



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, November 9, 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)
1st Floor East Conference Room
700 W State Street, Boise, Idaho

Call-In Number: 1-877-820-7831; Participation Code: 302163

Attendee URL: <https://rap.dhw.idaho.gov/meeting/29592447/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=29592447&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 IDHW staff, agenda review, and approval of 10/12/2016 meeting notes – <i>Lisa Hettinger, IHC Co-Chair</i> ACTION ITEM
1:40 p.m.	PCMH Learning Collaborative Review– <i>Grace Chandler, Senior Project Manager, Brilljent</i>
2:00 p.m.	Regional Health Collaborative Summit Review – <i>Elizabeth Spaulding, Project Manager, The Langdon Group</i>
2:20 p.m.	Regional Collaborative Strategic Plans/Recommendation from Population Health workgroup and SHIP RC grant overview – <i>Elke Shaw-Tulloch, DHW, Population Health Workgroup Chair - ACTION ITEM</i>
2:40 p.m.	Break
2:55 p.m.	SHIP Operation Plan – <i>Katie Falls, Principal, Mercer</i> ACTION ITEM
3:20 p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – 11/9/2016): <ul style="list-style-type: none"> • Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i> • Regional Collaboratives Update – <i>Miro Barac, IDHW</i> • Telehealth, Community EMS, Community Health Workers – <i>Miro Barac, IDHW</i> • HIT Workgroup – <i>Janica Hardin, St. Alphonsus, Workgroup Co-Chair</i> • Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, Workgroup Chairs</i> • Quality Measures Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Workgroup Chair</i> • Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, IDHW, Workgroup Co-Chair</i> • Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW, Workgroup Chair, Lora Whalen Workgroup Co-Chair</i> • IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center, IMHC Workgroup Chair</i>
3:45 p.m.	Additional business & next steps – <i>Lisa Hettinger, IHC Co-Chair</i>
4:00 p.m.	Adjourn

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



Idaho Healthcare Coalition

Action Items

November 09, 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 October 12 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

- Action Item 2 – Regional Collaborative Strategic Plans

IHC members will be asked to adopt the Regional Collaborative Strategic Plans as presented by Elke Shaw-Tulloch:

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the Regional Collaborative Strategic Plans as presented by Elke Shaw-Tulloch.

Second: _____

Motion Carried.

- Action Item 3 – SHIP Operational Plan

IHC members will be asked to adopt the SHIP Operational Plan as presented by Mercer:

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the SHIP Operational Plan as presented by Mercer.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC September Minutes	DATE:	October 12 th , 2016
ATTENDEES:	Director Richard Armstrong, Josh Bishop, Pam Catt-Oliason, Russell Duke, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen, Janica Hardin, Lisa Hettinger, Deena LaJoie, Maggie Mann, Carol Moehrle, Susie Pouliot, Geri Rackow, Elke Shaw-Tulloch, Mary Sheridan, Lora Whalen, Jennifer Wheeler, Matt Wimmer, Cynthia York, Nikole Zogg	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Dr. Andrew Baron, Kathy Brashear, Dr. Scott Dunn, Yvonne Ketchum, Rene LeBlanc, Casey Meza, Neva Santos, Dr. Dave Schmitz, Larry Tisdale, Karen Vauk, Dr. Bill Woodhouse		
Members Absent:	Melissa Christian, Jeff Crouch, Dr. Keith Davis, Dr. Mike Dixon, Senator Lee Heider, Dr. Glenn Jefferson, Dr. James Lederer, Nicole McKay, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. David Peterman, Dr. Kevin Rich, Dr. Boyd Southwick, Janet Willis, Dr. Fred Wood		
IDHW Staff	Miro Barac, Wayne Denny, Taylor Kaserman, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Alexa Wilson, Stacey St.Amand		
Guests:	Jesse Arnoldson, Rachel Blanton, Elwood Cleaver, Jennifer Feliciano, Gina Pannell, Dr. Janet Reis, Dr. Rhonda Robinson-Beale, Linda Rowe, Dr. Rick Turner, Norm Varin, Sandeep Wadhwa, Dr. Shenghan Xu		
STATUS:	Draft (10/20/2016)		

Summary of Motions/Decisions:

Motion:

Katherine Hansen moved to accept the minutes of the September 14, 2016 Idaho Healthcare Coalition (IHC) meeting as prepared.

Outcome:

PASSED

Deena LaJoie seconded this motion.

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone and started the meeting with a quote from H. Jackson Brown Jr. “Opportunity dances with those already on the dance floor.” The IHC approved the minutes from the September IHC meeting with minor edits.
- ◆ Dr. Epperly thanked Director Armstrong and Dr. Rick Turner for joining the IHC at today’s meeting. The resignation of Miro Barac, a project manager with SHIP, was announced. Cynthia York introduced the new communications specialist, Stacey St.Amand. Ms. St.Amand gave a quick introduction on her background and previous work experience.

Cohort Two PCMH Application and Selection Criteria – Kym Schreiber, DHW SHIP

- ◆ Kym Schreiber gave an update on the Cohort Two selection criteria and final application and reviewed the work that has already been done for Cohort Two. In September there were two webinars covering a variety of topics pertaining to Cohort Two; a final webinar on filling out a final application was held on October 5th. Ms. Schreiber provided data on the demographics of the 86 clinics that submitted interest surveys. Ms. Schreiber concluded her presentation with a timeline for Cohort Two clinic selection.

Cohort One Update and Cohort Two Planning – Grace Chandler, Briljent

- ◆ Grace Chandler gave a presentation on Briljent’s upcoming activities: 1) the Public Health Department SHIP Staff Fall Learning Session will take place on Monday October 24th, with topics including, managing change and resistance, acceptance of practice facilitators, quality metrics, and creating data collection plans, 2) continuing work with Cohort One Clinics, and 3) starting work with Cohort Two Clinics.
- ◆ The Fall Learning Collaborative for Cohort One Clinics will also be held on October 24th and October 25th. Ms. Chandler reviewed the topics and schedule for the two day event. She also thanked the learning collaborative sponsors, Saint Alphonsus Regional Medical Center, Pacific Source Health Plans, and Blue Cross of Idaho.
- ◆ Following the learning collaborative, Cohort One Clinics will have two more webinars before Cohort Two begins; these will be on November 17th 2016, and January 17th 2017. The topics of these webinars will be Care Management Reimbursement and Value Based Payment, respectively.
- ◆ Going forward, Briljent plans to conduct several evaluations with Cohort One Clinics, Public Health District SHIP staff, and HMA PCMH coaches.
- ◆ Ms. Chandler concluded her presentation by taking questions from IHC members. Dr. Epperly expressed his appreciation for the work being done by Briljent.

SHIP Budget Update – Cynthia York

- ◆ Cynthia York gave a high level overview of the SHIP budget as of October 2016. Projections include a need for the budget to be reallocated between goals. This issue can be addressed without compromising other goals and was addressed by Ann Watkins, the SHIP grants and contracts officer, along with Cynthia.

RC Summit Update – *Elke Shaw-Tulloch, IDHW and Dr. Ted Epperly*

- ◆ Elke Shaw-Tulloch presented an update on the Regional Collaborative Summit scheduled for October 26th. The format of the meeting is meant to help the Regional Collaboratives continue development of their strategic plans. Ms. Shaw-Tulloch discussed a meeting that was held earlier in the day between the Public Health District directors regarding the summit. In that meeting they went over potential topics and what the purpose of the meeting would be; the possibility of postponing the Regional Collaborative Summit until a later date was also discussed. These details will be finalized in future meetings between the Public Health District directors, Elke Shaw-Tulloch, and SHIP.
- ◆ Dr. Turner gave an update on the progress of the data. He advised Public Health District directors not to wait for the data but suggested that they develop processes because this can be done without data. He stressed that care management processes are important to get started before data is available to help identify healthcare gaps.
- ◆ Discussion followed regarding what clinics and RCs can do now and what should be delayed until later.

Dashboard Presentation – *Jenny Feliciano, Mercer*

- ◆ Jenny Feliciano presented the dashboard that Mercer developed for the IHC that looks at the success measures for SHIP goals. Ms. Feliciano went over the approval process that led to the development of the dashboard and the measures that are being reported.
- ◆ The purpose of the dashboard is to outline the quarterly and annual measures that are being reported to CMMI in a format that allows IHC members to see the progress of each goal. Ms. Feliciano went over the individual elements of the dashboard, where different data are housed and what current data means.
- ◆ Following her presentation Ms. Feliciano answered questions from IHC members. Dr. Epperly asked Dr. Turner what goal five, measure one will look like in the future. He answered that it depends on what is being measured and that by the end of the year there should be some, but not all of the data available.

Medicare Update – *Dr. Sandeep Wadhwa, Noridian*

- ◆ Sandeep Wadhwa is the SVP and CMO of Care and Delivery Management at Noridian Healthcare Solutions. Mr. Wadhwa presented a brief background on what information Noridian has and provided updates on what Noridian is doing with CMS and what is going on with preventive service care. Mr. Wadhwa showed IHC members the comparative data among states for care management nationwide.
- ◆ The preventative chronic illnesses that were reported on included: chronic care management, transition care management, annual wellness visits, influenza vaccines, depression screening, welcome to Medicare Visit, Abd Aortic Aneurysm, Colorectal Cancer Screening, Diabetes Self-Care Screening, Cardiovascular Disease screening, behavioral counseling, cardiovascular, obesity behavioral therapy, lung cancer screening, and medical nutrition therapy.
- ◆ At the conclusion of his presentation Dr. Wadhwa answered questions from IHC members regarding how the data lines used have been set up, if Noridian has access to Medicare part A data, how far they can drill down the data, when 2016 data will be available, and if transition care management has a copay.
- ◆ Dr. Epperly asked if the Public Health directors would take this as an opportunity to look at these numbers and, through the Regional Collaboratives, work to improve these numbers. Dr. Robinson-Beale suggested the Regional Collaboratives may want to have clinics look at these issues by aligning them with HEDIS measures.
- ◆ Dr. Dunn asked if there would be any changes under the part B Medicare rule that requires providers to be certified diabetes care givers, an issue that is a barrier. Dr. Wadhwa was unsure about changes but CMS is looking at what is preventing rural areas from adopting these rules.

SHIP Operations and Advisory Group Reports/ Updates – *Cynthia York, DHW SHIP*

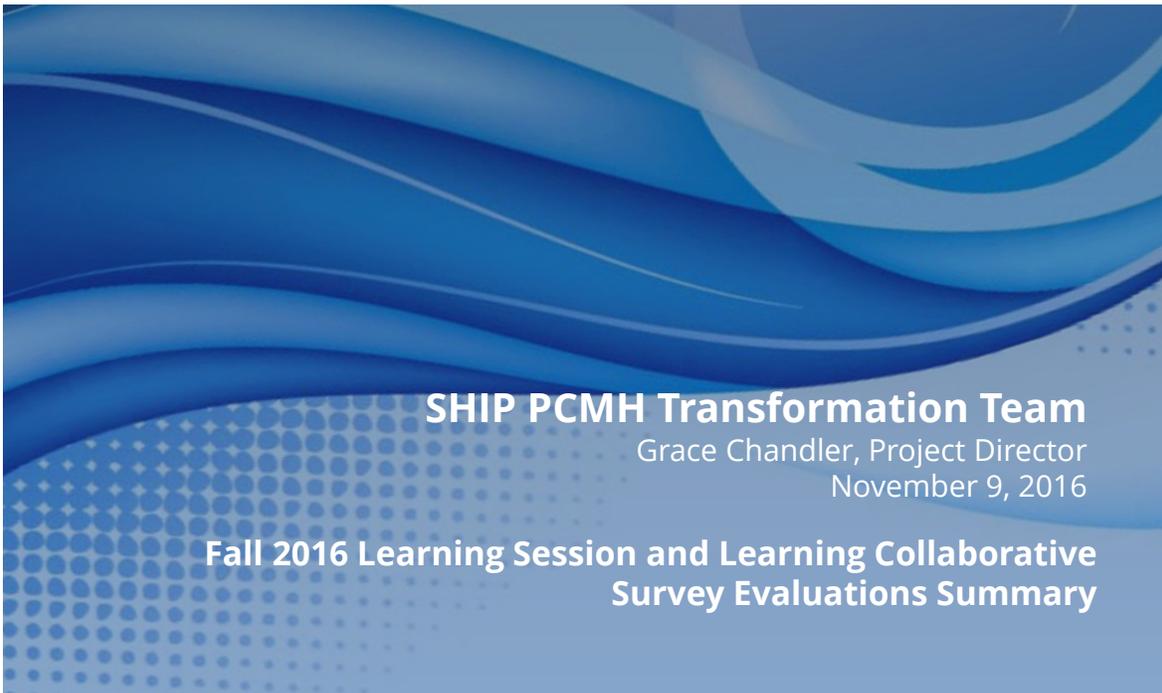
- ◆ Dr. Turner announced that Scott Carrell is no longer with IHDE. Dr. Turner will be serving as the interim CEO. He stressed that the IHDE is still open and is still moving forward in their work with Healthy Connections and SHIP. IHDE had a consultant come out last week that provided suggestions for the transitions IHDE will be going through. Lora Whalen asked how long it will be until we will see bidirectional capabilities from IHDE. Dr. Turner informed the IHC that a bidirectional connection is not accurate and the type of information that is being passed between IHDE and clinics is dependent on what clinics are able to do with the information they collect.
- ◆ Dr. Epperly asked for an update on a plan B for collecting data. Dr. Turner gave a high level overview on what will happen next with the data analytics and attribution lists. IHDE will be able to give a monthly update on work being done with data going forward.

- ◆ Lisa Hettinger commented on the amount of work being done on this and thanked everyone for their continued efforts on this project.

Timeline and Next Steps – *Dr. Ted Epperly, Chair*

- ◆ Dr. Epperly thanked everyone for attending and adjourned the meeting.

There being no further business, Chairman Epperly adjourned the meeting at **4:13pm.**



SHIP PCMH Transformation Team
Grace Chandler, Project Director
November 9, 2016

**Fall 2016 Learning Session and Learning Collaborative
Survey Evaluations Summary**



Idaho Healthcare Coalition Presentation
November 9, 2016



Fall 2016 SHIP PCMH Learning Session
**Public Health Department (PHD) SHIP
Quality Improvement (QI) Staff and Managers**

October 24, 2016
Survey Evaluation Summary

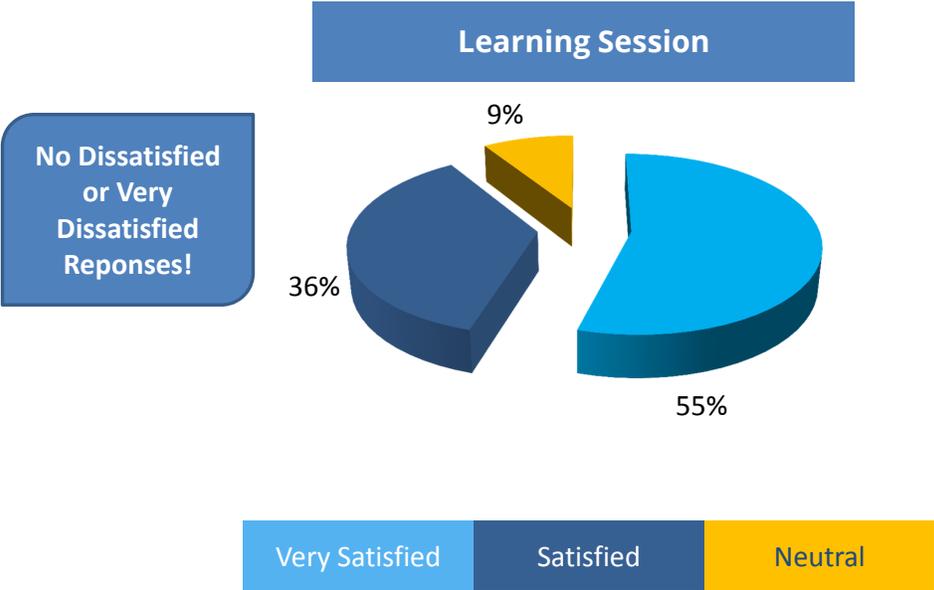


October 24, 2016

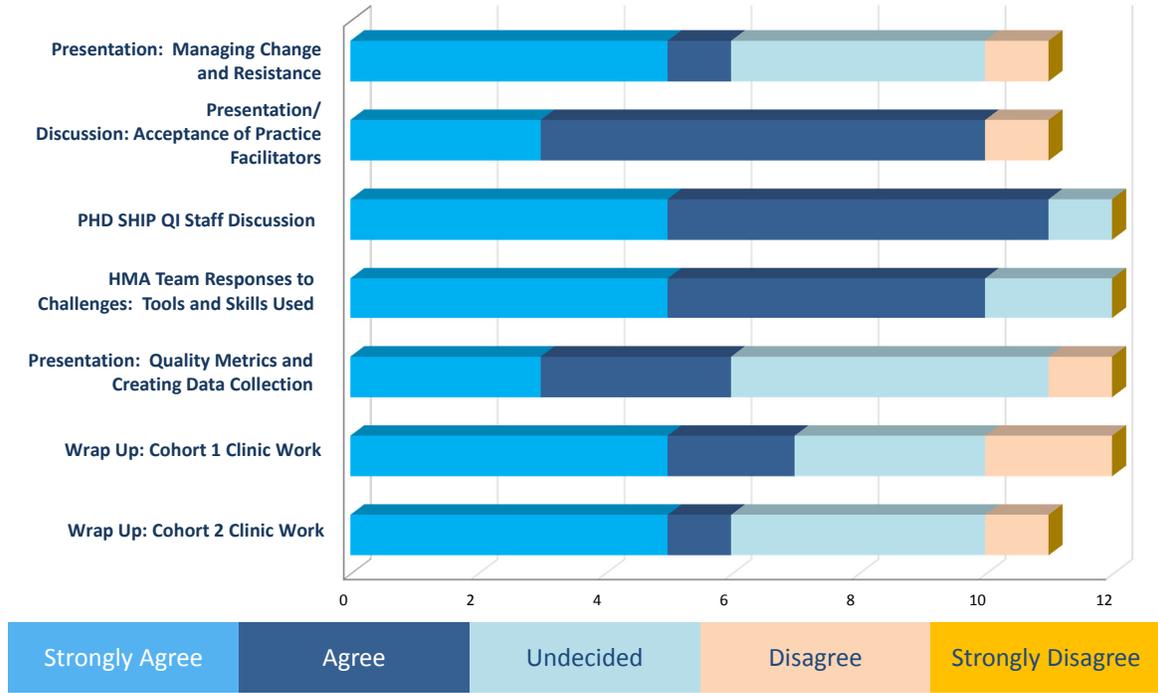


Overall Satisfaction Each Day

How would you rate your overall satisfaction with the Learning Session?



Learning Session *"The information presented was useful..."*



POSITIVE

What did you find the most helpful to you from this Learning Session?

- **44% of the comments indicated Change Management**
 - *"The Managing Change presentation - a lot of valuable information I believe I can apply"*
 - *"Change management, technical change and adaptive change running simultaneously"*
- **Discussions**
 - *"The QI Staff discussion. Reason? It's comforting to know everyone is in the same boat."*
 - *"Open discussion between QI Specialists and HMA coaches. Addressing questions/challenges/offering solutions."*

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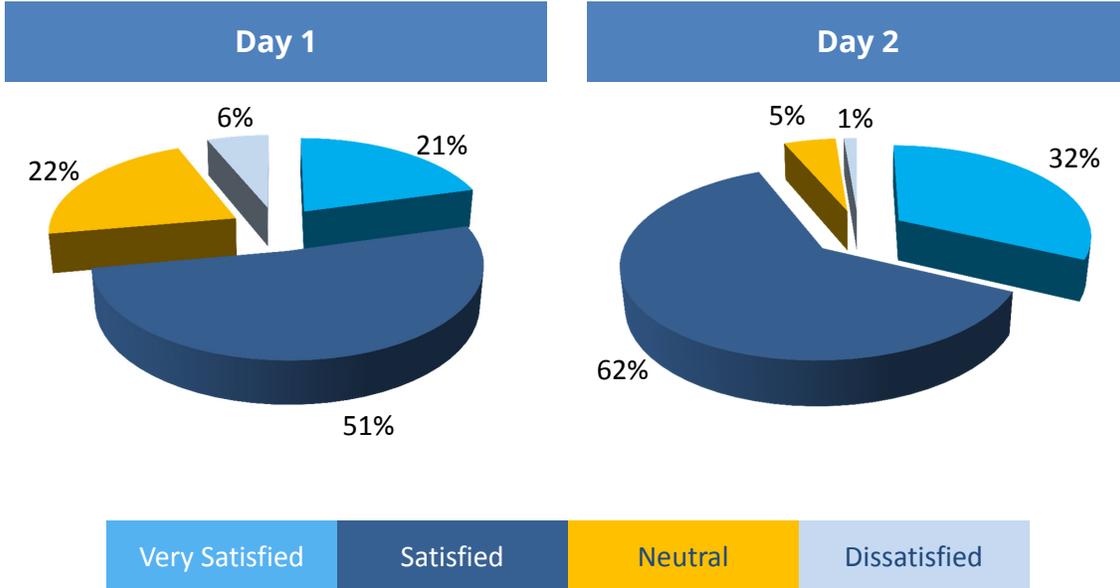
Fall 2016 SHIP PCMH Learning Collaborative Cohort 1 Clinics and PHD SHIP Staff

October 24 and 25, 2016

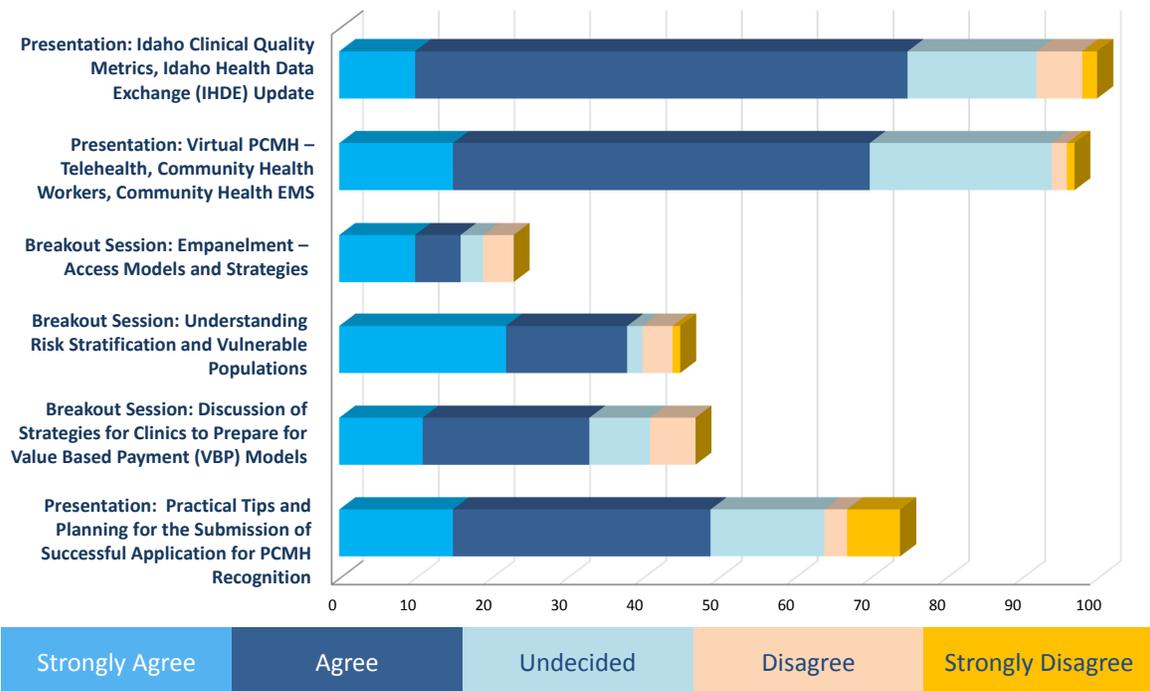
Survey Evaluation Summary

Overall Satisfaction Each Day

How would you rate your overall satisfaction with the Learning Collaborative?



Day 1 "The information presented was useful..."



Day 1 Comment Summary

POSITIVE

- **Breakout Sessions were well-received. 22 positive comments**
 - *"The risk stratification breakout was extremely helpful. I'm looking forward to going back to my clinic and implementing suggested strategies."*
- **Many liked collaboration and conversation between participants.**
 - *"Networking - hearing how others are moving through transitions. Good to hear we share common challenges and are able to collaborate and share solutions."*
 - *"The discussion and information sharing in the breakout session. The format was open and encouraged discussions so we were able to learn."*
- **Training**
 - *"Seeing the progress being made. Virtual health; knowing everyone is challenged no matter where they are in the transformation."*
 - *"How to start the risk stratification process and the information provided by Miro Barac about CHEMS and CHW."*

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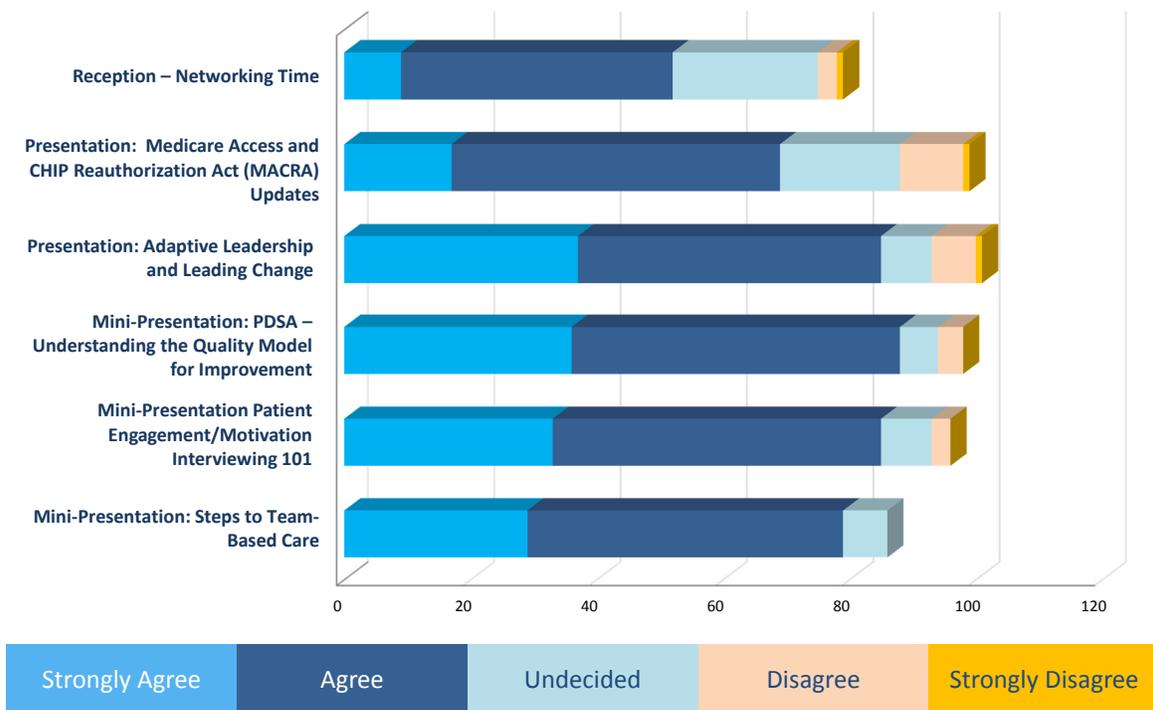
Day 1 Comment Summary

NEGATIVE

- **Several reported lack of detail or the information was redundant**
 - *"Redundant information. Measures were sent out months ago with details which align with CMS. Would have been nice to have more from IHDE payment for Cohort 1. Clinics who are NCQA level 1 or higher do not need to walk through submitting. Would have been nice as a breakout."*
 - *"It was all review and repetition from webinars, regional SHIP meetings, and SHIP Collaboratives from Spring. Nothing new."*
 - *A lot of time spent reviewing and overview of things that will be talked about "later"; Should be more of a working collaborative."*

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Day 2 "The information presented was useful..."



Day 2 - Comment Summary – The Positive

POSITIVE

- **Adaptive Leadership, MACRA, and Plan-Do-Study-Act (PDSA) received the majority of positive comments.**
 - *"Great PDSA presentation. We use PDSA all the time. You started the fire and helped me realize I could be using them more..."*
 - *"The PDSA presentation with processes and steps to actually implement change. Also there was a lot of useful information on patient engagement."*
 - *"Really liked the adaptive leadership and leading change."*
- **Mini Sessions were well received.**
 - *"Patient engagement and motivational interviewing was very useful."*
 - *"I really thought the FLU Fit activity was great."*
- **Quality Information**
 - *"There was a lot more applicable information in today's session than yesterday."*

Day 2 - Comment Summary

NEGATIVE

- **Only 16 negative comment responses were received for Day 2.**
 - *“Federally Qualified Health Centers (FQHCs) are a large group/presentation of SHIP but nothing was addressed in this talk that explained where we fall in MACRA.”*
 - *“Generally, NCQA-recognized clinics like ours find these talks way too simple.”*
 - *“So much review from last session. This is the end of the Cohort. We need tools not review of the same idea...”*
 - *“Wish there was more information for FQHC.”*
 - *“We need more direct training and not just an overview.”*

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Future Webinar Suggestions

TOPICS

- *“Different levels of training depending on how long you have been a PCMH. We don't need entry level training on PCMH. We need advanced level.”*
- *“FQHC - specific MACRA”*
- *“Quality reporting”*
- *“When more info comes out about 2017 NCQA standards - reviewing how to apply”*
- *“More on Population Health tools”*

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- **Many commented on a desire to hear success stories.**
 - *“How about success stories? (This is how we achieved this.)”*
 - *“I would like to see more panels of Idaho clinics who are successful at what they are doing...”*
- *“Allow 1 person to register attendees instead of each person registering themselves. Table tents for specific entities on each table. Do not make attendees collect their own materials.”*
- *“Activities that mix up clinic staff and promote collaborating and engaging with staff from other clinics during the day.”*
- *“More activities or time to practice the strategies discussed in the mini presentations; for example give us case studies to do at the time of getting the information”*
- *“I would like to have the Learning Collaborative next year in 1 day, very difficult to take 2 days off.”*
- *“I wish there were more descriptions on each of the breakout sessions to be able to choose better.”*

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Questions

Grace Chandler, Project Director
SHIP PCMH Transformation Team
Gchandler@briljent.com



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RC Strategic Plan Overview

Three Primary Focus Areas

Patient Centered Medical
Home Transformation Support

Medical-Health Neighborhood
Development & Connections

Regional Collaborative
Sustainability & Population
Health Initiatives





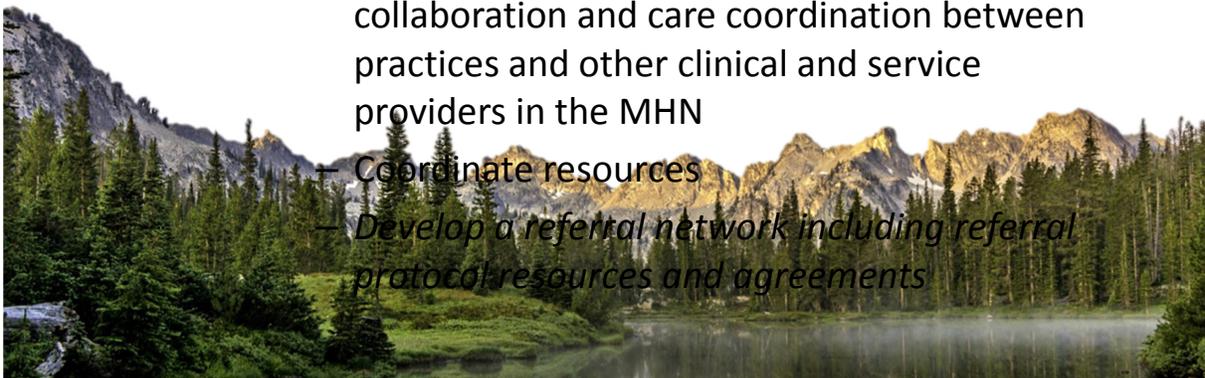
Patient Centered Medical Home Transformation Support

- Either primary or secondary goal of each RC
- Main objectives:
 - Encourage practices to participate in PCMH Model Test
 - Target clinic support as needed
 - Provide coordination and integration solutions for practices
 - Create a forum for practices to share and support one another; communication, resources, best practices, etc.
 - *Integrate behavioral health into practices*



Medical-Health Neighborhood Development & Connections

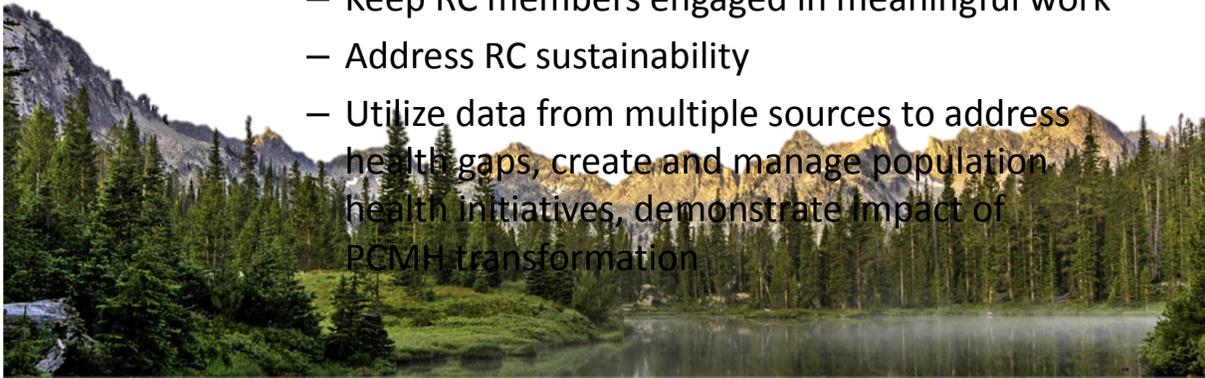
- Main Objectives:
 - Identify what is included in the MHN
 - Identify unmet health, behavioral health, wellness and social needs
 - Facilitate relationships, communication, collaboration and care coordination between practices and other clinical and service providers in the MHN
 - Coordinate resources
 - *Develop a referral network including referral protocol resources and agreements*

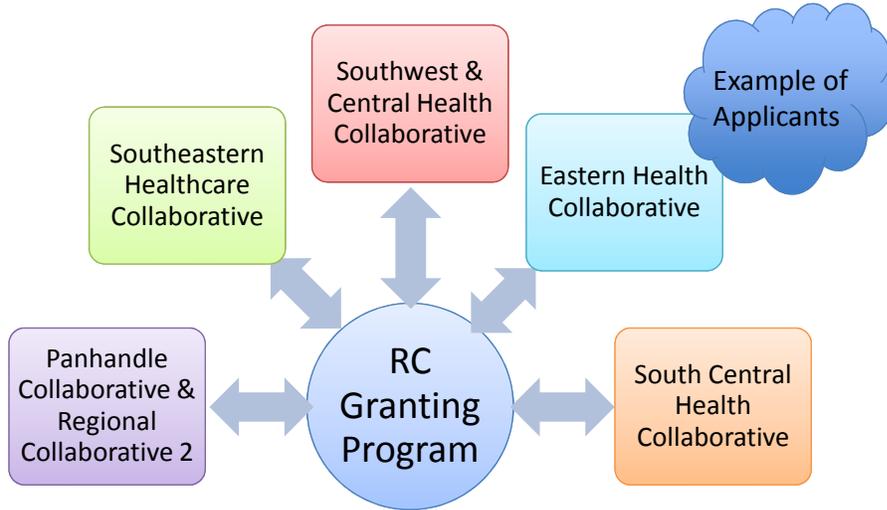




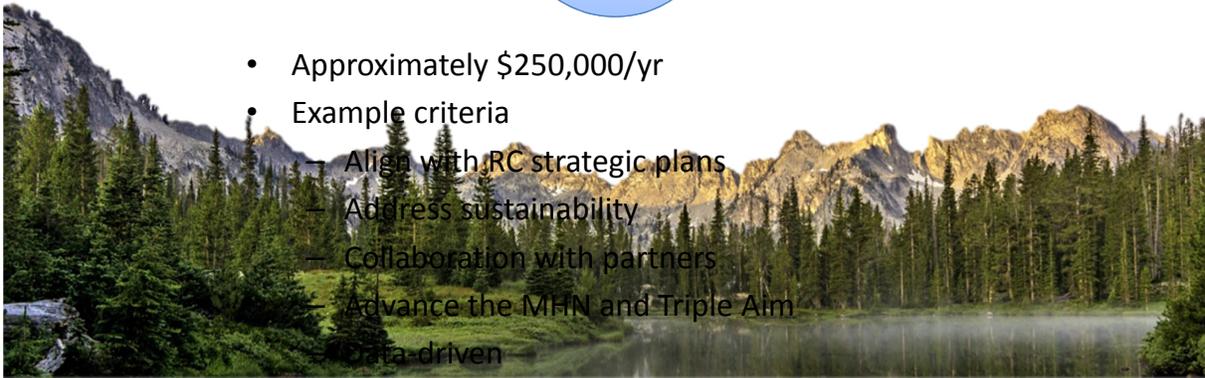
Regional Collaborative Sustainability & Population Health Initiatives

- Main Objectives:
 - Ensure appropriate representation on the RC
 - Connect and communicate regularly with the Idaho Healthcare Coalition
 - Keep RC members engaged in meaningful work
 - Address RC sustainability
 - Utilize data from multiple sources to address health gaps, create and manage population health initiatives, demonstrate impact of PCMH transformation





- Approximately \$250,000/yr
- Example criteria
 - Align with RC strategic plans
 - Address sustainability
 - Collaboration with partners
 - Advance the MHN and Triple Aim
 - Data driven

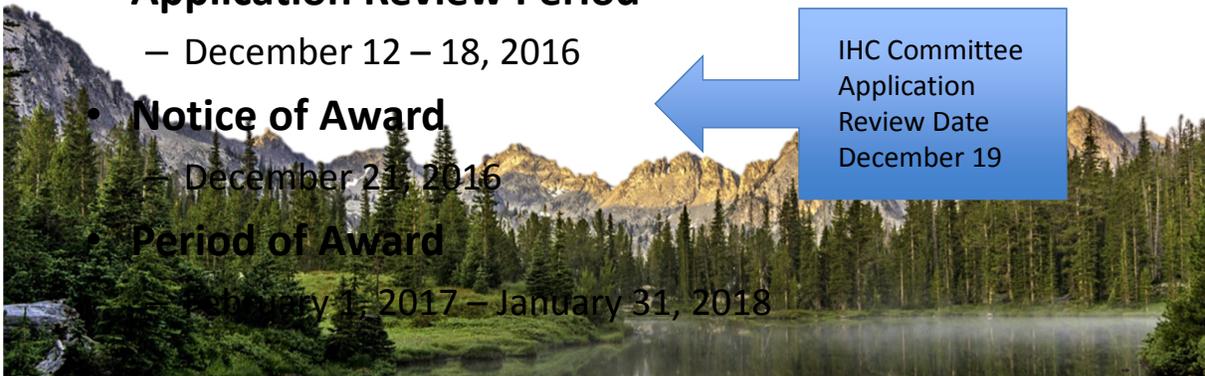


RC Granting Process

Timeline

- **Webinar to Describe Application Process**
 - November 14, 2016
- **Project Application Period**
 - November 14 – December 9, 2016
- **Application Review Period**
 - December 12 – 18, 2016
- **Notice of Award**
 - December 21, 2016
- **Period of Award**
 - February 1, 2017 – January 31, 2018

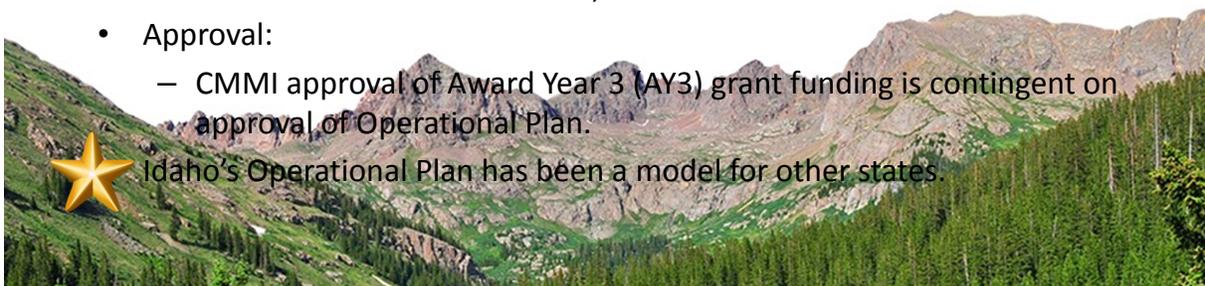
IHC Committee
Application
Review Date
December 19





Operational Plan Overview and Purpose

- Benefits of the Operational Plan:
 - Ensures common understanding between Idaho and Center for Medicare & Medicaid Innovation (CMMI).
 - Management tool to help Idaho organize activities and resources.
 - Monitoring document for CMMI and Idaho to keep the State Healthcare Innovation Plan (SHIP) project on track.
- Requirements:
 - Requirement of all State Innovation Model (SIM) Test states.
 - Due to CMMI on December 1, 2016.
- Approval:
 - CMMI approval of Award Year 3 (AY3) grant funding is contingent on approval of Operational Plan.





Operational Plan Content and Structure

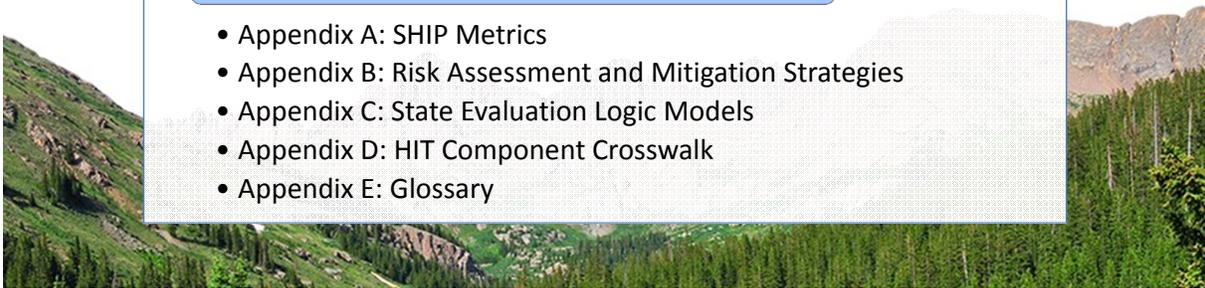
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- 4: Program Monitoring and Evaluation
- 5: Sustainability Plan

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- Appendix A: SHIP Metrics
- Appendix B: Risk Assessment and Mitigation Strategies
- Appendix C: State Evaluation Logic Models
- Appendix D: HIT Component Crosswalk
- Appendix E: Glossary



Executive Summary

Section A

Summary of Idaho's Model

- Highlight of Idaho's vision and goals.
- Summary of progress to date.
- Goals for AY3.

End State Vision

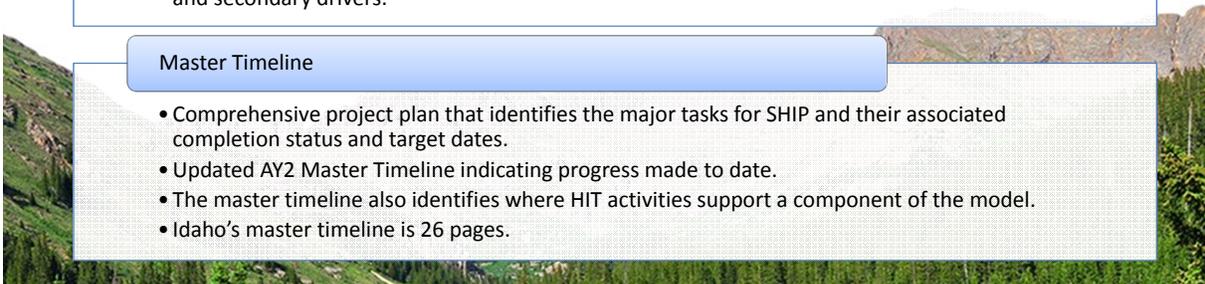
- What Idaho's transformation will look like after grant funding ends.

Updated Driver Diagram

- Conceptual model of Idaho's SIM initiative, and includes measureable aims, primary drivers, and secondary drivers.

Master Timeline

- Comprehensive project plan that identifies the major tasks for SHIP and their associated completion status and target dates.
- Updated AY2 Master Timeline indicating progress made to date.
- The master timeline also identifies where HIT activities support a component of the model.
- Idaho's master timeline is 26 pages.





Policy and Operational Areas Section B

Section B presents information on AY3 activities related to:

- Governance, including the role of the Idaho Healthcare Collation (IHC)
- Stakeholder involvement and communications
- Plan for improving population health
- Quality measure alignment
- Health information technology (HIT)
- Workforce capacity
- Alignment with state and federal initiatives
- AY3 plans for each of Idaho's seven goals



Detailed Operational Plans by Goal/Driver Section C

Section C presents an AY3 work plan for each of Idaho's seven goals, including:

- Milestones
- Responsible party
- Associated SIM funding





Program Monitoring and Evaluation

Section D

Section D describes plans for program monitoring, including:

- Description of the State evaluation, which will be led by the University of Idaho with Boise State University
- Idaho Department of Health and Welfare's (IDHW's) plans to support the federal evaluation of the SIM initiative
- IDHW's program monitoring and reporting activities
- Fraud and abuse prevention, detection, and correction



Sustainability Plan

Section E

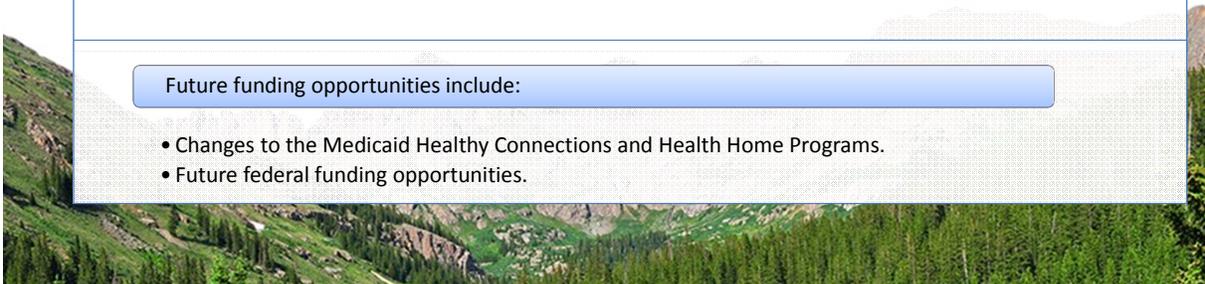
Key Points of Sustainability Plan:

Investment of grant funds to establish and expand the foundation for transformative change.

- HIT and data analytics infrastructure
 - Statewide HIT Plan will unify multiple HIT efforts.
 - Provider connections to Idaho Health Data Exchange.
 - Data analytics infrastructure will be focus of AY3 and AY4 sustainability planning.
- Regional infrastructure to support PCMH transformation.
 - IDHW Public Health and Public Health Districts' role in long-term support of population health improvement activities, with the RCs expanding local presence and support.

Future funding opportunities include:

- Changes to the Medicaid Healthy Connections and Health Home Programs.
- Future federal funding opportunities.





Appendices A through E

SHIP Metrics

- Idaho's Success Measures from most recent quarterly submission to CMMI.

Risk Assessment and Mitigation Strategies

- Risk log from most recent quarterly submission to CMMI.

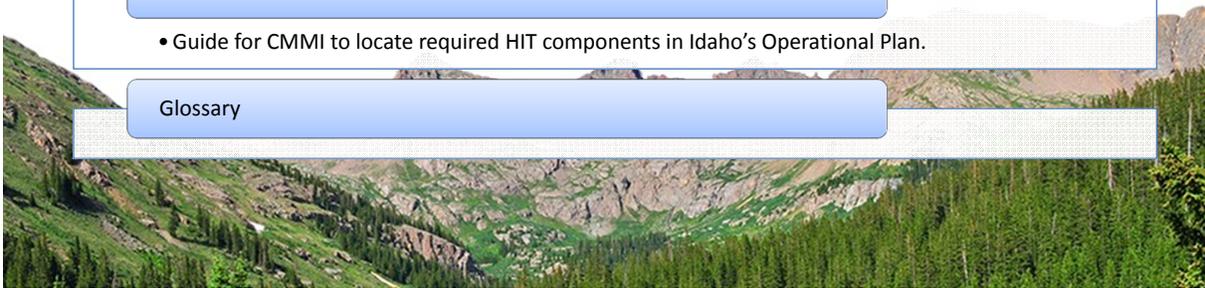
State Evaluation Logic Models

- Provided by University of Idaho.

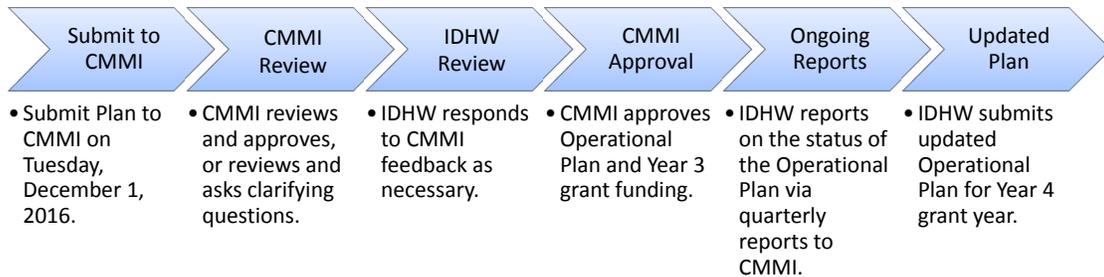
HIT Component Crosswalk

- Guide for CMMI to locate required HIT components in Idaho's Operational Plan.

Glossary



Next Steps CMMI Approval and Reporting





Questions and Discussion



Executive Summary

Summary of Idaho's Model Test

Idaho is transforming its healthcare system through a shared vision of delivering patient-centered, effective, and coordinated primary care services through a patient-centered medical home (PCMH) model – the foundation for primary care delivery. By February 2017, 110 primary care clinics will be part of Idaho's Statewide Healthcare Innovation Plan (SHIP) model.

Our model is built around the patient. We envision a healthcare system where Idahoans can get the care they need, as close to home as possible, through services that are integrated and coordinated across the Medical-Health Neighborhood. The design of this vision continues to be led by a partnership between healthcare professionals, payers, advocates, and State leadership, drawing from the collective knowledge and experience of providers and other stakeholders to implement our ambitious plan. Our new care model is supported and incentivized by value-based payments that emphasize outcomes and value instead of volume and, in doing so, improves health outcomes while effectively controlling costs.

Idaho's vision is rooted in the knowledge that quality healthcare is not possible without dedicated, skilled healthcare professionals. Our SHIP model provides supports at every level for clinics as they transform to the PCMH model. Public Health Districts (PHDs) and the PCMH transformation vendor provide resources and technical assistance to clinics throughout the transformation. Clinics also receive financial incentives to assist with the administrative costs of establishing a PCMH model. Seven Regional Collaboratives (RCs) are supporting clinics by working to improve the coordination of care within the Medical-Health Neighborhood and identifying and sharing best practices for successful care coordination.

The RCs and PHDs also play an important role in fulfilling our vision of improved population health. As the RCs finalize their organizing activities and become more operational, they will use regional data from community health assessments and the SHIP statewide data analytics vendor to identify unmet needs and, working with PHDs and the Idaho Healthcare Coalition (IHC), support local population health improvement initiatives.

The IHC remains at the helm of our State's transformation and was reaffirmed in 2016 through executive order as the public-private leadership of this initiative. Of most importance is the IHC's role in performance monitoring of Idaho's seven goals that are the pathway for the State to fully realize all aspects of our vision. A summary of our success to date is best understood by examining the progress of each goal.

AY2 Progress and AY3 Objectives by Goal

Goal 1: Transform primary care clinics across the State into PCMHs.

Progress toward the goal of 165 primary care clinics transforming to the PCMH model by 2019 is on track with 55 clinics advancing toward the PCMH model in AY2 SHIP Cohort 1.

Idaho has effectively met our success measures to provide supports and technical assistance to SHIP Cohort 1 clinics as they transform to the PCMH model. The PHD SHIP staff, PCMH transformation vendor, and the Idaho Department of Health and Welfare (IDHW) SHIP Team have assisted clinics with: (1) developing individualized Transformation Plans to identify clinic-specific goals, (2) establishing mentorship relationships between more experienced and less experienced clinics, and (3) connecting

clinics with the PCMH transformation vendor, PHD SHIP Team, and IDHW SHIP Team through a web portal.

In AY2, 81 clinics submitted an application to participate in SHIP Cohort 2, of which 55 will be selected to participate. Based on lessons learned in AY1, Idaho streamlined the process and extended the timeframes for application to Cohort 2. Between SHIP Cohort 1 and SHIP Cohort 2, a total of 110 clinics will be participating in SHIP as of February 2017.

The AY3 objectives under Goal 1 are to:

- Continue to support clinics in the SHIP Cohort 1.
- Enroll 55 new primary care clinics into SHIP Cohort 2.
- Distribute financial incentives to SHIP Cohort 2 clinics and monitor fraud/abuse protections.
- Provide technical assistance to SHIP Cohort 2.
- Recruit clinics for SHIP Cohort 3 AY4 participation.

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the Medical-Health Neighborhood.

Idaho has begun laying the foundational systems needed to improve care coordination through data sharing. All 55 SHIP Cohort 1 clinics have EHRs that support health information exchange (HIE) connectivity. Idaho has also made significant strides in connecting SHIP Cohort1 clinics to the HIE and sharing/receiving HIE transactions for care coordination.

Idaho incentivizes connection to the State's HIE, the Idaho Health Data Exchange (IHDE), by covering several fees normally associated with a clinic's connection to the HIE. In AY3, Idaho plans to continue using Model Test grant funds to cover the one-time electronic health record (EHR) interface connection fee to aid in reducing any barriers that fees may pose to a clinic's connection to IHDE. In addition, IDHW is exploring options to expand financial support by leveraging HITECH funding.

In AY2, Idaho's Medicaid program released a tiered payment structure that provides further incentives for clinics to connect to IHDE. Through this structure, clinics receive a higher per member per month (PMPM) payment for achieving view access to IHDE through the clinical portal. Clinics can achieve an even higher PMPM payment by establishing a bi-directional connection to IHDE. Moving forward, these payment enhancements through Medicaid will continue to motivate, support, and sustain provider investments in connecting to IHDE.

Progress has also been made toward increasing hospital connections to IHDE in order to achieve the goal of 21 hospitals connected by the end of AY4. By the end of AY3, an additional three additional hospitals are expected to connect to IHDE.

Idaho is in the process of updating its statewide health information technology (HIT) plan. This update will involve consolidating previously disparate HIT plans, including the SHIP HIT Plan, into a unified strategy that sets five-year targets for HIT transformation in the State. This alignment between SHIP HIT efforts and the statewide HIT plan will benefit the advancement of Goal 2 activities in AY3.

The AY3 objectives under Goal 2 are to:

- Evaluate and enhance Cohort 1 connections to IHDE.
- Connect 55 Cohort 2 clinics to IHDE.

- Connect additional hospitals to IHDE.
- Continue to align SHIP HIT activities with the statewide HIT plan.

Goal 3: Establish seven RCs to support the integration of each PCMH with the broader Medical-Health Neighborhood.

Idaho has established seven RCs, each with an executive team that focused in AY2 on building RC membership and developing strategic plans. The strategic plans were a critical exercise in helping each RC define its role in Idaho’s healthcare system transformation with an eye toward sustainability. The RC membership varies in each region from 8 to 25 members with most RCs including local SHIP Cohort 1 clinics as members.

Idaho’s PHD SHIP staff play a major role in supporting PCMH transformation at the regional level. In AY2, the PCMH transformation vendor provided training to PHD SHIP Quality Improvement Specialists in their role as PCMH coaches to lay the foundation for on-the-ground sustainable supports for existing and future clinics. PHD SHIP staff, leveraging regional resources and expertise, are also working with local providers and community-based organizations to conduct regional health needs assessments and will, with support from the IHC, implement regional quality improvement and wellness initiatives in AY3.

The AY3 objectives under Goal 3 are to:

- Implement strategic plans for each RC.
- Implement evaluation plans to ensure RCs provide guidance on regional quality improvement and Medical-Health Neighborhood integration.
- Identify and address gaps in participants in the Medical-Health Neighborhood in each region.
- PHD staff will communicate with SHIP PCMHs regarding the supports available from RCs.
- Continue health initiatives focused on improving population health.

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

In AY2, Idaho began laying the groundwork to create 50 Virtual PCMHs by the end of AY4. The IHC approved the Virtual PCMH requirements, standards, and the designation process. IDHW procured contractors to develop curricula and provide training for Community Health Workers (CHWs) and Community Health Emergency Medical Services (CHEMS) personnel. IDHW developed marketing and educational activities to promote use and training of CHWs and recruit candidates for CHW roles. Likewise, outreach and education was provided to emergency medical service agencies on CHEMS, and a mentoring program for CHEMS was established for those interested in participating in the model. Idaho aims to establish 13 CHEMS programs throughout the State and train 125¹ CHWs by the end of AY4.

Idaho completed two major milestones in AY2 that are critical to advancing the telehealth component of the Virtual PCMH. Early in AY2, Idaho developed a telehealth expansion and implementation plan and selected a telehealth contractor to help expand telehealth technology in Virtual PCMHs, including training and technical assistance. In AY3, Idaho will finalize the telehealth application for PCMHs and will begin accepting applications from PCMHs who want to receive technical assistance in incorporating telehealth in their clinic.

The AY3 objectives under Goal 4 are to:

- Continue to recruit clinics to become Virtual PCMHs.

¹ Idaho reduced its original goal of training 200 CHWs to 125 due to limited funding sources to pay for CHWs.

- Begin incentive payments for Virtual PCMHs meeting criteria.
- Continue recruiting and engaging CHEMS and CHWs.
- Contract for CHW training.
- Develop and implement new telehealth programs in 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.

In AY2, Idaho stakeholders worked collaboratively to operationalize the design for Goal 5 and establish critical infrastructure for data reporting and analytics. The IHC’s HIT Workgroup and the Clinical Quality Measures Workgroup modified the clinical quality measures to operationalize the measures and developed a measure reporting schedule. The schedule phases-in reporting to allow sufficient time for clinics to develop data collection processes, and for Idaho to build the data analytics infrastructure needed to produce reports on the data.

Idaho successfully procured a data analytics contractor that will provide analytics services and evaluate outcomes for the clinical quality measures. With the assistance of the contractor, Idaho made significant strides in AY2 toward defining and operationalizing the reporting pathway for clinical quality measures from cohort clinics to IHDE and then ultimately to the data analytics contractor for analytics and the production of reports.

The AY3 objectives under Goal 5 are to:

- Operationalize data reporting on AY3 and AY4 clinical quality measures.
- Define baselines for the initial four clinical quality measures.
- Provide technical assistance to support 110 SHIP clinics reporting data on four clinical quality measures and 55 clinics reporting on an additional six measures.
- Distribute clinical quality measure reports to RCs and other stakeholders.

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

In AY2, the IHC and Multi-Payer Workgroup developed an Idaho alternative payment model framework based on the Health Care Payment Learning and Action Network Model.² The framework delineates a continuum that advances from fee-for-service (FFS) to value-based payment strategies, and reflects the different payment methodologies in the Idaho marketplace.

Data was collected from Medicaid, Medicare, and commercial payers on payments made across the payment methodologies in Idaho’s framework using a common reporting template developed in collaboration with payers. Payers reported the following data for calendar year 2015 across all lines of business:

- Percentage of beneficiaries per payment structure, e.g., FFS, Shared Savings, etc.
- Total percentage of payments (paid or accrued) to providers per payment structure.
- Total payments paid to providers.

² The Health Care Payment Learning and Action Network was established by the U.S. Health & Human Services Department to create a forum for public-private entities can exchange best practices regarding how to transition to alternative payment models that emphasize value. More information can be found at: <https://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/>

The AY3 objectives under Goal 6 are to:

- Report to the IHC the results of AY2 payer data³.
- Collect the second year of data from Medicaid, Medicare, and commercial payers to track progress toward paying for value.
- Analyze data and report progress to IHC.

Goal 7: Reduce overall healthcare costs.

By transforming the way healthcare is delivered, Idaho expects to lower the overall cost of care for Idahoans. In AY2, a financial analysis was conducted to project the anticipated cost savings and return on investment (ROI) of Idaho's SHIP. The analysis found that over the three year testing period of the model, Idaho can expect to see a projected total savings of \$89.56 million, after factoring in payment to primary care providers to coordinate care and adhere to the PCMH model. Net savings are \$34.1 million for Medicaid, \$32.0 million for commercial payers, and \$23.5 million for Medicare. Projected ROI for Medicare and Medicaid populations combined is 44% for the three years. The projected ROI for all populations combined is 124% for the same time period.

The AY3 objective under Goal 7 is to:

- Collect data from payers needed to conduct the cost savings analysis and return on investment.

End State Vision

In 2013, Idaho's diverse group of statewide stakeholders and IDHW set forth the vision for the State's healthcare system. The vision statement was drafted by the IHC.

"An innovative, ambitious, forward-thinking plan for the State of Idaho — will be centered on building a robust primary care system statewide through the delivery of services in a patient centered medical home (PCMH) model of patient-centered, team-based, coordinated care. Care will be integrated and coordinated across all healthcare services in the State, yielding cost efficiencies and improved population health. Idaho will achieve its vision of system-wide reform that, with the commitment of commercial payers and Medicaid, will move Idaho from a system that rewards the volume of services (through predominantly fee for service (FFS) arrangements) to a system that rewards the value of services (through quality incentives, shared savings, etc.). Payment methods will incentivize providers to spread best practices of clinical care and achieve improved health outcomes for patients and communities. Key to the success of the model is the development of the Idaho Healthcare Coalition (IHC) and its Regional Collaboratives (RCs) which will support clinics at every level throughout and after the transformation to a PCMH. The newly formed IHC will oversee the development of this performance-driven model. Together, the IHC and RCs will support the PCMHs in activities to transform and improve the system, including collecting data required to monitor and establish performance targets, providing regional and PCMH-level performance feedback, identifying and spreading evidence-based clinical practice, and providing on-going resources and support to achieve the Triple Aim of improved health outcomes, improved quality and patient experience of care, and lower costs of care for all Idahoans."

Since then, Idaho has been making steady progress toward achieving this vision for the State's healthcare system.

³ After signing a non-disclosure agreement with Mercer, Idaho's Program Management and Financial Analysis vendor, payers submitted aggregate data to Mercer. Mercer collected data from payers, instead of IDHW or another Idaho entity, in part to ensure the privacy of payer data. All payer data is aggregated prior to reporting so that no individual payer's data is identifiable to IDHW, the IHC, or CMMI.

At the end of the Model Test period in 2019:

1. A minimum of 165 primary care clinics around the State will be providing patient-centered, team-based, coordinated care through the PCMH model. Care will be integrated and coordinated across all medical and health services in the Medical-Health Neighborhood which will contribute significantly to community and statewide improved population health.
2. The RCs and PHDs will be providing on-the-ground support for transformation and improved population health initiatives as described in the PHD's mission and goals and each RC's strategic plan.
3. The IHC will continue to guide, oversee, and monitor the expansion and impact of Idaho's performance-driven model. Working with the RCs, PHDs, and IDHW, the IHC will continue to support PCMHs in activities that will expand and cement Idaho's healthcare transformation.
4. The IHC will work with payers through the Multi-Payer Workgroup and other avenues to continue to accelerate the transition to alternatives to FFS payment. A process for monitoring progress will have been developed in collaboration with payers to replace the independent data collection and financial analysis available during the Model Test period.
5. Workforce expansion efforts will continue through the addition of CHEMS and CHWS, as well as numerous other initiatives to address Idaho's health care professional workforce shortages.
6. At least 165 clinics will be reporting on a core group of clinical quality measures across multiple payers. Payers will use this information to inform value-based payment approaches and reward quality care. Information will be used to identify regional opportunities for clinical care best practice and local and statewide health areas needing targeted population health improvements. Idaho will be exploring with healthcare professionals and other stakeholders the best ways to share this information in order to empower patient choice and spread the highest quality healthcare as the standard of care. In addition, all clinics will be using EHRs as care coordination tools, and will be sharing and receiving information from the IHDE, as will numerous hospitals around the State.

The coordination of all these activities will be challenging with the loss of SIM grant funds to support key positions at IDHW. Recognizing the important role of managing and monitoring system change, IDHW will identify ways to continue to dedicate resources to this task at the conclusion of the Model Test.

Updated Driver Diagram

Figure 1 shows Idaho's updated master driver diagram. Idaho's aim is to achieve the Triple Aim of (1) improving health outcomes, (2) improving quality, and patient experience of care, and (3) reducing the cost of healthcare in the State. The primary drivers of system transformation are the seven goals of Idaho's SHIP Model, discussed in greater detail in Section B of this Operational Plan. The secondary drivers of system transformation are the outcomes associated with each goal, which will be the areas of focused activity on the part of payers, providers, patients, and others.

Figures 2–5 show the breakdown of each of the four primary drivers, and have been updated to include the revised metrics for each driver that will be monitored and reported to track the model's progress. Accountability targets for each metric are also shown, which will serve as guideposts for evaluating the Model's performance during implementation.

The Driver Diagram has been updated as follows:

- Annual targets updated to align with approved changes to SHIP success measures.
- Updated measurement language consistent with approved changes to SHIP success measures.
- Updated secondary driver language for consistency with updated success measures.

Figure 1 – Driver Diagram

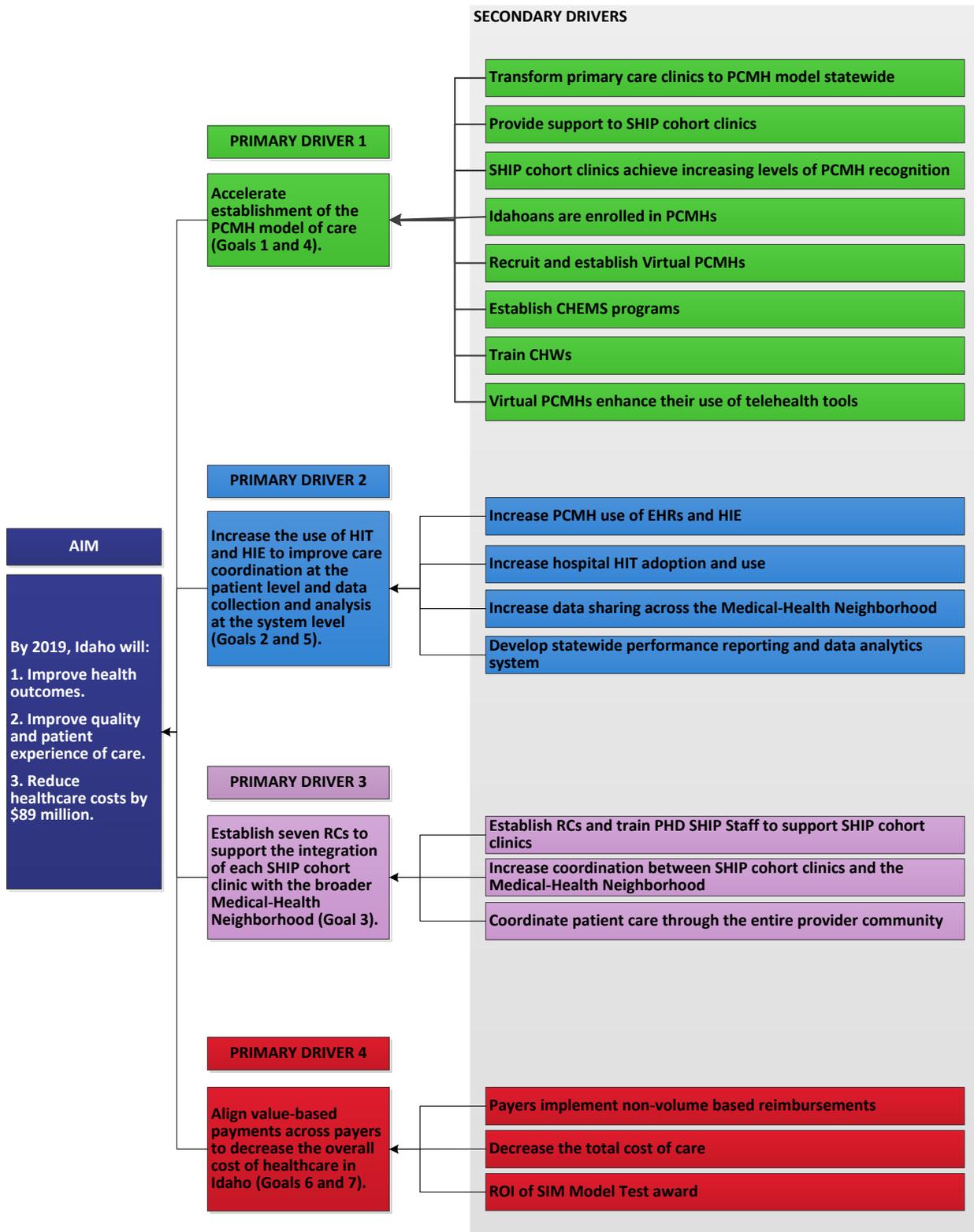


Figure 2 – Metrics for Primary Driver 1

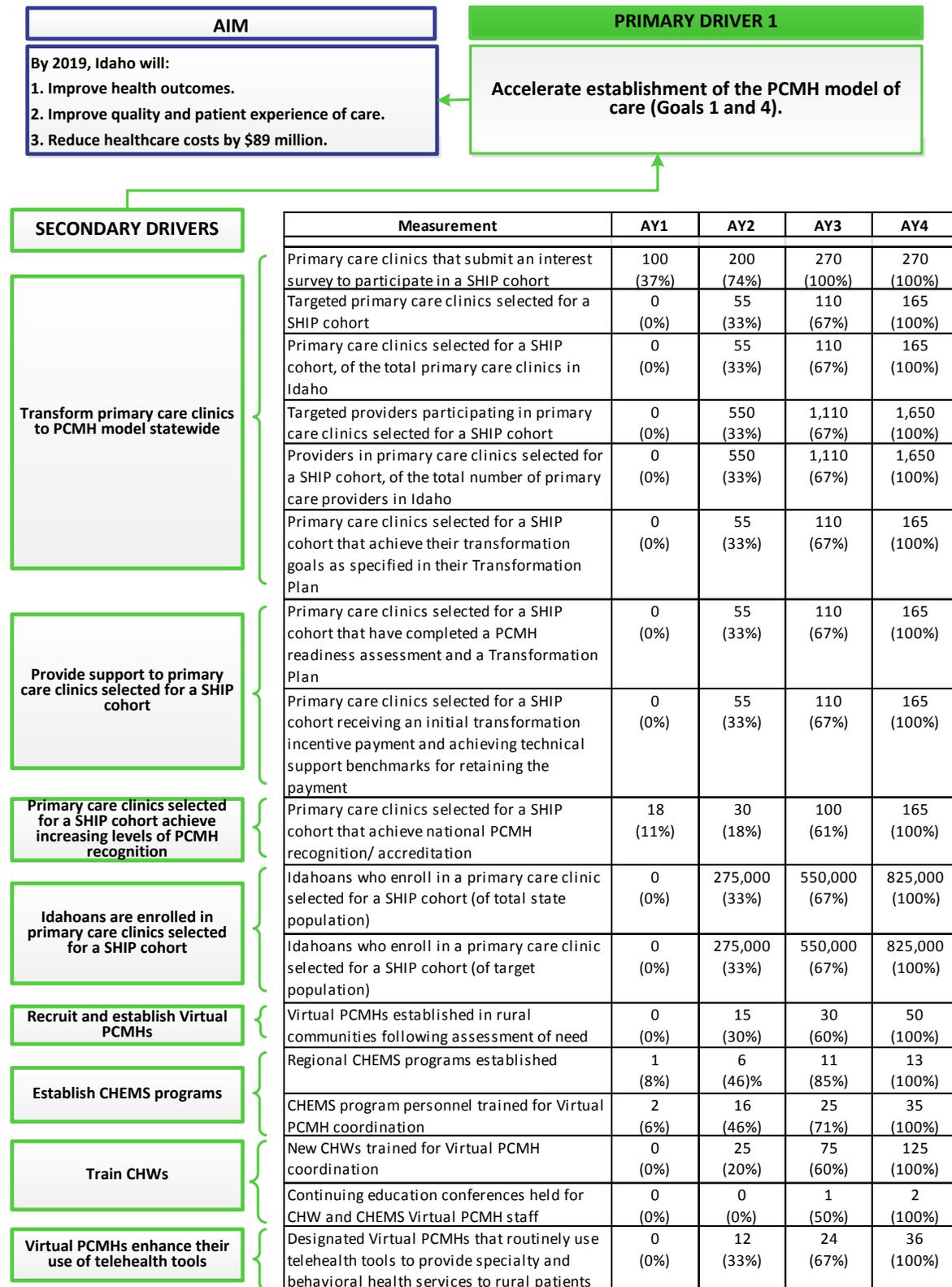


Figure 3 – Metrics for Primary Driver 2

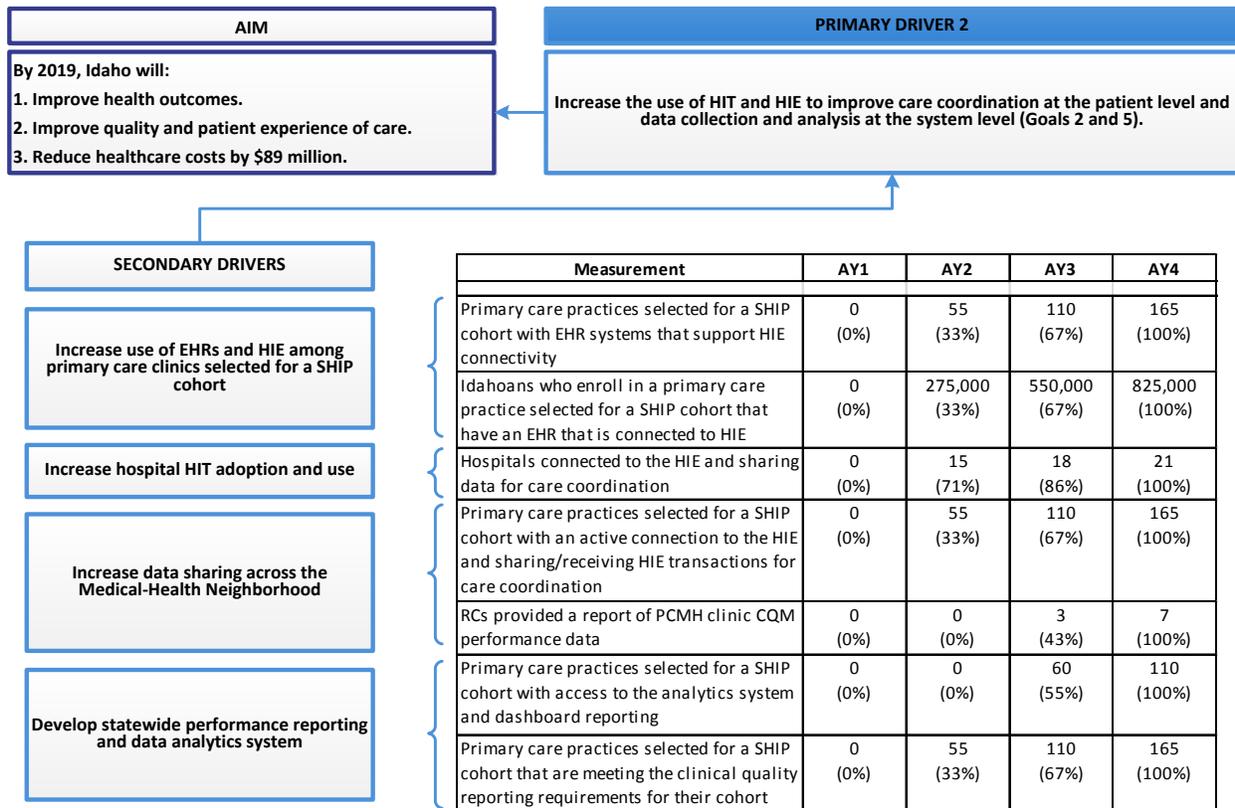


Figure 4 – Metrics for Primary Driver 3

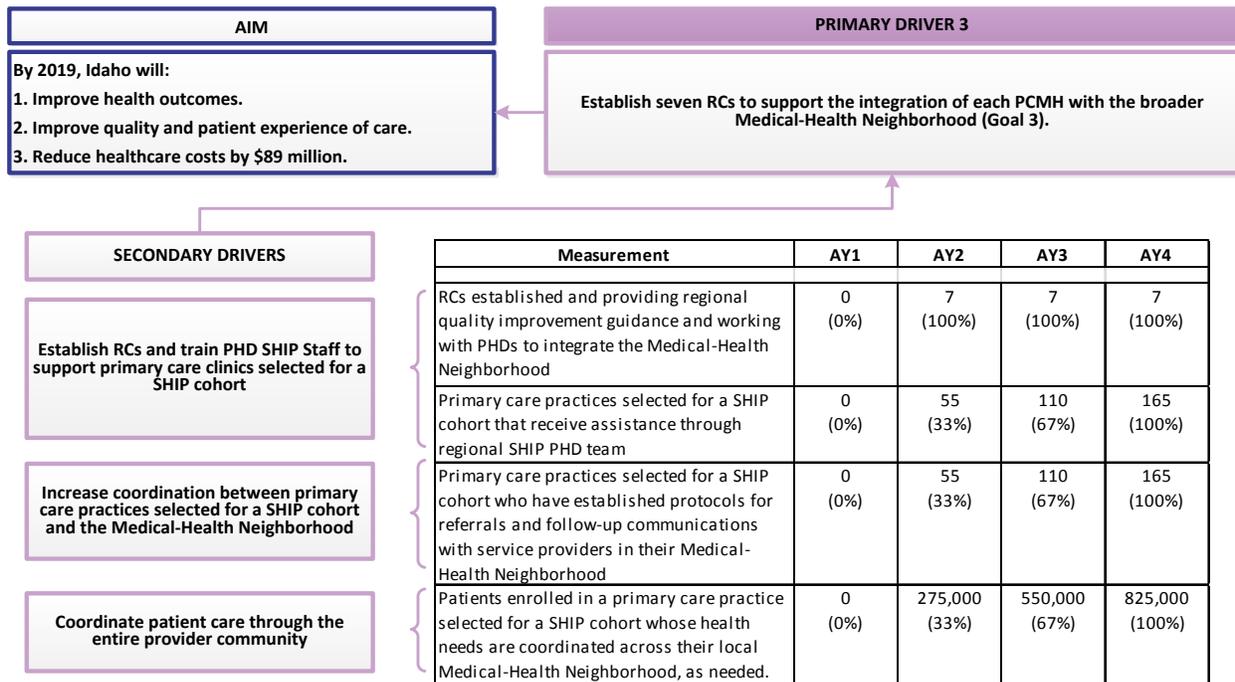
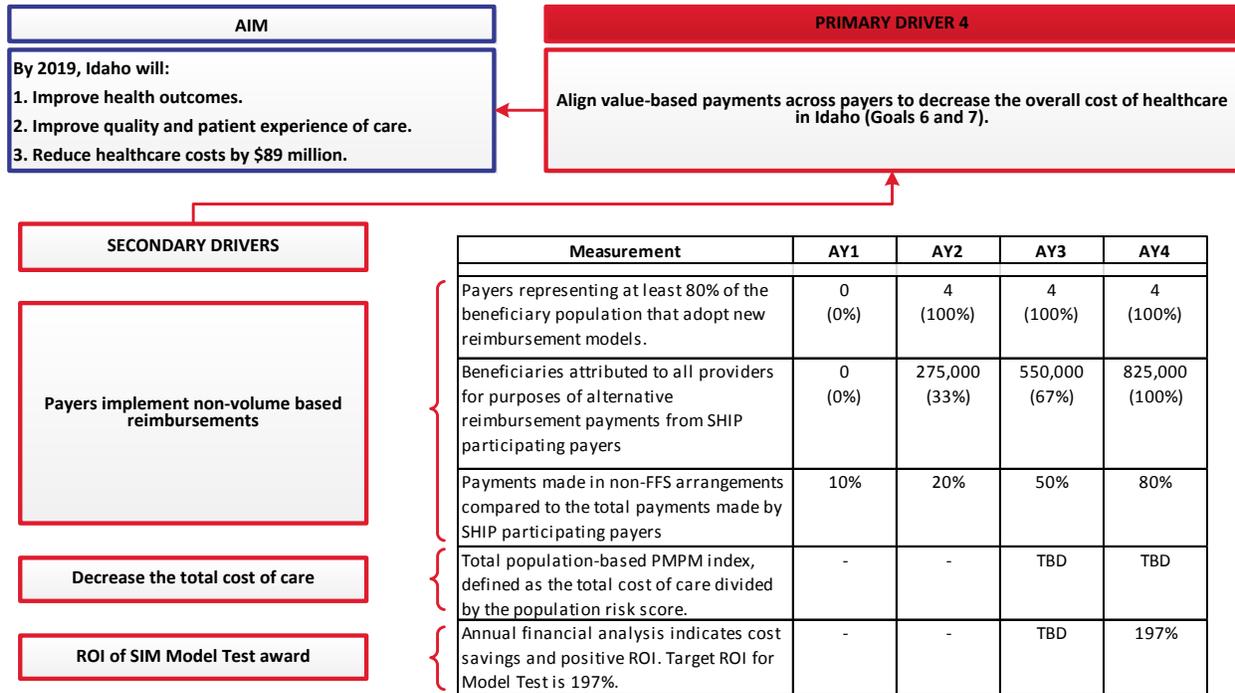


Figure 5 – Metrics for Primary Driver 4





SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition November 09, 2016

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - SHIP Project Managers are developing contract amendments for Grant Year Three contracts or sub grants to align with the submission of the Year Three budget to CMMI and OAGM.

SHIP Administrative Reporting:

- **Report Items:**
 - Quarter Two Progress Report for SHIP grant Funding Year 2016-2017 was submitted to CMMI on October 26, 2016 and included goal success measure metrics for the time period May-July, 2016.
 - Due to the dollar amount of the SIM grant, OHPI will be audited each year of the grant period. A legislative audit is currently in process.
 - Project management staff is reviewing the second draft of the SHIP Operational Plan prepared by Mercer. The final product is due to CMMI on December 1, 2016.
 - A quarterly report for the Governor's office detailing the activities and accomplishments of the Idaho Healthcare Coalition for the first quarter of state Fiscal Year 2017 is under development.
 - Preparations are underway for submission of Year Three budget to CMMI and OAGM due December 1, 2016.

Regional Collaboratives (RC):

- **Report Items:**
 - D1: The Regional Collaborative met on October 26th to discuss: Cohort Two update, Medical Health Neighborhood, IHDE Update, possible funding for Regional Collaborative projects. The Regional Collaboratives' next meeting is scheduled for 11/16/16.
 - D2: Executive leadership team held informal meeting October 5th. Executive leadership team informally met October 19th to discuss upcoming RC2 meeting and travel to Boise in October. RC2 Regional Collaborative meeting was held October 6th. Discussions of potential future projects for the RC, on-boarding of Cohort Twoclinics, expectations of Cohort One clinics after end of year, discussion of strategic plan and any edits.
 - D3: SWHC-11/1 Review of workgroup activities including the care coordination request, BHI community project proposal. Discussed the new funding opportunity and tactics for obtaining necessary data from key partners. Reviewed the new workgroup report that will be submitted to the RC on a quarterly basis. Demo of the new website. Region 3 BHI-10/24 The new chair, Dennis Baughman, LCSW & Director of Operations for Lifeways, led the meeting. The group heard a presentation from the "Connections" program manager and considered opportunities to partner in order to reach local youth. Additional tasks for BSU students were identified. PCMH Workgroup-cancelled. No October meeting was held due to the Learning Collaborative.
 - D4: The CHC met on October 4. Melissa Dilley and Kim Thurston, SHIP QI specialists, provided a PowerPoint presentation outlining the current successes, barriers, and needs of Cohort One clinics from District Four. Successes included CHW partnership, PCMH orientation for all providers/staff, PCMH policy and procedure development, care team development, staff buy-in, and improved communication, to name a few. Barriers and

challenges identified included coordination/communication, consistent messaging, autonomy versus standardization, time constraints, resource allocation, staff turnover/repurposing roles, and a new EHR implementation. The QI staff has worked in the following areas as change facilitators: culture change roll-out, AIM statements/PDSA cycles, LEAN mapping, new EHR implementation, empanelment, open access, health literacy, NCQA recognition, patient/provider engagement, and social determinants prescription for community resource linking.

- Regional reports from IHDE/HealthTech Solutions are in development and not anticipated to be available to the CHC for Cohort One. The CHC was presented with information gathered from the Healthy Connections Dashboard (Idaho Medicaid) comparing SHIP clinics in Region Four to statewide SHIP clinics and overall statewide clinics in the following categories: E.R. utilization, patient engagement, and wellness services. They were grateful for payer data and interested to see if other payers would be willing to share similar information. The members determined that it would be difficult to tackle any of these three measures as a cohort due to the large undertaking and the need for all SHIP clinics to engage in one measure to demonstrate improvement. The CHC members would like these reports for their individual clinics for possible QI projects and also requested quarterly ER utilization reports that were previously offered by Medicaid during the Health Home project.
 - The definition of the Medical Health Neighborhood was reviewed and discussed. Concerns voiced by the membership included establishing who will manage the neighborhood; how it will be organized; recognizing/resolving communication barriers among small, independent clinics; and building a MHN in a budget-neutral fashion.
 - The CHC identified who was in their MHN: transportation, utilities, food, domestic violence, housing, education, legal, financial, faith-based organizations, employers, police department, etc. Many are represented on the CHC at this point in time but it would be difficult to have someone from each service area join the group.
 - The Standards of Collaborative Care document developed by the Colorado Systems of Care/Patient-Centered Medical Home Initiative was discussed. Dr. Troy Clovis recommended partnering with the Oral Care Alliance to develop standards within the dental community as it applies to PCMH and the MHN. Discussion was held about clinics potentially identifying their top referral destinations for various specialists (cardiology, endocrinology, ophthalmology, etc.).
- D5: An Executive Committee meeting was held October 28 to discuss topics covered during the October 26th SHIP central meeting in Boise, and next steps for the collaborative. The next full collaborative meeting is scheduled for November 18 and tentative topics of interest include strategic plans, clinic transformation efforts, on-boarding of Cohort Two, the RC Population Health Initiative granting opportunity, and general SHIP updates. The December meeting has been cancelled due to conflicts in schedules and the holiday season.
 - D6: SHC Executive Committee met on September 14, 2016. The SHC Clinic Committee met on September 1, 2016. The SHC Medical Health Neighborhood Committee met on June 30, 2016. The next Meeting of the SHC Executive Committee will be held in: October, TBD. The SHC Clinic Committee will meet on October 25, 2016 (tentative). The SHC Medical Health Neighborhood Committee will meet on November 9, 2016. Activities: Draft strategic plan approved by Executive Committee; Dr. Woodhouse developed an agenda for next MHN meeting with a focus on transitions of care; continued collaboration with Blackfoot CHEMS, Not Tsoo Gah Nee Clinic, and Health West Aberdeen; contacted clinics that completed interest survey for introductions and support; planning for ISU PCMH Nursing Day.

- D7: EHC Executive Committee met September 7th, 2016 (1st Wednesday of Every Month); Clinical quality measure discussion held on regional collaborative baseline data from clinics. Obesity data will be discussed in November. Strategic plan reviewed, will wait for review from Population Health Workgroup for any edits. Regional Collaborative Summit discussed. Dr. Groberg, Geri Rackow, James Corbett, and Corinne Bird will attend RC summit. Dr. Southwick will not be able to attend. Eastern Health Collaborative (EHC) meeting was held in August, 2016; agenda for regional collaborative focused on Medical-Health Neighborhood, PCMH transformation, and health outcomes. PCMH transformation focused on obesity resources, barriers to reducing obesity, screening for obesity, recording structured data to track obesity rates, as well as other evidence-based practices. Eastern Health Collaborative has decided to draft an obesity handout to discuss obesity-related topics that could be given to clientele of PCMH clinics. Website discussion and resource utilization also discussed. Community Resource Guide developed in both PDF and Excel formats to help clinics/care coordinators utilize resources in region.

- **Next Steps:**

- D1: Regional Next Steps: replace Dr. Dixon; finish Strategic Plan; continue to develop Medical-Health Neighborhood and work with clinics on communication standards between partners; select a “grant” project.
- D2: Polish Strategic Plan and seek final approval of document by the RC2 and IHC.
- D3: The SWHC will work to support the workgroups focused on Medical-Health Neighborhood engagement (BHI Workgroup, Oral Health Workgroup, Prenatal Workgroup, Wellness Workgroup, Senior Workgroup, and ED Utilization Workgroup) and PCMH support (PCMH Workgroup). The ED Utilization and Wellness Workgroups will meet for the first time in November. In addition, a request for funding for a care coordination seminar has been submitted to IDHW. Finally, opportunities are being explored to apply for and hold funds. Guidance has been requested on options for the management of external awards. By intentionally designing supportive infrastructure (funding channels, evaluation loops, etc), it is believed that sustainability will be more likely.
- D4: The next CHC meeting is scheduled for Nov 1. Topics include further discussion about the collaborative care compact from Colorado and a summary of PCMH congress medical neighborhood track. Full meeting minutes can be reviewed at: <https://centralhealthcollaborative.files.wordpress.com/2016/08/meeting-minutes3.pdf>
- D5: The SCHC will continue to evaluate and refine its regional strategic plan to align with efforts within the SHIP grant and across the state. Once Cohort Two clinics are selected they will be invited to the January or February meetings so they can be introduced to the collaborative and learn about the support this group can provide. The RC Population Health Initiative granting opportunity will continue to be an ongoing discussion topic as well.
- D6: Plan for November 9, 2016 Medical Health Neighborhood meeting. Focus on improving regional information sharing for transitions of care, referral tracking, etc. Dr. Woodhouse will facilitate the meeting. Invitees will include hospital discharge planners, home health organizations, skilled nursing facilities, etc. (Note: planning was started in September and continues in October.) This work supports Strategic Plan Goal D., Objective 1, to identify key referral partners for referral process planning and Objective 2, to identify and disseminate referral protocol resources and strategies to selected clinics and MHN participants. Continue to work closely with Blackfoot CHEMS to promote and support the development of virtual PCMHs. This effort is aligned with Strategic Goal B, Objective 3. Strategic Plan Goal B., support PCMH transformation efforts and development of virtual PCMHs continues to be addressed by PHD6’s primary care recruitment efforts. The SHIP team will continue to

communicate with regional primary care providers to aid in recruitment efforts for Cohort Two. Implement planned ISU PCMH Nursing Day, October 21, 2016. This effort aligns with Strategic Goal A, Objective 8, to establish and maintain communication channels among SHIP stakeholders. Informing and promoting PCMH care delivery among nurses-in-training is expected to support a developing PCMH workforce. Learn from Medical Health Neighborhood/Regional Collaborative sessions at the PCMH Congress to advance understanding and development of the same. A mix of QI specialists and SHIP managers from across the state will attend the PCMH Congress with the goal of bringing back information, tools, and resources to support RC efforts. This activity aligns with Strategic Goal A, Objective 2, to establish the structure of the RC; Objective 6, to convene Medical-Health Neighborhood meetings; and Objective 7, to support the IHC in RC sustainability planning.

- D7: Meeting: EHC Executive Committee met September 28th, 2016 (1st Wednesday of every month). Moved to September due to conflict on scheduled date. Clinical quality measure discussion held on regional collaborative baseline data from clinics. Strategic plan reviewed, will wait for review from Population Health Workgroup for any edits. Regional Collaborative Summit discussed. Finalized plans for attendance of Dr. Groberg, Geri Rackow James Corbett, and Corinne Bird at the RC summit. Dr. Southwick will not be able to attend. Discussion held on topics to be discussed at the RC Summit including IHDE, Cohort Two clinic participation, and HMA coaching. Eastern Health Collaborative (EHC) Meeting held October, 2016; agenda for RC focused on Medical-Health Neighborhood, PCMH transformation, and health outcomes. PCMH transformation focused on obesity; continuing with creating obesity pamphlet that could help address information barriers to reducing obesity. Discussion surrounding future barriers to PCMH transformation in region. EHC members would like to have more information on pediatric mental health resources. Will bring resources and topic back for next EHC meeting. NCQA training held on utilization of policies to create formalized processes for clinics. Writing tips, frequently asked questions, and example policies were also shared with group to help in writing policies related to PCMH transformation. At the next meeting obesity pamphlet will be reviewed to develop resource and determine need. Learning collaborative held in Boise in late October will also be reviewed. Pediatric mental health will also be discussed. As always, identification of resources that clinics need in PCMH transformation effort will be discussed.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

• Report Items:

- Third in the series of six 'SHIP Telehealth' webinars was held on November 1, 2016, and attended by more than 20 participants. The webinar focused on telehealth reimbursement, billing, and coding. Webinars are recorded and publicly available on the SHIP website.
- At the December IHC meeting, draft application will be presented to the coalition. Distribution of awards is scheduled for March 2017.
- SHIP team presented on the virtual PCMH (including telehealth) at the Learning Collaborative on October 24/25.

• Next Steps:

- Telehealth webinars schedule*:
 1. Sep 28, 2016 Demand Analysis

2. Oct 11, 2016 Readiness Self-Assessment
3. Nov 2, 2016 Reimbursement, Billing, and Coding
4. Nov 8, 2016 Equipment Selection
5. Dec 14, 2016 Program Development
6. Jan 10, 2017 Evaluation and Monitoring

- *Past webinars are recorded and available on the SHIP website.
- SHIP staff continues working on developing a grant application that will provide an opportunity for SHIP PCMH Cohort One clinics to apply for funding to develop and implement a telehealth program.

CHW

Community Health Workers:

- **Report Items:**

- Idaho State University CHW training will conclude in December 2016. It is anticipated that 13 students will receive certifications of completion.
- CHW Advisory Workgroup is preparing additional training modules to be offered as electives in January 2017.
- The CHW Advisory Workgroup met on October 12, 2016 with the Idaho State University team to plan the next CHW recruitment and training strategies.
- The CHW Advisory Workgroup met with the State Evaluator group on October 13, 2016.

- **Next Steps:**

- The CHW Advisory Workgroup will continue CHW recruitment for the next training in January.
- Additional training modules are in development.
- CHW collecting and reporting mechanisms are been developed.

WORKGROUP REPORTS:

CHEMS

Community Health EMS:

- **Report Items:**

- The statewide CHEMS Workgroup meetings will take place every other month or as needed.
- The internal CHEMS Workgroup continues to meet every Monday.
- October 17th – first BLS/ILS Sub Workgroup meeting. Attendees: Bonner County EMS, Boundary Ambulance, Canyon County Paramedics, Idaho Falls Fire, Shoshone County, Ada County Paramedics, Bureau of EMS and Preparedness, and Bureau of Rural Health.
- October 19th – CHEMS Admin. Training. Attendees: Boise State University, Ada County Paramedics, Canyon County Paramedics, Bonner County EMS, Idaho Falls Fire, Shoshone County EMS, Boundary Ambulance, Bureau of EMS and Preparedness, and Bureau of Rural Health.
- BLS/ILS curriculum review and gap analysis has been completed.
- Meeting materials and training information can be found at:
<http://ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>
- Recruiting students for second cohort. The next certificate program will begin January, 2017.

- **Next Steps:**

- Develop BLS/ILS CHEMS curriculum.
- Continue with mentoring, outreach, and trainings.
- Meeting with Data Analytics to finalize Patient Experience survey.

- Begin developing additional data collection methods.
- Greg Creswick will present on the CP program from Redmond Fire and Rescue out of Redmond, OR at next statewide CHEMS Workgroup meeting.
- Next BLS/ILS Sub Workgroup meeting – Monday, November 21, 2016.
- Next statewide CHEMS Workgroup meeting – Wednesday, November 30, 2016.



Idaho Medical Home Collaborative:

- **Report Item:**
 - The IMHC workgroup did not meet this month.
- **Next Steps:**
 - The IMHC group will continue an ad hoc schedule through the rest of the year.



Health Information Technology:

- **Report Item:**
 - The HIT Workgroup met on October 20, 2016.
 - Idaho Health Data Exchange (IHDE) introduced their new project manager, Whitley Mahoney, a subcontractor with Royal Jay assisting IHDE with clinic connection builds.
 - Janica Hardin presented on the opportunity SHIP and several HIT Workgroup members have to visit Oklahoma and learn more about their Health Information Exchange (HIE). The site visit is planned for November 2-3, 2016.
 - SHIP explained the methodology for reporting patient attribution file specifications document. Clinics will provide an initial flat file with two years of billable and non-billable patient history and will also provide updates to that file on a quarterly basis.
 - Verinovum reported on the use-case meetings that took place in July.
 - The Data Element Mapping Subcommittee did not meet in October.
 - Coordination meetings continue between IHDE, HealthTech Solutions, and SHIP Operations.
- **Next Steps:**
 - The next HIT Workgroup meeting is scheduled for November 17, 2016.
 - The Data Element Mapping Subcommittee leadership are preparing for a joint meeting with the Clinical Quality Measures Workgroup is scheduled for November 30th, member of both groups will be notified shortly.
 - SHIP will distribute the patient attribution file specifications document to clinics.



Multi-Payer:

- **Report Item:**
 - The SHIP Administrator visited the Oklahoma HIE to garner information re: payer participation in the governance of a statewide HIE plan.
 - Mercer reissued data requests to the two remaining commercial payers that have not submitted data requested by CMMI to meet the federal SHIP grant's requirements. Mercer will

aggregate the data such that no individual payer's data will be identifiable and will report aggregate numbers to CMMI.

- Representatives from Regence Blue Shield and Medicaid participated in the Regional Health Collaborative Summit on Wednesday 10/26/16 and provided their perspective on providing payer data to the RCs.
- The SHIP Administrator is working with Dr. Sandeep Wadhwa, SVP, Care and Delivery Management for Noridian on reporting advanced model adoption for Medicare. Dr. Wadhwa met with IHC Chair, IHC Co-chair, and SHIP Administrator and discussed potential Idaho Medicare pilot projects.

- **Next Steps:**

- The SHIP Administrator will work with the SHIP MPW chair regarding future meetings.

CQM

Clinical/Quality Measures Workgroup:

- **Report Item:**

- The CQM Workgroup did not meet this past month.

- **Next Steps:**

- The CQM Workgroup plans to meet again later in November or December with the Data Element Mapping Subcommittee.

BHI

Behavioral Health:

- **Report Item:**

- The workgroup did not meet this month.

- **Next Steps:**

- Next meeting is scheduled for Tuesday, December 6th, 2016 from 9:00am-11:00am at 1720 Westgate Drive, Suite A, Room 131.

PHW

Population Health:

- **Report Item:**

- The PHW met November 2 from 3:00 – 4:30.
- Discussed the update of Get Healthy Idaho: Measuring and Improving Population Health. This document which is the SHIP grant population health improvement plan is on track to be finalized by January 2017. The Division of Public Health is taking the lead on the update and presented the status report of changes from the previous version. Workgroup members will see the final draft for review at the December 7 PHW meeting to finalize the document. It will then be brought to the IHC in January for endorsement.
- The data visualization website for population health data is coming along and the PHW received an update on how the data will be displayed and the capabilities of the website for data support for the RCs.
- Dr. Hahn presented on the new Prescription Drug Overdose Prevention grant and discussed the potential for clinical prescribing data to be used for clinical measures for the RCs.
- Elke Shaw-Tulloch presented an overview of the RC strategic plans and the PHW endorsed a recommendation on approving the strategic plans that Elke will present to the IHC November 9.

- Robert Graff demonstrated a GIS map of clinics across the state in which public health and SHIP work is being done. The purpose is to support the inventory of clinical work through a graphic/interactive mechanism. The inventory currently lists the SHIP cohorts, public health's 1305/chronic disease grant, colorectal cancer, and two Qualis activities.
- The PHW agreed that work to develop inclusion criteria and communication materials for the Medical-Health Neighborhood (MHN) will be deferred to a future date until there is a better understanding of the purpose of the work and until the RCs have had time to more fully develop the MHNs.

- **Next Steps:**

- The next meeting of the PHW is December 7th from 3:00 – 4:30.