

IDAHO HEALTHCARE COALITION

450 W State Street
Boise, Idaho 83720

MEETING NOTES

SUBJECT: Idaho Healthcare Coalition Meeting MEETING DATE: January 14, 2015

ATTENDEES: **Members Present:** LOCATION: 450 W. State Street, Boise
Dr. Ted Epperly, Denise Chuckovich,
Richard Armstrong, Dr. Andrew Barron,
Melissa Christian, Jeff Crouch, Dr. Keith
Davis, Tom Fronk, Lisa Hettinger, Susie
Pouliot, Neva Santos, Elke
Shaw-Tulloch, Mary Sheridan, Ross
Edmunds, Dr. David Peterman, Karen
Vauk, Anne Wilde, Jill Alessi, Scott
Carrell, Dr. Robert Polk

Members Absent:
Representative Fred Wood,
Dr. David Pate, Tammy Perkins,
Janet Willis, Senator Lee
Heider, Larry Tisdale

DHW Staff:
Cynthia York, Julie Wall,
Carla Cerchione

Deputy Attorney General:
Nicole McKay

Teleconference:
Dr. Mike Dixon, Dr. Scott Dunn,
Dr. Dave Schmitz, Casey Meza

Guests:
Dick Schultz (Noridian), Jami Berger
(Noridian), Dr. Sandeep Wadhwa
(Noridian), Hilary Klarc (Pacific Source),
Mindi Anderson (Researcher/EMS),
Yvonne Ketchum (IPCA)

ADOPTION OF MINUTES

Minutes of the December, 2014, Idaho Healthcare Coalition (IHC) meeting were accepted as prepared.

Notes

(Please note that all sub bullets below are intended to convey discussion during the meeting. Those sections that are prompted by follow-up, or vote are meant to convey action occurring or actions needed.)

Opening Remarks: “Coming together is a beginning; keeping together is progress; working together is success.” –Henry Ford

1. Dr. Epperly thanked Denise Chuckovich and her group for all their hard work. The IHC has worked together since 2013. Congratulations to the group. Cheers!
2. Guests included Dick Schultz, Dr. Sandeep Wadhwa and Jami Berger, all from Noridian, Hilary Klarc (Pacific Source), Mindi Anderson (Researcher/EMS) and Yvonne Ketchum (IPCA)
3. Agenda items were reviewed.

Discussion Items:

1. DHW Report, including CMMI Updates, State Budget Request – Denise Chuckovich, IDHW

- In December 2014 the Idaho Department of Health and Welfare received a state innovation model grant for \$39,683,813. The grant, from the Center for Medicare and Medicaid Innovation, will fund a four-year model test that begins on February 1, 2015. IDHW will request the requesting spending authority for \$39,683,813.
- [SHIP talking points](#)

2. Updates re SHIP contracts under development

- SHIP Project Management Contract RFP – Julie Wall, IDHW
 - Currently there is one RFP in development. The Project Management contract will be the first contract released for bid. It will be posted within the next few weeks and IDHW anticipates it will be assigned in 5 months.
- Development of RC statement of work for public health districts – Elke Shaw-Tulloch, IDHW Health Division
 - We are starting to flesh out the components of the contract and defining a clear scope of work. It will be broken into sections:
 - Staffing
 - The RC work itself
 - PCMH
 - Medical Neighborhoods
 - Sustainability Plan
 - Elke will be meeting with all seven of the health departments before the next IHC meeting.
 - An update will be provided at the next meeting.

3. SHIP organizational chart review/plans for hiring personnel – Cynthia York, IDHW

- Both of the administrative assistant positions will be posted by the end of the week. The remaining positions will be posted within the next two weeks. While developing the job descriptions and qualifications, it became apparent that staff roles will have to be flexible. The Project Management contract will be critical as staffing is lean. Cynthia will update the org chart incorporating the IHC's input for the next meeting.

4. TPCI and SAN Proposals Update – Tom Fronk, IPCA

- Tom Fronk discussed using SAN award funds to fill in the gaps in the SHIP grant with the reduction from \$60 million to \$40 million. IPCA along with other collaborators are developing a SAN grant application to augment the SHIP.
- Denise has met with St. Luke's and will meet with Portneuf Medical Center to discuss Practice Transformation Networks (PTNs) and how these grants can be aligned with the SHIP moving toward common transformation goals.

5. ONC Data Brief re EHR Adoption – Scott Carrell, IHDE

- Residency programs across the county are being trained with EMRs. There are pockets of doctors that will be slow in adoption and then age out.
- Scott highlighted some key points in the handout material:
 - Physicians in large and multi-specialty practices had the lowest rate of physicians reporting they would never adopt an EHR.
 - No differences were observed between physicians in rural and urban areas.
 - A larger proportion (62%) of physicians who adopted post-HITECH reported that financial incentives or penalties were major influences on their decision to adopt an EHR compared to those adopted prior to 2009.
 - More than half of all physicians who planned to never adopt an EHR cited a lack of financial resources as a reason for the decision.
- IHDE is still transitioning to ORION. They will be running both systems in parallel until the transition is complete.
- The IHC has requested an update on governance at the next meeting.

6. IHC Workgroup Reports –

- Behavioral Health/Primary Care Integration Workgroup Proposed Charter – Ross Edmunds, IDHW Behavioral Health Division
 - A draft directory and charter were provided to the IHC for review. Ross is waiting for confirmation from some of the stakeholders.
- Idaho Medical Home Collaborative – Lisa Hettinger, IDHW Medicaid Division, Scott Dunn, MD
 - The payers with the exception of Regence have agreed to continue to make payments for PCMH Pilot participants using value-based methodology. Regence will offer in-kind resources. Preliminary performance data is very encouraging. Providers have one year from the date of service to submit claims, so we are not looking at a closed claim period. The final report will be out in June. The early data is showing a 10 to 1 return on investment dollars. Practices that had an EMR in place prior to entering the pilot did better than those practices that didn't.

IDHW will develop a draft set of parameters for clinics that would like to transform to a PCMH. IMHC and then the IHC will have an opportunity to review the parameters and offer suggestions. IDHW does not necessarily want to limit the first year to 55 practices, but would like to work with all interested clinics that meet established criteria for participation.

- SHIP Multi-Payer Workgroup – David Peterman, MD, Jeff Crouch
 - The workgroup has approved their charter and developed a work plan. Both documents will be submitted to the IHC. Jamie Berger, Noridian, provided a presentation clarifying the billing requirements for new CPT code 99490 for chronic care management services. Dr. Baron has been invited to attend the February meeting for a robust discussion regarding quality. The workgroup will begin discussions around attribution and risk stratification at the March meeting. Tom Fronk asked Noridian to consider collaborating with the IPCA on the SAN grant.
- HIT/Data Analytics Workgroup – Scott Carrell, IHDE
 - IHDE will work with IDHW to develop the RFI on Data Analytics. The HIT workgroup has taken a hiatus but will be reconvening. Members for the Data Analytics workgroup will be identified so this group can move forward as well.
- Telehealth Council – Mary Sheridan, IDHW Health Division
 - The Idaho State Board of Medicine formally adopted the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies or SMART guidelines in early December. IMA's executive committee voted to accept the FSMB's SMART guidelines as a base for their position from this point forward in order to move this process forward. A subcommittee used the FSMB SMART guidelines to draft the Idaho Telehealth Access Act.
 - A daylong meeting will be held February 4th to develop a statewide program targeting the CHWs and CHEMS.

7. Timeline/Next Steps – Ted Epperly, MD, Chair

- Refresh SHIP website.
- Provide an update on governance.
- Next meeting is scheduled for February 11, 2015.

There being no further business Dr. Epperly adjourned the meeting at 3:56 p.m.