



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

OFFICE OF THE DIRECTOR
450 W. State Street, 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

February 2, 2016

The Honorable C.L. "Butch" Otter
Governor of Idaho
P.O. Box 83720
Boise, ID 83720-0034

Subject: Idaho Healthcare Coalition Progress Report

Dear Governor Otter:

The Idaho Healthcare Coalition (IHC) was established in 2014 by Executive Order 2014-02. The IHC is charged with expanding on the work of the Idaho Healthcare Council by leading development of an integrated, coordinated healthcare system in Idaho that focuses on improved population health, improved individual health outcomes and cost efficiencies. On December 16, 2014, Idaho received a State Innovation Model award of \$39,683,813 over 4 years. The Model Test began February 1, 2015 with the first year focusing on the pre-implementation phase. I am providing an overview of progress during the second quarter of SFY2016 (October-December, 2015) including the following items:

- I. The report that provides an overview of Idaho's progress addressing item No. 5, a-f, as outlined in Executive Order No. 2014-02.
- II. Current appointees of the Idaho Healthcare Coalition (IHC), including rationale for engagement (Appendix A)
- III. Current Organizational Chart and Technical Assistance Contractors Graphic (Appendices B & C).

These documents demonstrate the advancements made by the IHC and their commitment to the Statewide Healthcare Innovation Plan. Please let us know if you have questions or require additional information.

Sincerely,

RICHARD M. ARMSTRONG
Director

RMA/cc

enclosures

cc: Ted Epperly, M.D.
Denise Chuckovich
Cynthia York



Idaho Healthcare Coalition

Quarterly Progress Report
SFY16 Q2

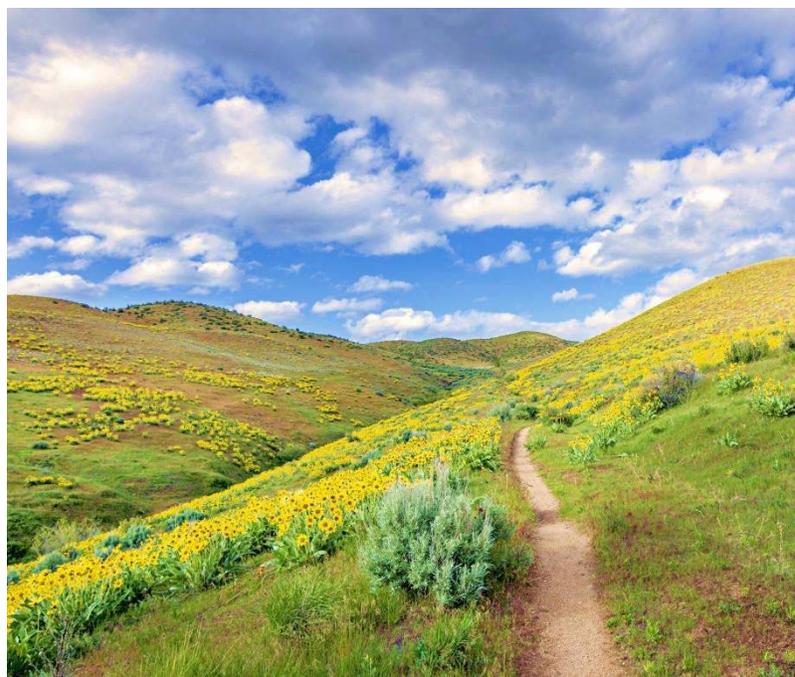


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INTRODUCTION

The Idaho Healthcare Coalition (IHC) is a driving force for Idaho's healthcare system transformation and a key decision-making body. Officially established on February 25, 2014 through Executive Order 2014-02, the IHC has grown from 31 members to 47 members to further ensure diverse and broad stakeholder participation in the State's overall transformation and the Statewide Healthcare Innovation Plan (SHIP) Model Test.

The IHC meets monthly and is co-chaired by Dr. Ted Epperly, a practicing Idaho family physician, and Denise Chuckovich, DHW Deputy Director. The IHC focuses on directing and monitoring Statewide Innovation Model (SIM) Test activities to advance the implementation of the Idaho SHIP.

The IHC membership demonstrates that the right stakeholders, in terms of both subject matter expertise and diversity, are directing healthcare system transformation in Idaho. The membership reflects the commitment of healthcare providers, public and private payers, policy makers, and community-based organizations to creating innovative, sustainable changes to the healthcare system.

IHC Workgroups and Advisory Groups

Six Workgroups have been established by the IHC and three existing advisory groups have been recruited to assist the IHC in carrying out the immense amount of work that must be completed to achieve SHIP's seven goals. An organizational chart is included as Appendix B. In total there are presently over 246 unique individuals' active in the IHC and related workgroups and advisory groups.

Each Workgroup and advisory group has a charge related to implementing the SHIP goals in Idaho, and project charters that identify specific activities, milestones, deliverables, and timeframes that each Workgroup is responsible for to support the IHC in achieving the goals that have been created. The IHC, with support of DHW, monitors the State's healthcare system transformation and, as needed, assists the Workgroups with making adjustments to their project charters to maintain alignment with the overall transformation goals. The Workgroup chairs serve on the IHC and bring recommendations from the Workgroups to the IHC for consideration and final decisions. The DHW Office of Healthcare Policy Initiatives (OHPI) is responsible for the administration and management of SHIP Model Test activities.

Several changes have been identified this quarter as a result of Idaho's planning efforts in the pre implementation period. Key revisions to Idaho's goals and objectives include:

1. Aligning Model Test activities to focus on shifting 80% of all payers payments to alternatives to fee-for-service (FFS) arrangements instead of targeting 80% of the State's population to the PCMH model.

2. PCMHs participating in Idaho’s Model Test will not be required to obtain recognition/accreditation by a national body such as NCQA. Instead, practices will be encouraged to complete activities necessary to obtain recognition/accreditation. Idaho changed this requirement as a result of “lessons learned” from the Idaho Medical Home Coalition PCMH pilot initiative.
3. Idaho adjusted metrics to incorporate workgroup feedback and align with federal expectations.

Idaho envisions a statewide healthcare system transformation that changes the standard of practice for healthcare in Idaho, delivering integrated, efficient, and effective primary care services through the patient-centered medical home (PCMH). The PCMH clinics will be integrated within the local Medical-Health Neighborhood, and supported and incentivized by value-based multi-payer payment methods.

Through this transformation, Idaho will improve the quality and experience of care for all Idahoans, improve health outcomes, and control costs. Idaho envisions a statewide healthcare system in which:

1. PCMH teams provide high quality, integrated, and coordinated care for all Idahoans in a cost effective way. The system is patient-centered and partners with engaged patients in shared decision-making. Health promotion and wellness are central tenets of Idaho’s healthcare redesign.
2. The broader healthcare system is organized at the regional level as robust Medical-Health Neighborhoods, integrating a spectrum of ancillary healthcare providers and non-medical community-based organizations with primary care.
3. All providers are linked electronically so clear and timely communication occurs.
4. Public and private payers are aligned to support these practices through a blended payment methodology that values outcomes over volume.

All of these principles, activated at the community level, will create the sustainable healthcare system Idaho needs. Idaho has translated these principles into seven goals (listed on Page 6), which, when achieved, will advance the mission of Idaho’s statewide healthcare transformation.

During this quarter, the following was achieved:

1. The Multi-Payer Workgroup (MPW), Population Health Workgroup (PHW), Community Health Emergency Medical Services (CHEMS), Community Health Worker (CHW) and Telehealth (TELEC) charters were approved.
2. PHW finalized the definition of the medical-health neighborhood submitted to the Regional Collaboratives (RC’s) and IHC in November, 2015.
3. The proposed CHW training program and service delivery mechanisms was presented to the IHC in November, 2015.

4. Over 100 PCMH final applications to participate in SHIP were scored by a DHW evaluation team and 55 clinics were selected for the first cohort.
5. The Operational Plan was revised to reflect all pre-implementation year planning efforts and any related modifications and submitted to the Centers for Medicare and Medicaid (CMMI) on December 1, 2015. In conjunction with the submittal of the Operational Plan, a non-competing continuation application was completed to request Year 2 SIM grant funds for SHIP.
6. A SHIP communication plan, and master project management plan were revised and refined by Mercer, the SHIP project management and financial analysis contractor in readiness for the launch of the Model Test Year 1 activities on February 1, 2016.

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). *Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH will focus on preventive care, keeping patients healthy and keeping patients with chronic conditions stable. Grant funding will be used to provide training, technical assistance and coaching to assist practices in this transformation.*

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood. *Idaho's proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information between providers.*

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood. *At the local level, Idaho's seven public health districts will convene Regional Collaboratives that will support provider practices as they transform to PCMHs.*

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs. *This goal includes training community health workers, community health emergency services workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.*

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide. *Grant funds will support development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.*

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value. *Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.*

Goal 7: Reduce overall healthcare costs. *Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.*

MEMBERSHIP UPDATE

The current IHC roster of appointees has been included (Appendix A). The professional affiliation, expertise, and contribution to the IHC is included in the matrix. The IHC and its workgroups have identified additional nominees for consideration of appointment by the Governor.

The 2016 IHC meeting calendar includes the following meeting dates:

- I. January 13, 2016
- II. February 10, 2016
- III. March 9, 2016
- IV. April 13, 2016
- V. May 11, 2016
- VI. June 8, 2016
- VII. July 13, 2016
- VIII. August 10, 2016
- IX. September 14, 2016
- X. October 12, 2016
- XI. November 9, 2016
- XII. December 14, 2016

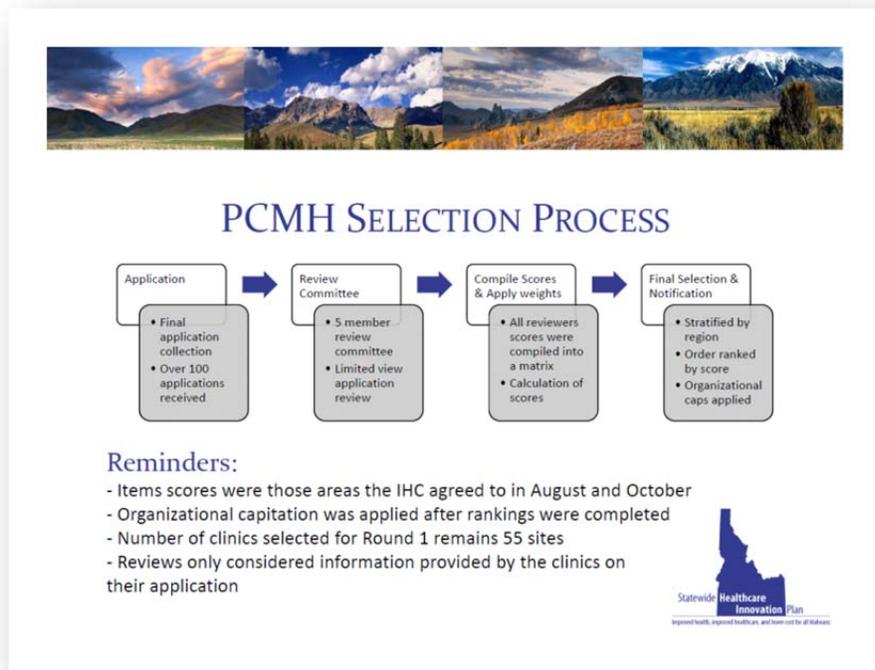
ACCOMPLISHMENTS & PROGRESS

A. Facilitate and support the transformation of primary care practices to the PCMH model:

A key component of Idaho’s healthcare transformation is the migration of primary care practices to the Patient Centered Medical Home (PCMH). The Idaho Medical Home Collaborative (IMHC) Workgroup developed the Idaho-specific criteria that will be used to designate primary care practices as PCMHs. These criteria are unique to Idaho, and build on the IMHC’s experience conducting the medical home collaborative. The use of Idaho-specific criteria as opposed to criteria established by a national PCMH accrediting body, such as NCQA or the Joint Commission, represents a change in the model from the Model Design phase. Stakeholders agreed that encouraging practices to achieve increasing levels of national PCMH recognition should continue to be a goal of the Model Test, but the criteria for a practice to participate in the Model Test as an Idaho PCMH should be tailored to Idaho’s unique provider community and Model Test goals. Stakeholders believed that requiring national accreditation or recognition would deter providers from participating in the model, because obtaining that level of recognition would stretch provider resources and would represent significant additional administrative burden.

Many of Idaho’s providers are ready to test the model and, at the same time, are working to recruit other providers. An “Application of Interest” was issued in August 2015 to determine primary care practices’ interest in transformation to a PCMH model; this generated 134 responses. The Idaho Medical Home Collaborative (IMHC) workgroup met September 30th and reviewed the Final PCMH Application (Version 0.5); additional comments, questions and considerations were shared by members for incorporation by SHIP into the final version presented to the IHC in October, 2015.

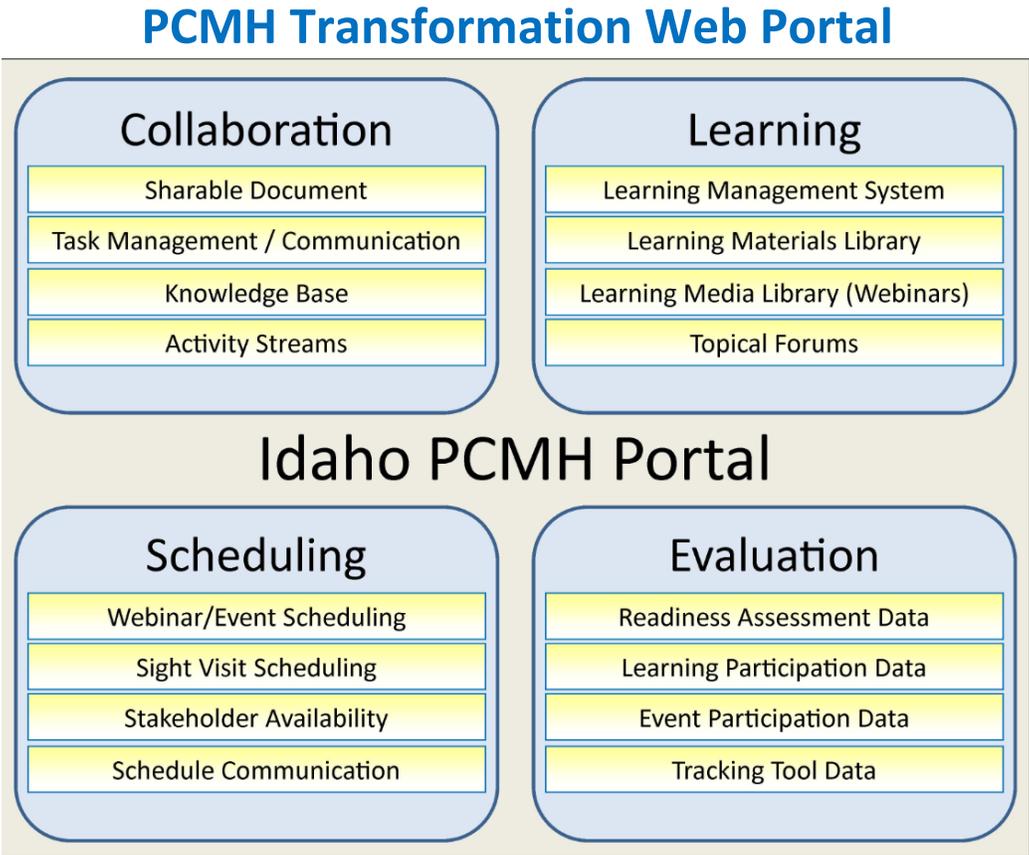
At the IHC meeting in December 2015, the 55 Cohort 1 Clinics were announced, including the process used.



By the end of the SIM Model Test period, Idaho will have 165 practices around the State transformed from a traditional primary care practice to a well-integrated, coordinated PCMH model supported by value-based payment models. Briljent, LLC, the SHIP PCMH Contractor has primary responsibility for implementing the PCMH transformation plan. They will use Idaho-specific criteria, distribute grant-funded PCMH incentive payments, and support practices through technical assistance, training, and mentoring.

Briljent selected the consulting firm Health Management Associates (HMA) as the PCMH Technical Assistance Subcontractor and the Certified Public Accounting (CPA) firm Myers and Stauffer serves as the Briljent PCMH Incentives Subcontractor. Briljent manages all activities for the two subcontractors, including building all of the subcontractors’ tasks and associated work efforts into a cohesive project plan. DHW has assigned a staff member to oversee Briljent’s work and ensure coordination between Briljent and the Regional Collaboratives (RCs), the IHC and its Workgroups.

A diagram of the proposed Briljent Team PCMH Transformation Web Portal is detailed below:



A diagram detailing all of the SHIP Technical Contractors is included as Appendix C.

B. Develop regional collaboratives to support local practices in transformation and integration of PCMHs with the medical neighborhood that includes secondary and tertiary care consultants, hospitals, behavioral health and other community support services:

Together with DHW, the IHC, HMA and the Regional Collaboratives (RCs) support the PCMHs in activities to transform and improve the healthcare system. Through a contractual arrangement with DHW, the seven Public Health Districts (PHDs) serve as the public health/physical health integrator for SHIP in local communities. Three staff members have been hired by the PHDs to work solely on the Model Test. These individuals will be a key factor in helping PCMHs get the transformation assistance they need, providing support to the RCs, and in communicating with the provider community. PHD SHIP Staff includes:

1. A SHIP Manager who is responsible for the overall leadership and direction of the RC.
2. A Quality Assurance/Quality Improvement (QA/QI) Specialist is responsible for providing QA/QI consultation to providers working toward PCMH transformation.
3. An Administrative Assistant who provides administrative support to the Ship Manager, QA/QI Specialist as well the RC Executive Leadership Committee (RCE) and RC members.

The RCE includes a Chair, Co-Chair, the Public Health District (PHD) Director, and the SHIP Manager. On November 5, 2015 an RC kickoff was held in Boise attended by RCE members, PHD SHIP staff, SHIP staff, CMMI project officers, Technical Assistance Contractors, and other stakeholders. The kickoff included strategic planning and toolkit creation to assist RCs in their development and operational efforts.

The PHD SHIP staff support practices and the PCMH model through a variety of activities and partners, including the following:

1. Establish RCs comprised of regional representatives from PCMHs, the Medical-Health Neighborhood and other stakeholders with local healthcare expertise;
 - The RCs work closely with the IHC and provide feedback on regional Model Test progress.
 - They also advise the IHC on effective quality initiatives for their region and PCMHs.
 - The RCS foster and improve collaboration at the State and regional levels.
2. Assist local PCMHs by establishing formal referral and communication protocols within the broader Medical-Health Neighborhood to facilitate coordinated care, support local innovation, and expand evidence-based practices;
 - The RCs, with the assistance of PHD SHIP Staff and HMA, will play a critical role in establishing referral and communication protocols between the PCMH and other providers in the Medical-Health Neighborhood, e.g., specialty care, hospitals, behavioral health, Indian Health Services (IHS) and tribal programs, elder care services, social service organizations.

3. Support practices in under-resourced areas to develop direct resources for critical components of the model;
 - The PHD SHIP Staff and HMA assist practices to develop resources for care coordination, arranging for after-hours care, and behavioral health specialty consultation.
4. Facilitate implementation and accreditation of the PCMH by providing resources and supports;
 - The PHD SHIP Staff and HMA, serve as trained facilitators, to guide practices through the transformation process.
5. Ensure ongoing success of the PCMHs by supporting regional and practice-level data gathering and analytics using systems and reports created at the IHC;
6. Partner with local public health experts to conduct the periodic community needs assessment using the CDC's Community Health Assessment and Group Evaluation tool;
 - The assessment results identify additional activities, services, and practice improvements needed to improve the community's health.
 - At the RC level, the representatives of the local provider community, community organizations, and public health authorities collaborate in reviewing community health needs assessments.

C. Recognize the critical issues related to Idaho's healthcare provider workforce shortage and work closely with the Idaho Health Professions Education Council (IHPEC), established by executive order in 2009, to ensure that SHIP activities align with the Council's workforce development strategies:

Recognizing the critical need to build on existing workforce capacity initiatives to support the PCMH care delivery system envisioned in Idaho's Model Test, Idaho's stakeholders worked together during the Model Design phase to develop strategies to make the best use of Idaho's current workforce, and increase the future supply of needed health professionals.

During the Model Test, key stakeholders have begun to actively partner with the IHC and DHW to determine the best path forward in implementing these critical workforce capacity efforts. Chief among these key stakeholders is the Idaho Health Professions Education Council (IHPEC). The IHPEC is composed of groups central to Idaho's healthcare workforce development goals, including healthcare organizations, colleges, and universities. This composition of stakeholders reinforces Idaho's workforce trends and priorities in the Model Test phase.

Since 2009, the Council has been working to develop healthcare workforce objectives for the State and recommend strategies to address healthcare shortage across a range of professions. During Idaho's Model Design phase, stakeholders recommended that many of the Council's recommendations be incorporated into the Idaho SHIP strategies for workforce improvement.

To implement this recommendation, DHW and the IHC have begun to work more closely with the Council to ensure that SHIP activities, such as training opportunities for primary care practices and new data sharing arrangements, align with the Council's workforce development strategies and support their efforts wherever possible. The IHPEC is enthusiastic about advising the IHC on workforce education topics and is actively working to identify key topics and strategic initiatives in this area.

Throughout the Model Test, the Council will continue to advise the IHC on healthcare workforce education and development. The 2014–2015 IHPEC Annual Report to the Governor will also serve as a guide to further build workforce capacity in Idaho.

While collaboration with IHPEC is just one example, other stakeholder engagement activities help build healthcare workforce capacity. For example, the Bureau of Rural Health & Primary Care has been an internal stakeholder throughout the Model Design process. The Bureau partners with external stakeholders, including trade associations and educational institutions, to strengthen workforce recruitment and retention efforts in Idaho. Collaboration with the Bureau leverages the agency's work and expertise in building Idaho's healthcare workforce capacity, as well as its network of stakeholders in the SHIP Model Test.

Community Health Workers (CHWs) and Community Health Emergency Medical Services (CHEMS)

Idaho's Model Test proposes new workforce development initiatives that are aimed at increasing the healthcare workforce in rural areas. These workforce development initiatives specifically focus on building capacity around two types of professionals CHWs and CHEMS. Idaho's Model Test through the deployment of CHW and CHEMS professionals as an integrated component of the Virtual PCMH, amplifies primary care efforts in rural areas and ensures the highest level of care as close to home as possible for Idahoans. Proposed CHW and CHEMS training programs include staff training and onsite technical assistance. The SHIP Model Test will evaluate the effectiveness of CHW and CHEMS personnel in rural communities with very limited resources.

The CHW Advisory Group meetings were held on September 21st, September 25th, and October 6th. The CHW Training Committee met for a full day planning session on October 15, 2015. Approximately 30 stakeholders were in attendance. A CHW training curriculum and delivery system was identified and recommended to the IHC in November.

In the proposed model, CHW's act as a conduit between the PCMH practices and the community. CHW's training includes: 1) assessing client needs, 2) identifying mechanisms that further client access to services for health and social services e.g. social determinants of health, 3) developing techniques for supporting PCMH practices and 4) how to establish effective referral and tracking systems.

SHIP Telehealth

The Telehealth Council SHIP subcommittee met in November to develop a roadmap to operationalize and expand telehealth services in SHIP PCMHs and CHEMS. Components to be researched further for the roadmap include:

1. Administering a telehealth readiness assessment for PCMHs to identify opportunities and barriers for establishing or expanding telehealth programs;
2. Providing training, coaching, mentoring, best practice resources, and billing education to support program development in the PCMH;
3. Establishing telehealth training and resource development in CHEMS programs;

D. Establish quality outcome measures and methods to collect and analyze individual patient and population health outcomes:

While performance measurement data is collected by DHW, commercial payers, Medicare, and the seven PHDs, measures are reported in various forms and in silos that make it difficult or impossible to measure population health changes across Idaho.

As stated by Goal 5, a major element of Idaho's healthcare system transformation is to "build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level, and statewide level."

To align clinical quality performance measurement across public and private payers or programs, Idaho has developed an Initial Measure Catalog (Catalog). Initial performance measures selected for the Catalog were targeted because they represent the areas with the most need for health improvement across all Idahoans.

The Catalog serves as the starting point for Idaho's coordinated quality reporting system and is a key milestone in the State's efforts to align measures across payers in support of support population health management. The creation of the Catalog was possible due to agreement across payers that an alignment of measurement requirements in the healthcare transformation process will make population health management efforts more attainable for practices who must work with multiple payers.

Idaho's healthcare system transformation is built on the premise that the State's current health system must do better to provide effective and efficient healthcare delivery through a patient-centered coordinated care approach, while ultimately producing better outcomes for Idahoans. Idaho faces many challenges in improving the health of the State's population, but the creation of Idaho's Population Health Plan, Get Healthy Idaho, is a crucially important beginning in outlining a strategy to improve and manage health of the population statewide.

Get Healthy Idaho consists of two integral parts:

1. A statewide, comprehensive population health assessment that provides a foundation for understanding the health of Idahoans and communities.
2. A population health improvement plan that focuses public health efforts to address specific priority areas.

Additional PHW highlights this quarter are:

- Presentation on Population Health Measures and Network of Care Platform;
- Presentation on Idaho mortality trends;
- Discussion on working definition of Population Health;

E. Advance primary care payment methods that align with the PCMH model, encouraging public and private payers to reimburse for improved health outcomes rather than volume of visits:

While all stakeholders have been instrumental to the progress made to date, the work of participating payers and healthcare providers deserves special recognition because of both their contribution to the pending changes and the impact of those changes on their work. Public and private payers in Idaho are engaged and committed to new models of healthcare delivery and payment models that advance and reward the value, rather than volume, of healthcare services. Public and private payers are aligned to support practices through a blended payment methodology that values outcomes over volume. Payers have worked collaboratively to ensure that, when Idaho launches its Model Test implementation in early 2016, payers will begin the process of moving to value-based payment approaches that include FFS alternatives that link payment to value.

In Idaho, Medicaid has agreed to provide a PMPM to practices reaching certain national recognition levels to support ongoing PCMH activities, including care coordination, health promotion, and patient management. On February 1, 2016 Medicaid will move from a FFS payment model that rewards volume of service to a model, aligned across payers, which includes a combination of per member per month (PMPM) payment, quality incentive to ensure evidence-based practices, and at-risk incentives for primary care practices.

Medicaid is restructuring the Healthy Connections and Health Home Programs to incentivize primary care providers to transform their clinics into PCMHs and to align with the SHIP goals. The goal of these changes is to:

- Improve access to care;
- Improve care coordination;
- Encourage patients to be involved in their healthcare decisions;
- Improve overall health outcomes;

The Healthy Connections and Health Home Programs will be combined into one program and the monthly case management payment will be based on both the complexity of the participant's health and the PCMH capabilities of the Healthy Connections clinic. Healthy Connections clinics will qualify for one of the four tiers of reimbursement for all attributed participants.

Any provider who meets the qualifying criteria can participate as a Healthy Connections clinic for Idaho Medicaid participants. Participating primary care providers will continue to receive Fee for Service (FFS) payments as usual. In addition primary care providers who are also Healthy Connections providers will receive a per member per month (PMPM) payment based on Medicaid participants enrolled at that location.

The PMPM is also based on the network or tier in which the service location participates. Each tier offers a different rate based on the location's ability to deliver services in the PCMH model of care.

The MPW has worked closely with the Clinical Quality Measures (CQM) Workgroup to arrive at the Initial Performance Measure Catalog to be used during the Model Test. The collection of quality data and assessment of regional and statewide healthcare system performance will be made possible through the willingness of payers to enter into data-sharing agreements. Idaho's private and public payers have agreed to share data needed to standardize quality metrics reporting, evaluate the impact of the PCMH model on the health of Idaho's population, and provide information needed to support Idaho's contribution to CMMI's national evaluation of innovative delivery and payment models.

Updates for this quarter:

1. The CMMI contracts with Manatt to support Statewide Innovation Model (SIM) grantees. DHW requested technical assistance from Manatt to explore processes to engage the self-funded insurers, brokers, and organizations about participating in the PCMH model. Manatt conducted interviews in Idaho and nationally. They prepared recommendations, strategic direction, and a project summary and submitted the report to DHW in September.
2. Mercer continues to work with MPW payers regarding collection of baseline financial data required by CMMI for the SIM grant. Data collection began in September.

F. Provide guidance to expand health information technology (HIT) at the practice level, enhancing PCMHs' use of electronic health records (EHRs), enabling the coordination of care and redundancies found in the current healthcare delivery system and, at the state level compiling population health data for quality measurement and improvement:

Health Information Technology (HIT) is a critical component underpinning the overall SIM Model Test and is a primary driver of Idaho's healthcare system transformation. The Plan describes the State's plans to establish the data and analytical capability to support PCMHs and other organizations in improving coordination and delivery of care, exchanging clinical information, and improving the health of the population.

During the Model Design phase, Idaho's stakeholders identified limited opportunities in the existing landscape to coordinate data collection and analysis across payers and populations. These limitations have historically prevented Idaho from fully developing the capacity to collect and analyze statewide data.

Idaho's Plan provides a pathway to increasing this capacity. The Plan describes how Idaho will build capacity across the system and sets a strong foundation for implementing increasingly robust HIT solutions as the PCMH model evolves. It aims to support a successful PCMH model in Idaho by building a platform for Model Test participants to collect and share data for purposes of patient collaboration, patient engagement, continuous quality improvement, reporting, and analytics.

During this quarter, focus was centered on completing ramp-up activities:

1. The Office of the National Coordinator (ONC) provided on-site Technical Assistance (TA) and updates on the national HIT strategy as well as feedback on Idaho's activities and plan.
2. HIT engaged in discussions with Dr. David Kendrick of Oklahoma, a state who has successfully managed their HIT transformation efforts. This technical assistance was provided by CMMI and ONC.
3. Monitoring continues on the progress of the Data Analytics RFP process; the application period has closed and the review team is currently reviewing proposals for selection scheduled in January 2016.
4. Idaho Health Data Exchange (IHDE) provided the HIT workgroup with a demonstration of the current portal hosted by Orion. Using a test environment, IHDE staff shared with the group the various platform functionalities including secure messaging, master patient index, lab and imaging results interface, and the registry management function.
5. Discussion about data element mapping elements will take place when the data analytics vendor is on board.

G. Develop a long-range plan for sustainability and growth of Idaho's transformed healthcare system:

As part of the award, SHIP is required to submit an evaluation plan and perform an internal, state led evaluation. Concurrently, CMMI directs a federal, independent evaluation. The federal evaluation is shared with the state, however is intended for CMS and its federal partners.

The state-led evaluation is intended as a self-improvement mechanism to share among in-state stakeholders. This evaluation serves as a method of maintaining accountability and tracking progress towards articulated goals, illustrating fidelity to implementation milestones and model outcomes, as well as directing mid-course corrections. The evaluation will inform stakeholders of progress toward goals, milestones and model outcomes. Monitoring and rapid-cycle evaluation findings recommended by the State Evaluator allow adjustments to be made in the SHIP Model Test.

Several of the SHIP initiatives address sustained impacts. As part of the model test, each of our new programs introduced at the RC and or community level will explore sustainability. For example, the model test measures impacts on: 1) new ways of serving; 2) new capacity created; and 3) policy changes to support sustained impact.

Throughout discussions and deliberations with Idaho's healthcare providers, their dedication and resolve to improve the health of their patients, community, and overall State population has helped address challenges and barriers to healthcare transformation. Primary care doctors, nurse practitioners, hospitals, nurses, social workers, behavioral health professionals, and other specialists and ancillary providers together are the driving force of Idaho's innovation. Their willingness to contribute their expertise, share their experience, and volunteer their time to improving Idaho's health is a true testament to the integrity and value of Idaho's healthcare workforce. It is also anticipated that this collaboration will help address barriers and challenges moving forward.

APPENDICES

- Appendix A – Idaho Healthcare Coalition Appointees
- Appendix B – SHIP Model Test Organizational Chart
- Appendix C – SHIP Technical Assistance Contractors

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
IHC Leadership				
Ted Epperly, MD President and CEO Family Medicine Residency of Idaho	<i>Dr. Epperly is a nationally-respected healthcare system transformation leader and has led Idaho's efforts in transformation over the past two years during Idaho's model design phase and now will lead our model test as chair of the Idaho Healthcare Coalition.</i>	May 2013-Present	Governor Appointed, Chair, Idaho Healthcare Coalition	<i>Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83704 Ted.epperly@fmridaho.org</i>
Denise Chuckovich, Deputy Director, Department of Health and Welfare	Ms. Chuckovich serves as Co-Chair of the IHC and DHW lead on Idaho MTP implementation. As the state agency responsible for MTP implementation. DHW leadership is critical to the success of Idaho's efforts.	September 2012-Present	DHW lead on MTP and IHC co-chair	Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ChuckovD@dhw.idaho.gov
State Leadership				
Richard Armstrong, Director, Department of Health & Welfare	Mr. Armstrong is the director of the Idaho Dept. of Health and Welfare and provides critical cabinet level leadership. He has identified the MTP as a high priority DHW strategic initiative.	September 2012-Present	Mr. Armstrong provides highest level leadership within DHW and Idaho state government officials. He participates in monthly IHC meetings and provides strong liaison relationships with other cabinet members, Governor's Office, legislators.	Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ArmstrongR@dhw.idaho.gov
Scott Carrell, Executive Director, Idaho Health Data Exchange Chair, HIT Work Group	Mr. Carrell represents the Idaho Health Data Exchange which will play a key role in data sharing and analytics in Idaho's MTP.	June 2013-Present	Mr. Carrell represents the Idaho Health Data Exchange, a critical element of Idaho's model test. The IHDE will provide connectivity for PCMHs participating in the model test.	Idaho Health Data Exchange 450 W State St P.O. Box 6978 Boise, ID 83707 scarrell@idahohde.org

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Ross Edmunds, Behavioral Health Division Administrator, Department of Health and Welfare	Mr. Edmunds is the state Behavioral Health Authority and provides focus on BH integration with primary care.	September 2014 - Present	Mr. Edmunds brings the behavioral health community perspective to the IHC and is leading Idaho's work in BH System transformation.	Behavioral Health Division Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5726 EdmundsR@dhw.idaho.gov
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 HettingL@dhw.idaho.gov
Nicole McKay, Deputy Attorney General	Represents Idaho's Attorney General	January 2015. Previous DAG in role since 10/13	State Deputy Attorney General provides legal guidance to DHW and IHC, particularly in the areas of anti-trust, conflict of interest, and contracting.	State Deputy Attorney General Department of Health & Welfare 450 W State St., 10 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5540 McKayN@dhw.idaho.gov
Tammy Perkins Sr. Special Assistant for Health and Social Svcs Office of the Governor	Ms. Perkins represents the Governor's office on the IHC. Governor Otter has been a strong supporter of healthcare system transformation since he took office in 2007.	June 2013-Present	Represents governor's office, communicates key policy direction from governor, and serves a conduit back to governor re IHC policy recommendations.	Office of the Governor State Capitol P.O. Box 83720 Boise, ID 83720 tperkins@gov.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Elke Shaw-Tulloch, Public Health Division Administrator, Department of Health and Welfare	Ms. Tulloch represents the state Health Division within the Dept. of Health and Welfare	August 2013 - Present	Ms. Tulloch represents the state level public health division perspective	Public Health Division Department of Health & Welfare 450 W State St., 4 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-6996 ShawE@dhw.idaho.gov
Mary Sheridan, Bureau Chief, Bureau of Primary and Rural Health Care, DHW Health Division	Represents state level rural health and primary care office.	September 2012	Ms. Sheridan provides a focus on rural healthcare delivery that is critical to Idaho's model test initiative.	Public Health Division Department of Health & Welfare 450 W State St., 4 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-332-7212 SheridaM@dhw.idaho.gov
Cynthia York, Program Administrator, Office of Healthcare Policy Initiatives	Provides leadership for the initiative within DHW.	March 2014	Ms. York is responsible for the day to day operations of the Office of Healthcare Policy Initiatives which will be responsible for Idaho's Model test implementation.	Office of Healthcare Policy Initiatives Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5574 YorkC@dhw.idaho.gov
Legislative Leadership				
Lee Heider, Senator, Idaho Legislature Chair, Senate Health and Welfare Committee	Senator Heider provides legislative perspective and support to Idaho's healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing Senate support for the plan.	July 2013-Present	Senator Heider, as chair of the Idaho Senate Health and Welfare Committee, provide senate level leadership and connectivity for Idaho SHIP. He speaks regularly in support of the SHIP in senate hearings, and healthcare discussions.	Idaho Legislature 1631 Richmond Dr. Twin Falls, ID 83301 lheider@senate.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
<p>Fred Wood, MD, Representative Idaho Legislature Chair, House Health and Welfare Committee</p>	<p>Representative Wood provides legislative perspective and support to Idaho’s healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing House support for the plan. Rep Wood is also a physician, so brings that invaluable perspective to discussions as well.</p>	<p>July 2013-Present</p>	<p>Representative Wood, as chair of the Idaho House Health and Welfare Committee, provide house level leadership and connectivity for Idaho SHIP.</p>	<p>Idaho Legislature P.O. Box 1207 Burley, ID 83318-0828 fwood@house.idaho.gov</p>
Physicians				
<p>Andrew Baron, MD, Medical Director Terry Reilly Health Services Chair, Quality Work Group Chair, District 3 Regional Health Collaborative</p>	<p>Dr. Barron is medical director at Terry Reilly Health Services, a FQHC, serving large numbers of uninsured Idahoans.</p>	<p>July 2013-Present</p>	<p>Dr. Barron represents a community health center perspective, serving many low-income and uninsured patients.</p>	<p>Terry Reilly Administrative Office 211 16th Avenue, North Nampa, ID 89687 abaron@trhs.org andrew.baron.md@gmail.com</p>
<p>Keith Davis, MD, Independent Physician President, Idaho Medical Association Board of Trustees Chair, District 5 Regional Health Collaborative</p>	<p>Dr. Davis is an independent family physician practicing in a large rural area. He is the only physician in his county and represents the views of rural physicians.</p>	<p>June 2013-Present</p>	<p>Represents small rural practice perspective. Also in leadership role at Idaho Medical Association.</p>	<p>Shoshone Family Medical Center NCQA Level 3 PCMH 113 S. Apple St. Shoshone, ID 83352 docdavis4L@hotmail.com</p>

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
<p>Scott Dunn, MD, Idaho Academy of Family Physicians</p> <p>Co-Chair, Idaho Medical Home Collaborative</p> <p>Chair, District 1 Regional Health Collaborative</p>	<p>Dr. Dunn is an independent family physician practicing in a small Idaho community.</p>	<p>June 2013-Present</p>	<p>Dr. Dunn represents small rural physician practice that has fully implemented PCMH and achieved NCQA level 3 recognition.</p>	<p>Family Health Center 606 N. 3rd Ave. #101 Sandpoint, ID 83864 dunn6@juno.com</p>
<p>David Peterman, MD, President Primary Health</p> <p>Co-Chair, Multi-Payer Work Group</p>	<p>Dr. Peterman is a pediatrician and represents a large primary care organization.</p>	<p>June 2013-Present</p>	<p>Dr. Peterman brings the perspective of both a pediatrician and president of an independent multi-clinic family practice.</p>	<p>Primary Health Medical Group 6348 Emerald St. Boise, ID 83704 david.peterman@primaryhealth.com</p>
<p>Dave Schmitz, MD Family Medicine Residency of Idaho,</p> <p>Chair of Idaho Health Professions Education Council</p>	<p>Dr. Schmitz works with family medicine residents who are practicing in rural Idaho communities.</p>	<p>July 2014-Present</p>	<p>Dr. Schmitz represents Idaho Health Professions Education Council, and Idaho workforce issues.</p>	<p>Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83704-9251 dave.schmitz@fmridaho.org</p>
Provider Membership Associations				
<p>Yvonne Ketchum, Executive Director Idaho Primary Care Association</p>	<p>Ms. Ketchum represents the membership association for Idaho's 13 community health centers. The CHCs have clinic sites in 40 locations across the state, including many rural communities.</p>	<p>November 2015- Present</p>	<p>Ms. Ketchum represents Idaho's 13 CHCs which provide primary care, dental and BH services to 10% of Idaho's population.</p>	<p>Idaho Primary Care Association 1087 W River St, Sui. 160 Boise, ID 83702 yketchum@idahopca.org</p>

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Deena LaJoie, Idaho Academy of Nutrition & Dietetics	Dieticians will play a critical role in individual and population health.	March 2015 - Present	Ms. LaJoie represents the state's dieticians and can provide the important perspective of the role of diet and nutrition in maintaining personal and population health.	716 N. Troutner Way Boise, ID 83712-7545 208-284-2674 deenal@gmail.com
Susie Pouliot, Chief Executive Officer Idaho Medical Association	Ms. Pouliot represents the Idaho membership association for Idaho physicians.	June 2013-Present	Ms. Pouliot represents Idaho's physician community, including primary care and specialty care.	Idaho Medical Association 305 W. Jefferson St. Boise, ID 83702 susie@idmed.org
Neva Santos, Executive Director Idaho Academy of Family Physicians	Ms. Santos represents the Idaho membership association for Idaho family physicians.	June 2013-Present	Ms. Santos represents Idaho's family practice physician community.	Idaho Academy of Family Physicians 777 N. Raymond St. Boise, ID 83704 idahoafp@aol.com
Larry Tisdale, CFO Idaho Hospital Association	Mr. Tisdale represents the membership association for Idaho's hospitals.	June 2013-Present	Mr. Tisdale represents Idaho's hospitals including large hospital systems as well as many small critical access hospitals.	Idaho Hospital Association 615 N. 7th St. Boise, ID 83702 ltisdale@teamiha.org
Jennifer Wheeler, Idaho Oral Health Alliance (IOHA)	Ms. Wheeler represents the oral health provider community	June 2015-Present	IOHA represents a consortium of oral health providers who bring needed expertise regarding the integration of oral health with physical health	IOHA PO Box 2039 Boise, ID 83701 jwheeler@idahooralhealth.org
Healthcare Systems				
Mike Dixon, MD, Executive Director, North Idaho Health	Dr. Dixon represents a network of physicians in N. Idaho.	June 2013-Present	Dr. Dixon represents views of physician networks.	1250 W. Ironwood Dr. Ste. 201 Coeur d'Alene, ID 83814 mdixon@nihn.net

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Network				
Casey Meza, Executive Director, Affiliated Health Services Kootenai Health	Ms. Meza represents a large healthcare system in N. Idaho.	December 2014-Present	Ms. Meza brings the perspective of a large healthcare delivery system in N Idaho.	Kootenai Health 2003 Kootenai Health Way Coeur d’Alene, ID 83814 CMeza@kh.org
Daniel Ordyna, CEO Portneuf Medical Center	Mr. Ordyna represents a large healthcare system in S.E. Idaho.	March 2015 - Present	Mr. Ordyna brings the perspective of a large healthcare delivery system in SE Idaho.	Portneuf Medical Center 777 Hospital Way Pocatello, ID 83201 Daniel.ordyna@portmed.org
David Pate, MD, President and CEO St. Luke’s Health System	Dr. Pate represents a large Idaho healthcare system with multiple sites in S. Idaho.	June 2013-Present	Dr. Pate brings the perspective of a large healthcare delivery system in S. Idaho.	St. Luke’s Health System 190 E. Bannock St. Boise, ID 83712 pated@slhs.org
Robert Polk, MD, Vice President & Chief Quality Officer, St. Alphonsus Health System	Dr. Polk represents a large Idaho healthcare system, with multiple sites in the Boise area.	September 2014-Present	Dr. Polk brings the perspective of a large healthcare delivery system in S. Idaho.	St. Alphonsus Health System 1055 N. Curtis Road Boise, ID 83706 jrobpolk@sarmc.org
Janet Willis, Assistance Director, Nursing Education VA Medical Center	Ms. Willis is a RN at the Idaho VA medical Center with particular expertise with the patient centered medical home.	September 2014-Present	Ms. Willis represents the nursing perspective in development of the PCMH and also bring the perspective of the Veterans Administration (VA)	VA Medical Center 500 W. Fort St. Boise, ID 83702 Janet.willis@va.gov
Payers				
Josh Bishop, Vice President & Regional Idaho	Mr. Bishop represents a large private payer in Idaho	June 2015-Present Pacific Source reps	Josh Bishop represents one of Idaho’s largest private insurers who play a critical role in developing a value based	PacificSource 408 E Parkcenter Boulevard, Suite 100

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Director, PacificSource		have been participating in SHIP discussions since 2013.	reimbursement plan for Idaho PCMHs.	Boise, ID 83706 Josh.bishop@pacificsource.com
Melissa Christian, Vice President, Network Management Regence Blue Shield of Idaho	Ms. Christian represents a large private payer in Idaho.	This payer has been participating in multi-payer discussions in Idaho since 2010.	Ms. Christian represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Regence Blue Shield of Idaho 1211 W. Myrtle St. #110 Boise, ID 83702 Melissa.christian@regence.com
Jeff Crouch, Vice President Provider Services, Blue Cross of Idaho Co-Chair, Multi-payer workgroup	Mr. Crouch represents a large private payer in Idaho.	July 2013-Pesent	Mr. Crouch represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	3000 E. Pine Ave. Meridian, ID 83642 jcrouch@bcidaho.com
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 HettingL@dhw.idaho.gov
Anne Wilde, JD, Representative Employers Health Coalition of Idaho	Ms. Wilde represents large employers' interests in improving Idaho's healthcare system.	May 2014-Present	Ms. Wilde represents Idaho's large employers whose understanding and support of PCMH and shifting reimbursement models will be critical to payer support of PCMH reimbursement.	Employers Health Coalition of Idaho P.O. Box 6230 Boise, ID 83707-6230 annewilde@wseco.com

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Regional Public Health Districts				
Lora Whalen, District Director, Idaho Public Health District 1 (Panhandle)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Panhandle Health, 8500 N Atlas Hayden, Idaho 83835 208-415-5102 lwhalen@phd1.idaho.gov
Carol Moehrle, District Director, Idaho Public Health District 2 (North Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Public Health Idaho North Central 215 10th Street Lewiston, Idaho 83501 208-799-3100 cmoehrle@phd2.idaho.gov
Nikole Zogg, District Director, Idaho Public Health District 3 (Southwest)	Represents one of Idaho's 7 public health districts.	December 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southwest District Health, 13307 Miami Lane Caldwell, Idaho 83607 208-455-5315 nikolezogg@phd3.idaho.gov
Russell Duke, District Director, Idaho Public Health District 4 (Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Central District Health, 707 N. Armstrong Place Boise, Idaho 83704 208-375-5211 rduke@cdhd.idaho.gov
Rene LeBlanc, District Director, Idaho Public Health District 5 (South Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	South Central 1020 Washington Street North Twin Falls, Idaho 83301 208-737-5902 rleblanc@phd5.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

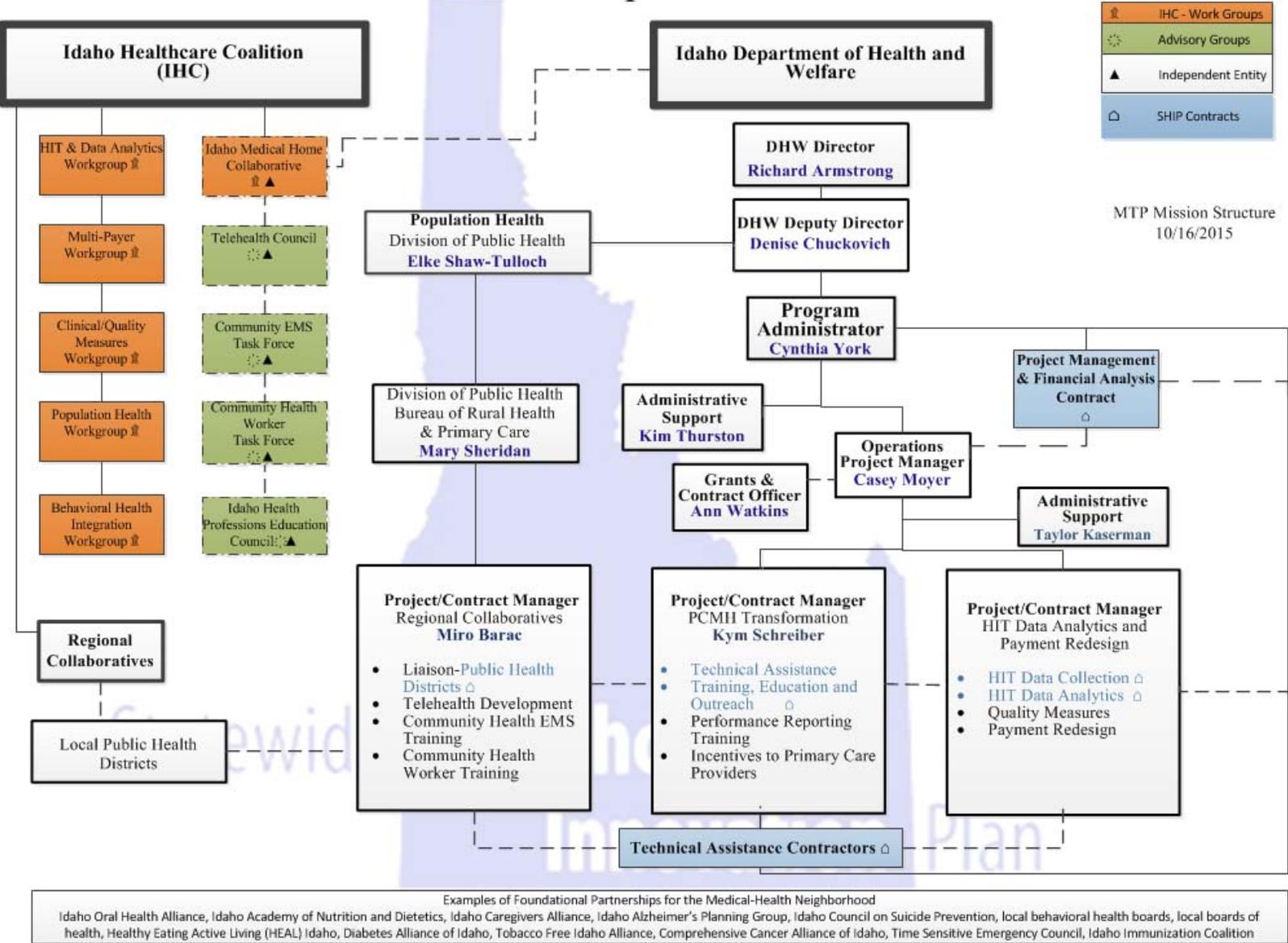
Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Maggie Mann, District Director, Idaho Public Health District 6 (Southeastern)	Represents one of Idaho's 7 public health districts	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southeastern Idaho Public Health 101 Alvin Ricken Drive Pocatello, Idaho 83201 208-233-9080 MMann@siph.idaho.gov
Geri Rackow, District Director, Idaho Public Health District 7 (Eastern)	Represents one of Idaho's 7 public health districts	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Eastern Idaho Public Health 1250 Hollipark Drive Idaho Falls, ID 83401 208-533-3163 grackow@eiph.idaho.gov
Regional Collaboratives				
Glenn Jefferson, MD, Valley Medical Center	Dr. Jefferson is the chair of the North Central Health Collaborative (PH District 2)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the North Central Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Valley Medical Center 2315 8 th Street Lewiston, ID 83501 208-746-1383 GJefferson@ValleyMedicalCenter.com
Kevin Rich, MD, Family Medicine Residency of Idaho	Dr. Rich is the chair of the Central Health Collaborative (PH District 4)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Central Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Family Medicine Residency of Idaho 777 N Raymond Street Boise, ID 83704 Kevin.Rich@FMRIIdaho.org
William Woodhouse, MD, Family Medicine ISU	Dr. Woodhouse is the chair of the Southeastern Health Collaborative (PH District 6)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Southeastern Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard	465 Memorial Drive Pocatello, ID 83201 WDHouse@fmed.ISU.edu

Idaho Healthcare Coalition (IHC) Appointees – Appendix A

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
			to organizing, operationalizing and sustaining the health neighborhood.	
Boyd Southwick, MD, Family First Medical Center	Dr. Southwick is the chair of the Eastern Health Collaborative (PH District 7)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Eastern Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Family First Medical Center 3614 Washington Street Idaho Falls, ID 83401 BSouthw@FamilyFirstIF.com
Community Stakeholders				
Karen Vauk, President & CEO Idaho Foodbank	Ms. Vauk represents the Idaho Foodbank, and serves on the IHC as a community partner representative.	August 2014- Present	Ms. Vauk represents a key community partner. Food insecurity for low income Idahoans can greatly impact health outcomes.	The Idaho Foodbank 3562 South TK Avenue Boise ID 83705-5278 208-336-9643 ext. 2693 kvauk@idahofoodbank.org

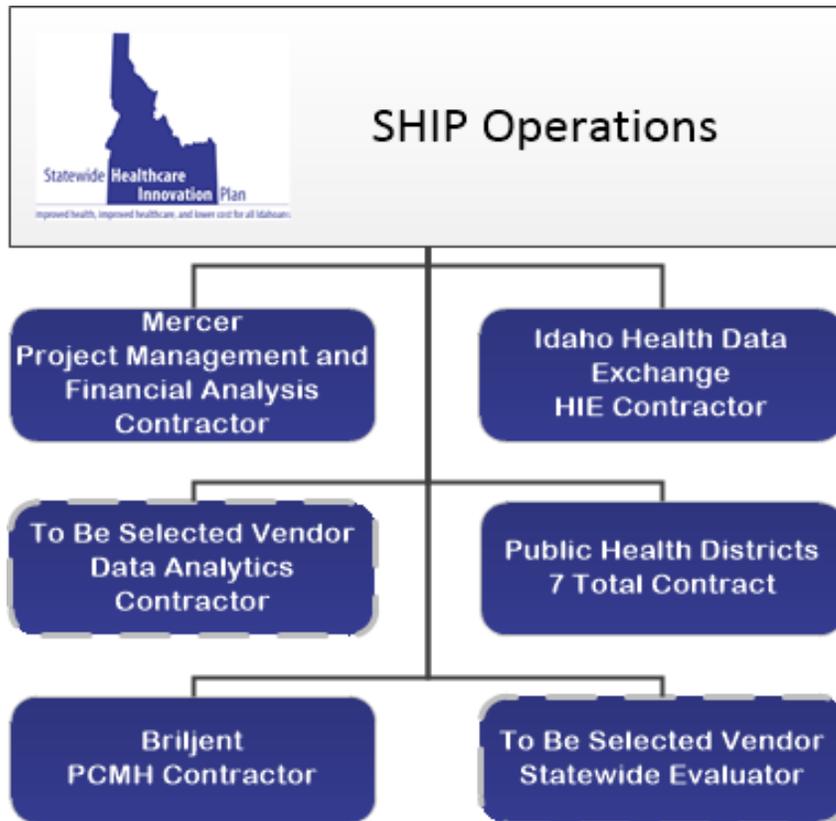
Appendix B

Model Test Proposal Mission Structure



Technical Assistance Contractors

Appendix C



Mercer:

- Operations Plan
- Master Project Management Plan
- Communications Plan

Idaho Health Data Exchange

- PCMH Connectivity
- Data for Analytics Vendor

Public Health Districts

- 3 SHIP Staff members
- RC and Medical-Health Neighborhood support

Briljent

- PCMH Transformation
- Incentive distribution