



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, October 12, 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/37099230/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=37099230&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 09/14/2016 meeting notes – <i>Dr. Ted Epperly</i>
1:40 p.m.	Cohort 2 Update/Timeline – <i>Kym Schreiber, SHIP Project Manager, IDHW</i>
1:50 p.m.	PCMH Learning Collaborative Update – <i>Grace Chandler, Senior Project Manager, Brilljent</i>
2:00 p.m.	SHIP Budget Update – <i>Cynthia York, OHPI Administrator, IDHW</i>
2:10 p.m.	RC Summit Update– <i>Elke Shaw-Tulloch, Division of Public Health Administrator, IDHW and Dr. Epperly</i>
2:30 p.m.	Break
2:45 p.m.	Dashboard Presentation – <i>Jenny Feliciano, Senior Associate, Mercer</i>
3:05 p.m.	Medicare Update – <i>Dr. Sandeep Wadhwa, SVP, Care and Delivery Management, Noridian</i>
3:35 p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – 10/12/2016): <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>Dr. Ted Epperly, 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 October 12, 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 September 14 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC September Minutes	DATE:	September 14 th , 2016
ATTENDEES:	Dr. Andrew Baron, Kathy Brashear, Pam Catt-Oliason, Dr. Keith Davis, Russell Duke, Ross Edmunds, Dr. Ted Epperly, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Tammy Perkins, Dr. Kevin Rich, Larry Tisdale, Matt Wimmer, Cynthia York	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Scott Carrell, Jeff Crouch, Dr. Mike Dixon, Katherine Hansen, Dr. Scott Dunn, Janica Hardin, Rene LeBlanc, Maggie Mann, Casey Meza, Dr. David Peterman, Susie Pouliot, Geri Rackow, Neva Santos, Dr. Dave Schmitz, Kayla Sprenger, Lora Whalen, Dr. William Woodhouse, Nikole Zogg		
Members Absent:	Director Richard Armstrong, Josh Bishop, Melissa Christian, Senator Lee Heider, Dr. Glenn Jefferson, Dr. James Lederer, Nicole McKay, Daniel Ordyna, Dr. David Pate, Elke Shaw-Tulloch, Mary Sheridan, Dr. Boyd Southwick, Karen Vauk, Jennifer Wheeler, Janet Willis, Dr. Fred Wood		
IDHW Staff	Rachel Blanton, Wayne Denny, Dieuwke Dizney-Spencer, Brooke Ehrenpreis, Dr. Chris Hahn, Burke Jensen, Nancy Kamp, Taylor Kaserman, Casey Moyer, Gina Pannell, Xenya Poole, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Alexa Wilson, Dr. Shenghan Xu		
Guests:	Jesse Arnoldson, Katie Falls, Dr. Janet Reis, Linda Rowe,		
STATUS:	Draft (10/07/2016)		

Summary of Motions/Decisions:

Motion:

Ross Edmunds moved to accept the minutes of the August 10, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared. Dr. Scott Dunn seconded this motion.

Outcome:

PASSED

Yvonne Ketchum moved that the IHC adopt the SHIP Cohort Two final application as presented to the IHC. Russ Duke seconded this motion.

PASSED

Kathy Brashear moved that the IHC adopt the SHIP Cohort Two selection criteria as presented to the IHC. Deena LaJoie seconded this motion.

PASSED

Dr. Keith Davis moved that the IHC adopt the CHEMS Workgroup charter as presented to the IHC. Dr. Andrew Baron seconded this motion.

PASSED

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 John Hayes, “We tend to overvalue the things we can measure and undervalue the things we cannot.” After welcoming everyone Dr. Epperly called role.
- ◆ Cynthia York introduced the new SHIP research assistants, McKenna Rackleff, Mike Thomas, and Molly Volk. All are students at Boise State University hired by the State Evaluator team.

Cohort Two PCMH Application and Selection Criteria – Kym Schreiber, DHW SHIP and Dr. Scott Dunn, Family Health Center

- ◆ Kym Schreiber presented the Cohort Two selection criteria and final application. She presented the objectives of the selection criteria and what lessons were learned from Cohort One selection. She went over what in the selection criteria was kept, what was changed, and what was deleted; and provided the rationale behind these changes that led to this final application.
- ◆ IHC members asked if organizational caps were for the entire grant or per year, if clinics are required to be primary care clinics, and whether previous PCMH experience would help potential clinics:
 - The organizational caps are per year, so that by the end of the grant an organization could have had more than five clinics participate.
 - Clinics are not required to only be primary care clinics but an assessment of clinics selected will be done by HMA to determine the amount of primary care provided at specific clinics.
 - Previous PCMH experience is helpful to clinics because it provides them with experience in the transformation process and what is expected of them.
- ◆ Kym Schreiber continued her presentation and went over the final application. Many of the changes made stemmed from decisions made by the IMHC, experience of the SHIP team last year, and feedback from Cohort One clinics.

Some portions of the application were deleted to make filling it out manageable. Questions that were kept were reframed for clarity.

- ◆ Following discussion on the final application, Ms. Schreiber went over the selection timeline and how it will change from last year as to not put an unnecessary burden on the selection committee. Key dates in the selection process are October 3rd when the final application will be posted on the SHIP website, October 28th when the final application will be due, and November and December when Cohort Two clinics will be selected and notified. February 1, 2017 will start Model Test year three with the new clinics.

Cohort One Update and Cohort Two Planning – *Nancy Kamp and Brooke Ehrenpreis, Health Management Associates*

- ◆ Nancy Jaeckels-Kamp presented the status of Cohort One clinics which are all on track. Cohort One clinics have been and are continuing to participate in monthly coaching calls, site visits, and webinars. HMA is planning for Cohort Two clinics and is preparing to begin working with them.
- ◆ Ms. Jaeckels-Kamp described incentive payments that clinics receive and discussed the content of the webinars that will be happening in the last half of the year.
- ◆ In October, the last of learning sessions for PHD staff and learning collaboratives for Cohort Two clinics will take place. The learning session for PHD staff will be held on the 24th and the Cohort One clinics' learning collaborative will take place on the 24th and the 25th. Ms. Jaeckels-Kamp discussed the topics and activities that will take place at these events along with next steps and evaluations that will be conducted with Cohort One at the end of the year.

Patient and Clinic Participation in Data Collection & Project Evaluation – *Linda Rowe, Qualis Health and Dr. Janet Reis, Boise State University*

- ◆ Janet Reis discussed how State Evaluators will be working with SHIP. Primarily they will be involved with the patient engagement portion of the project and will approach patients by using an integrated theory of behavioral change. They are charged with doing a baseline evaluation and will do so with four clinics. They have already begun discussions with these clinics.
- ◆ The State Evaluator team is responsible for all data collection, analysis, and reporting. Ms. Reis discussed the next steps of their project and who will be in charge of each of the seven SHIP goals.
- ◆ Linda Rowe discussed how Qualis will be assisting in this process. Dr. Epperly commented that the patient is the most untapped resource in healthcare and how this research will help achieve SHIP goals. If the project goes as planned, State Evaluators will hopefully have interviewed over 1,500 patients.

Success Measures and Project Management Update – *Katie Falls, Mercer*

- ◆ Katie Falls presented the success measures of each of the seven goals of SHIP. Ms. Falls updated the IHC on the intent and approach of these measures and how and why revisions to these measures were made.
 - Various levels of metrics that have been guided by CMMI, and initial measures submitted were missing key pieces making the measures difficult to collect.
 - The measures were then modified and resubmitted to CMMI.
- ◆ Ms. Falls provided an update about the revised measures including where they are in the process of being approved and collected. She also went through a detailed overview of each revision made on each of the seven goals. For each goal there were changes in success measure definition and reporting time.

Regional Collaboratives Update – *Region 3, Dr. Andrew Baron and Region 6, Dr. William Woodhouse*

- ◆ Dr. Baron discussed the current activities of Regional Collaborative Three. The Collaborative has had five meetings since last presenting to the IHC. In their most recent meeting they were shown some E.R. utilization data and have decided to focus on actionable items. The Collaborative has three workgroups that are interested in purchasing software for care coordination: Behavioral Health Integration, PCMH, and Obesity.
- ◆ Dr. Woodhouse discussed current activities of Regional Collaborative Six including three important updates from the Clinic Committee: 1) there is a diverse selection of clinics that has been working in an atmosphere of collaboration and support, 2) two clinics are still working toward certification, and 3) Community Health EMS is progressing with the help of Fire Chief Kevin Gray who has taken on getting the community involved. He has had three people go through the training and more going through the training now. The Medical Health Neighborhood group met for the first time

in June and will meet again in November. This committee is driven by the needs of the Clinic Committee and is focused on transition- of-care issues.

Clinical Quality Measures National Conference Update – Cynthia York, DHW SHIP

- ◆ The Office of the National Coordinator (ONC), in conjunction with CMMI, convened SIM states to support their implementation of HIT-enabled clinical quality measurement in support of value-based payment models. Representatives from 12 SIM states attended. Idaho representatives included, Cynthia York, OHPI Administrator, Burke Jensen, SHIP HIT Program Manager, Dr. Chris Hahn, IDHW Public Health Medical Director and co-chair for the Clinical Quality Measures workgroup, and Chanda Sundara, Qualis Health. Major takeaways were:
 1. Data governance is necessary and should include expertise in HIT, clinical quality, and payment.
 2. Idaho is on the right path forward on several decisions that include raw data extraction and CCDs.
 3. Data cleaning is difficult, time-consuming, and costly. Other states are struggling with this process and will share with us their lessons learned.
 4. The Idaho SHIP is very clearly supported in transformation efforts. ONC Senior Advisors believe Idaho has great potential to succeed and they are very interested in seeing the “roadmap” that will be presented as part of SHIP’s operational plan.

- ◆ Burke Jensen also provided the group with key takeaways from the convening. He reported it was validating to know that other states are struggling with many of the same issues and that the long-term vision with HIT architecture is critical. It was helpful to see how other states have tackled these difficult issues. CMMI and ONC are not just looking for states to meet all of the goals set for them, but for more of a roadmap for the future.

CHEMS Charter Update –Wayne Denny, DHW Public Health

- ◆ Wayne Denny presented an updated CHEMS charter. The update comes from the shift of the CHEMS group from an advisory group to a workgroup. Mr. Denny highlighted the changes that have been made and what they mean for the workgroup.

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

- ◆ Dr. Epperly asked IHC members if they would like more information on specific workgroups or reports. IHC members did not have any questions or request any additional information from the reports.

Timeline and Next Steps – Dr. Ted Epperly, Chair

- ◆ The next IHC meeting is October 12, 2016, and will be held in the JRW Building East side conference room on the first floor.

There being no further business, Chairman adjourned the meeting at **4:02pm**.

Author	Date	Version	Summary
Taylor Kaserman	9/20/2016	V1.0D	Initial drafting and edits
		V0.2	
Stacey St.Amand	10/6/2016	V0.3	Edits and revisions
Final Draft – submitted for approval		V1.0	
Final Approved		V1.1	



Statewide **Healthcare**
Innovation Plan

PCMH Cohort 2 Update & Timeline

Idaho Healthcare Coalition Meeting

October 12, 2016

Kym Schreiber, *SHIP Project Manager*



PCMH Cohort 2 Update

- SHIP Interest & Application Webinars completed 9/20 -10/5
- Final Application went live 10/3
- Interest Survey submission closed 9/30





Webinars

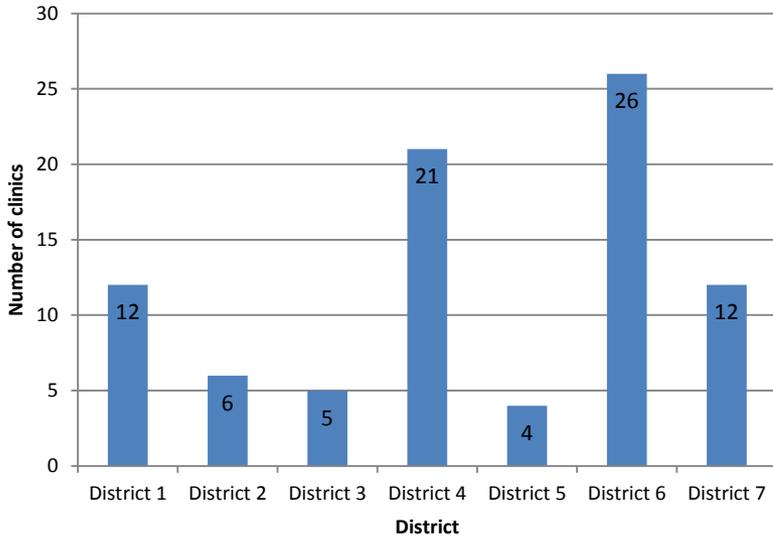
- SHIP Interest Webinars
 - September 20th & 29th
 - Average of ~25 participants each
 - Provided background and overview of SHIP, detailed participation expectations and clinic commitments, and answered “what’s in it for me?” question
 - Recording posted online at SHIP.idaho.gov or youtu.be/JMDj7ttI5VI
- SHIP Application Webinar
 - October 5th
 - 35 participants
 - Provided selection criteria, discussed the selection process, demo’d the online application, and detailed next steps
 - Recording will be posted online at SHIP.idaho.gov before 10/14/16
 - Questions from webinars developed into FAQ and posted on website

2016 Interest Survey Data (Final)

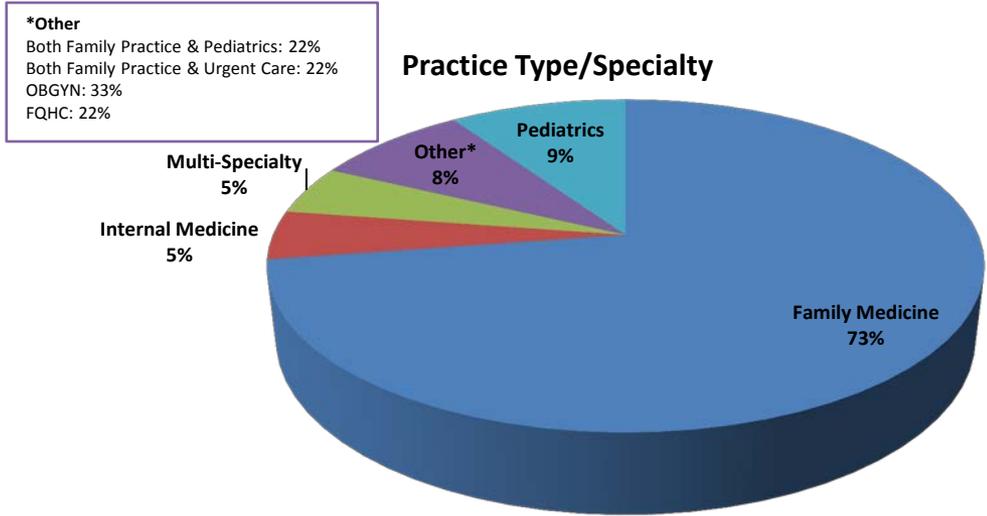
[86 Total submissions]



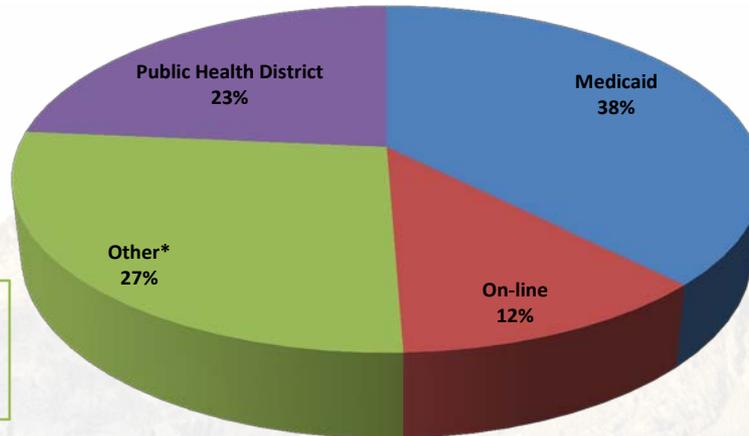
Health District Distribution



Practice Type/Specialty



How did your clinic hear about SHIP?



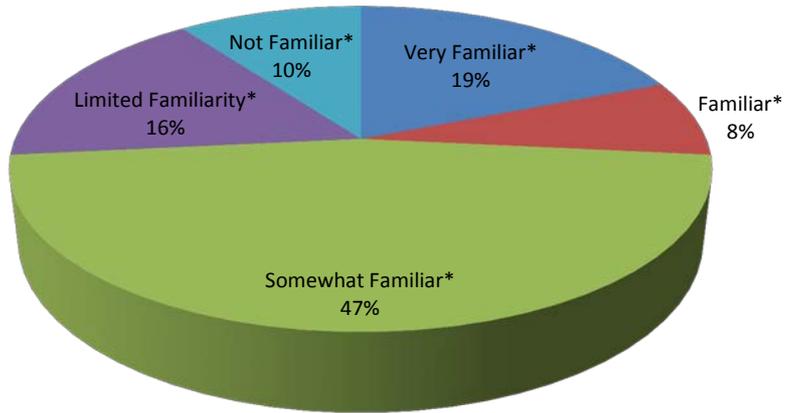
***Other**
 Organization participating in Cohort 1: 35%
 Mail: 22%
 Email: 9%
 Colleague: 35%



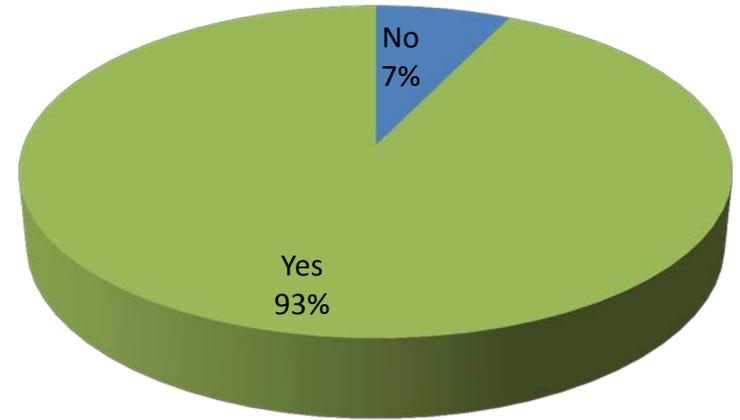
2016 Interest Survey Data (Final)

[86 Total submissions]

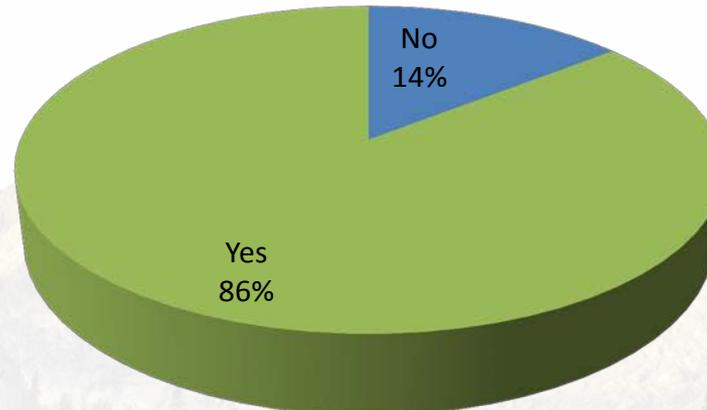
Familiarity with the PCMH Model of Care



Does your clinic use an Electronic Health Record (EHR)?



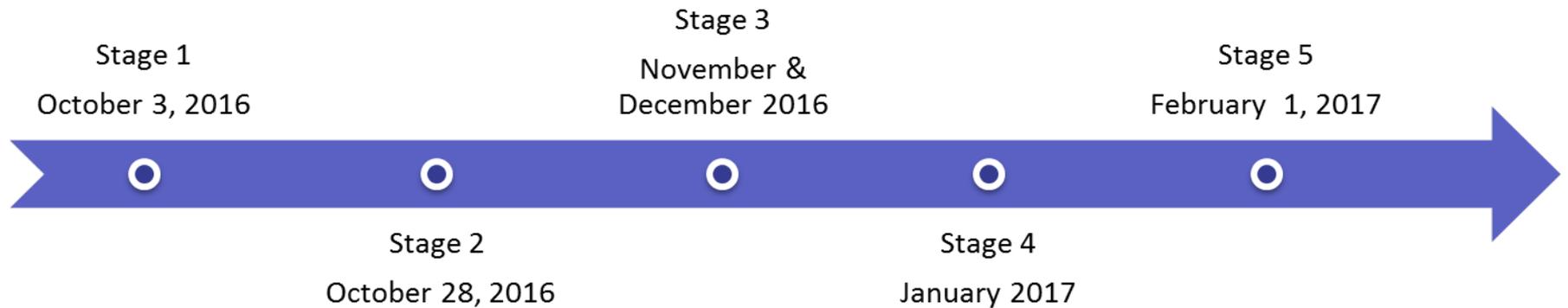
Has your clinic identified a Physician/Provider Champion?



- *Very Familiar (clinic is nationally recognized or accredited at a higher level or NCQA level 3; PCMH transformation has been implemented within clinic)
- *Familiar (clinic is nationally recognized or accredited at a midlevel or NCQA level 1 or 2; clinic has begun implementation of PCMH transformation)
- *Somewhat Familiar (Clinic is not currently recognized or accredited but clinic administration has outlined steps to begin implementing PCMH transformation)
- *Limited Familiarity (Clinic is not currently recognized or accredited but clinic administration has begun discussion about implementing PCMH transformation)
- *Not Familiar (clinic is not currently recognized or accredited, and clinic administration has not discussed implementing PCMH transformation)



PCMH Cohort 2 Application Timeline



- Stage 1:** Final PCMH Application will be posted on SHIP.idaho.gov website. SHIP team will email notification to clinics that were notified to complete the SHIP Interest Survey and Cohort 1 applicants not selected for participation.
- Stage 2:** Final PCMH Application submission deadline.
- Stage 3:** Review of applications and selection of clinics will occur in November. All applicants for Cohort 2 will be notified via phone and email at the beginning of December notifying them of their status. Public announcement and presentation of selection to the IHC will occur on December 14, 2016.
- Stage 4:** Clinic enrollment into Cohort 2 of SHIP.
- Stage 5:** Start of the Idaho Model Test Grant Year 3.

Training and Technical Assistance Update

SHIP PCMH Transformation Team

Grace Chandler, Project Director

Briljent

October 12, 2016



PCMH Transformation Team
Idaho Healthcare Coalition (IHC) Meeting



Upcoming Activities

- Public Health Department (PHD) SHIP Staff Learning Session
- Learning Collaborative Session
- Webinars
- Evaluations

PHD SHIP Staff Fall Learning Session – October 24

PHD SHIP Quality Improvement (QI) staff and Managers to attend the Fall Learning Session

Date: Monday, October 24 – 7:30am – 12pm

Agenda topics:

- Managing Change and Resistance
- Acceptance of Practice Facilitators – challenges and successes
- Quality Metrics and Creating Data Collection Plans
- Continuing work with Cohort 1 Clinics
- Starting up work with Cohort 2 Clinics

Fall Learning Collaborative – October 24-25

Approximately 150 attendees from Cohort 1 clinic staff, PHD SHIP Managers and QI staff, HMA, Brilljent, and SHIP staff will attend the Learning Collaborative session. Topics being discussed are as follows:

Monday, October 24

1. Vision and Progress for Idaho's transformation – Dr. Ted Epperly and Cynthia York
2. Idaho Clinical Quality Metrics - PCMH Team (HMA) and Burke Jensen (SHIP)
3. Idaho Health Data Exchange (IHDE) Update – Burke Jensen
4. The Medical-Health Neighborhood - Mary Sheridan (IDHW)
5. Virtual PCMH Designation - Miro Barac (SHIP)
6. Empanelment – Access Models and Strategies - PCMH Team
7. Understanding Risk Stratification and Vulnerable Populations
8. Discussion of Strategies for Clinics to Prepare for Value Based Payment (VBP) Models
9. Practical Tips and Planning for the Submission of Successful Application for PCMH Recognition

Networking Reception - evening of October 24

Tuesday, October 24

1. Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Updates
2. Adaptive Leadership and Leading Change
3. Interactive tables for Academy of Dietitians, State Evaluators, others
4. Plan/Do/Study/Act (PDSA) – Understanding the Quality Model for Improvement
5. Patient Engagement/Motivational Interviewing 101
6. Steps to Team-Based Care

Learning Collaborative Sponsors

Thank you to our sponsors!

- Saint Alphonsus Regional Medical Center -  **Saint Alphonsus**

- PacificSource Health Plans -  **PacificSource**
HEALTH PLANS

- Blue Cross of Idaho -  **Blue Cross of Idaho**

Upcoming Webinars for Cohort 1 Clinics

- **Webinar 5 - Care Management Reimbursement**
 - Scheduled for November 17, 2016
- **Webinar 6 – Value Based Payment**
 - Scheduled for January 17, 2017

Next Steps – Evaluation

Briljent and the PCMH Team will conduct evaluations to assess:

- Clinics' progress
- PHD SHIP QI Staff skills and knowledge
- Overall value of PHD SHIP QI Staff
- Overall value of PCMH Coaches (HMA)

Evaluations to be conducted in December 2016

December 2016 and January 2017

- Cohort 1 clinics – renew 23 Clinic Agreements with Briljent – for PCMH recognition incentive payment in 2017
- Cohort 1 clinics – renew Clinic Agreements with Briljent for clinics planning to pursue Virtual PCMH incentive payment in 2017
- Cohort 2 clinics – new Briljent Agreements with 55 clinics

February 1, 2017, begins new Cohort year

Thank you

Grace Chandler
PCMH Transformation Team Project Director
gchandler@briljent.com



SHIP BUDGET UPDATE OCTOBER 2016

- Total SHIP SIM Grant Award = \$39,683,811
- Projected total expenditures at the end Grant Year 2 (1/31/17) = ~\$14,500,000
- Needs of the Initiative are better defined requiring reallocation of funds between Goal areas
- Health Information Technology (HIT) requirements will be addressed as will funding the Regional Health Collaboratives to meet objectives outlined in their Strategic Plans

IHC DASHBOARD REPORT

SECOND QUARTER OF AWARD YEAR 2

Jennifer Feliciano
Mercer

October 12, 2016

DASHBOARD REPORT

- Purpose of dashboard report is to provide a tool to the IHC to enable you to track the progress in attaining the success measures for the seven SHIP Goals.
- Data in the dashboard is the same data that will be provided to CMMI on a quarterly basis beginning October 30, 2016.
- This dashboard report presents information on the second quarter of award year two (May through July 2016).
- Most measures are reported quarterly and annually. One measure is reported semiannually. All measures have Model Test target.



SECTIONS OF THE DASHBOARD

• Project Implementation Updates

- Area to highlight key information about data

• SHIP Success Measures

- Quarterly, semiannual, and annual targets for each SHIP success measure
- Status of each success measure against target



SHIP Project Management Dashboard Prepared for the Idaho Healthcare Coalition Grant Year 2 Quarter 2

Introduction: The SHIP Project Management (PM) Dashboard is an interim tool prepared for the Idaho Healthcare Coalition on a quarterly basis to monitor the SHIP success measures.

Project Implementation Updates

- Goal 2: Quarterly target (QT) for measure 2 is 275k; actual count is unknown and dependent on attribution report to be provided by HealthTech Solutions. QT for measure 4 is 0; actual count is 8.
- Goal 3: QT for measure 3 is 0; actual count is 28. QT for measure 4 is 0; actual count is unknown at this time.
- Goal 4: Data not available; students are enrolled in CHEMS and CHW training.

SHIP Success Measures

Goal 1	109%	96%	100%	100%	ND	ND	ND	172%	ND	ND	ND
	QT = 100	QT = 55	QT = 55	QT = 55	AT = 550	AT = 550	AT = 55	QT = 18	QT = 275k	QT = 275k	AT = 55
Goal 2		100%		ND		ND		100%			
		QT = 55		QT = 275k		AT = 55		QT = 0			QT = 0
Goal 3	ND	ND	ND	100%		ND		ND		ND	
	AT = 7		AT = 55	QT = 0		QT = 0		QT = 0			
Goal 4	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	QT = 0	AT = 6	AT = 16	SAT = 0	QT = 0	QT = 0					
Goal 5	ND			ND		ND		ND			
	AT = 0		AT = 55			QT = 7					
Goal 6		100%		ND		ND		ND			
	AT = 4		AT = 275k			AT = 20%					
Goal 7		ND		ND		ND		ND			
		AT = TBD		AT = TBD							

- SHIP success measure is not reported.
 - SHIP success measure is on target (≥90% of target).
 - SHIP success measure is slightly off target (between 75% and 89% of target).
 - SHIP success measure is not on target (<75% of target).
- QT = Quarterly Target (Q1=Apr 30, Q2=July 31, Q3=Oct 31, Q4=Jan 31)
 AT = Annual Target (Jan 31) SAT = Semiannual Target (Q2=July 31, Q4=Jan 31)
 ND = No Data

Please refer to the SHIP Operational Plan and project charters for details regarding all quarterly and annual accountability targets.

SECTIONS OF THE DASHBOARD (CONT.)

- SHIP Success Measures by Goal

- Concise description of each success measure
- Indicates the frequency of data collection and reporting for each success measure
- Color coding for quick assessment of status of each success measure

SHIP Success Measures by Goal	
Goal 1 Measurements: PCMH Transformation	
1	Q Cumulative # (%) of primary care clinics that submit an interest survey to participate in a SHIP cohort. Model Test Target: 270.
2	Q Cumulative # (%) of primary care clinics selected for a SHIP cohort that have completed a PCMH readiness assessment and a Transformation Plan. Model Test Target: 165.
3	Q Cumulative # (%) of targeted primary care clinics selected for a SHIP cohort. Model Test Target: 165.
4	Q Cumulative # (%) of primary care clinics selected for a SHIP cohort, of the total primary care clinics in Idaho. Model Test Target: 165.
5	A Cumulative # (%) of targeted providers participating in primary care clinics selected for a SHIP cohort. Model Test Target: 1,650.
6	A Cumulative # (%) of providers in primary care clinics selected for a SHIP cohort, of the total number of primary care providers in Idaho. Model Test Target: 1,650.
7	A Cumulative # (%) of primary care clinics selected for a SHIP cohort receiving an initial transformation incentive payment and achieving technical support benchmarks for retaining the payment. Model Test Target: 165.
8	Q Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve national PCMH recognition/ accreditation. Model Test Target: 165.
9	Q Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of total state population). Model Test Target: 825,000.
10	Q Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of target population). Model Test Target: 825,000.
11	A Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve their transformation goals as specified in their Transformation Plan. Model Test Target: 165.
Goal 2 Measurements: Electronic Health Records (EHRs)	
1	Q Cumulative # (%) of primary care practices selected for a SHIP cohort with EHR systems that support HIE connectivity. Model Test Target: 165.
2	Q Cumulative # (%) of Idahoans who enroll in a primary care practice selected for a SHIP cohort that have an EHR that is connected to HIE. Model Test Target: 825,000.
3	A Cumulative # (%) of primary care practices selected for a SHIP cohort with an active connection to the HIE and sharing/receiving HIE transactions for care coordination. Model Test Target: 165.
4	Q Cumulative # (%) of hospitals connected to the HIE and sharing data for care coordination. Model Test Target: 21.
Goal 3 Measurements: Regional Collaboratives (RCs)	
1	A Cumulative # of RCs established and providing regional quality improvement guidance and working with PHDs to integrate the Medical-Health Neighborhood. Model Test Target: 7.
2	A Cumulative # of primary care practices selected for a SHIP cohort that can receive assistance through regional SHIP PHD team. Model Test Target: 165.
3	Q Cumulative # of primary care practices selected for a SHIP cohort who have established protocols for referrals and follow-up communications with service providers in their Medical-Health Neighborhood. Model Test Target: 165.
4	Q Cumulative # of patients enrolled in a primary care practice selected for a SHIP cohort whose health needs are coordinated across their local Medical-Health Neighborhood, as needed. Model Test Target: 825,000.
Goal 4 Measurements: Virtual PCMHs	
1	Q Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target: 50.
2	A Cumulative # (%) of regional CHEMS programs established. Model Test Target: 13.
3	A Cumulative # (%) of CHEMS program personnel trained for Virtual PCMH coordination. Model Test Target: 35.
4	SA Cumulative # (%) of new community health workers trained for Virtual PCMH coordination. Model Test Target: 125.
5	Q Cumulative # (%) of continuing education conferences held for CHW and CHEMS Virtual PCMH staff. Model Test Target: 2.
6	Q Cumulative # of designated Virtual PCMH practices that routinely use telehealth tools to provide specialty and behavioral services to rural patients. Model Test Target: 36.
Goal 5 Measurements: Data Analytics	
1	A Cumulative # (%) of primary care practices selected for a SHIP cohort with access to the analytics system and dashboard reporting. Model Test Target: 165 by 2020.
2	A Cumulative # (%) of primary care practices selected for a SHIP cohort that are meeting the clinical quality reporting requirements for their cohort. Model Test Target: 165.
3	Q Cumulative # (%) of RCs provided a report of PCMH clinic CQM performance data. Model Test Target: 7.
Goal 6 Measurements: Alternative Payment Reimbursement Models	
1	A Count of payers representing at least 80% of the beneficiary population that adopt new reimbursement models. Model Test Target: 4.
2	A Count of beneficiaries attributed to all providers for purposes of alternative reimbursement payments from SHIP participating payers. Model Test Target: 825,000.
3	A Percentage of payments made in non-fee-for-service arrangements compared to the total payments made by SHIP participating payers. Model Test Target 80%.
Goal 7 Measurements: Lower Costs	
1	A Total population-based PMPM index, defined as the total cost of care divided by the population risk score. Model Test Target: TBD.
2	A Annual financial analysis indicates cost savings and positive ROI. Model Test Target: 225%.



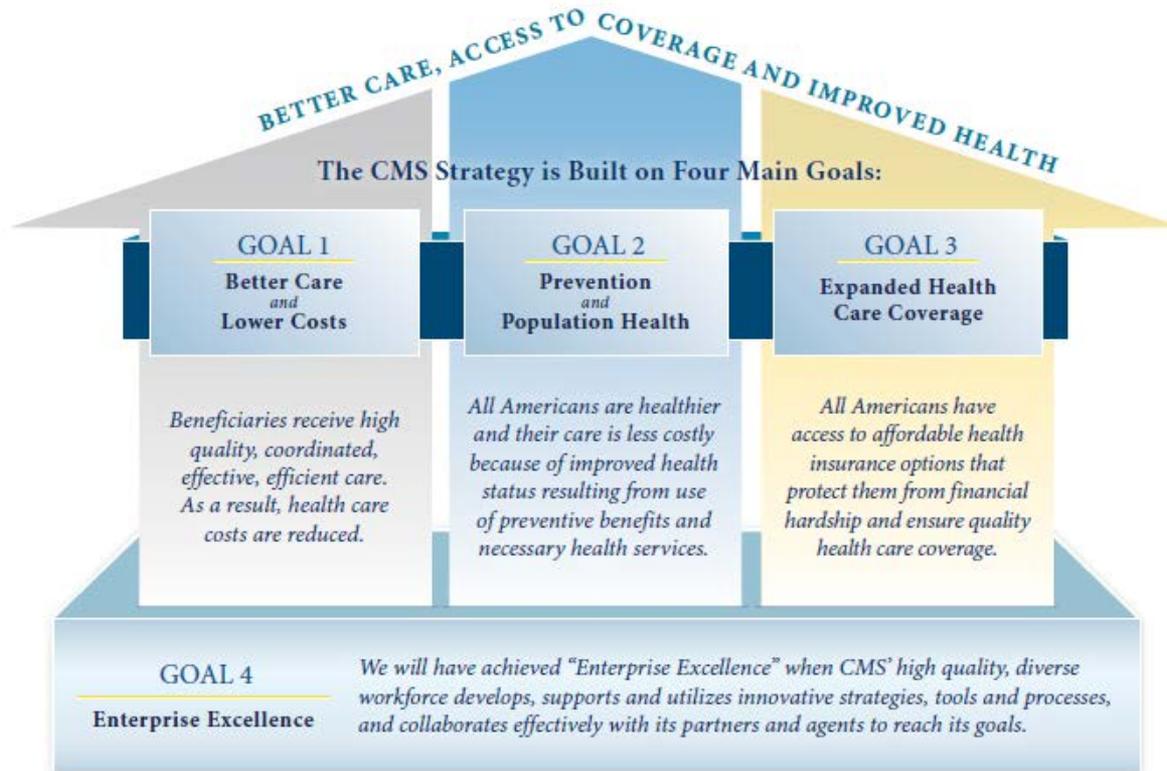
Update on Preventive Services Use in Medicare FFS in Idaho

Sandeep Wadhwa, MD, FACP

10/12/16



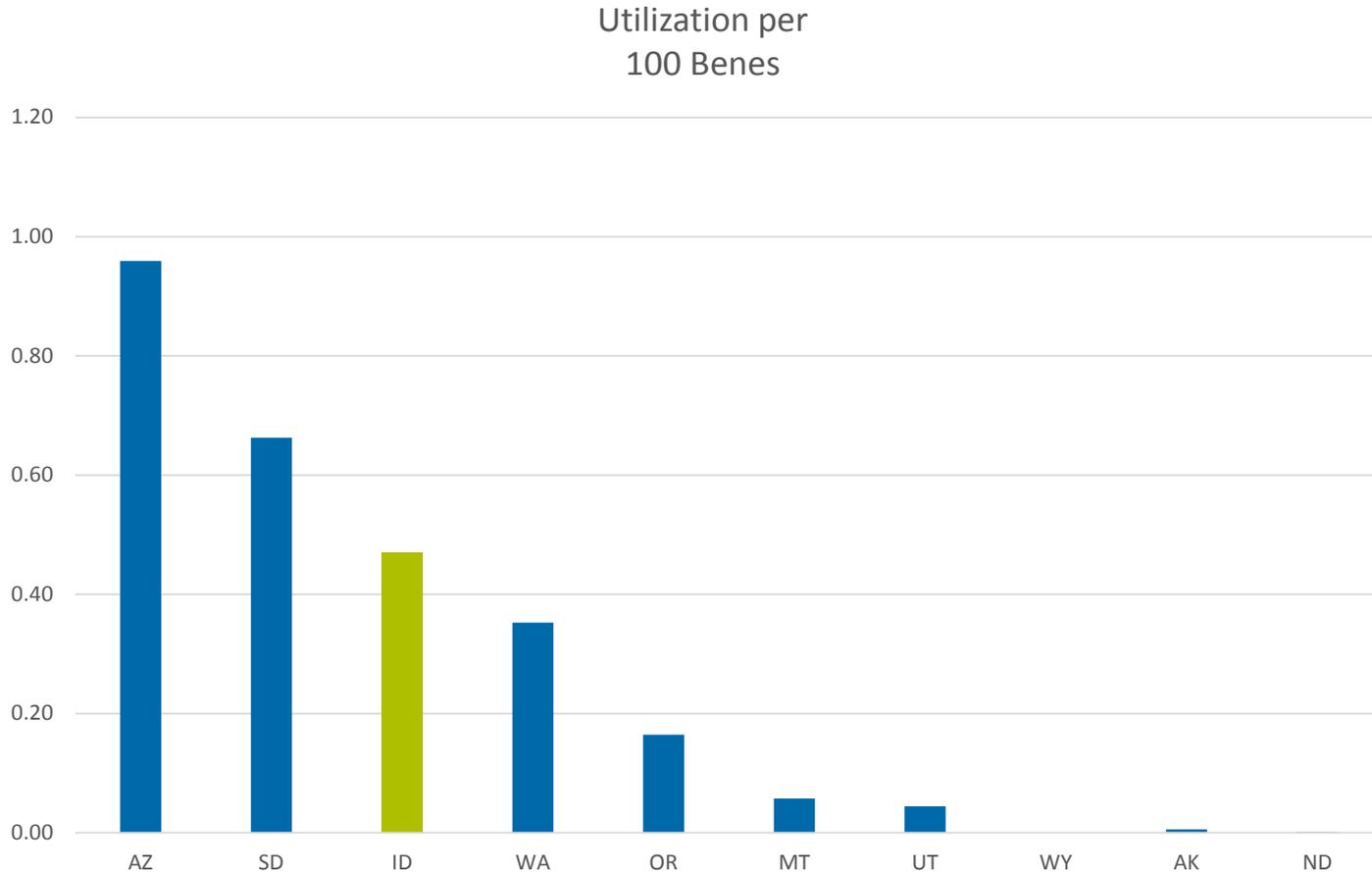
CMS Strategy: The Road Forward 2013-2017



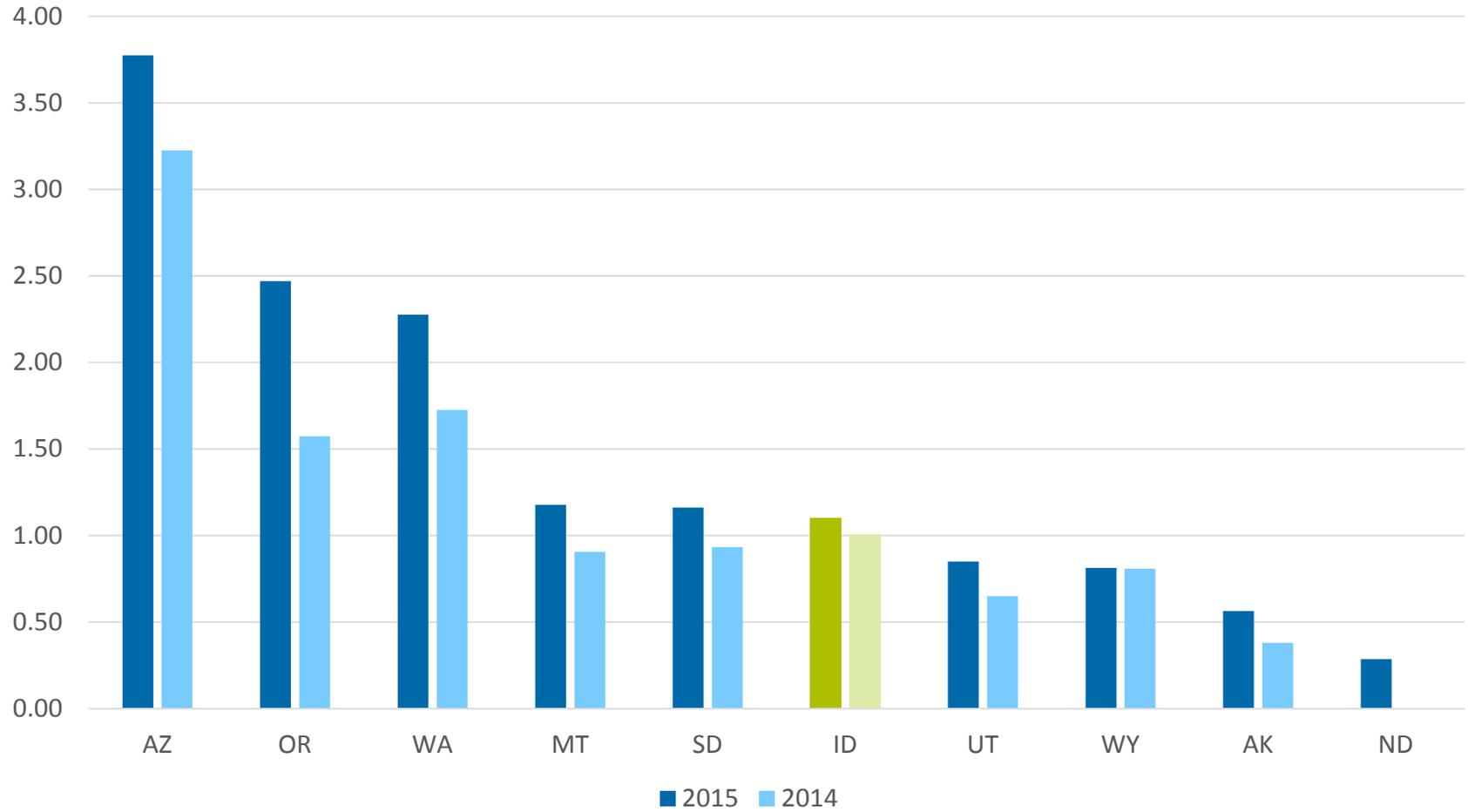
Preventive Services available w/o copayments

- Alcohol Misuse Screening & Counseling
- Annual Wellness Visit
- Bone Mass Measurements
- Cardiovascular Disease Screening Tests
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self- Management Training
- Glaucoma Screening
- HBV Vaccine & Administration
- Hepatitis C Virus Screening
- HIV Screening
- Influenza Virus Vaccine & Administration
- Initial Preventive Physical Examination
- IBT for Cardiovascular Disease
- IBT for Obesity
- Lung Cancer Screening
- Medical Nutrition Therapy
- Pneumococcal Vaccine & Administration
- Prostate Cancer Screening
- Screening for STIs and HIBC to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examinations
- Ultrasound Screening for AAA

Chronic Care Management CY 2015

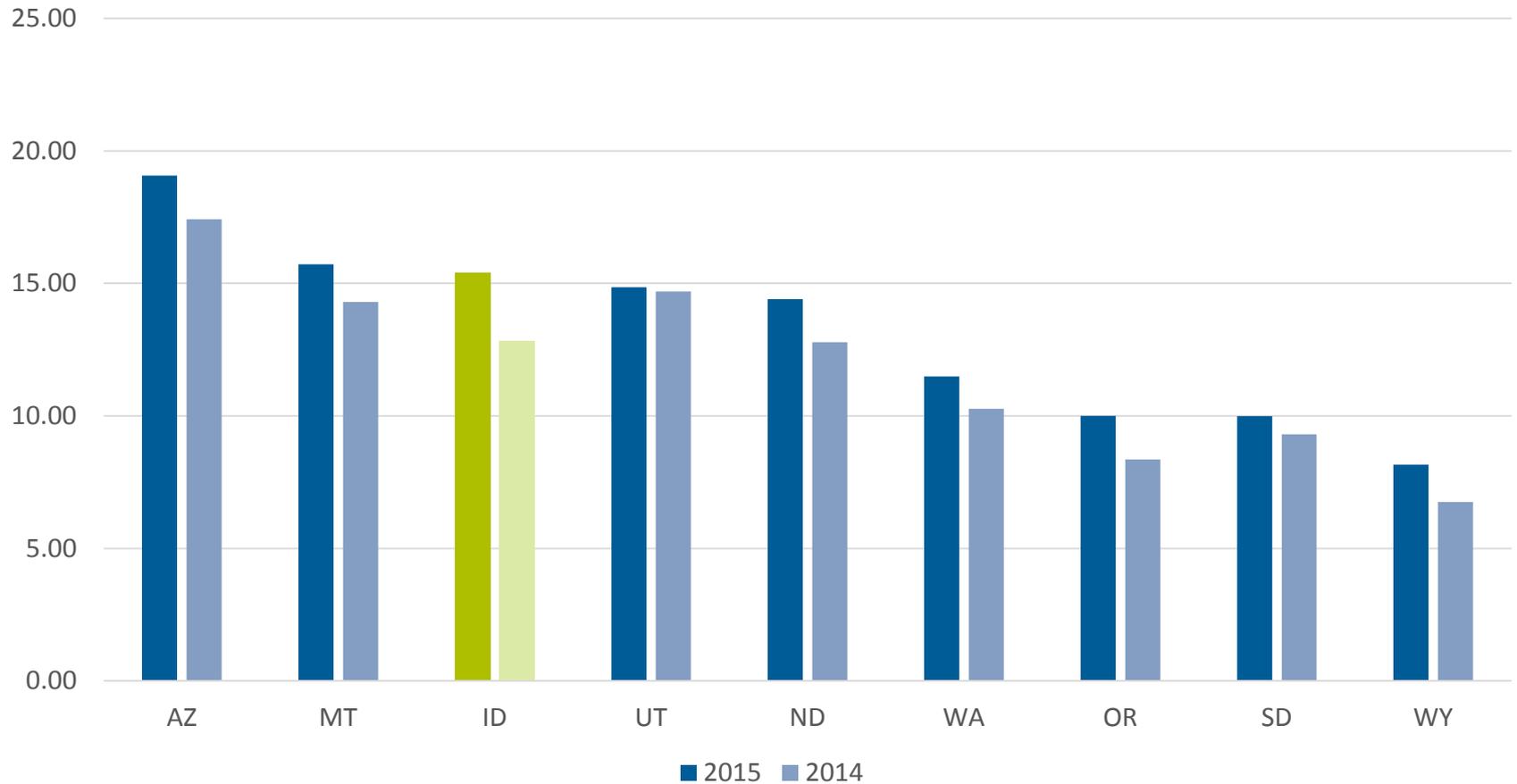


Transition Care Management



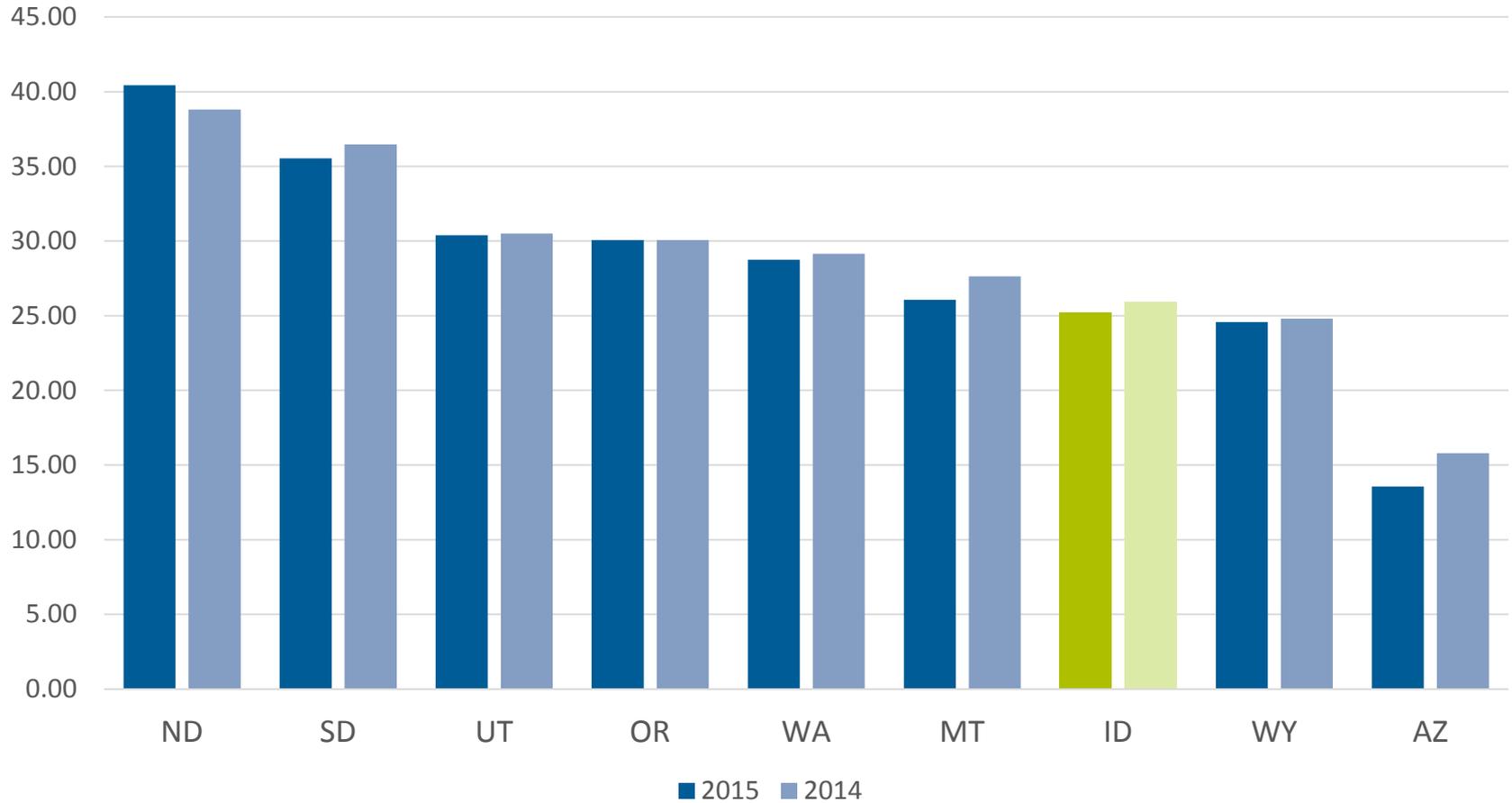
Annual Wellness Visit

Utilization per 100 benes



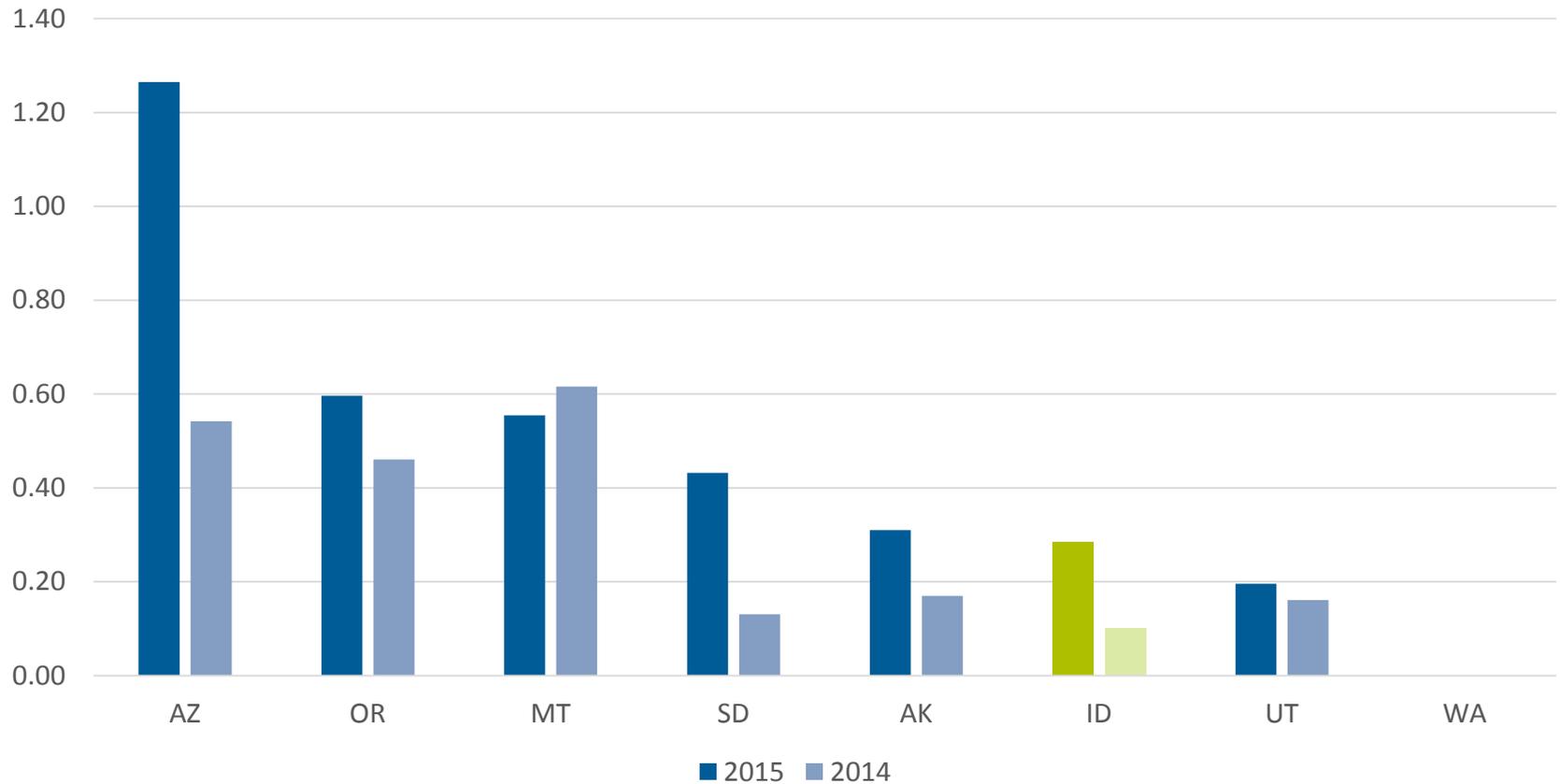
Influenza vaccine

Utilization per 100 benes

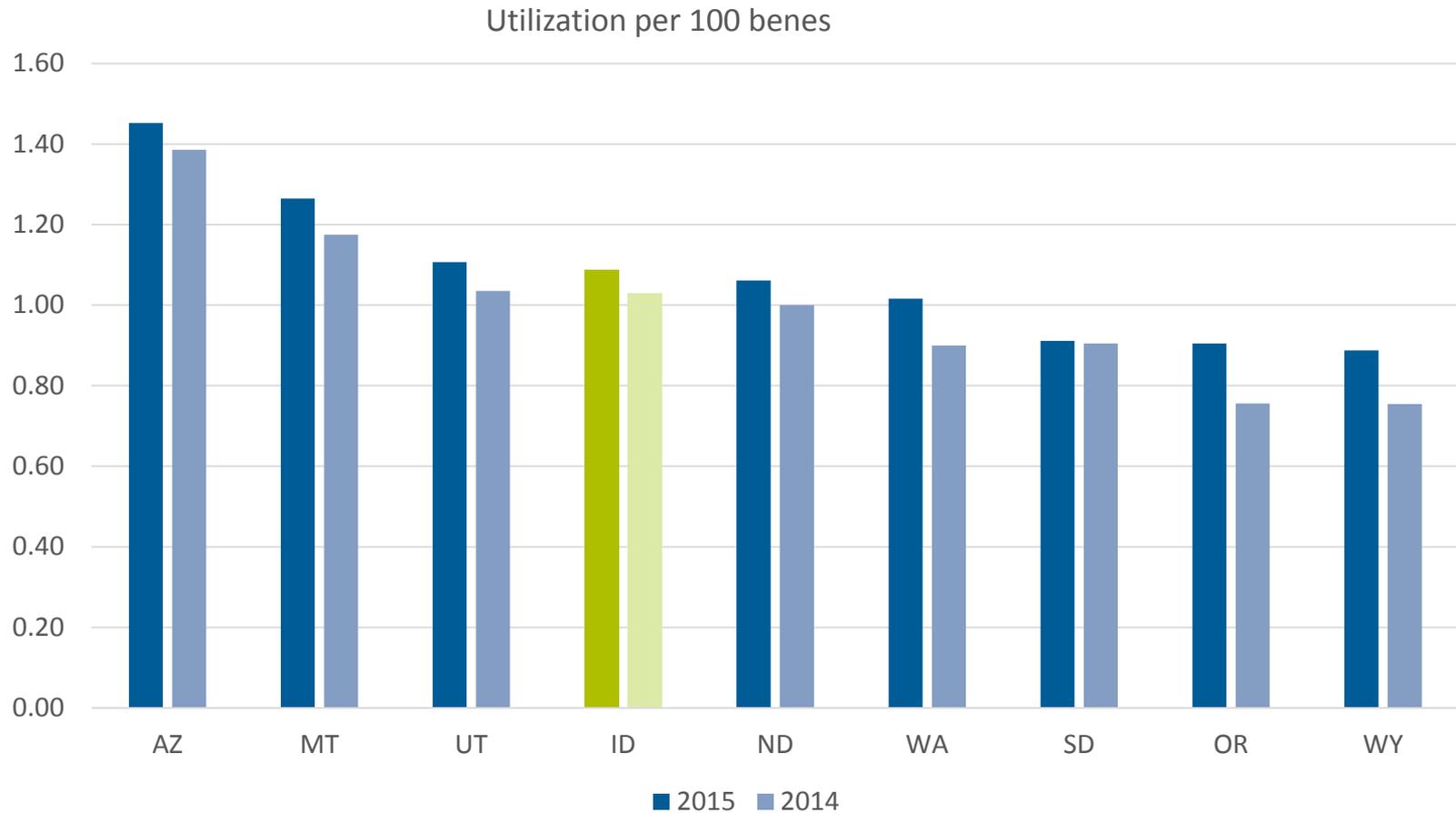


Depression Screening

Utilization per 100 benes

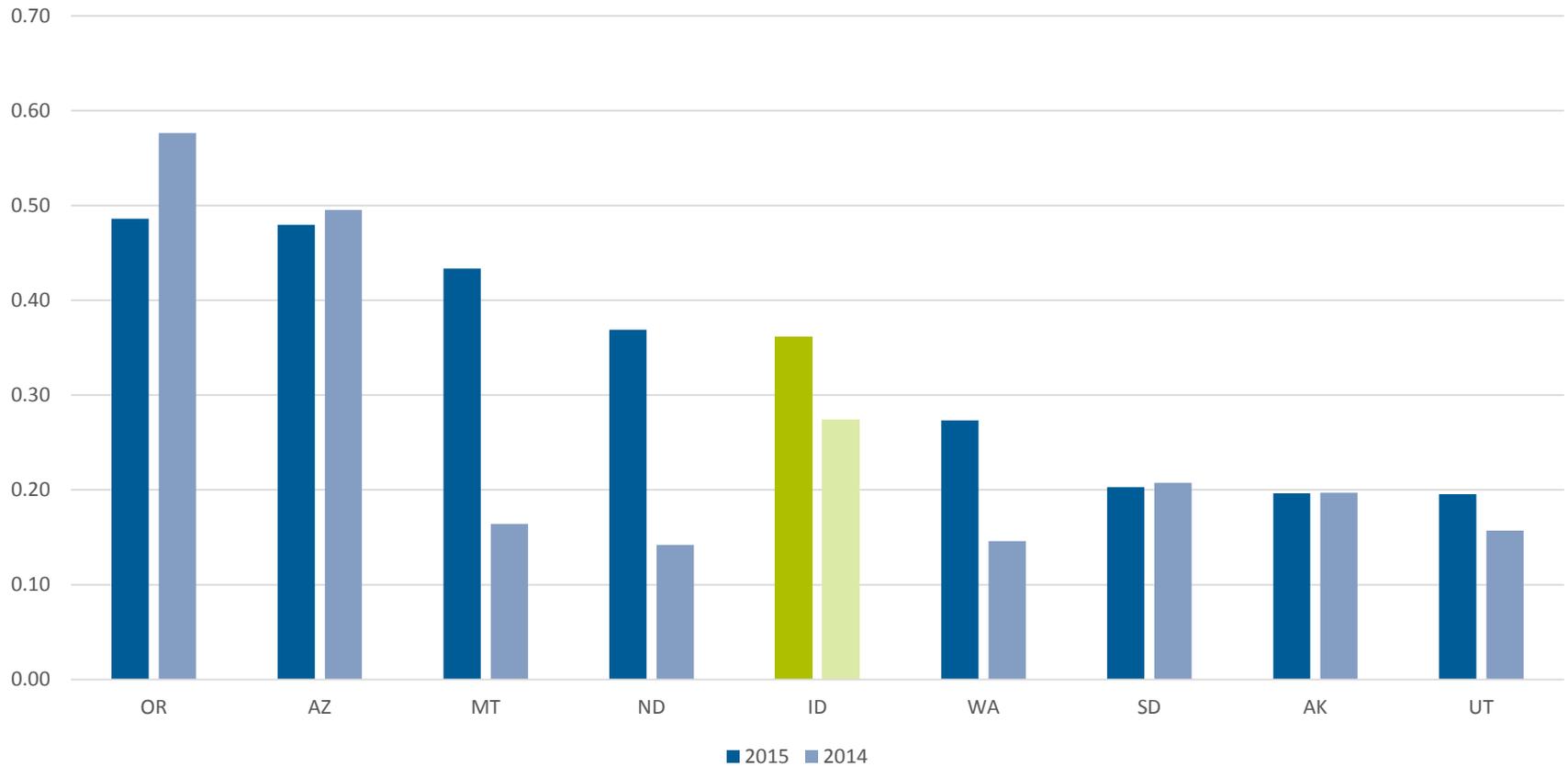


Welcome to Medicare Visit



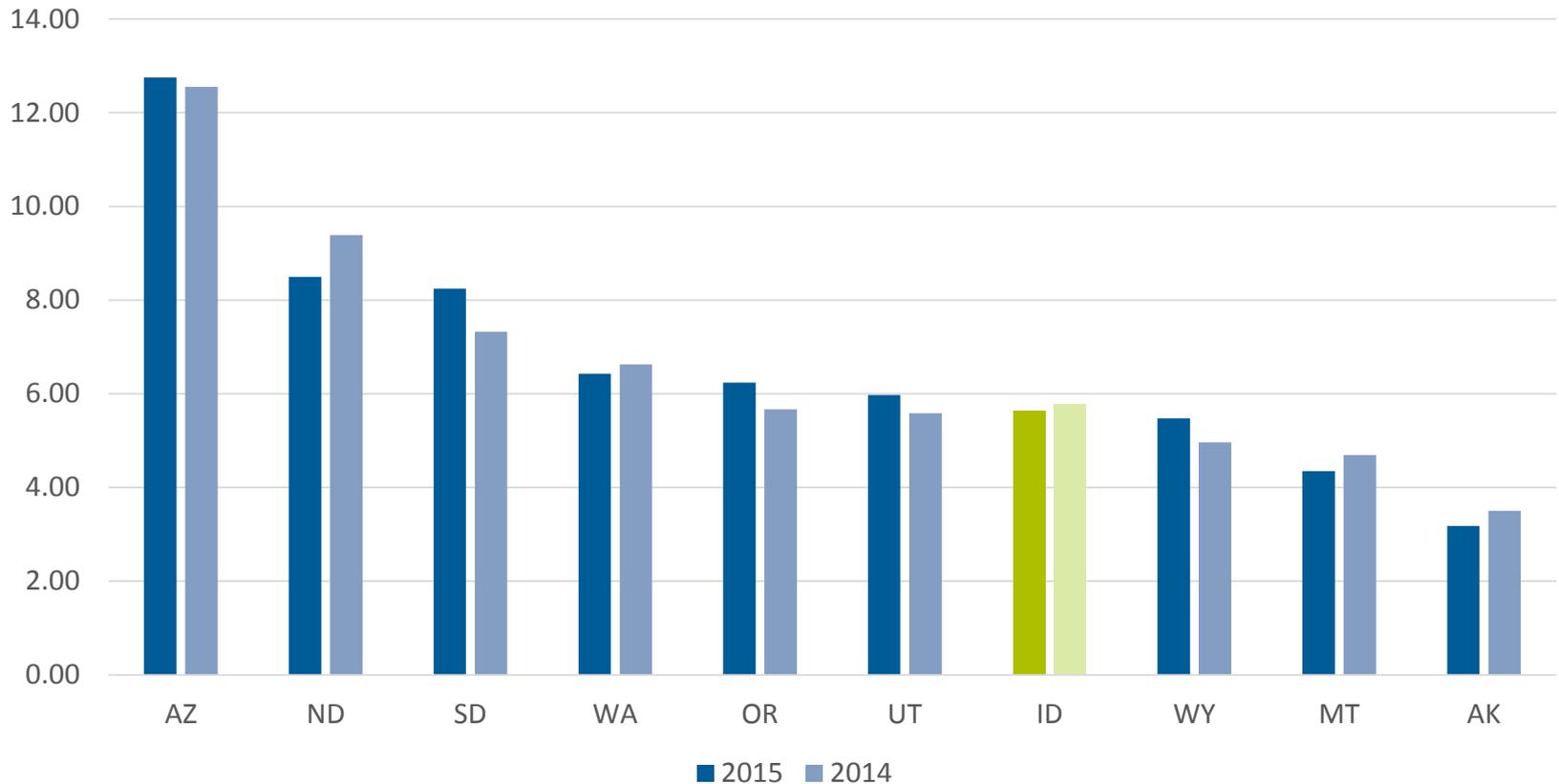
Abd Aortic Aneurysm

Utilization per 100 benes



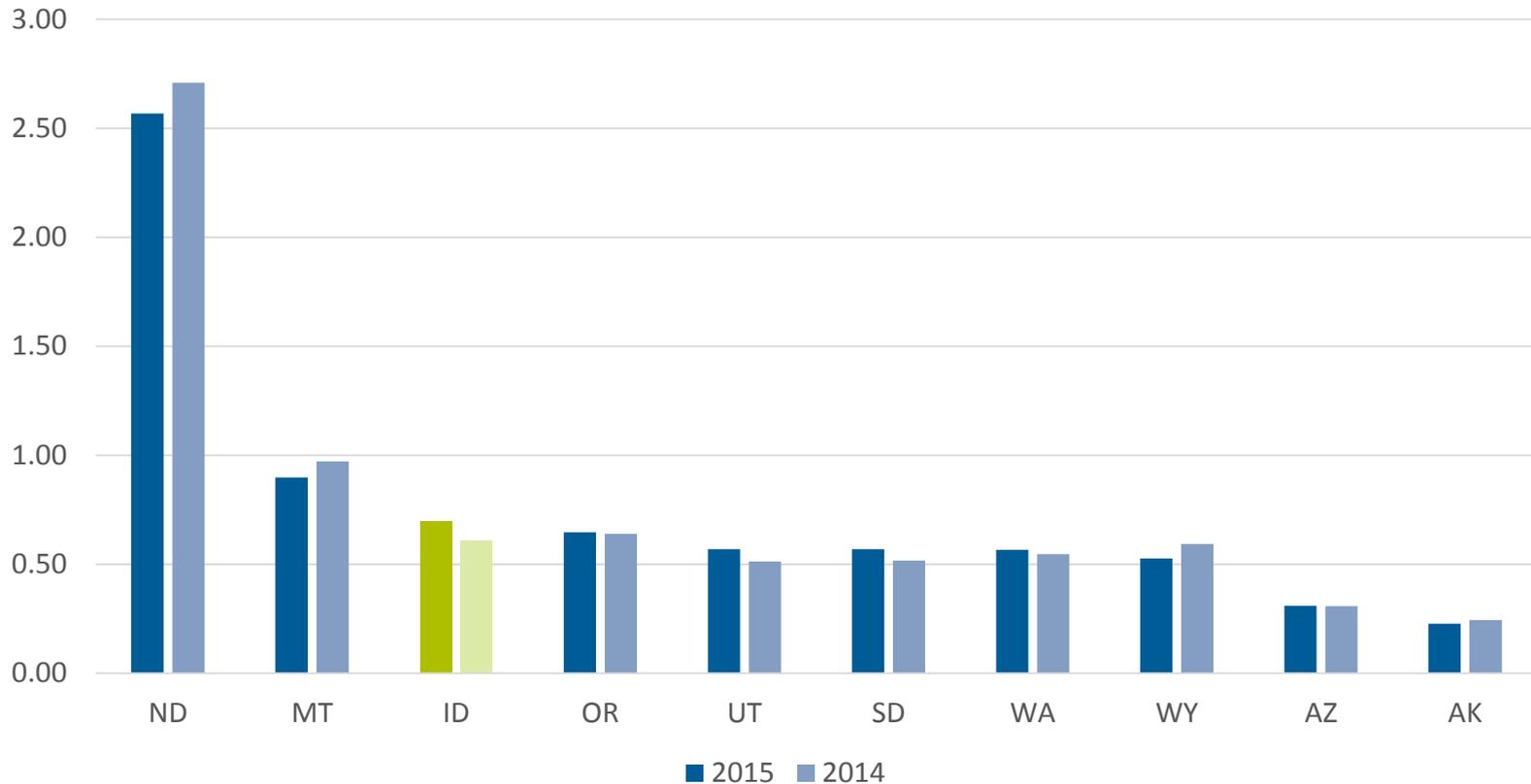
Colorectal Cancer Screening

Utilization per 100 benes



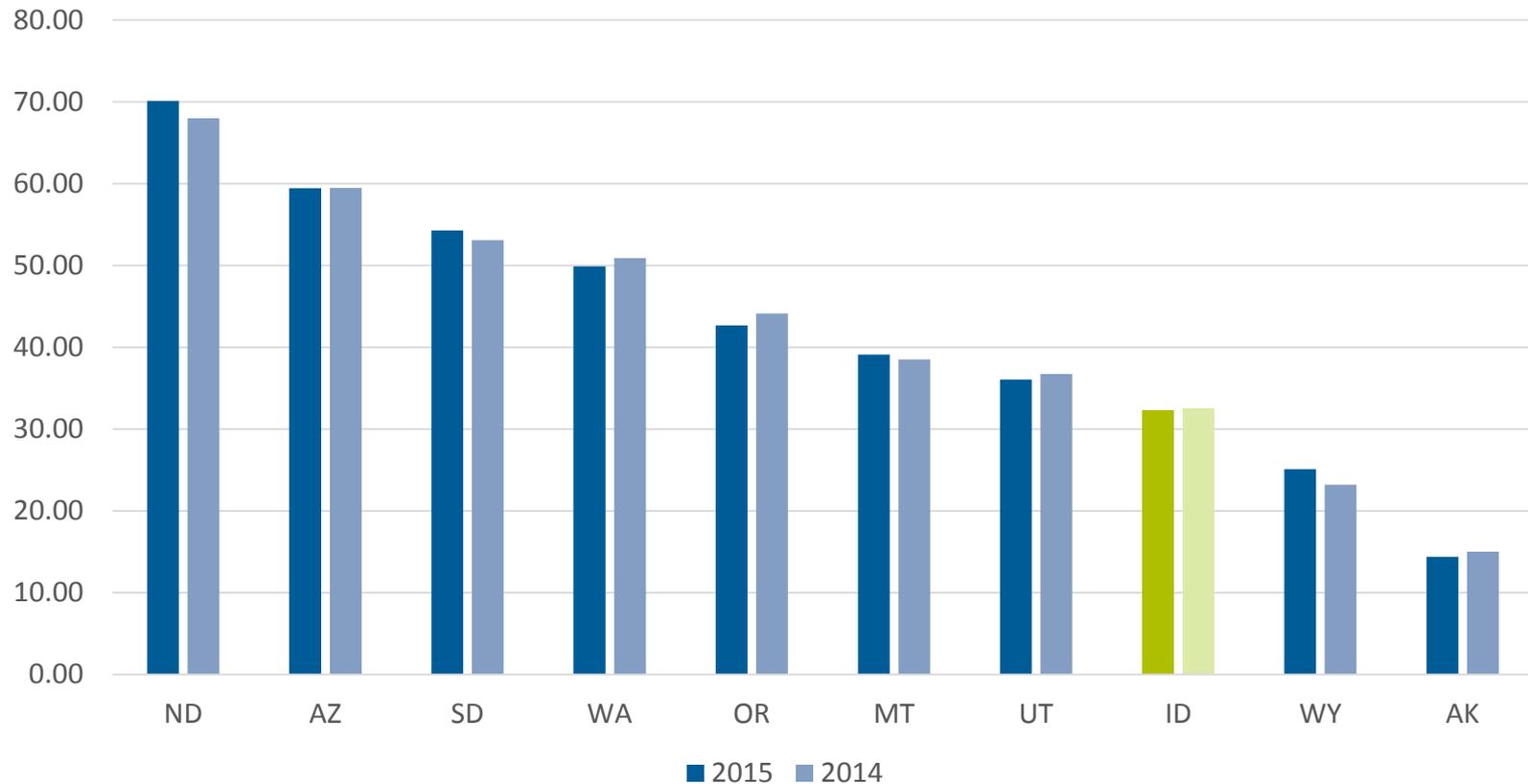
Diabetes Self Management Training

Utilization per 100 benes



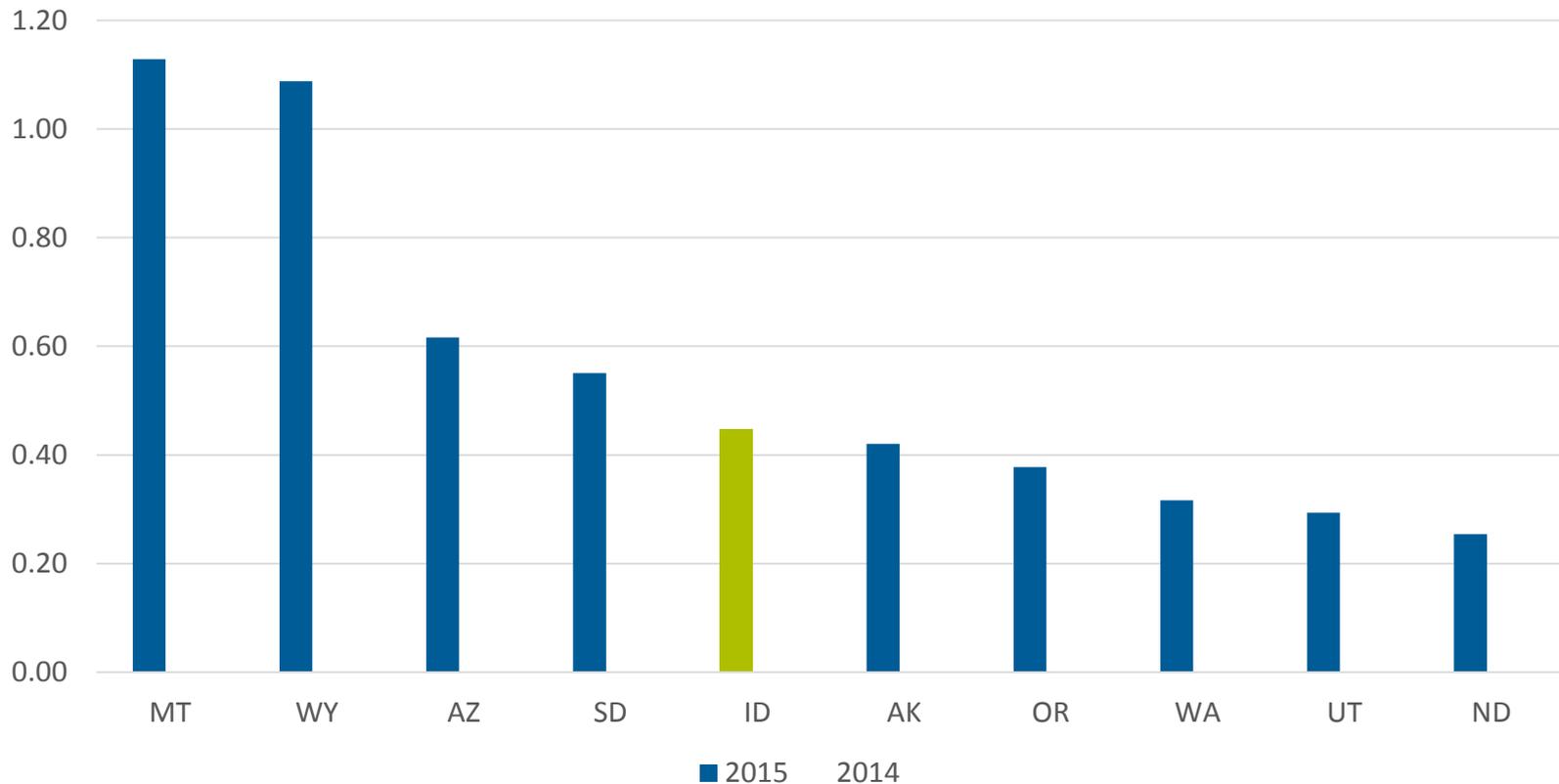
Cardiovascular Disease Screening

Utilization per 100 benes



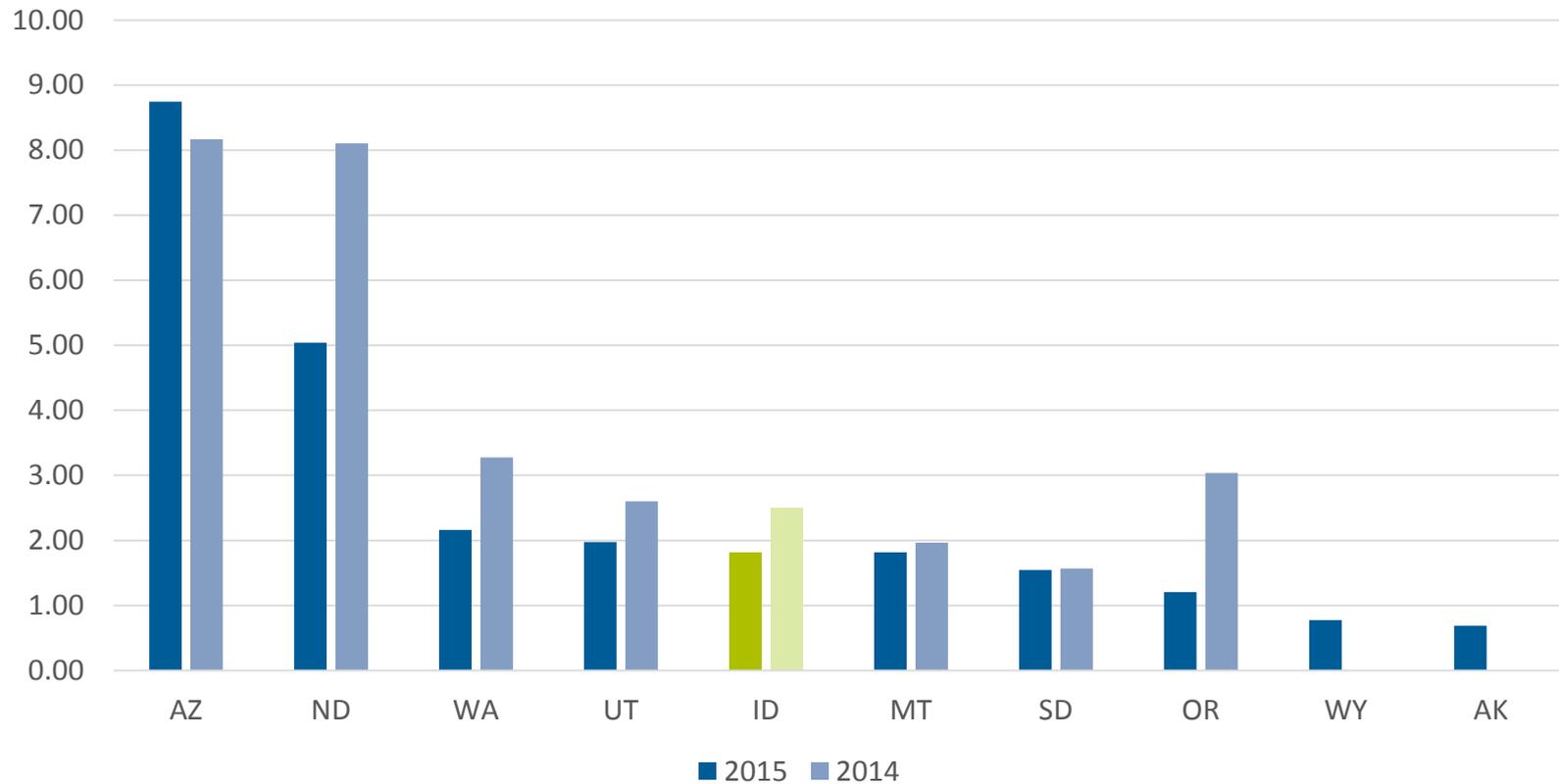
Behavioral counseling cardiovascular

Utilization per 100 benes



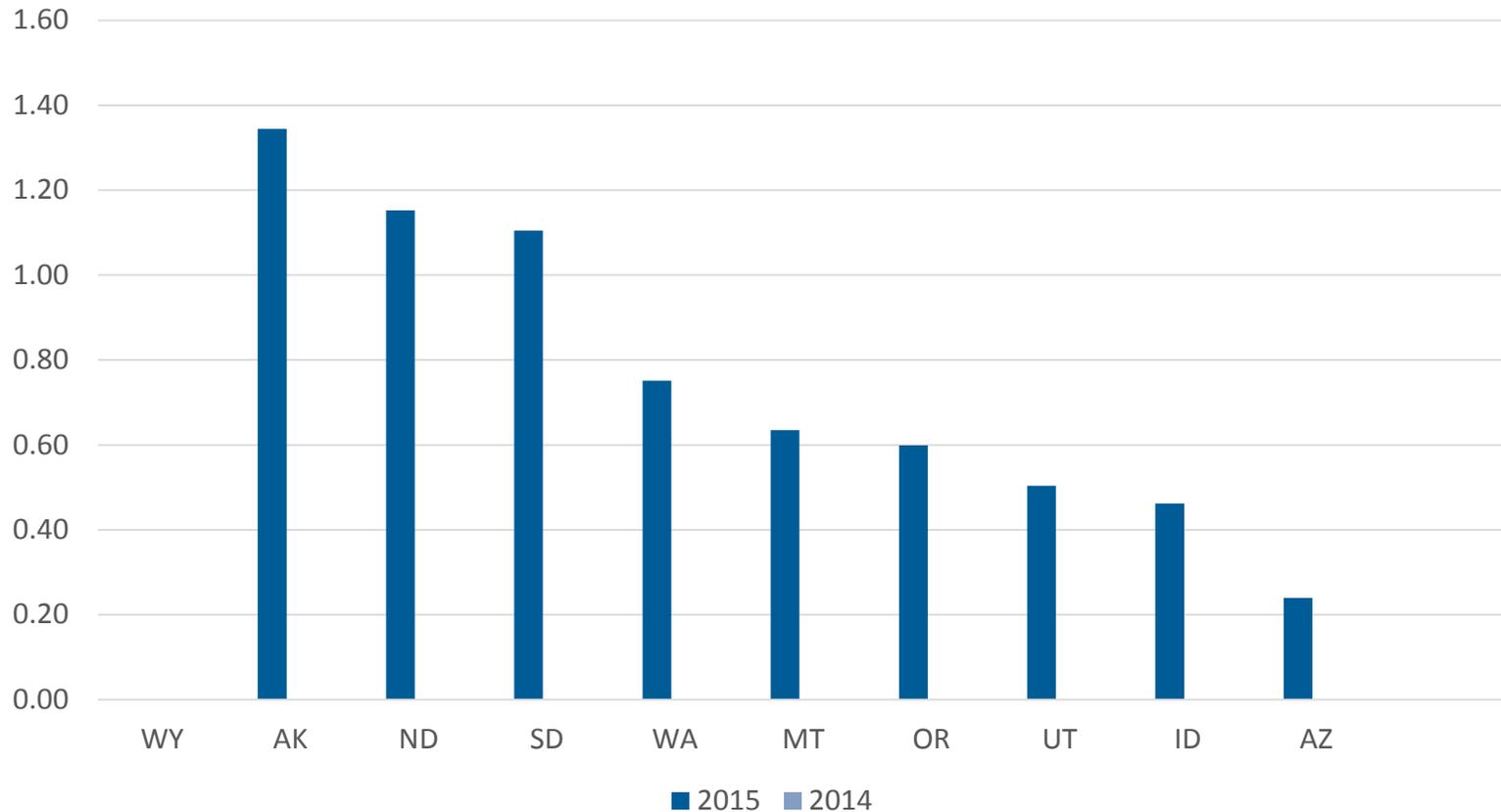
Obesity behavioral therapy

Utilization per 100 benes



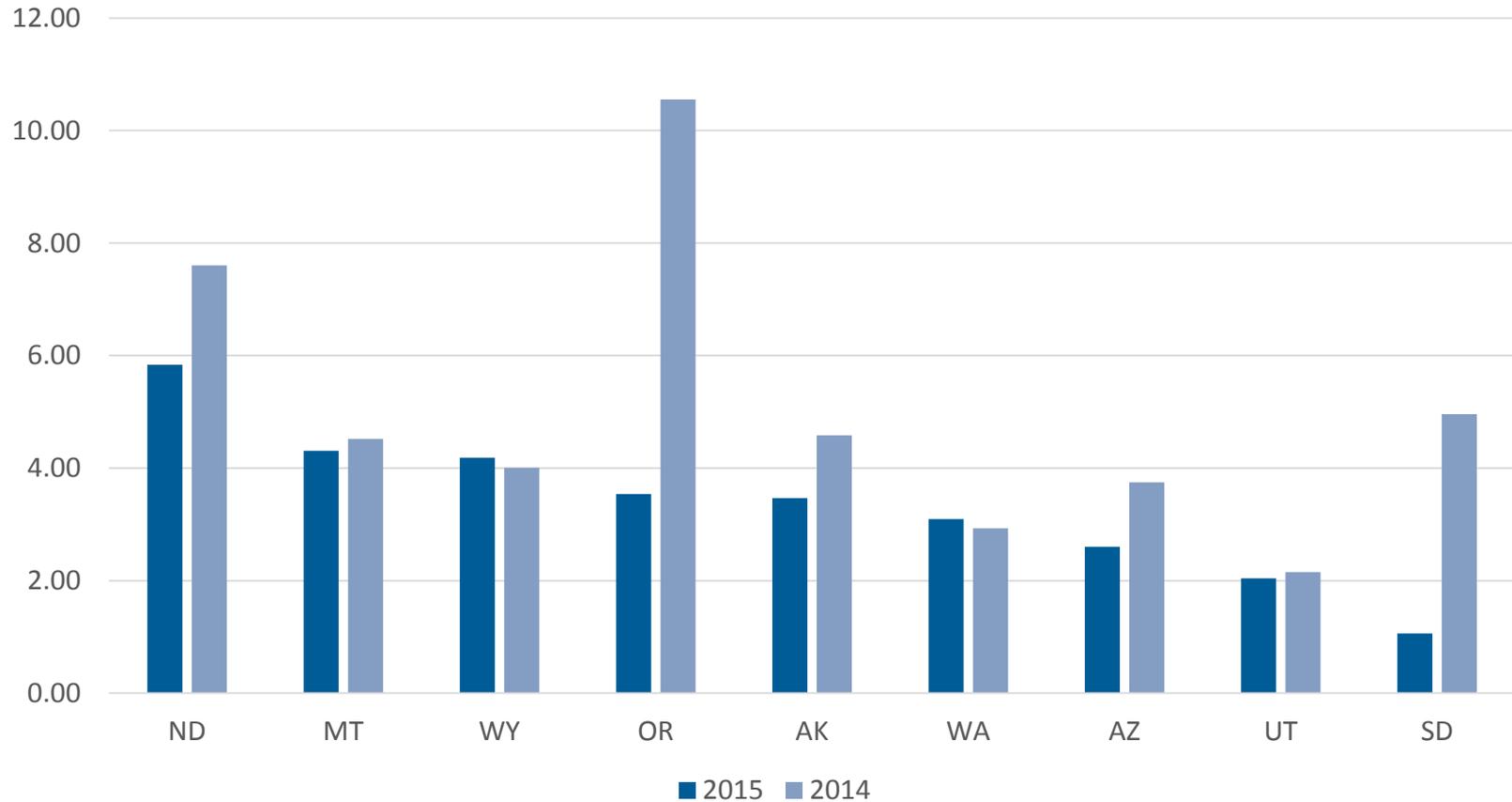
Lung Cancer Screening

Utilization per 100 benes



Medical nutrition therapy

Utilization per 100 benes



Discussion

- Are there concerns about utility or barriers to adoption?
- Are there IHC priorities around a specific bundle of services?
- Would there be interest in concerted education on requirements/rules?



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition October 12, 2016

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - CMMI approved the release of funds for the Langdon Group for facilitation services for the Regional Collaborative Summit and the two BLS/ILS subcommittee meetings.
 - Four CHEMS agency requests for release of funds have been submitted to CMMI for review. Pending approval, the CHEMS agency contracts will be released to these EMS agencies participating in the first year of the CHEMS agency program for paramedics.
 - CMMI approved the transfer of funds for PHD3, PHD4, and PHD6 for their requests to transfer funds from personnel category to professional development category. Additional requests are pending for PHD3 and a joint request for PHDs 1-7.
 - Multiple requests for release of funds were submitted to CMMI related to CHEMS agency training and BLS/ILS subcommittee travel.

SHIP Administrative Reporting:

- **Report Items:**
 - Modifications relating to success measures for Goals 1 – 6 were approved by CMMI.
 - Office of Healthcare Policy Initiatives will participate in a Legislative Audit this fall. Due to the dollar amount of the SIM grant, OHPI will be audited each year of the grant period.
 - Project Management staff is reviewing the first draft of the SHIP Operational Plan prepared by Mercer. The final product is due to CMMI on December 1, 2016.
 - A quarterly report was finalized for the Governor's office detailing the activities and accomplishments of the Idaho Healthcare Coalition for the fourth quarter of State Fiscal Year 2016.
 - Our part-time communications position e.g. SHIP's Public Involvement Coordinator position has been filled. Stacey St. Amand joined the SHIP team on September 26, 2016.
 - Preparations are underway for submission of Year 3 budget to CMMI and OAGM due December 1, 2016.

Regional Collaboratives (RC):

- **Report Items:**
 - D1: The Regional Collaborative met on September 28th to discuss: Dr. Dardine Introduction; Clinic PCMH Transition and Updates; Strategic Plan ; Cohort Two Update; Medical Health Neighborhood ; IHDE Update; Dr. Dixon Retirement.
 - D2: September 19th: Executive Leadership team informal meeting; September 22nd: Executive Leadership team informally met to discuss upcoming RC2 meeting and travel to Boise in October; September 28th: Executive Leadership team correspondence about travel to Boise in October.
 - D3: SWHC October 4th - Review of workgroup activities including a letter of support for the Healthcare Alternatives Workgroup; proposal submitted for co-management training funding and a Senior Workgroup modification to the work plan; proposed metrics for the BHI workgroup were developed; and briefly discussed options for where to hold funds for community projects (this will be a future agenda item). At the request of the SWHC, Rachel

presented a summary of findings from conversations with the EOCCO and Malheur CAC representatives. Region 3 BHI-September 26th - Discussion of future networking event (application for funding has been submitted); Workgroup members will discuss outreach with their clinics; initial discussion of community prevention-based project to work with schools. PCMH Workgroup- September 16th - St. Luke's Health Partners presented on behavioral health integration. The presentation was well received. Senior Workgroup- September 20th - Decided to pursue alternative work plan focused on wellness target group. Pending response on care coordination training request.

- D4: The CHC met on September 6th. Dr. Epperly was a guest presenter and delivered a brief history of the creation of SHIP, a recap of the seven goals, and a review of measurable successes to date. Additional discussion points included prioritizing of goals, ensuring PCMHs are working in the individual regions, keeping goals/projects simple, focusing efforts on one or two projects that can make a difference, and achieving sustainability. Dr. Epperly indicated that he has encouraged IDHW to find some funding for the RC's (up to \$30,000) and that Cohort One would receive continued support with the commencement of Cohort Two. Presentation from Mark Babson and Xenya Poole on Community Health Emergency Medical Services (CHEMS). Discussions included alignment with SHIP goal to develop virtual PCMHs (CHEMS, CHW, and Telehealth); recruitment and Community Paramedic education opportunities through Idaho State University; mentoring, coaching, and achieving measurable outcomes and sustainability. Further discussion was tabled to allow the Collaborative to focus on identifying existing programs that support their patients in the community and discuss fine-tuning communication pathways; CHC website is up and running, but demonstration was not given due to time restrictions. Additionally, a presentation from the QI Specialists on the Cohort One efforts to date was rescheduled for October. The CHC Executive Leadership Team met on September 20th to discuss the October agenda. They reviewed the Regional Medicaid Dashboard data and concluded that all efforts related to these reports are a significant undertaking and we need to focus on low-hanging fruit. The group would like to focus on strategies to improve clinic team knowledge of various community resources available to patients and families within the Medical-Health Neighborhood (to include transportation, food access, housing support, caregiver resources, etc.).
- D5: The SCHC met September 16th, and topics of discussion included the approval of our charter, a demonstration of the Brilljent portal and its functions, an overview of Cohort One clinic transformation efforts, Cohort Two interests, and the upcoming learning collaborative and executive summit. Members are pleased with the progress our clinics are making and it appears that most will submit for recognition prior to expiration of their contracts with SHIP.
- D6: SHC Executive Committee met September 14, 2016; SHC Clinic Committee met September 1, 2016; SHC Medical Health Neighborhood met June 30, 2016.
- Activities: Draft strategic plan approved by Executive Committee; Dr. Woodhouse developed 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 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 format to help clinics/care coordinators utilize resources in region.

- **Next Steps:**

- D1: The Regional Collaborative's next meeting is scheduled for October 26th. Next Steps: Replace Dr. Dixon; finish Strategic Plan; continue to develop Medical-Health Neighborhood; and work with clinics on communication standards between partners.
- D2: Plan next RC2 meeting with emphasis on strategic planning.
- D3: The SWHC will work to support the workgroups focused on Medical-Health Neighborhood engagement and PCMH support. Additional workgroups will convene for the first time in the months of October and November. By intentionally designing supportive infrastructure (funding channels, evaluation loops, etc.), we believe that sustainability will be more likely. In upcoming meetings, we will decide how we can best support the workgroups and funding opportunities that may become available. In addition, we will promote sustainability by continuing to look for opportunities to engage with payers.
- D4: CHC meeting scheduled for October 4th. Topics include a presentation from PHD4 QI Specialists on Cohort One PCMH Transformation efforts to date, impact of QI work on PCMH transformation, overview of Regional Medicaid Dashboard data, and defining the Medical-Health Neighborhood for our region. PHD4 SHIP staff are meeting to discuss strategies and priorities for Medical-Health Neighborhood resource collection and dissemination.
- D5: The Collaborative may cancel the October meeting due to their schedules and trainings that are occurring throughout the month. The next scheduled date is November 18th and tentative topics of discussion include our SCHC Strategic Plan, the PCMH Congress that SHIP managers attended, the October learning collaborative and executive summit, Cohort Two, and our next steps once clinics are selected. Ongoing discussions include the clinical quality measures, Medical Health Neighborhood, and payer status.
- D6: Next Meeting: SHC Executive Committee: October, TBD; SHC Clinic Committee: October 25, 2016 (tentative); SHC Medical Health Neighborhood: November 9, 2016
 - Plan for November 9, 2016 Medical Health Neighborhood meeting: 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 One, to identify key referral partners for referral process planning and Objective Two, 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
 - 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 Eight, 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 Two, to establish the structure of the RC; Objective Six, to convene Medical Health Neighborhood meetings; and Objective Seven, to support the IHC in RC sustainability planning.
 - D7: Next Meeting: Obesity resources within Medical-Health Neighborhood will continue to be identified. Executive team will continue to work on strategic plan to develop strategies for sustainability; further identify resources that clinics need in transformation effort; work on strategic plan; and continue to facilitate communication between healthcare services for possible solutions for referral management and HIE connection. QI Specialist continues to support PCMH transformation efforts of Cohort One clinics; contact primary care clinics for Cohort Two recruitment and other PCMH transformation opportunities; increase utilization of Medical Health Neighborhood by PCMH clinics; and obesity resource identification and gap analysis for obesity clinical quality measures.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - The ‘SHIP Telehealth Series’ of six live webinars is scheduled (the schedule is available as an attachment to this report as well as on the SHIP website). First webinar was held on September 28th and was attended by more than 20 primary care clinics interested in integrating telemedicine in their care delivery systems. Webinars are recorded and publicly available on the SHIP website.
 - SHIP team is working on finalizing the telehealth application process for the first cohort of SHIP clinics. The timeline should be available for the November IHC meeting.
 - SHIP team will have an opportunity to present on the virtual PCMH (including telehealth) at the Learning Collaborative on October 24-25.
 - Telehealth Goal Two Subcommittee did not meet in September.
- **Next Steps:**
 - Next SHIP Telehealth webinar took place on October 11, and covered the Readiness Self-Assessment including an artifact in the form of a tool that can be used by clinics.
 - 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.



Community Health Workers:

- **Report Items:**
 - Idaho State University CHW training is in progress.
 - CHW Advisory Workgroup is researching additional training modules that will be offered as electives to CHWs who successfully complete the core curriculum training.

- McKenna Rackleff joined the SHIP CHW effort as a research student, courtesy of the Boise State University State Evaluator group.
- SHIP staff has been collaborating with the IDHW Diabetes, Heart Disease, and Stroke Program in developing a marketing strategy and materials to promote adoption of the CHWs in Idaho. Two short videos have been produced and will be available on the website next month.
- **Next Steps:**
 - The CHW Advisory Workgroup will meet with the Idaho State University team to discuss the next CHW training and recruitment strategies on October 12, 2016.
 - The CHW Advisory Workgroup will meet with the State Evaluator group on October 13, 2016.
 - The CHW Advisory Workgroup will meet with the IDHW Diabetes, Heart Disease, and Stroke Program team to discuss next marketing and recruitment strategies and the schedule and content for additional elective modules.

WORKGROUP REPORTS:



Community Health EMS:

- **Report Items:**
 - The fourth CHEMS workgroup meeting was held September 28, 2016. Members could participate in-person or call in. Agenda items included: review and approval of minutes, CHEMS ISU student update and program development, update on current outreach efforts, current status of the BLS/ILS sub workgroup, and updates from attendees.
 - The meeting included 17 participants with representation from the following: EMS agencies, community paramedic programs, Boise State University, Idaho State University, Pacific Source, Critical Access Hospitals, and IDHW.
 - Meeting materials can be found at <http://ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>.
 - The next CHEMS Administrative training is on October 19th, 2016.
 - The first BLS/ILS sub-workgroup meeting is on October 17th, 2016.
 - The facilitator has been identified for the two BLS/ILS sub-workgroup meetings.
 - 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.
 - Potential presentation from Greg Creswick on the CP program from Redmond Fire and Rescue of Redmond, OR.
 - Workgroup meetings have been moved to every other month or as needed.



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.

HIT Health Information Technology:

- **Report Item:**
 - The HIT Workgroup met on September 15, 2016.
 - The timelines for establishing clinic Electronic Health Record (EHR) connections to the Idaho Health Data Exchange (IHDE) have been delayed.
 - IHDE explained the causes of the data connection delays, which ranged from EHRs that have been slow to respond to IHDE requests, waiting for EHR resources to work on the projects, behavioral health filtering challenges, clinics that were deciding about a possible EHR conversion, etc.
 - As of the date of the HIT Workgroup, seven of the 55 clinics were projected to have a bi-directional connection with IHDE by October 31st. The remaining clinics will be connected between now and March 31, 2017, with the exception of those dealing with an EHR conversion.
 - HealthTech Solutions explained the downstream effects of no current data connections. HealthTech is still moving forward with producing measures and leveraging the sample data they have received to date. Many clinics will receive their initial clinic CQM report after the start of the new grant year.
 - HealthTech also explained that they are working with the department to update their scope of work through a contract amendment.
 - The Data Element Mapping Subcommittee did not meet in September.
 - Coordination meetings between IHDE, HealthTech, and SHIP Operations:
 - Finalized the patient attribution file specification document that can be distributed to clinics to inform them how to create their patient attribution files.
 - Finalized the data transport mechanisms between the clinics and IHDE and between IHDE and HealthTech Solution.
- **Next Steps:**
 - The next HIT Workgroup meeting is scheduled for October 20, 2016.
 - The Data Element Mapping Subcommittee leadership are preparing for a joint meeting with the Clinical Quality Measures Workgroup that will be scheduled for late October or early November.
 - IHDE will distribute the patient attribution file specifications document to clinics.

MPW Multi-Payer:

- **Report Item:**
 - Mercer has received data to meet the Federal SHIP grant's requirements from two SHIP participating payers and is anticipating receiving data from the remaining payer participants within the next two weeks. Mercer will aggregate the data such that no individual payer's data will be identifiable and will report aggregate numbers to CMMI.
 - Pacific Source and Blue Cross of Idaho have generously donated sponsorship dollars for the October, 2016 SHIP Learning Collaborative and the Regional Collaborative Summit.

- The SHIP Administrator is working with Dr. Sandeep Wadhwa, SVP, Care and Delivery Management for Noridian, to provide information to the IHC on comparative data on preventive service adoption in Idaho in the Medicare fee-for-service population. Mr. Wadhwa is scheduled to provide this update to the IHC at the October 12, 2016 meeting.

- **Next Steps:**

- The SHIP Administrator will work with the SHIP MPW chair regarding future meetings and potential payer participation in the October SHIP Learning Collaborative.
- Mr. Wadhwa will meet with the IHC Chair, IHC Co-chair, and SHIP Administrator to discuss potential Idaho Medicare pilot projects.

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 October once the Data Element Mapping Subcommittee has refined its recommendations.

BHI

Behavioral Health:

- **Report Item:**

- The workgroup met October 4, 2016 9:00a.m.-11:00a.m. at 1720 Westgate Drive, Suite A, Room 131. Discussion topics were:
 - Current Population Health Workgroup initiatives. The Workgroup has been meeting for over a year and meets on a variety of public health topics. The Workgroup focuses on what resources are available for the Regional Health Collaboratives across the state focusing on awareness of the Live Better and Idaho Wellness Guide websites. Elke Shaw-Tulloch provided information about the definition of population health, the Medical-Health Neighborhood, and the spectrum of population health.
 - Behavioral Health Integration feedback collected by SHIP QA staff for Cohort One clinics. More clinics are utilizing the PHQ9 screening tool. Additionally, a luncheon is planned for October 25th for clinics to learn more about the Idaho Integrated Behavioral Health Network which can help to build professional relationships for BHCs and clinics that wish to learn more about integration.
 - Nyla Jensen provided information about how Crosspointe Family Services has worked toward providing integrated services for individuals with behavioral health needs.
 - Casey Moyer provided an update regarding Cohort Two. The recruitment process is in place for another 55 clinics and 87 clinics responded to the interest survey. The applications will be reviewed in the next few months and the next cohort will begin February 1, 2017. Any questions can be directed to the PCMH Project Manager, Kym Schreiber.

- **Next Steps:**

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



Population Health:

- **Report Item:**

- The PHW met October 5th from 3:00 – 4:30.
- Received a presentation showing the results of the Get Healthy Idaho: Measuring and Improving Population Health assessment that was sent out to workgroup members and Public Health District staff.
- Viann is still working toward creating a usable site that will host all population health measures. The site should be ready to fully utilize in December.
- The workgroup was provided with an update on the ongoing activities of the CHW, CHEMS, and Telehealth workgroups.

- **Next Steps:**

- The next meeting of the PHW is November 2nd 2016.