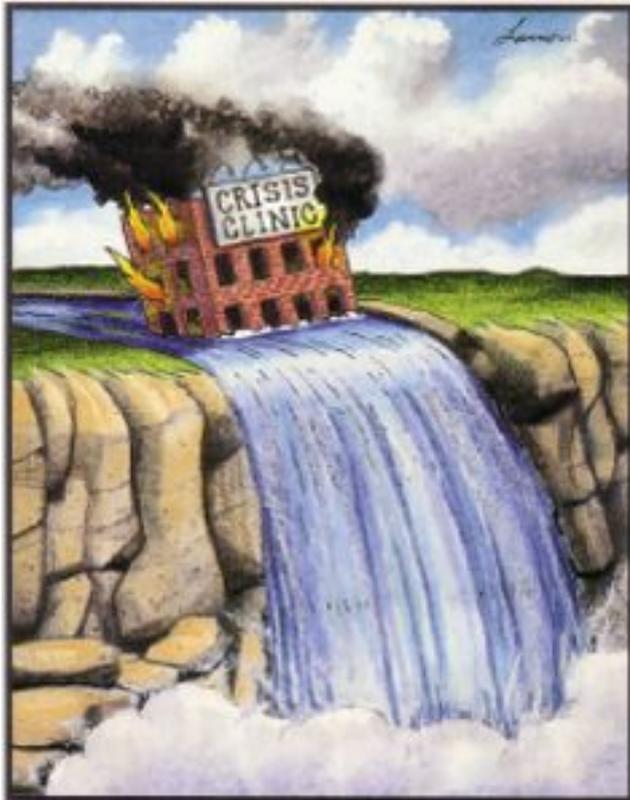
- Greater school absence
- Worse academic achievement
- General anesthesia for early childhood caries:
  - Increased rates of learning disorders
  - Impaired language function

## **Periodontal Disease**

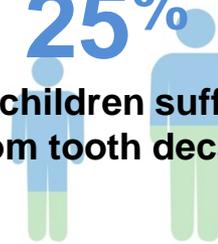
- Higher risk of diabetes
- Worse glycemic control in diabetes
- Accelerated cardiovascular disease
- Worse pregnancy outcomes
  - Preterm labor
  - Low birth weight



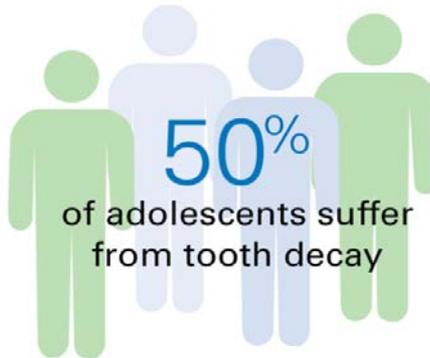
# We need an *upstream* solution... a way to intervene *earlier* in the course of disease



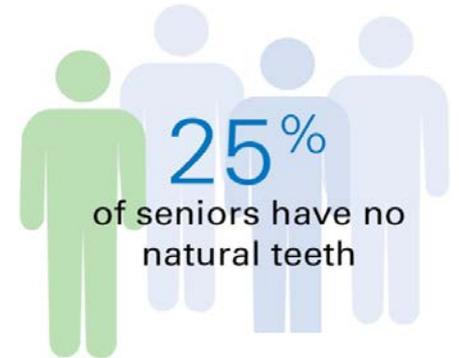
25%  
of children suffer  
from tooth decay



50%  
of adolescents suffer  
from tooth decay



25%  
of seniors have no  
natural teeth



# Why enlist primary care teams?

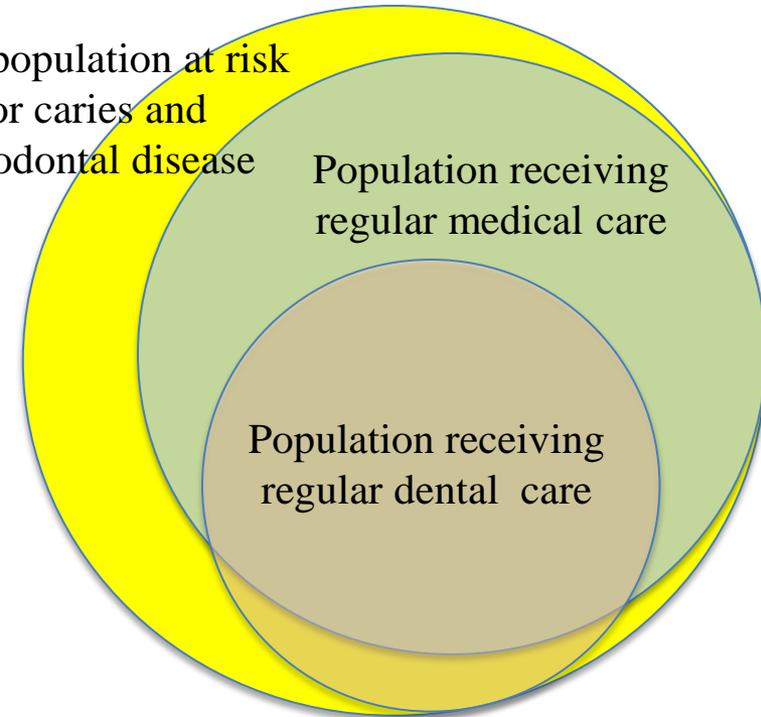
## Access:

Frequent contact with high-risk groups:  
Children, pregnant women, adults with diabetes

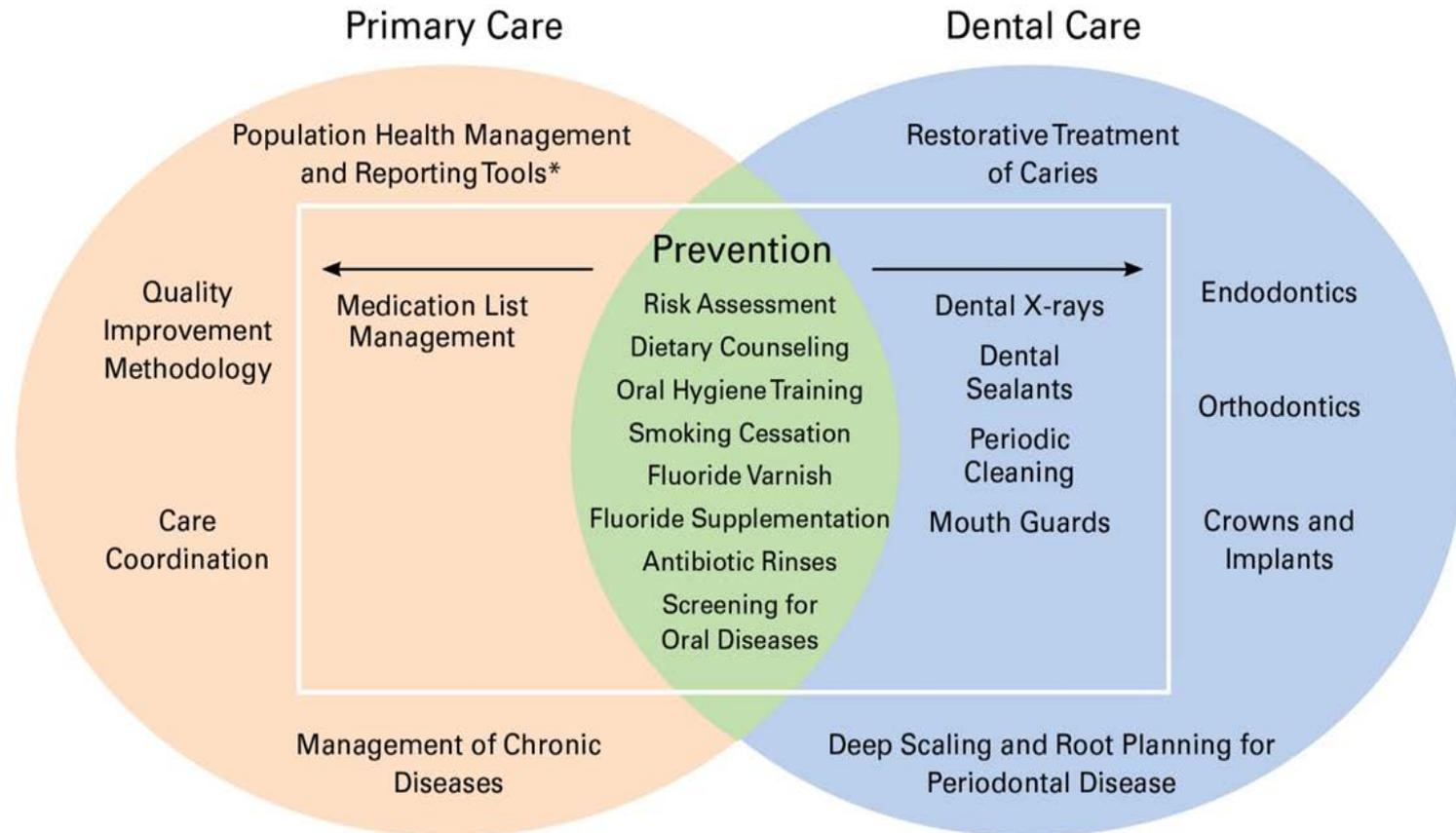
## Skills that support accountable care:

- Disease prevention
- Risk assessment, screening, case-finding
- Help patients navigate the healthcare system
- Engage patients in behavior change

Total population at risk  
for caries and  
periodontal disease



# Partnership for Prevention



\*Including structured EHR data and diagnostic codes, disease registries, and other tools

# Care for Ms. G



- Ms. G is a 69 year-old woman suffering from diabetes, hypertension, and asthma.
- Her medical care is managed largely in a primary care clinic, which monitors her blood sugar and blood pressure every 3 months, and adjusts her medications accordingly.
- Her asthma severity is briefly assessed at each visit, and every autumn (before influenza season) her care team reviews her lung function, adjusts her medications if necessary, and makes sure she receives her flu shot.
- At a yearly visit, special attention is given to testing for kidney disease and loss of sensation in her feet. She is seen by an optometrist for an eye exam.

# Care for Ms. G

- A year ago, her care team began screening for **oral disease** while assessing her eyes, feet, and kidney function.
- The initial oral health assessment showed moderate to severe periodontal disease and several root caries.
- The care team trained her in optimal oral hygiene and helped her identify ways she could reduce the sugar content in her diet.
- Her primary care provider also referred Ms. G to a dentist with a formal request to evaluate and manage her periodontal disease and root caries.
- The referral included a copy of Ms. G's problem list, medication list, and allergy list.
- The dentist returned a consultation note to the referring provider in which the dentist noted his impression, described the interventions taken, and outlined a care plan.

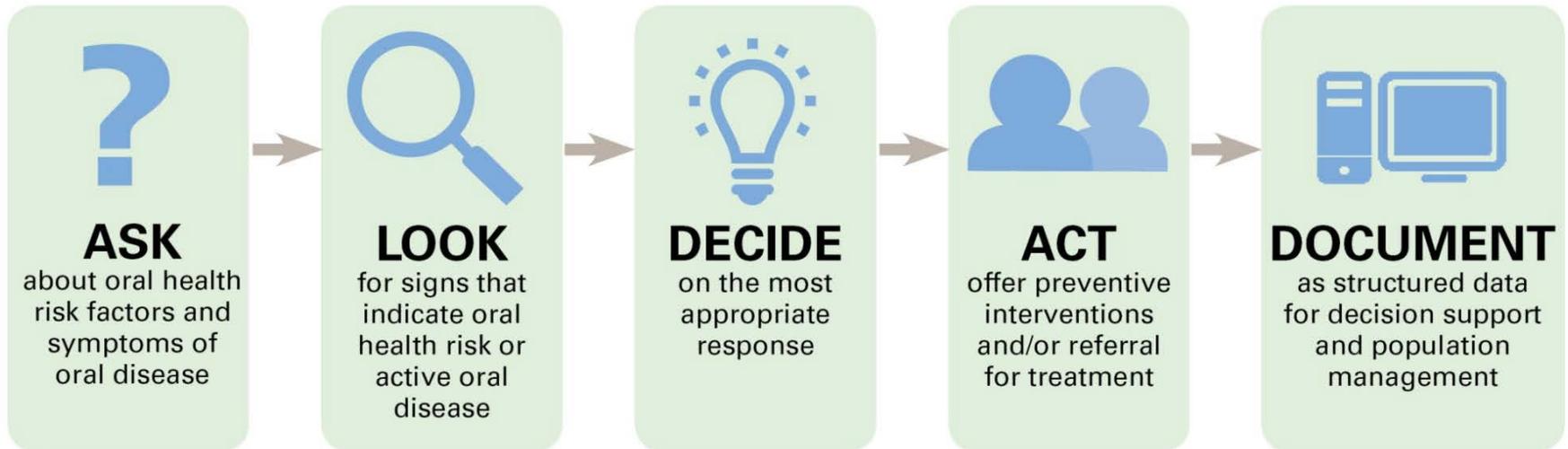
# Question: What will it take to change the standard of care?



1. Clear definition of what can be done in the primary care setting to protect and promote oral health
2. Streamlined process for fitting oral health into an already packed primary care workflow
3. Practical model for a close collaboration between medicine and dentistry

# Oral Health Delivery Framework

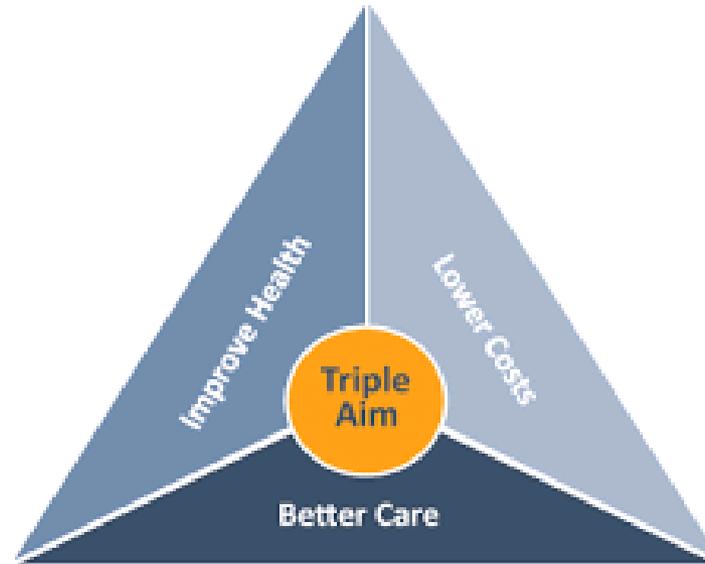
5 actions primary care teams can take to protect and promote their patients' oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.



Preventive interventions: Fluoride therapy; dietary counseling to protect teeth and gums; oral hygiene training; therapy for substance use; medication changes to address oral dryness

Citation: Hummel J, Phillips KE, Holt B, Hayes C. *Oral Health: An Essential Component of Primary Care*. Seattle, WA: Qualis Health; June 2015

# Opportunity to Achieve Triple Aim



- Strong evidence that integrated behavioral health care produces better outcomes at lower costs; patients value integrated care
- Expect the same for integrated oral health care

# Conclusion

- Oral health is a major unmet health need, impacting whole person clinical outcomes for which medical providers are now accountable
- The oral health delivery framework is about specific actions that primary care can take to improve oral health
- Although behavioral health integration is receiving more national/state attention, oral health integration builds whole person/population health skills



# Support From

National *Interprofessional Initiative*  
on Oral Health *engaging clinicians,  
eradicating dental disease*



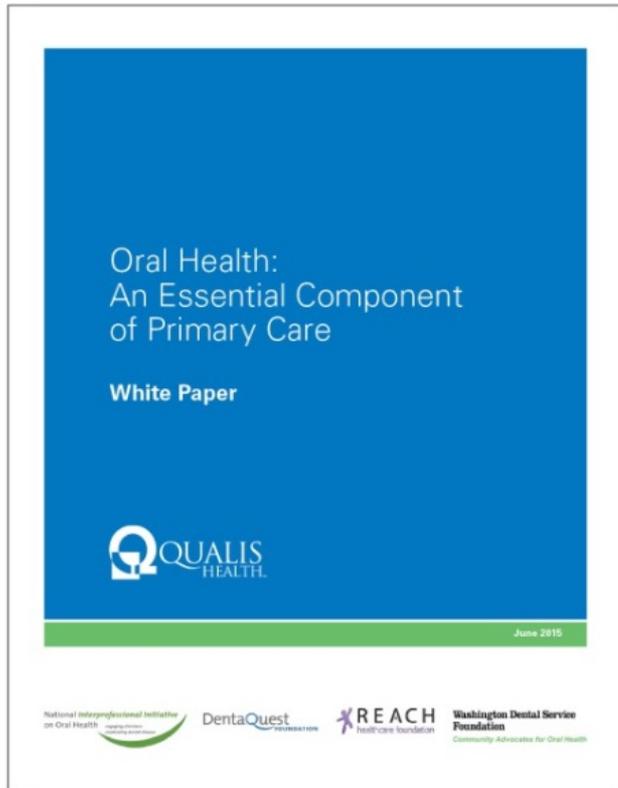
DentaQuest  
FOUNDATION

 R E A C H  
healthcare foundation

**Washington Dental Service  
Foundation**

*Community Advocates for Oral Health*

# Learn More



Resources available at:  
[www.QualisHealth.org/white-paper](http://www.QualisHealth.org/white-paper)

Jeff Hummel, MD, MPH  
e-mail: [jeffh@qualishealth.org](mailto:jeffh@qualishealth.org)





Statewide **Healthcare**  
**Innovation** Plan

**Health IT Update**

June 2016



# Overview of Health Information Technology Plan





# Health IT Goals

- 2 of the 7 SHIP goals are Health IT focused
  - **Goal 2** – Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.
  - **Goal 5** – Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level, and statewide.



## Our Health IT Contractors

- **Idaho Health Data Exchange (IHDE)** – IHDE is our health information exchange partner.
- **HealthTech Solutions** – HealthTech is our data analytics partner. They are establishing a connection with IHDE and are responsible for developing and providing clinical quality measure reporting.



# SHIP Health IT Goals

## End of Grant Year Targets

Clinical Quality Measures	Clinics Reporting for Year 1 (By Jan 31, 2017)	Clinics Reporting for Year 2 (By Jan 31, 2018)	Clinics Reporting for Year 3 (By Jan 31, 2019)
Measures 1-4	55 Clinics	110 Clinics	165 Clinics
Measures 5-10	N/A	55 Clinics*	110 Clinics**
Measures 11-16	N/A	N/A	55 Clinics***

\* Optional for Cohort 2 clinics but required for Cohort 1 clinics

\*\* Optional for Cohort 3 clinics but required for Cohort 1 & 2 clinics

\*\*\* Optional for Cohort 2 and 3 clinics but required for Cohort 1 clinics

This clarification of goals / targets needs to be approved by CMMI



Statewide **Healthcare  
Innovation** Plan

## Recent Activities and Next Steps





# Health IT Workgroup Activities

- Data Element Mapping Subcommittee
  - First 4 measures – redefined
  - Discussions for Year 2 measures with HIT Workgroup
  - Coordination with CQM Workgroup
- NEXT STEPS
  - CQM / HIT Workgroup coordination examining Year 2 measures



# Health IT Workgroup Activities

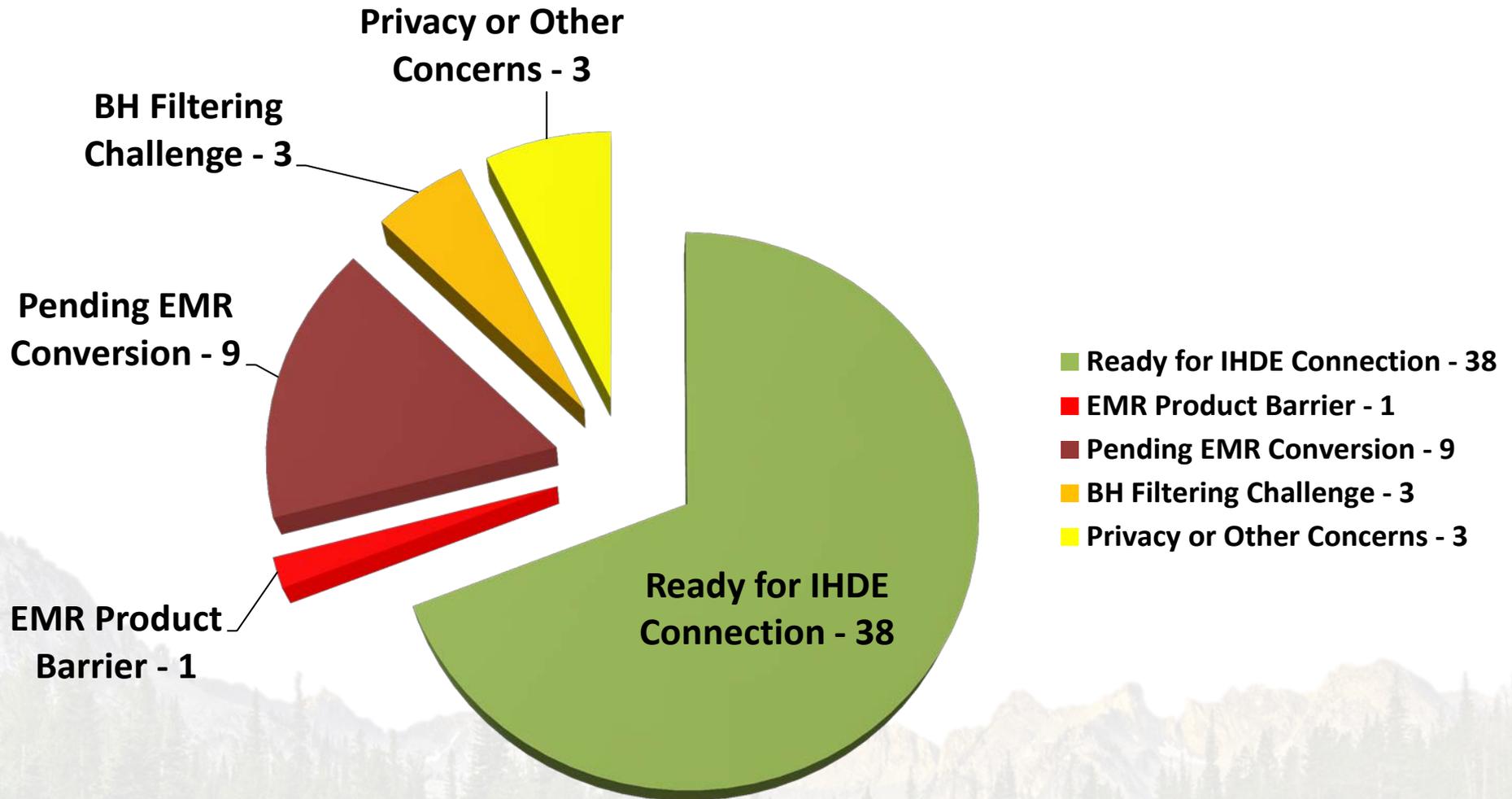
- Use Cases Subcommittee
  - Will help define how specific users will use the data analytics tool from HealthTech
  - Will define needed supplemental data points and report architecture
- NEXT STEPS
  - Convene Use Cases Subcommittee



# IHDE Clinic EMR Connection Building

- Readiness Assessments
  - Cohort 1 Clinic Readiness Report
  - Resolution Plan
  - Lessons Learned
- Privacy Review for data sharing with HealthTech
- NEXT STEPS
  - Finalize Readiness Assessments
  - Sprint 1 – Clinic EMR Connection Building
  - Sprint 2 – Clinic EMR Connection Building

# Clinic IHDE Readiness Assessments





# IHDE Clinic EMR Connection Building

- Readiness Assessments
  - Cohort 1 Clinic Readiness Report
  - Resolution Plan
  - Lessons Learned
- Privacy Review for data sharing with HealthTech
- NEXT STEPS
  - Finalize Readiness Assessments
  - Sprint 1 – Clinic EMR Connection Building
  - Sprint 2 – Clinic EMR Connection Building



# Clinical Quality Measure Reporting

- HealthTech server infrastructure and configuration set up for the HealthTech Test Environment
- Defining a data transport method for CQM data
- NEXT STEPS
  - Fast Track a set of sample data from select clinics to begin development of report calculation engine (data extract, transform, loading)



Statewide **Healthcare**  
**Innovation** Plan

# Questions





# SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition June 08, 2016

## **SHIP OPERATIONS:**

### **SHIP Contracting/Request for Proposal (RFP) Status:**

- **Report Items:**
  - The State Evaluator contract has been signed and the State Evaluator Team has been reviewing SHIP materials provided by DHW and refining their evaluation plan and related timeframes.
  - An RFP for a data analytics vendor for population health is currently being advertised
  - An RFQ has been to contracts to begin the process of selecting a Telehealth vendor to provide technical assistance and training related to the design of the SHIP Telehealth program.
  - Contract development has been finalized for the Community Health Worker Curriculum design and we are awaiting approval on a Request for Release of Funding to CMMI.
  - Contract development is underway for Public Health District Contracts Regions 1-7.

### **SHIP Administrative Reporting:**

- **Report Items:**
  - A CMMI SHIP Quarterly Report was submitted to CMMI this month highlighting accomplishments and deliverables during the months of Feb-April, 2016. The next CMMI quarterly report will include goal metrics reporting.
  - Mercer and SHIP project management staff continue to work on refinements to the Master Project Management Plan (MPMP).
  - Mercer and SHIP staff are continuing to refine data collection protocols related to Goals 1 – 6 metric measurements to comply with CMMI reporting requirements.
  - Research Triangle Institute (RTI), CMMI federal evaluator conducted their initial site visit to evaluate Idaho's SHIP model test during the week of May 23, 2016.
  - A report was provided to the DHW Board of Directors updating them on the SHIP deliverables and progress to date.

### **Regional Collaboratives (RC):**

- **Report Items:**
  - All Regional Health Collaboratives met since the last IHC meeting in May. The Executive Leadership Teams from Regions 1 and 2 will be reporting their progress.
  - Idaho Department of Health and Welfare Division of Public Health is working on alternative approaches to provide actionable information to the Regional Health Collaboratives until clinical quality measures reports become available later this year.
  - Public Health District SHIP staff is preparing RC strategic plans.
  - SHIP Managers met for a whole day professional development day in Boise on May 26th.
  - PHD subgrants are due to be renewed on July 1st, 2016.
- **Next Steps:**
  - Continue supporting establishment of functioning Regional Collaboratives.
  - Continue coordinating PHDs effort with other programs and entities.
  - PHD Subgrants are due to be renewed by July 1st.

## **ADVISORY GROUP REPORTS:**



### **Telehealth SHIP Subcommittee:**

- **Report Items:**
  - The request for quotation (RFQ) for Telehealth technical assistance and training curriculum is in the final stages and will be posted shortly.
  - Met to discuss RFQ and Telehealth grant application.
  - A grant application for SHIP clinics is being developed. Interested clinics will be asked to submit a Telehealth proposal that is innovative, scalable, replicable, and aligns with SIM grant purposes.
  - The Idaho Telehealth Council Goal 2 Subcommittee meeting is scheduled for Friday, June 17<sup>th</sup> and will include guest speakers from the Oregon Office of Rural Health and the Telehealth Alliance of Oregon.
- **Next Steps:**
  - Post RFQ and score responses.
  - Host the Telehealth Council Goal 2 Subcommittee meeting.
  - Finalize the Telehealth grant application for SHIP clinics.



### **Community Health Workers:**

- **Report Items:**
  - The Idaho State University contract to train Community Health Workers is in place. SHIP and Idaho State University are currently working on recruiting instructors.
  - The website for the Idaho University Community Health Workers is publicly available.
  - Department staff is working on the application and the recruitment process for CHW students.
  - The CHW metrics planning and development workgroup is in progress. The Outreach and Education Subcommittee is preparing video marketing material working with CHWs, physicians and administrators
- **Next Steps:**
  - The CHW Advisory Group continues to engage stakeholders in soliciting best practices.

## **WORKGROUP REPORTS:**



### **Community Health EMS:**

- **Report Items:**
  - IDHW Public Health Division staff and Ada County Paramedics staff participated in a stakeholder meeting in Blackfoot on June 6th.
  - Mary Sheridan and Miro Barac presented on CHEMS to the Panhandle Health Collaborative on May 25th.
  - CHEMS internal planning workgroup continues to meet weekly
- **Next Steps:**
  - CHEMS workgroup kick-off meeting scheduled for June 22<sup>nd</sup> at the PTC building from 1:30pm to 3:00pm. The option to call-in will be available.

- CHEMS administrators training scheduled for June 22<sup>nd</sup> at the Ada County Paramedics offices at Benjamin Street in Boise. Purpose of the meeting is to share information about resource management and assist EMS agencies chiefs and administrator with establishing CHEMS programs.



### **Idaho Medical Home Collaborative:**

- **Report Item:**
  - No meetings have been scheduled. Nothing to report at this time.
- **Next Steps:**
  - Future meetings will occur ad hoc.



### **Health Information Technology:**

- **Report Item:**
  - The HIT Workgroup met on May 19, 2016.
  - The HIT Workgroup began considering patient attribution methodology.
  - IHDE has continued conducting readiness assessments in preparation for establishing connections with the SHIP Cohort 1 clinics.
  - IHDE worked with its legal counsel and its Privacy and Security Council to ensure its policies reflect the data sharing with IHDE.
  - The Data Element Mapping Subcommittee did not meet in May 2016.
  - The SHIP Operations team has begun outreach to a few clinics to send a manual batch of CCDA patient files to IHDE and ultimately to HealthTech Solutions to begin the process of mapping the data for the reports.
  - HealthTech set up the server infrastructure and configuration for their test environment
- **Next Steps:**
  - The next HIT Workgroup meeting is scheduled for June 16.
  - The HIT Workgroup leadership will schedule the Use Cases Subcommittee meetings for July and begin planning for it.
  - The Data Element Mapping Subcommittee leadership will coordinate with the Clinical Quality Measures (CQM) Workgroup to consider recommendations for the Depression Screening, Childhood Immunization and the Non-malignant Opioid Use measures and align them with CMS/PQRS measures.
  - The Data Element Mapping Subcommittee leadership will coordinate with the CQM Workgroup to obtain clarification on the CQM Workgroup's vision for the Year 2 and 3 measures that require claims data.
  - The Data Element Mapping Subcommittee leadership will work with the Behavioral Health Integration (BHI) Workgroup to clarify and refine the Adherence to Anti-Psychotic Medications measure.
  - A few clinics will send a sample batch of CCDA patient files to IHDE to begin the process of mapping the data for the reports.

## **MPW** Multi-Payer:

- **Report Item:**
  - SHIP Administrator is working with the MPW co-chairs to develop an agenda for the next MPW meeting to be held in July or August.
  - Mercer provided the actuarially certified Financial Plan for Idaho's integrated multi-payer PCMH model to the SHIP Administrator on May 27, 2016.
- **Next Steps:**
  - A draft value based payment framework for Idaho to gain clarity into the different payment methodologies that exist in the Idaho marketplace for primary care and the creation of a common language for primary care providers and payers to communicate about contracting methodologies has been developed. The SHIP Administrator, Deputy Director and IHC Chair will meet with individual payers to discuss this proposed draft. Meetings are anticipated to take place in June.

## **CQM** Clinical/Quality Measures Quality Measures Workgroup:

- **Report Item:**
  - The workgroup has not met since the last IHC meeting.
- **Next Steps:**
  - The CQM Workgroup will convene before the next IHC meeting to consider the next round of recommendations from the HIT Workgroup.

## **BHI** Behavioral Health:

- **Report Item:**
  - The workgroup met Tuesday June 6<sup>th</sup> 2016. They worked on identifying additional Behavioral Health Clinical Quality Measures
  - Dr. Kirsten Williams gave a presentation on Telehealth Initiatives
  - Update on Regional Behavioral Health Boards and Regional Collaborative partnership discussions
  - Discussion of the Behaviorist Peer to Peer Consultation model, now called the Idaho Integrated Behavioral Health Network
  - NASHP will provide additional TA training targeted to PHD staff and members of the 7 Regional Collaboratives. Four training topics have been identified to include enhancing communications between PCMH and specialty providers, general behavioral health integration concepts, clinical applications and funding mechanisms. Training is scheduled for Friday, July 29th.
- **Next steps:**
  - The next BHI Sub-Committee meeting will be held on Tuesday, August 9, 2016 @ 9:00-11:00 am at the DHW Office 1720 Westgate Drive, Suite A, room 131.

## **PHW** Population Health:

- **Report Item:**

- The Population Health Workgroup convened their 10th meeting on June 1, 2016. The workgroup continues to compile an inventory of activities being conducted in clinics across the state that includes activities related to SHIP, public health chronic disease prevention grants, Qualis, TCPI, etc.
- The workgroup discussed a meeting that will be convened in Spokane, WA on July 11<sup>th</sup> relating to a CDC initiative called Public Health 3.0 where the city of Spokane will feature their Priority Spokane collaboration that engages cross-sector stakeholders to advance public and population health.
- The workgroup also received updates on: the updates/timeline for the Get Healthy Idaho: Measuring and Improving Population Health; the use of population health data for decision making at the regional collaborative level (immunization data, Community Health Status Indicators 2015, and other data); the virtual patient centered medical home initiatives (CHEMS, CHWs and Telehealth); and updates from each of the members including the regional collaboratives.
- **Next Steps:**
  - The next meeting of the PHWG is August 3. July will be skipped in light of vacation schedules.
  - No actions items are required of the IHC.