

Health Quality Planning Commission Annual Report

Creating a Healthy Idaho

June 2017

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Acknowledgments

The Health Quality Planning Commission (Commission) wishes to thank Idaho's major healthcare stakeholders for their selfless contributions to this effort, which include their time and staff resources. Much of the work of the Commission would not be possible without the generous staff support provided by the Department of Health and Welfare, Saint Alphonsus Health System, Regence BlueShield, Blue Cross of Idaho, Saint Luke's Health System, Kootenai Health, the Idaho Health Data Exchange, Boise State University, Primary Health Medical Group, and Family Medicine Residency of Idaho.

Foreword

This document is submitted to the Department of Health and Welfare's Director, Russell S. Barron; the Idaho Senate Health and Welfare Committee; and the Idaho House Health and Welfare Committee to meet the requirements set out in House Bill 375 passed by the 2016 Legislature.

Health Quality Planning Commission Members

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Vice Chair

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Background

The Health Quality Planning Commission (Commission) was established by House Bill 738 during the 2006 legislative session, extended with House Bill 238 in the 2007 legislative session, and extended again in 2008 with House Bill 489. The purpose of the Commission is to “...promote improved quality of care and improved health outcomes through investment in health information technology and in patient safety and quality initiatives in the state of Idaho.”

The Commission is a committee of 11 individuals selected by the Governor’s office and currently led by Dr. Tim Dunnagan, Dean and Professor, College of Health Sciences, Boise State University. These 11 members all share an interest in improving the quality of healthcare in Idaho and in investment in health information technology. They come to the Commission having experience with the healthcare system at many different levels, and represent a broad sweep of stakeholders. Members include hospital CEOs, providers, private payers, educators and community representatives. The Director of the Department of Health and Welfare (DHW), Richard Armstrong, attends all meetings. The Commission also has the support of a staff liaison from DHW.

During the first two years of its work, the Commission focused on establishing a plan to implement a health information exchange for Idaho. To that end a 501(c)(6) not-for-profit corporation, the Idaho Health Data Exchange, was established. Its status as an independent, legally established entity that is responsible to a board of directors with members from a broad base of stakeholders help to ensure that its primary commitment is to the common good.

In 2010, with the passage of House Bill 494, the duties of the Commission were slightly modified. That legislation added responsibility for monitoring the effectiveness of the Idaho Health Data Exchange. House Bill 494 restates the Commission’s responsibility for making recommendations to the Legislature about opportunities to improve health information technology in the state, as well as recommending, “...a mechanism to promote public understanding of provider achievement of clinical quality and patient safety measures.”

House Concurrent Resolution No. 39 was also passed during the 2010 legislative session. That resolution encouraged the Commission to study stroke systems of care in Idaho and develop a plan to address stroke identification and management. Because of the investigations that followed, the Commission sent a recommendation to the Legislature in October 2011 to empower DHW to develop a plan to establish a stroke system of care.

Attention then shifted to examining other time sensitive health issues such as trauma and heart attack. This revived ongoing discussion of how Idaho could access data to better understand the true scope and cost of various health issues in Idaho. The Commission’s interest in access to health data and its importance continue to be a focus of their work and are considered with all work initiatives the Commission explores.

In December 2012, the Commission recommended that the Legislature adopt a concurrent resolution on time sensitive emergencies in Idaho. This recommendation was introduced during the 2013 legislative session. In support of that recommendation, House Concurrent Resolution No. 10 was passed. It empowered DHW to convene a workgroup to create an implementation plan and framework for a statewide system of care to address trauma, stroke, and heart attack. During the 2014 legislative session that plan was reviewed and Senate Bill No. 1329 was passed creating a time sensitive emergency system in Idaho. An update on that work is contained within.

Additionally, during the 2015 legislative session the Commission supported the passage of Senate Concurrent Resolution No. 104. This resolution authorized the Commission to prepare an implementation plan for a comprehensive suicide prevention program. The Commission completed that work and presented the suicide prevention plan to legislators during the 2016 legislative session.

Lastly, House Bill 375 was passed during the 2016 Legislative session reauthorizing the Health Quality Planning Commission to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure, to improve the quality and efficiency of health care and the ability of consumers to manage their care, and facilitate coordinated implementation of statewide patient safety standards including identifying uniform indicators of, and standards for, clinical quality and patient safety as well as uniform requirements for reporting provider achievement of those indicators and standards.

Areas of Focus for the Commission This Year

The Commission is continually working to stay informed about changes that are occurring within the healthcare environment in Idaho and nationally. This information is necessary to understand potential impacts to quality of care and to direct the Commission as it continues to pursue opportunities to promote improved quality of care and improved health outcomes. This year the Commission received updates on several current healthcare initiatives in Idaho and heard from subject matter experts on recurring as well as new issues that impact the health and care of Idahoans. The subjects and information learned are summarized below in the order they were presented or addressed.

Updates on Existing Initiatives

Honoring Choices Idaho

Stephanie Bender-Kitz, Ph.D., Honoring Choices Idaho Project Lead, provided an overview and several additional updates on the Honoring Choices Advanced Care Directive Planning project. That project was initiated in 2015 to promote opportunities for advance care planning conversations in the context of one's values, empower individuals to make and document decisions, and help ensure health care choices are honored. The current state of Advanced Care Directive Planning is disease focused consisting of random conversations that are often a "one and done" approach. Additional challenges include: (1) low participation, (2) difficult provider access, (3) no connectivity to EMRs, (4) no funding, (5) limited capacity to authenticate, review and evaluate. A document that was generated by the Honoring Choices group on the prioritized attributes

of a quality Advanced Directive (AD) retrieval and storage system and AD programming was given to the Commission for review. It was decided that the document would be divided into technical system and programming items for the Commission to review and prioritize.

The desired elements necessary for a comprehensive Advanced Care Directive structure are: system, technical, and process.

System

- Dedicated web-based platform with resourced staff
- Clear Objectives
- Access to diverse users
- Multi-document capacity
- Sustainable funding/Capacity to scale

Technical

- Secure, compliant, 24/7 access
- Connectivity with EMRs
- Statewide point-of-care access
- Authentication and version control
- Uniform descriptive labeling
- Ease of use

Process

- Upload and download eligibility/accountability standards
- Integration EMRs
- Quality measures
- Training/engagement

The Commission has been tasked with evaluating and recommending a storage and retrieval pathway, determining funding options, and necessary statute changes. A barrier to moving the AD initiative forward in Idaho was approved through the state of Idaho Attorney General (AG) Office. Stephanie Bender-Kitz distributed the AD document that was approved by the AG's office and answered questions related to this year long process.

AD Cost Estimates- Elke Shaw-Tulloch and Greg Kunz from Health and Welfare (H & W) presented on similar storage and retrieval systems, e.g., immunization systems within H & W and the start-up and on-going costs associated with these types of systems. Greg also provided estimated costs for AD systems using a vendor (Vynca) that specializes in AD storage and retrieval systems. Using systems that have already been constructed for this AD was highly recommended rather than building a new system for Idaho. There were many options offered through Vynca but the one-time license fee was \$125,000 and a web portal submission fee of \$22,500 a year. Additional costs were needed for provider/physicians based on the number of Medicare discharges and programming funds

to staff and promote AD utilization throughout Idaho. Based on the Commission item prioritization, additional conversations would take place with Vynca so that a more definitive bid along with a description of services can be generated. Representative from the Commission (Tim Dunnagan & Bart Hill), Honoring Choices (Stephanie Bender-Kitz) and H & W (Elke Shaw-Tulloch & Greg Kunz) will work to generate a proposal for the legislature.

Setting Priorities for the Commission

In November, the Commission worked to identify and prioritize 1) shorter term, well scoped project ideas and research questions; and 2) longer term, more widely scoped projects and research questions for the Commission to investigate that could contribute to improved quality of care and patient outcomes in Idaho. The commission voted on the project ideas and the resulting priorities are:

Short Term Projects

1. **Behavioral / Mental Health:** Map existing initiatives (e.g. Blue Sky Institute, Department of Health and Welfare, St. Luke's grant focused on children), gaps in programming in Idaho.
2. **Advanced Care Directive Platform:** Recommend technology and programming solutions to collecting, maintaining, and accessing advance care directives in the state.
3. **Tele-health (esp. with behavioral health):** Support the work of the current committee (Tele-health Council- Stacy Carson, Chair) and make recommendations to the legislature.
4. **Coordinate health activities & stakeholders statewide:** Improve communications and roles to gather input on big targets for Department of Health and Welfare leaders. There is a potential integration with SHIP grant created collaboratives and with public health around population health outcomes/regional metrics.
5. **Patient engagement:** Improve shared decision making on healthy behaviors through health literacy, technology, and access. Healthwise could be a partner in this effort. This idea is also embedded in a long-term project proposed to create community collaboration related to health behaviors.

Long Term Projects

1. **Behavioral / Mental Health:** Provide a long term strategic perspective on access, delivery, quality in the face of increasing prevalence, and the high priority needs of children and adolescents. One potential focus could be prevention. This category will also include substance use disorders.
2. **Data repository:** Review health data analysis platform and make recommendations to the legislature around elements, access, multiple stakeholder needs (e.g. include

claims data, data flow, and quality of access). This repository needs seamless integration of clinical data to support patient quality of care and to help identify gaps with current data exchange (e.g. local clinic access). This project could also include proposals to create a health passport to connect all databases/disperate data.

3. **Workforce Preparation:** Advise the legislature on solutions to preparing the next generation of healthcare workers to address population health needs, and support the existing Governor's taskforce.
4. **Affordable, accessible healthcare:** Enhance affordability, accessibility and quality of coverage for all.
5. **Expansion of Rural Health:** Generate a 10-year strategy for addressing mental health in Idaho.

Exploration of a New Topic

Idaho Caregiver Alliance

In February of 2017, Dr. Sarah Toevs, Center for the Study of Aging at Boise State University, gave a presentation on the Family Caregiver Alliance action plan. There are approximately 300,000 family caregivers in Idaho providing 201 million hours or 2 billion dollars of unreimbursed care annually. Family caregivers perform complex medical and psychological care for their loved ones. Idaho is ranked 42nd in support for family caregivers and 49th for high levels of worry, stress, and exhaustion among family caregivers. Family caregivers provide crucial services in the healthcare system such as delaying the need for costly institutional care, reducing hospital admissions/re-admissions, reducing utilization of emergency departments for crisis care, and enabling the care recipients and families to thrive. The Idaho Family Caregiver Alliance has developed an action plan to enhance the lives of family caregivers. It includes:

Goal 1: Streamlined, coordinated system of supports for caregivers.

Objective 1 – Develop respite resources.

Objective 2 – Ensure culturally appropriate information and resources are available.

Objective 3 – Establish training resources for family caregivers: responsibilities, techniques, and self-care.

Objective 4 – Establish a network of experts equipped to serve as information and support navigators.

Goal 2: Increase public awareness about unpaid family caregiving and help people within our communities identify as caregivers.

Objective 5 – Family members recognize themselves as caregivers and the public is aware of the needs and contributions of family caregivers across the lifespan.

Goal 3: Recognize the importance of family caregiving and embed the voice of family caregivers in policy and system change.

Objective 6 – Recognize family caregivers as part of their family members’ health care and social support team.

Objective 7 – Embed family caregiver perspective and involvement in Idaho’s efforts to transform its primary care, long-term care, and behavioral health systems.

Objective 8 – Include family caregivers in Idaho’s efforts to enhance employment opportunities and tax policies that support families and the state’s economic vitality.

Goal 4: Ensure a coordinated voice for family caregivers in Idaho.

Objective 9 – Build on the established foundation of the Idaho Caregiver Alliance and ensure that the Idaho caregivers across the lifespan have a coordinated voice.

Objective 10 – Assure data are available to inform decision-making related to family caregiver supports and services.

The next steps for the Idaho Caregiver Alliance is to continue to engage stakeholders to expand public/private partnerships, collaborate with state and local entities, and continue drafting legislative proposals aimed at enhancing systems and supports to improve the lives of family caregivers in Idaho.

Behavioral Health, Boise State Blue Sky Institute (BSI)

The Institute co-directors, Drs. Angeli Weller and Ron Pfeiffer provided an overview of the BSI charge. The BSI is jointly supported by the College of Health Sciences and the College of Business and Economics. A current focus of the Institute is to help address Behavioral Health issues in Idaho. The BSI will initially focus on questions having to do with public health and healthcare by serving as a forum for the development, implementation, and validation via research of novel strategies that will improve public health and healthcare delivery in our campus community and external to the campus as well.

Major changes with respect to health-related behaviors and healthcare delivery invariably present immense financial, social, and political challenges. The creation of the BSI will provide a nonpartisan space where stakeholders, who in some cases may have conflicting interests, can gather to discuss seeking solutions to common problems. The BSI fits well with the role and mission of Boise State University as a public, metropolitan research university providing leadership in academics, research and civic engagement. Based on feedback provided by external community stakeholders representing major health care providers, payers and public health agencies, the BSI will provide services to the following:

- Healthcare Providers (profit and nonprofit)
- Healthcare Payers
- Corporate Partners
- City and Regional Governments
- School Districts

- Boise State University students and employees
- Non-Government Organizations (NGOs)
- Community Organizations

Based on early feedback, stakeholders have identified five areas as priorities, these are:

- Assist with solutions to mental health crisis intervention in the Treasure Valley
- Assessment (mapping) of community-wide mental health services across the State of Idaho
- Exploration of strategies for reduction of costs associated with end-of-life care while maintaining high-quality patient and family experience
- Initiate a longitudinal study of effectiveness of the campus-wide effort known as BroncoFit which is designed to create the healthiest learning environment in America
- Assess new models for funding (capitated care) for student patients at the University Health Services

After the BSI presentation, a facilitated discussion and problem solving session took place to address ways of creating a definition of quality Behavioral Health and how the State of Idaho might identify strengths, weaknesses and gaps in the current system. Based on the presentation, the idea of using BSI in collaboration with other partners to support the Commission and address their agenda of improving mental health in Idaho was agreed upon. Specifically, BSI was identified as a convener to bring quality information and ideas to the Commission for review and consideration. It was strongly suggested that among the partners that should be included in this effort experts from ISU and U of I should be included as well as H & W. The broad steps associated with this effort would include:

- 1. Partnerships-** BSI would work to help create partnerships with Idaho universities, Health and Welfare and members of the Commission to examine behavioral health in Idaho.
- 2. Define Quality-** BSI will work with the university and H & W partners to facilitate a common understanding of quality behavioral health (it was suggested that the group consider the IOM report on quality behavioral health, the report generated for Idaho through WICHE and other sources of material available through H & W, payers and providers).
- 3. Strengths, Weaknesses and Gaps-** The Commission or their designees will identify the current strengths, weaknesses and gaps of the Idaho behavioral health system.
- 4. Story Book-** The Commission or designees will create a story book of easily digested chapters that include phased steps that would be initiated for improving behavioral health in Idaho to act as a common source for H & W, payers, providers and legislators.

5. Funding- Working with the legislature, payers, providers and granting sources to identify resources for the steps and actions that are initiated to improve behavioral health in Idaho as described in the story book.

Next Steps- Rhonda Robinson-Beale will work with Tim Dunnagan to obtain the IOM report which will be distributed to the BSI representatives. The BSI will begin work in addressing steps 1 & 2. Tim Dunnagan will follow up with Director Armstrong to identify the specific information that is needed to request support from the legislature by July 2017. As with the AD discussion, a preliminary budget will need to be generated by July so that the proposal can be presented to the legislature.

Monitoring the Effectiveness of the Idaho Health Data Exchange

In 2010, House Bill 494 added monitoring the effectiveness of the Idaho Health Data Exchange (IHDE) to the Commission's responsibilities. To that end, the Commission has received a quarterly report from Julie Lineberger, the Interim Executive Director of the IHDE, on its current goals, progress toward meeting those goals, system utilization and long-term plans. A written annual report about the IHDE is also submitted to the Commission for review.

Highlights of IHDE's Progress

Highlights of IHDE's progress over the last year include:

- **Adoptive activities:** The IHDE continues to enroll new participants with a current participant enrollment and/or connections consisting of hospitals/hospital systems (8), laboratories (4), payers (3), clinics (121), and system access for 4,000+ provider/staff group users. Other participants include assisted living centers, home health agencies and hospice facilities. The IHDE has been and will continue to be involved in supporting State Healthcare Transformation Initiatives and will continue to support the 110 participating clinics in the State Health Innovation Plan (SHIP). IHDE is integral to the establishment of bidirectional data exchange between IHDE and primary care providers practicing patient-centered care to transform the state's primary care landscape to a Patient Centered Medical Home (PCMH) model. The goal is to improve the quality and coordination of care by connecting providers to patient health information. IHDE has committed an employee as a full-time Data Quality Improvement Specialist to identify gaps in data and assist in improving workflow for the SHIP clinics and the state's analytics vendor HealthTech Solutions, LLC. This close collaboration will be instrumental in facilitating the delivery of meaningful data quality metrics. IHDE will also continue to support the PCMH (Healthy Connections) project as it seeks to move its clinics to higher tier reimbursement levels through participation with the IHDE.

Several hospital groups continued to supply their radiological images through the IHDE image exchange service. To date, the IHDE has enabled 2.4M+ images to be viewed by IHDE users in their respective communities. This feature helps reduce the excess time and cost to deliver images to providers that have traditionally been burned onto a CD and hand-delivered to specific locations.

The IHDE's Next Steps

- Create bidirectional connections with SHIP participating clinics. IHDE is on track to meet the goal of connecting 50% of participating clinics by August 30th and the remaining eligible participant clinics by November 30th.
- Collaborate with payers to enhance IHDE value to the payer market
- Provide data from connected clinics to the SHIP analytics vendor
- Continuous data quality improvement
- Determine feasibility for IHDE to connect with other state HIEs

Other IHDE 2017-2018 Initiatives

SE Idaho Hospitals: The IHDE is seeking strategic alignment with the hospitals in SE Idaho to provide an affordable and reliable HIE solution to meet their connectivity and interoperability needs.

Boise VA Medical Center: Evaluate the benefits of rebuilding an interface with the VA to enable non-VA hospitals and providers in Idaho to access a veteran's medical record from the IHDE. The project is at the beginning stages of being evaluated from both a financial and operations feasibility standpoint.

Utah Health Information Network (UHIN) Phase II: The first phase of the IHDE-UHIN connection enables real-time ADT notifications to be sent to IHDE-enrolled physicians in Idaho when their patients are admitted to hospitals that are connected to UHIN and vice versa for UHIN-enrolled physicians in Utah when their patients are admitted to hospitals in Idaho. The second phase of this project is to create a bidirectional interface to allow real-time patient data from both states to flow between the IHDE and the UHIN so physicians in both states can access and see their patients' data in their respective Health Information Exchange.

eHealth Exchange: Determine the feasibility of connecting to eHealth Exchange (eHE) to expand access and connectivity to a broad range of organizations, public or private. UHIN and VA next steps are dependent on IHDE connecting the eHE with an associated annual eHE membership cost of \$50,000.

Evaluation Summary

Commission members are satisfied with the progress of the IHDE and support its plans for future work. The IHDE has been helpful in meeting the needs of Idahoans in an ever-changing medical environment and continues to provide a much-needed service to Idaho.

Conclusion

Idaho is currently embarking on several initiatives that will shift how healthcare is provided. The SHIP is transforming Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based system of care focused on improving health outcomes and reducing costs. We have seen the implementation of a statewide suicide prevention program and are pursuing technology for improvements to the Advanced Directive system. New health issues are emerging such as abuse of prescription medications and other behavioral health needs rising to the surface. Commission members are committed to maintaining a focus on this changing environment as they move forward with their work. They will continue to examine ways to best use the expertise and authority they hold to promote health and patient safety, planning, and improved quality of care and health outcomes.