

# IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

## Minutes

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Idaho SHIP Multi-Payer Work Group Meeting, Phase IV

Location: 3232 Elder Street, Boise, ID 83701: Meeting Room D West

Conference Call Number: 1-877-451-3701; Conference ID 6126428722

Date: September 11, 2013

Time: 2:30 pm

### Attendees

Mercer:	Russ Ackerman, Scott Banken, Shelli Stayner, Dr. Jeff Thompson, Charles Lassiter	Stakeholders:	Dr. David Peterman (Chair), Yvonne Ketchum, Dave Self, Blaine Peterson, Melissa Christian (remotely), Paul Leary, Kathy McGill, Bruce Krosch, Dave Self (remotely), Randy Billings, Larry Tisdale, Jeff Crouch
		Guests:	Neva Kaye, Scott Holliday, Kate Fowler (all remotely)

### Topics

#### Meeting Minutes

*Ways of staying informed:*

Website: [www.IdahoSHIPproject.dhw.idaho.gov](http://www.IdahoSHIPproject.dhw.idaho.gov).

Review of key decisions by steering committee and workgroups:

- Network
  - State board to determine accreditation standards for PCMH
  - NCQA standards will be grandfathered in
  - Training of PCMHs is critical – IOCP doesn't work without a comprehensive training program
  - Establish regional boards to advise and administer to PCMHs
    - Encourage adoption through education
    - Facilitate accreditation through coaching
    - Monitor workforce needs, shared resources, best practices
  - Regional boards are dependent upon adequate funding.
  - Innovations:
    - Preceptor
    - Expansion of Education
    - Loan Repayment & Scholarship

- HIT
  - EHR adoption, Meaningful Use strategy as an alternate funding source.
  - Focus on telemedicine in rural areas
  - Reporting capabilities for collaboration
    - SC should establish an accepted convention
    - E-clinical work has eight to nine vendors and is 80% approved
  - MP recommends exploring options of joining with other states to leverage comprehensive systems and save money. Potential to boil the ocean if not monitored.
- CQI
  - Key outcomes data to allow consumers to see practice performance
  - Core measures of required reporting by all providers
    - Year 1: Collect
    - Year 2: Set targets
    - Year 3: Report results, set up corrective action plans where necessary
    - Year 4: Report PCMH level results
  - Measures include admits, re-admits, ED usage, Generic Rx, plus more to be determined by SC/Alliance.
  - HQPC established through legislation, integrated into PCMH model
  - Note: HQPC lacks private payer representation
  - HQPC will require more funding to support PCMH model.
- Multi-Payer
  - Standardized options for enrollment, attribution, PMPM escalation, and recognition of patient complexity.
  - Value leads to “bonus” of shared savings or fee schedule escalation
  - Requests to review MLR rules to ensure payments to providers are considered medical costs.
  - Cost savings assumptions include reductions in hospital inpatient and outpatient utilization and trend, fewer early-term births through better maternity care, increase in generic drug use
  - Five normal areas of savings: Cancer, Cardio, Ortho, Obstetrics, and MH. Commercial has very low Cardio issues. Idaho has young, healthy population making cost savings difficult to achieve.
  - Phased implementation as opposed to year 1, year 2. Some practices and payers are already utilizing shared savings strategies.