



Population Health Workgroup

Meeting Minutes:

DATE: October 7th, 2015
LOCATION: Conference Room 3A, PTC Building

Agenda Item	Discussion (Key Points, Decisions, etc)	Objective/Decision Needed	Due Date	Responsible Person
Introductions	Round robin <i>Attendance roster attached</i>			Shaw-Tulloch
Review of 9/2/15 Meeting	Review Action Items from Last Meeting <i>No outstanding items</i> <i>No questions</i>	Ensure actions were completed		Shaw-Tulloch
Population Health Data	Review the status of population health data <i>Unable to incorporate population health measures into the data analytics contract</i> <i>Exploring the use of Network of Care (NoC) the HDs currently use.</i> <i>NoC will <u>not</u> interface with IHDE.</i> <i>Elke is thinking of it as a long-term solution for public health data that is more user friendly and publicly facing.</i> <i>www.Idaho.networkofcare.org is the public health district NoC site.</i> <i>Cynthia - Data analytics RFP will go out today or tomorrow. Some of the funds for data analytics have been set aside for the population health solution.</i>	Identification of population health measures		Shaw-Tulloch
Medical-Health Neighborhood	Review working definition of the health neighborhood to recommend to the IHC <i>Comments received from Karen Vauk</i> <i>First suggestion verbatim from</i>	Definition approved DEFINITION ADOPTED BY IHC ON 10-14-15!		Shaw-Tulloch

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	<p>source – no change Accept second revision Comment – regarding focus on medical without enough consideration to health. Has been extensively discussed – leave as is. Last paragraph – coordinating w/ comm. services as suggested is beyond the scope of PCMH. Change to “within the context of services of available in the medical / health neighborhood” Add food as a service listed at the end Correct site to cite</p> <p>Does health care include prevention and wellness? Yes, will define as such in the document up-front – one and two word definitions.</p> <p>Elke would like to take this to the IHC next Wednesday, 10/14/15.</p> <p>Mary – correction for community “Health” EMS. Add health.</p>			
PHWG Charter	<p>Review the PHWG Charter as provided to Mercer</p> <p>Charter needs to be submitted to IHC Jennifer F. (Mercer) – once finalized by workgroup, charters are presented to IHC for review and approval on 10-14-15. The charter is used to guide and track the work of the group. All is tracked on a site SHIP to which staff has access. Any changes to charters then need to be presented to DHW.</p> <p>Comments: Suggestion to change goal 3 to medical-health neighborhood. Difficult to go back and change all documents. Not feasible going back. Every year an updated operational plan must be submitted. All documents should be dated, and show evolution of the project.</p> <p>Under Business Alignment Section – some of this language was populated by</p>	Charter approved		Shaw-Tulloch

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	<p>Mercer off original SHIP operational plan. Language may change slightly as they are aligned with federal measures. Work groups are playing a role in supporting the measures.</p> <p>Where we have regional collaboratives, we need to change to regional health collaboratives with a note that abbreviation will be RC due to Rural Health Clinic (RHC) already utilizing the RHC acronym.</p> <p>Page 4, Deliverable 4 – under result product or service add “community supports integration”</p> <p>Page 5, suggestion to add new risk – community health supports are not all tracked through DHW and require local coordination. Discussed Idaho Wellness Guide (will be live soon). Agree to add risk and Guide as mitigation.</p> <p>Contingency would be CHW/CHEMS</p> <ul style="list-style-type: none"> • Comment – how will we measure this, how will we connect, reach out? Infrastructure? There will be lots of gaps identified. • Preface risk statement with acknowledgement of gaps in infrastructure and process. <p>Changes will be made and charter will be sent out with tight turnaround so Charter can be taken to IHC on 10/14/15.</p>			
<p>Update on Regional Health Collaboratives and Virtual PCMH</p>	<p>Review the regional health collaboratives status, community health workers, community health EMS, and telehealth initiatives</p> <p>Rene L. – asked if population health measures matrix, has this been finalized. Elke will send out the final that she has created to date.</p> <p>Miro</p>	<p>Knowledge about the status initiatives</p>		<p>Barac Dizney-Spencer</p>

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	<ul style="list-style-type: none"> • CHW training meeting next week, plan to present at Nov. IHC • Presented to Board of Nursing, Miro and Dieuwke • Met w/ BSU College of Health Sciences (Miro, Mary, Sonja, Dieuwke) to explore possible partnerships. They are looking at developing a post-bac medical coordinator certificate. • CHEMS – EMSAC meeting today • Blackfoot Fire – early adopter training 3 paramedics in CHEMS in January 2016. Testing the model in a very rural county. They are engaged with RC 6, <p>Mary – Telehealth will be creating a plan to expand under SHIP at November meeting. Have proposed testing the use to telehealth through CHEMS agencies – very innovative.</p> <p>Miro has attended two RC meetings. Kickoff on Nov. 5 for all RCs.</p> <p>RC1 – executive committee met today.</p> <p>RC2 – have met w/ exec. Committee. Looking forward to November 5.</p> <p>RC3 has identified an RN and possible community member. RC3 – good first meeting let champions drive and they came up with some good ideas.</p> <p>RC4 – taking a very high level approach, like a mini IHC.</p> <p>RC5 – have held 2 next will be in a week.</p>			

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	<p>RC6 – have met with the chair and co-chair, and discussed membership. They have also met with Chief Gray of Blackfoot Fire regarding their CHEMS work.</p> <p>RC7 – have met with the chair and co-chair. Holding pattern until kickoff and currently gathering info</p> <p>When will names of practices be released and can others still apply? Cynthia - Interest applications closed for the first cohort. At IHC final app will be finalized and will go out to all 135 who expressed interest. 55 will be selected from the final apps submitted. Will not release names but can release a map with some info.</p> <p>When will round 2 interest apps be available? Will happen after PCMH contractor (Brillgent with sub-contractor HMA) on board – contract still to be signed. Second round will probably start around February 2016.</p> <p>Gina Wescott – Behavioral Health will have a site visit on November 3, 2:00 to 4:30 to meet with NASHP on Behavioral Health integration. Will send a save the date for RCs to participate. Will coordinate through SHIP and PCMH learning session on Nov. 6.</p>			
<p>80% of Population Discussion</p>	<p>Discuss new understanding of the CMMI requirement for reaching 80% of the population</p> <p>Received new guidance from CMMI on what they want – based on experience of round 1 states.</p> <p>CMMI Guidance states: “Over 80% of payments to providers from all payers</p>	<p>Knowledge about the requirements</p>		<p>Shaw-Tulloch</p>

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	<p>are in fee for service alternatives that link payment to value.”</p> <p>This equates to about 43% of the population and the requirements for reaching the population outside of the medical home setting is gone. However, the PHWG will continue to support the RCs to address population health issues.</p>			
<p>Next Meeting Agenda</p>	<p>Discussion about the meeting schedules Where does this group go from here? How do we make these meaningful?</p> <ul style="list-style-type: none"> • Will need to discuss measures, • Frequency – stick to monthly • Value updates and information sharing and determining the best approach to supporting the needs of the RCs. • Can bring PCMH contractor on for introduction, plan and maybe ongoing updates. <p>November 4 meeting cancelled due to RC kickoff. Consensus is skip Nov. and go to December 2. Will send out a recurring monthly meeting.</p>	<p>Schedule of meetings discussed</p> <p>December 2 Meeting Scheduled</p>		<p>Shaw-Tulloch</p>