



Idaho Medical Home Collaborative

Meeting Agenda

Wednesday, June 29, 2016, 1:30 PM – 2:30 PM

Location

Call-In Number: 1-720-279-0026; Participation Code: 773079

1:30pm	SHIP Recruitment Planning – <i>Dr. Scott Dunn, Family Health Center</i>
1:50pm	Interest Application for Cohort 2 – <i>Kym Schreiber, IDHW, PCMH Project Manager</i>
2:10pm	Medicaid Healthy Connections – <i>Matt Wimmer, IDHW Administrator of Medicaid</i>
2:30pm	Wrap Up, Next Steps
	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*



PCMH Recruitment Plan

Cohort 2 – Grant Year 3

Version 5.0 DRAFT (June 2016)

Introduction

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), which is 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.

In December 2014, the Idaho Department of Health and Welfare (IDHW) received a State Innovation Model (SIM) grant from CMMI. This grant will fund a four (4) year model test that began on February 1, 2015, to implement SHIP. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

Governance and Stakeholder

Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The six (6) month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Governor Otter established the Idaho Healthcare Coalition (IHC) which has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations, and community representatives.

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. 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 testimony 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.



The Idaho Medical Home Collaborative (IMHC) makes recommendations to the IHC on topics related to the development, promotion, and implementation of PCMHs in Idaho. For the SIM Model Test, the IMHC will make recommendations to IDHW and the IHC related to expanding the PCMH model through the SIM initiative. (<http://ship.idaho.gov/WorkGroups/IdahoMedicalHomeCollaborative>)

The IMHC is comprised of subject matter experts who will use their expertise and experience with the PCMH model in Idaho to produce recommendations to guide the development, promotion and implementation of PCMHs statewide through the SIM Model Test.

While the IHC members are active in the SHIP PCMH application review, they cannot participate in the selection process of PCMH clinics. As non-compensated, appointed public officials, per the Ethics in Government Act, IHC members are not prohibited from having an interest in a contract made with SHIP so long as the provisions of the Bribery and Corruption Act are strictly adhered to, which includes: 1) not taking any part in the preparation of the contract and bid specifications and 2) not voting, or approving the contracts.

Target Audience for Recruitment

Many of Idaho's providers are ready to test the model and, at the same time, are working to recruit other providers. During the Medical Health Home Project, Medicaid had 364 primary care providers servicing 49 locations throughout the state. Many of these practices are currently Cohort 1 participants. An *Interest Application* was issued in August 2015 to determine additional primary care practices' interest in transformation to a PCMH model; this generated 134 responses. 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.

Practices being targets include: all Primary Care Practices (PCPs) within the State of Idaho who are engaged in the PCMH model of care and those interested in PCMH. Limited specialty clinics providing primary care services as well as Behavioral Health service providers whom are offering primary care are also encouraged to apply for participation with SHIP.

PCPs should consider the following questions when thinking of becoming a PCMH clinic:

1. Are you interested in lowering malpractice costs, increasing quality of care and increasing reimbursements?
2. As a physician are you providing your patients with evidence-based medical care?
3. Are you tracking and monitoring your patients that have been identified with certain diagnoses?
4. Are you using an electronic health record that allows you and your staff to manage patients and track their care within and outside of the practice?
5. Do you provide your patients with on-going patient education that allows for a true partnership for care?
6. Are you setting goals to make your practice clinically and operationally sound?

Answering yes to most or all of these questions, may indicate that a clinic is ready to implement the Patient-Centered Medical Home model of care.

Methodology

For primary care providers, the communication goal is two-tiered based on the audience. For primary care providers who have already engaged in the SHIP model, the goal is to increase understanding of the SHIP model and its implementation. For primary care providers who have not been engaged in the process, the goals are to increase understanding of the model and to recruit their participation and commitment to the model. The specific message to primary care providers will include: how the SHIP model will benefit their practice and patients; additionally, resources and supports that will be available to help them as they transition to the PCMH model. Messages will also focus on the fact that Idaho is testing a model that has been chosen based on experience with the PCMHs in the State.

For Cohort 1, the *Interest Application* and *Final Application* incorporated topics to review the readiness of primary care clinics within the State of Idaho that reflect both geographic and population focused diversity, as well as clinics that demonstrate readiness to take on PCMH transformation work. The priority topics identified within the applications were:

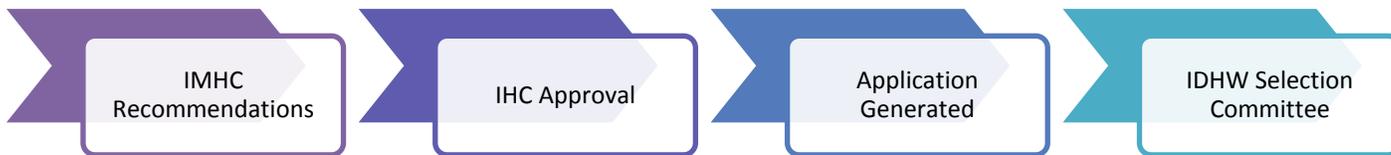
1. Clinic Profile: clinic demographic factors comprising of patient access to care, empanelment, and payer distribution.
2. Transformation Plan, History, and Experience: engaged leadership and effective transformation experience.
3. Health Information Technology (HIT) Capabilities: electronic health record (EHR) usage and access to appropriate data.
4. Primary Care/ Behavioral Health Integration: increasing patient wellness and support of integration of behavioral health within primary care settings.
5. Team Based Care: care coordination experience.
6. Population Health Management: utilization of evidence based practices and data for care management.
7. Quality Improvement (QI) Activities: identifying performance opportunities to improve clinical quality, efficiency, and patient experience.
8. Clinic Vision and Mission: identifying a physician champion and aligning clinic’s strategy with SHIP goals and the Triple Aim.

Cohort 1 Lessons Learned

SHIP Cohort 1 recruitment process yielded several opportunities for improvement and included:

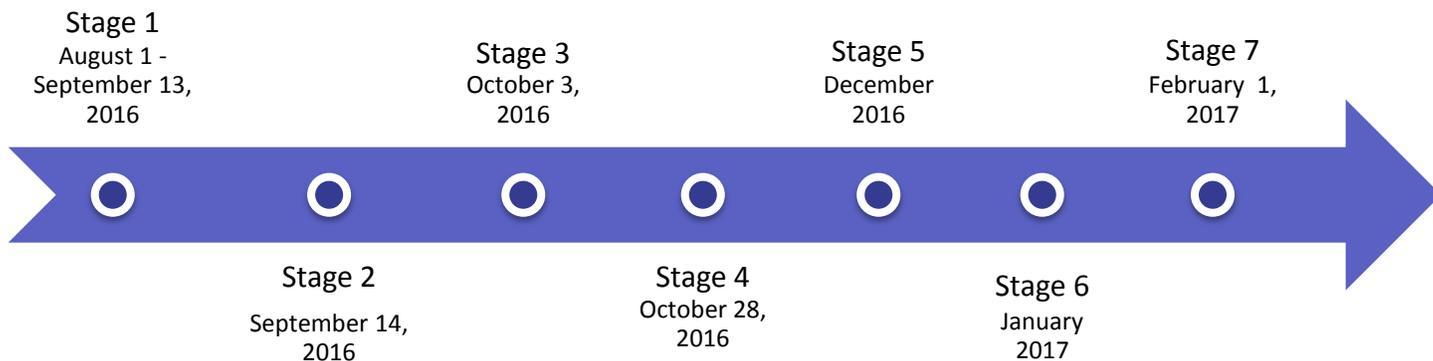
Cohort 1 Lessons Learned—Potential Improvements	Description and Impacts	Change to Methodology
<i>Completion times for Interest Application</i>	<ul style="list-style-type: none"> • <i>The Interest Application had a 2-week turnaround at a time of year when primary care practices are at their busiest.</i> • <i>The application should have allowed for more time to be completed, or a simpler method for completion should have been identified.</i> 	<i>Future Cohorts will have a larger window of time to complete a form showing their interest in participation with SHIP.</i>
<i>Questions asked and length of application</i>	<ul style="list-style-type: none"> • <i>The completion of the Interest Application was laborious for some applicants with limited understanding in the value of questions asked that were then repeated in the Final Application.</i> • <i>Applicants were frustrated with the duplicative work this created and additional time spent providing SHIP with information they had already obtained.</i> 	<i>Future Cohorts will submit a short form consisting of contact information, and answer a short survey of questions.</i>
<i>Confusion in naming of application</i>	<ul style="list-style-type: none"> • <i>Utilizing the term “application” led some to believe the Interest Application was the only application for SHIP Cohort 1.</i> • <i>Some clinics may not have completed a Final Application, as they had already completed an application.</i> 	<i>Proposing the “Interest Application” be renamed the “SHIP Interest Survey” to avoid confusion through the application process for future cohorts.</i>

Process for establishing Cohort 2 Selection Criteria



Selection criteria and the Final Application for SHIP Grant Year 3 – Cohort 2 clinics will be revised based on lessons learned during the Cohort 1 application processes and will incorporate feedback from the IMHC after their yet to be scheduled August meeting. The SHIP team will build a combined Final SHIP Application and Readiness Assessment into an online application after completing the final version with assistance from the IMHC. The IMHC will present the proposed selection criteria along with the draft of the Final Application to the IHC during their September 14, 2016, meeting.

Selection Criteria Process:



Stage 1: SHIP team will incorporate edits and changes recommended from the IMHC workgroup into the combined Final Application and Readiness Assessment and will begin building the online application into Key Survey.

Stage 2: SHIP team and IMHC will present the combined Final Application and Readiness Assessment to the IHC.

Stage 3: SHIP team will email notification to clinics that both have completed a SHIP Interest Survey, or were notified to complete the SHIP Interest Survey, that the combined Final SHIP Application and Readiness Assessment has been posted online.

Stage 4: Final SHIP Application submission deadline.

Stage 5: Final selection of clinics and notification for Cohort 2 will be made and presented to the IHC on December 14, 2016

Stage 6: Clinics will be enrolled into Cohort 2 of SHIP.

Stage 7: Start of the Idaho Model Test Grant Year 3.

SHIP assembled a group of five individuals representing IDHW's Division of Public Health, Division of Behavioral Health, Division of Medicaid, and the Office of Healthcare Policy Initiatives as well as a subject matter expert from the PCMH Contractor to participate in the Clinic Selection of Cohort One. The IMHC and the IHC provided the framework and support for PCMH transformation as part of the SHIP. The scoring of the final applications incorporated the adopted criteria from the IHC during their August 2015 meeting.

Selection Committee members participation with the selection process was confidential. Much like a "black out" period during a contract request for proposal (RFP), members were asked not to discuss the applications and the selection process with anyone outside of the Selection Committee until the final clinic selections were made and announced.

The process took approximately 8 hours of each member's time. A Kick-off meeting was held via teleconference on November 23, 2015, reiterating expectations, detailing the instruction set, and reviewing the documents associated with the process. Prior to the meeting each committee member received:

- A copy of the relevant selection criteria from each application
- A scoring rubric with instructions
- A matrix to capture scores for each application

As part of the Selection Committee for Cohort One, members evaluated each application for its ability to ensure the clinic's success in achieving and supporting each of the seven SHIP program goals. As guided by the IHC, selection criterion is based on key transformation standards and elements thought to increase the chance of successful PCMH creation and potential recognition. These criteria included:

- **Clinic Leadership:** A physician champion is an important element for successful PCMH transformation; practice commitment to transformation is evidenced in part by a strong champion support the change effort(s).
- **Geographic Location:** Geographic distribution is essential; each health district region of Idaho has a different patient mix and medical neighborhood needs. Further, the Public Health District staff will play an integral role in supporting practice transformation, providing technical assistance and building QA competence.
- **EHR:** Practices included in Year 1 of the project will be required to interface their electronic health record (EHR) with the Idaho Health Data Exchange (IHDE). Practices without an EHR will require additional time and support to implement an EHR product prior to connecting to the IHDE and exchanging data with the statewide exchange.
- **Rural vs. Urban:** Clinics residing in counties designated as rural are able to contribute to the virtual telehealth component of the SHIP and are an emphasized element of the SHIP model test application.
- **Previous PCMH Experience:** Previous participation in pilot projects and accreditation as a PMCH offers advantage to the project as these early adopters will serve as peer leaders for Year 2 and 3 selected clinics.

Outreach and Recruitment

As described in the Operational and Communications Plans, SHIP is engaging numerous stakeholders through multiple avenues. In addition to broad stakeholder outreach, there are project-specific outreach and recruitment activities as well. Outreach channels utilized during Cohort 1 recruitment and will continue for Cohort 2 recruitment includes:

SHIP Recruitment Outreach Channels	Responsible Party & Mechanisms Utilized
<i>Office of Healthcare Policy Initiatives</i>	<ul style="list-style-type: none"> • <i>SHIP PCMH Project Manager – general customer service in email notifications, communications, and question responses, Healthcare events and management, informational webinars</i> • <i>SHIP Administrative staff – general customer service in email and telephonic responses</i> • <i>SHIP.idaho.gov website - general SHIP information, timelines, historical information, links to the Interest Survey and Final Application</i>
<i>Public Health District staff (statewide)</i>	<ul style="list-style-type: none"> • <i>PHD SHIP Managers – direct communications to clinics, local PCMH recruitment, Regional Collaborative meetings</i> • <i>PHD SHIP Quality Assurance Specialists - direct communications to clinics, local PCMH recruitment, SHIP presentations</i>
<i>Medicaid Healthy Connections</i>	<ul style="list-style-type: none"> • <i>Medicaid Quality Improvement Specialists – direct communications to clinics, statewide PCMH recruitment, Medicaid Tier Payment processes</i> • <i>Medicaid Health Resource Coordinators – direct communications to clinics, local Lunch & Learn events, general customer service communications</i>

PCMH outreach to clinics for Cohort 1 began in August 2015 with the posting of the *Interest Application* to solicit information from a broad spectrum of interested clinics about transforming Idaho’s healthcare system. Official recruitment of clinics for Cohort 1 participation began in October 2015 with the release of the Final SHIP Application.

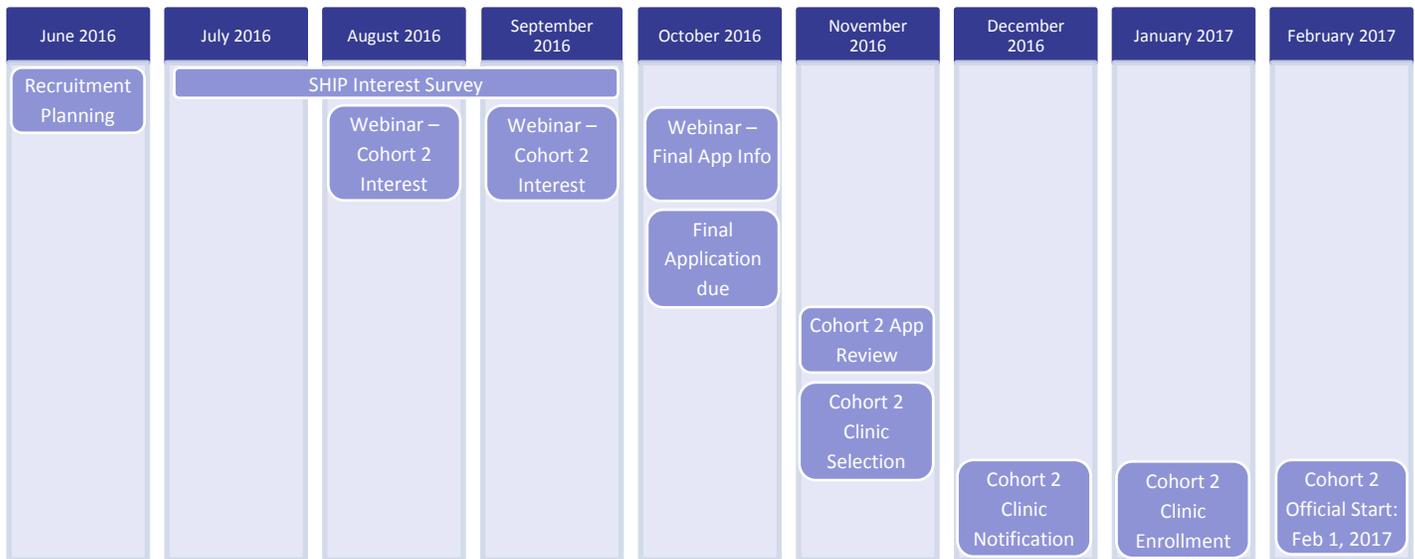
The IMHC will review the questions proposed for the *Interest Application* on June 29, 2016, as well as the proposal to change the name of the *Interest Application* to the *Interest Survey*. Outreach to clinics for Cohort 2 will begin in July of 2016. This will be followed by two SHIP interest webinars, which will be held in August and September 2016.

Official recruitment of clinics for Cohort 2 will begin in October 2016, followed by a final application informational webinar to be held in early October. The Final Application for Cohort 2 will be released in early October with a deadline at the end of October. Clinics will be notified of the selection results during the first week of December 2016, one week prior to the public announcement at the IHC December 2016 meeting. The clinic enrollment process with the PCMH contractor will occur in January 2017 with Cohort 2 and the SIM Grant Model Test Year 3 to begin on February 1, 2017. See table 1 for further details.

Table 1.

	Cohort 1	Cohort 2
Date Span	2/1/16 – 1/31/17	2/1/17 – 1/31/18
No. PCPs targeted	500	450
Number of Clinics Selected	55	55
Final App Open	10/23/15	10/3/16
Final App Due	11/13/15	10/28/16
Selection Announcement to IHC	12/9/15	12/14/16

Timeline





STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP) Interest Survey 2016

Version 5.0 DRAFT (June 2016)

Thank you for your interest in the Idaho Statewide Healthcare innovation Plan (SHIP). Please complete the following contact information and brief survey questions to help us identify clinics interested in receiving further information regarding recruitment for Cohort 2 participation.

Clinic Demographic Information	
Clinic Name	
Clinic's Physical Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
Main Contact First Name	
Main Contact Last Name	
Main Contact Email Address	
Survey Questions	
How did your clinic hear about SHIP?	<input type="checkbox"/> On-line <i>[Drop-down; select one]</i> <input type="checkbox"/> Medicaid <input type="checkbox"/> Public Health District <input type="checkbox"/> Other:
Why is your clinic interested in participating with SHIP?	<i>[free text; 100 character max]</i>
What is your Practice type? (Check all that apply)	<input type="checkbox"/> Family Medicine <i>[check all that apply]</i> <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Multi-Specialty <input type="checkbox"/> Other:
Is your clinic familiar with the Patient-Centered Medical Home (PCMH) model of care?	<input type="checkbox"/> Very familiar (Clinic is Nationally recognized or accredited at a higher level or NCQA Level 3; PCMH transformation has been implemented within clinic) <input type="checkbox"/> Familiar (Clinic Nationally recognized or accredited at a mid-level or NCQA Level 1 or 2; clinic has begun implementation of PCMH transformation) <input type="checkbox"/> Somewhat familiar (Clinic is not currently recognized or accredited but Clinic administration has outlined steps to begin implementing PCMH transformation) <input type="checkbox"/> Limited familiarity (Clinic is not currently recognized or accredited but Clinic administration has begun discussion about implementing PCMH transformation) <input type="checkbox"/> Not familiar (Clinic is not currently recognized or accredited, and Clinic administration has not discussed implementing PCMH transformation) <i>[Drop-down; select one]</i>
Does your clinic use an Electronic Health Record (EHR)?	<input type="checkbox"/> Yes <i>[Drop-down; select one]</i> <input type="checkbox"/> No

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