

SOUTHEASTERN HEALTHCARE COLLABORATIVE STRATEGIC PLAN



State Healthcare Innovation Plan
Improved health, improved healthcare, and lower cost for all Idahoans



Southeastern
Idaho Public Health

June 2016

A MESSAGE FROM THE COLLABORATIVE

June 2016

In response to a request from the State of Idaho Department of Health and Welfare as a part of the State Healthcare Innovation Plan, 7 regional collaboratives (RCs) were established across the state and charged with the development of strategic plans. The regional collaborative in Southeastern Idaho encompasses a geographic area that includes the Shoshone-Bannock Tribes Reservation, Bannock County, Bear Lake County, Bingham County, Butte County, Caribou County, Franklin County, Oneida County, and Power County.

The mission of the Southeastern Healthcare Collaborative (SHC) is to support Primary Care medical practices in their transition to and maintenance of Patient Centered Medical Homes (PCMHs) and to support the integration of each PCMH with the Medical Health Neighborhood. This will be accomplished by providing a structured forum for sharing valuable knowledge; finding common solutions; identifying resources to achieve improved health outcomes, improved quality and patient experience of care, and lower costs for all Idahoans.

The role of the Southeastern Healthcare Collaborative is to help practices transform to the PCMH model and provide high quality care in an efficient and cost-effective manner through the model. The SHC is a regional extension of the Idaho Healthcare Coalition and in this capacity, the larger healthcare system. RCs will play a critical role in establishing and facilitating, at the local level, the integration of PCMH clinics in the referral and communication protocols between medical providers and community service organizations in the medical/health neighborhood, e.g., specialty care, hospitals, behavioral health, elder care services, and social service organizations.

The strategic planning process was started by the Public Health District 6 (PHD6) Statewide Healthcare Innovation Plan (SHIP) Team and the Southeastern Healthcare Collaborative (SHC) Executive Committee through the development of a Charter that is aligned with the SHIP Operational Plan. The Charter was approved and adopted by the SHC in February of 2016. The Charter provides a foundation from which the strategic plan is built. The SHC Strategic Plan was reviewed and approved by the SHC EC on (date) and functions as our roadmap to the future.

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STRATEGIC PLANNING PARTICIPANTS

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Maggie Mann, District Director, Southeastern Idaho Public Health

Tracy McCulloch, Community Health Director, Southeastern Idaho Public Health

Dr. William Woodhouse, SHC Chair, Idaho State University Family Medicine

Dr. Mark Horrocks, SHC Co-Chair, Health West, Inc.

Allison Palmer, SHIP Quality Improvement Specialist, Southeastern Idaho Public Health

Mandi Nelson, SHIP Administrative Assistant, Southeastern Idaho Public Health

STRATEGIC PLAN REVISION PAGE

Date	Section/Pages Affected	RC Chair Signature

SOUTHEASTERN HEALTHCARE COLLABORATIVE STRUCTURE

The Southeastern Healthcare Collaborative is organized to include three tiers, each tier having its own membership and function as outlined below. Together, the three tiers make up the Southeastern Healthcare Collaborative.

SHC Tier	Description
Tier 1: SHC Executive Committee	Members: Chair, Co-Chair, District Director, Community Health Director, SHIP Program Manager, SHIP Quality Improvement Specialist, SHIP Administrative Assistant Function: Provide regional collaborative leadership and direction, inform the IHC, support the goals of the SHIP. Meeting Frequency: Monthly Facilitator: SHIP Program Manager, Rhonda D'Amico
Tier 2: SHC Clinic Committee	Members: Executive Committee members plus representatives from selected clinics. Function: Support PCMH transformation efforts, inform the Medical Health Neighborhood, support the goals of the SHIP. Meeting Frequency: Quarterly or as determined by committee members. Facilitator: SHC Co-Chair, Dr. Mark Horrocks
Tier 3: Medical Health Neighborhood	Members: To be determined by Clinic Committee, fluid membership Function: Identify and address healthcare and community service opportunities and gaps that impact patient outcomes in our region. Create community connections that support improved health outcomes. Meeting Frequency: Quarterly or as determined by committee members. Facilitator: SHC Chair, Dr. William Woodhouse

PURPOSE

The purpose of this strategic plan is to define roles, responsibilities, priorities, and the direction of the SHC for the next 3 years. Our Strategic Map is a one-page graphic that depicts the key elements of the three-year strategy. (See map, next page.)

The Strategic Map is framed around the Mission statement of the SHC. The starburst at the top of the map represents the Triple Aim: Better health outcomes and improved patient experience of care at a lower cost to Idahoans.

The central goal is supported by four STRATEGIC GOALS represented by the rectangles. These strategic goals define the few critical things we need to do to meet our central goal. Each goal will become the focus of significant energy and attention over the next three years.

The boxes under each strategic goal are STRATEGIC OBJECTIVES. Objectives describe the next level of actions that need to be accomplished in order to achieve each strategic goal.

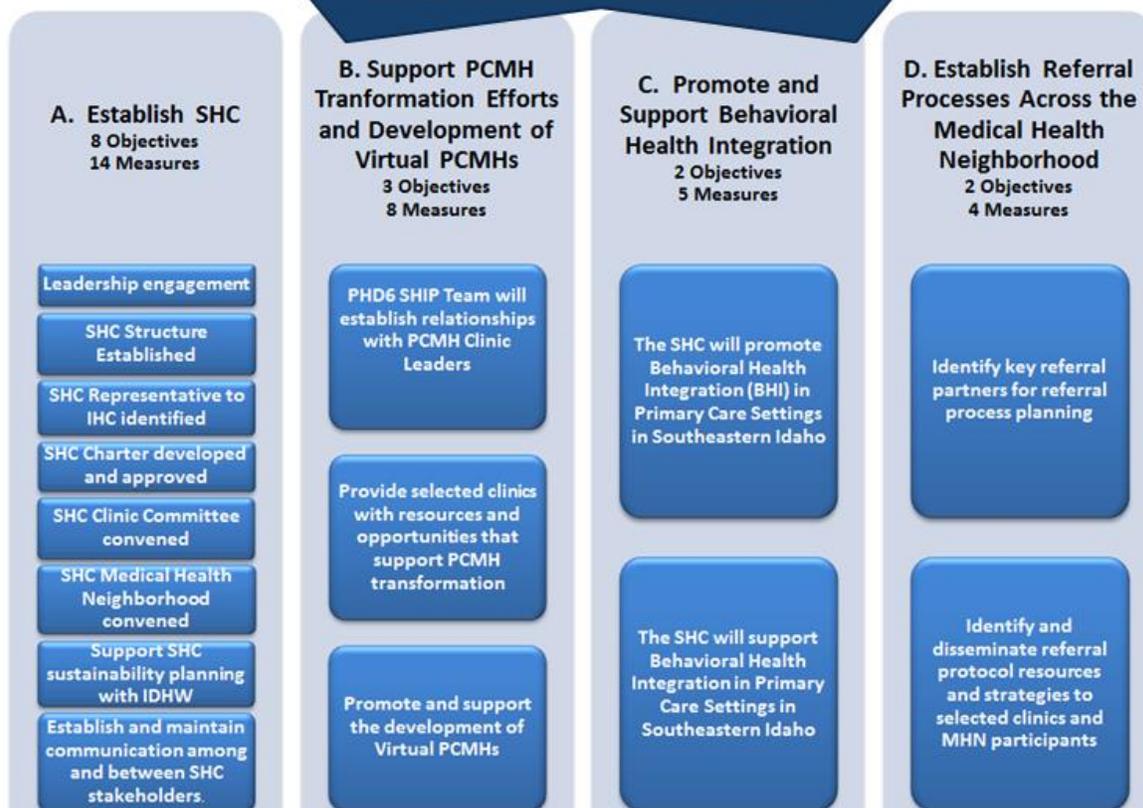
Specific MEASURES have been identified for each of the strategic objectives. The measures are the specific tasks or duties identified that lead to achievement of the objectives.

Each measure (N=31) is planned to lead to the achievement of a specific objective. Each objective (N=15) is designed to meet a specific goal. Each goal (N=4) is intended to contribute to the achievement of Goal 3 of the SHIP, to “Establish seven Regional Collaboratives to support the integration of each PCMH with the broader Medical Health Neighborhood.” The seven goals of the Statewide Healthcare Innovation Plan are established to lead to the achievement of the Triple Aim.

SOUTHEASTERN HEALTHCARE COLLABORATIVE STRATEGIC MAP

The mission of the Southeastern Healthcare Collaborative (SHC) is to support Primary Care medical practices in their transition to and maintenance of Patient Centered Medical Homes (PCMHs) and to support the integration of each PCMH with the Medical Health Neighborhood. This will be accomplished by providing a structured forum for sharing valuable knowledge, finding common solutions, identifying resources to achieve improved health outcomes, improved quality and patient experience of care, and lower costs for all Idahoans.

Triple Aim:
Improved Patient Outcomes
Improved Patient Experience of Care
Lower Costs



STRATEGIC GOALS, OBJECTIVES, AND TARGET TRACKER

Strategic Goal A: Establish Southeastern Healthcare Collaborative (SHC)						
Objective 1: Engaged Leadership						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Chair and Co-Chair selected and engaged	9/2015-2/2019	Engaged SHC leadership	☑			Idaho Healthcare Coalition (IHC) and Public Health District 6 (PHD6)
Objective 2: Regional Collaborative Structure Established						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
SHC structure and function established	9/2015-ongoing	Structure, membership, and function identified, review and update annually. (1)	☑	○	○	SHC Executive Committee (EC)
SHC Executive Committee meeting convened	9/2015-2/2019	Meet monthly or as needed, target is eight (8) times per year	8 ☑	8 ○	8 ○	PHD SHIP Program Manager and EC
Objective 3: SHC Representative identified to participate on IHC						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
IHC identified and invited Dr. William Woodhouse to participated on IHC	9/2015-2/2019	RC Representative from Region 6 identified and engaged	☑	○	○	IHC
Objective 4: SHC Charter Developed and Approved						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
SHC charter developed to identify key deliverables and milestones.	9/2015-2/2018	Approved, signed charter completed. Review/revise annually in April	☑	○	○	PHD6 SHIP Program Manager and EC

 Not Started
  Deferred
  On Target
  Off Target
  Waiting on Someone
  Critical
  Achieved

Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

Objective 5: Convene Clinic Committee Meetings						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Convene Clinic Committee Tier to include selected clinic representatives for information and resource sharing	12/2015-2/2019	Meet quarterly or as needed, target is three (3) times per year	2 →	3 ○	3 ○	PHD6, EC, Dr. Horrocks
Objective 6: Convene Medical Health Neighborhood (MHN) Meetings						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Convene Medical Health Neighborhood Meetings	12/2016-2/2019	Meet quarterly or as needed, target is three (3) times per year	3 →	3 ○	3 ○	PHD6, EC, Dr. Woodhouse
Maintain updated MHN participant roster	4/2016, 1/2019	Update MHN District Report to IHC, monthly on Basecamp	9 →	12 ○	12 ○	SHIP Program Manager
Share available regional health data with MHN to inform regional planning efforts	4/2016, 1/2019	Prepare and present regional health status information with MHN at least one (1) time annually.	1 ✓	1 ○	1 ○	SHIP Program Manager
Objective 7: Support IHC in Regional Collaborative Sustainability Planning						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Collaborate with IHC, IDHW, and contracted partners to create sustainability plan for regional collaborative	12/2015-2/2019	Sustainability plan	○	○	○	PHD6, SHC EC, IHC, IDHW, contracted partners

○ Not Started ○ Deferred → On Target ← Off Target ⌚ Waiting on Someone ❗ Critical ✓ Achieved

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Objective 8: Establish and maintain communication channels among and between SHIP Stakeholders						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Establish communication protocols for SHC EC	8/2015-2/2019	Identify communication channel preferences among SHC EC partners and establish communication protocol. Update annually (1).	1 ✔	1 ○	1 ○	SHC EC
Maintain updated SHIP SHIP webpage.	4/2016, 2/2019	Upload SHC meeting announcements, agendas, meeting minutes, and current SHIP information monthly (12).	12 ➔	12 ○	12 ○	SHIP Program Manager, SHIP Administrative Assistant
Provide verbal updates to IHC by request.	10/2016, 1/2019	Verbal update to be provided by RC Chair or Co-Chair by rotation among health districts as requested by IHC.	➔	○	○	SHC Chair or Co-Chair (can be provided by District Director or SHIP Program Manager)
Act as bidirectional information conduit between selected clinics, Medical Health Neighborhood members, and IHC.	1/2016, 2/2019	Follow up on information requests to and from selected clinics, Medical Health Neighborhood members, and IHC. Ongoing.	➔	○	○	SHC EC, IHC, MHN, Selected clinics

○ Not Started ○... Deferred ➔ On Target ➔ Off Target ⚠ Waiting on Someone ⚠ Critical ✔ Achieved

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Strategic Goal B: Support PCMH Transformation Efforts and Development of Virtual PCMHs						
Objective 1: PHD6 SHIP Team will establish relationships with PCMH Clinic Leaders						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
PHD6 SHIP team meet PCMH clinic teams, define roles and expectations	1/2016, 1/2019	Meet with each selected clinic team	6 ✔	○	○	PHD6 SHIP Staff
PHD6 SHIP team meet with interested clinics to promote the PCMH model and SHIP engagement	6/2016, 11/2018	Provide SHIP selection criteria, promote PCMH model of care, promote SHIP	➔	○	○	PHD6 SHIP Staff
Objective 2: Provide selected clinics with resources and opportunities that support PCMH transformation						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Link selected clinics with training, operational, and technical PCMH resources available through the SHIP.	1/2016, 1/2019	Maintain monthly (12) communication with each PCMH clinic	8 ➔	○	○	QI Specialist, SHIP Program Manager
Link clinics with national, state, and local initiatives and/or best practices conducive to improved patient outcomes.	1/2016, 1/2019	Ongoing, information will be shared in a timely manner	➔	○	○	QI Specialist, SHIP Program Manager
Develop and foster communication opportunity processes for peer-to-peer support between selected clinics.	1/2016, 1/2019	Convene quarterly (4) Clinic Committee Meetings and act as information conduit between meetings.	4 ➔	○	○	SHIP Program Manager, SHC Co-Chair, QI Specialist
Develop and foster communication opportunities and processes for peer-to-peer support between selected clinics and those preparing for next cohort application.	6/2016, 10/2017	Ongoing, as need and opportunities are available.	➔	○	○	SHIP Program Manager, QI Specialist

○ Not Started ○ Deferred ➔ On Target ⬅ Off Target ⚠ Waiting on Someone ❗ Critical ✔ Achieved

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Objective 3: Promote and support the development of Virtual PCMHs						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Assess the need and opportunities for Community Health Workers (CHWs), Community Health Emergency Medical Services (CHEMS) and telehealth among selected clinics.	1/2016, 10/2018	Discuss and assess CHW, CHEMS, and telehealth opportunities with each selected clinic.	6 			QI Specialist, SHIP Program Manager
Promote and create linkages between selected clinics and CHW, CHEMS, and telehealth programs	1/2016, 10/2018	Ongoing, share information from IDHW, Virtual PCMH programs, and partners with selected clinics				QI Specialist, SHIP Program Manager, and SHC EC
Strategic Goal C: Promote and Support Behavioral Health Integration in Primary Care Settings Southeastern Idaho						
Objective 1: The SHC will promote Behavioral Health Integration (BHI) in Primary Care Settings in Southeastern Idaho						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
The SHC will share BHI education and training opportunities available through SHIP.	1/2016, 1/2019	Ongoing, as available				PHD6 SHIP Staff, SHC Chair and Co-Chair
PHD6 SHIP staff will attend BHI education and training opportunities available through SHIP.	1/2016, 1/2019	Ongoing, as available				PHD6 SHIP Staff
PHD6 SHIP staff will maintain situational awareness about regional behavioral health opportunities and activities.	1/2016, 1/2019	SHIP Program Manager will attend six (6) Regional Behavioral Health Board meetings in Southeastern Idaho.	6 	6 	6 	SHIP Program Manager

Not Started
 Deferred
 On Target
 Off Target
 Waiting on Someone
 Critical
 Achieved

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Objective 2: The SHC will support Behavioral Health Integration in Primary Care Settings in Southeastern Idaho						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
PHD6 SHIP staff will share BHI resources with selected clinics.	1/2016, 1/2019	PCMHs will be provided best practice models, toolkits, and other available BHI resources. Ongoing, as available.	🟢	🟡	🟡	QI Specialist, SHIP Program Manager
PHD6 SHIP staff will develop, maintain, and disseminate a regional behavioral health resource directory.	11/2016, 1/2019	Directory completed and shared with selected clinics and MHN participants annually.	🟢	🟡	🟡	SHIP Administrative Assistant, QI Specialist, SHIP Program Manager
Strategic Goal D: Establish Referral Processes between PCMHs and medical/community services/and behavioral health services.						
Objective 1: Identify key referral partners for referral process planning						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
Selected clinics will generate a list of medical and non-medical providers to whom they regularly refer patients.	6/2016, 1/2019	Clinic-identified referral partners invited to participate in MHN. One (1) list per cohort generated and invited to MHN.	🟢	🟡	🟡	QI Specialist, SHIP Administrative Assistant, SHIP Program Manager, Clinic staff
Selected clinics will generate a list of medical and non-medical service categories where referral gaps exist.	6/2016, 6/2018	Clinic-identified referral gap list invited to participate in MHN. One (1) list per cohort generated and invited to MHN.	🟢	🟡	🟡	QI Specialist, SHIP Administrative Assistant, SHIP Program Manager, Clinic staff


 Not Started Deferred On Target Off Target Waiting on Someone Critical Achieved

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Objective 2: Identify and disseminate referral protocol resources and strategies to selected clinics and MHN participants						
Strategy	Start Date, End Date	Target Measure	Status			Responsible Party
			YR 1	YR 2	YR 3	
The PHD6 SHIP team will coordinate with IDHW and SHIP partners to identify and disseminate referral protocol resources useful to selected clinics and MHN.	6/2016, 1/2019	Ongoing communication and sharing of resources.				PHD6 SHIP staff, SHC EC, IDHW, state public health SHIP staff
The PHD6 SHIP staff will promote and foster the use of agreements among clinics and MHN participants to close referral gaps and referral loops.	6/2016, 1/2019	Ongoing communication and sharing of resources that support the development and maintenance of agreements between medical and non-medical providers.				PHD6 SHIP staff, SHC EC, IDHW, state public health SHIP staff

Not Started
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ASSUMPTIONS, DEPENDENCIES, AND CONSTRAINTS

Assumptions:

- Each Regional Collaborative may be structured differently in its membership.
- Effective communication between the Regional Collaborative, IHC, and IDHW is critical to success.
- The coaching and technical assistance needs will vary widely by clinic and multiple strategies will be required for PCMH transformation.
- The expenditure of time and resources committed to preparing non-selected clinics for future SHIP engagement will glean future results.
- The membership of the Collaborative is expected to be dynamic and change over time as PCMH transformation needs changes and the project progresses.

Dependencies and Constraints:

- Southeastern Healthcare Collaborative members have multiple professional responsibilities and differing priorities that may compete with those of SHIP.
- The regional collaboratives and selected clinics are dependent on the Idaho Health Data Exchange and the data analytics contractor to support appropriate data collection.