Medical Care Advisory Committee Meeting Minutes (draft)

Date: October 16, 2013 **Time**: 1:30 – 4:00 PM **Location:** IDHW Medicaid Office, 3232 Elder St., D-East Conference Room, Boise, ID 83705 **Moderator**: Toni Lawson, Chair

Goal: *Update MCAC Members on DHW Issues*

Committee members Present: Toni Lawson (Idaho Hospital Assoc.- Chair); Katherine Hansen (Community Partnership of Idaho – Vice Chair); Video Conf. - Tina Bullock (Idaho Tribal Representative); Call in - Deana Gilchrist (disabled community representative); Representative Christy Perry as proxy for Representative Fred Wood (Idaho House of Representatives); Paula Barthelmess (Mental Health Provider's Association); Call in - Yvette Ashton (Medicaid Recipient); Tom Fronk (Idaho Primary Care Assoc); Teresa Cirelli (Idaho Medical Association)
Committee member absent: Cathy McDougal (AARP); Jeff Weller (Idaho Office on Aging); James (Jim) R. Baugh (Disability Rights Idaho); Senator Lee Heider (Idaho State Senate); Representative (Dr.) John Rusche (Board Certified Physician); Kris Ellis (Idaho Health Care Assoc); Kara Craig (Idaho Quality of Life Coalition)
DHW staff present: Call in – Elke Shaw-Tulloch (Administrator Division of Public Health); Paul Leary (Administrator, Division of Medicaid); David Simnitt (Deputy Administrator, Division of Medicaid); Natalie Peterson (Bureau Chief-Long Term Care, Division of Medicaid); Pat Martelle (Program Manager OMHSA, Division of Medicaid); Matt Wimmer (Bureau Chief-Medical Care, Division of Medicaid); Melissa Carico (Program Manager CHIC Program); Robin Sosin (MSST); Rachel Strutton (Committee Secretary)
Committee Guests: Representative Thyra Stevenson – call in.; Molly Stickle (Idaho Medical Association); Beth Nelson (Blue Cross)

Agenda Item	Outcome/Action
Introductions and Committee Business • Review minutes from 7/17/13 meeting • 2014 meeting schedule o **January meeting – decision point** o April 16, 2014 o July, 17, 2014 o October 15, 2014 • Committee vacancies: o Rotating Provider Seat: Vacated by Dr. Jack Kulm (Idaho Dental Association) o Welcome new Tribal representative Tina Bullock, Nimiipuu Heath • Committee Member Updates	**Review minutes from 7/17/13 meeting** July 2013 meeting minutes accepted as proposed. 2014 meeting schedule January 8, 2014, has been selected for January's meeting date. Remaining schedule accepted as proposed. Committee Vacancies • The vacant rotating provider seat was discussed. Ms. Lawson to contact Executive of the Idaho Leaders in Nursing to recruit for vacated seat. Other suggestions were Physical Therapy or the Idaho Chapter of American Association of Pediatrics. Ms. Lawson to contact for recruitment. • Discussion was held around the Pharmacy provider segment seat. Rachel to touch base with the Pharmacy association to see if there is any further interest in participation on the committee. Committee Member Update The committee member shared updates related to current association activities. Some highlights consisted of: IHA: Preparing for the annual meeting. Training for the Insurance Exchange. IPCA: Preparing for the Insurance Exchange. IMA: Working on the Primary Care Incentive program. CPI: Preparing for the Idaho Partnership Statewide conference being held 10/30 and 10/31/13. **Action Item:** 1. Ms. Lawson to contact Physical Therapy Association, Idaho Leaders in Nursing and/or the Idaho Chapter of American Association of Pediatrics to recruit for the vacant provider segment seat. 2. Rachel to contact the Idaho Pharmacy Association to verify continued interest in their existing provider segment seat.
Division of Medicaid Updates • Policy/Legislative Status Update o New and upcoming Rules, SPAs and Waiver activity	**Policy/Legislative Status Update** David Simnitt reviewed the Policy Product Update sheet. This document is updated monthly and available on the MCAC webpage.
Personal Assistance Oversight Committee (PAOC) Update	**Personal Assistance Oversight Committee Update** • Mrs. Peterson provided an update and review of the September 11, 2013, PAOC meeting and the draft minutes. Draft minutes to be reviewed by PAOC during their December 2013 meeting. Once approved minutes will be uploaded to the PAOC

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	website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx • Idaho Home Choice: As an update to the hand out there are 130 transitions completed. **Question & Answer:** Has the institutional atmosphere remained empty after the participants have transitioned (have the beds remained empty)? That data has not been reviewed. Mrs. Peterson to look to find that data source and share the findings as well as the average length of stay for participants coming out of institutions. Medicaid is learning from this grant and finding what needs to become part of the Medicaid program to either transition from, or keep people out, of the institution all together. **Action Item:** 1. Mrs. Peterson to look for data source that will provide information on overall impact of the IHC on the institutional setting. As well as how long participants are in the institutional setting prior to being transitioned.
Program Updates • Managed Care Initiative Updates: o Integrating Care for Dual Eligibles o Idaho Behavioral Health Plan (IBHP) – Optum Roll-Out and the impact of the NCQA requirements	**Managed Care Initiative Updates:** Integrating Care for Dual Eligibles • Medicaid was participating in the Duals Demonstration to Integrate Care for Dual Eligibles in Idaho for 2014. However, Medicaid received communication from the Duals office in September 2013 that the prospect of a Demonstration with only one participating health plan was no longer a viable option. • Medicaid remains interested in working with health plans to gather ideas on how to pursue integration of primary, acute, behavioral health and long term services and supports for full benefit Medicare-Medicaid enrollees. Because the landscape with the Demonstration has changed, Medicaid is evaluating options to meet the legislative direction. Current options being considered are: ➢ Expand the covered benefits in the current MMCP in 2014 ➢ Pursue the Demonstration starting in 2015 ➢ Have multiple health plans participate in MMCP in 2015 • Medicare- Medicaid Coordinated Plan (MMCP) is for dual-eligible individuals. There are currently more than 600 participants enrolled in one participating Medicare Advantage plan. This model is a voluntary program that permits a dual-eligible beneficiary to enroll in a single managed care organization (MCO) that receives capitation payments to deliver both Medicaid and Medicare services to the individual. • With Idaho legislative direction in House Bill 260, Medicaid continues to work on the development of a managed care plan for dual eligibles that will result in an accountable system of care with improved health outcomes. • Idaho Medicaid continues to hold stakeholder webinars regarding the managed care program every 1-2 months, and comments are encouraged to be sent to LTCManagedCare@dhw.idaho.gov. • Detailed information regarding this initiative is available at www.MedicaidLTCManagedCare.dhw.idaho.gov. IBHP • Optum contract went live September 1, 2013. Services are being delivered and providers are receiving payment with minimal issues. Optum and Qualis are coordinating efforts around hospital discharges. • Increase access to services and decrease reliance on high cost services are the goals of this managed care effort. • Medicaid is currently working with CMS on 1915(b) waiver requirements. • The Mental Health Association brought some specific questions/concerns. • Tom Fronk and Molly Stickle also brought some specific questions/concerns. • Ms. Martelle requested individual meetings to discuss and quantify each specific issue in order to ensure they are each addressed promptly and appropriately.

Agenda Item	Outcome/Action
o Health Homes/Healthy Connections and the Governor's Medical Home Collaborative	<u>Health Homes/Healthy Connections and the Governor's Medical Home Collaborative</u> *Healthy Connections* • Continue to have high enrollment and is currently at a 94% enrollment rate. *Health Homes:* • Is focused on the Medical Home Model around chronic diseases. • Participating practices agree to provide data on a number of activities directed towards better care and receive an enhanced payment rate for doing so. • The Health Homes network has stabilized at around 50 Healthy Connections clinics and approximately 8500 people receiving services, with active recruitment continuing. • Medicaid staff has provided resources for developing patient registries, drafting care plans and utilizing the Department's web based reporting tool. • Feedback is currently being provided to practices related to well child visits with the second round of clinical data is being collected from practices. • The Health Homes program stems from the Governor's Medical Home Collaborative (the multi payer medical home collaborative). • There is a Medical Home Collaborative Pilot meeting being held December 6, 2013, at Boise State University.
• 1115 Demonstration Waiver Transition Plan	<u>1115 Demonstration Waiver Transition Plan</u> • 1115 Demonstration waiver provides premium assistance to help ensure health care coverage for participants who are employed by small business in the state of Idaho. • This wavier operated under both Title XXI & XIX authorities. • Title XXI waiver only allowed coverage of parents (adults) until the end of September 2013. • To keep these adults covered, Medicaid transferred them from Title XXI to Title XIX authority, where there is still the authority to cover them for an additional three months, bringing their coverage under the demonstration to an end on January 1, 2014. • On January 1, 2014, adults will be eligible for benefits through the Insurance Exchange. Children under the Title XXI authority will be moved to either Medicaid coverage or the CHIP program. • There is a small population of people who fall under 100% of the federal poverty level. An 1115 waiver will be carried for this population, but will only hold eligibility under the waiver until December 31, 2014. This 2014 legislative session will be a determining factor on the outcome for this specific population. • Mr. Leary provided his October 7, 2013, Health Care Task Force (HCTF) Medicaid Update presentation, providing an overview of 2013 CHIP-B and access Card populations. (HCTF Idaho Medicaid Update 10-7-13 has been added to the MCAC website.) • As of October 1, 2015, the time for CHIP-B reauthorization, and ACA funding, CHIP will be increased by 23%, making it a 100% federally funded program.
• State Healthcare Improvement Plan (SHIP)	<u>State Healthcare Improvement Plan (SHIP)</u> • There has been over 60 focus groups and town hall meeting throughout the state since kick off in June 2013. • The finalized State Health Innovation Plan will be delivered in November. The state received an extension from the October deadline. • There are four primary areas that Idaho will focus on: 1) Development of a network for Patient Centered Medical Homes (PCMH). 2) Development of a statewide informatics structure. 3) Identification of quality criteria.

Agenda Item	Outcome/Action
• Children's Health Improvement Collaborative (CHIC) (Attachment) o Depression Screening LC o Medical Home Demonstration • MMIS Q&A/Open discussion	4) Payment reform - from the current fee for service structure to a value driven structure. • Once finalized the Idaho SHIP will be posted to the SHIP project website: http://www.idahoshipproject.dhw.idaho.gov/ • Next steps - Submission of implementation grant application in January 2014. Children's Healthcare Improvement Collaborative (CHIC) Mrs. Carico provided a presentation on the CHIC program which are included with the minutes. • Current learning collaborative (LC) is on Adolescent Depression Screening. The official kick off happened earlier this month. There are currently 18 sites with one quality improvement specialist linked to this collaborative. • July 1, 2013, contracts were signed between local Public Health Districts in Regions 6 and 7 and Division of Health (with CHIC being a partner) to test a Rural PCMH model introducing the PCMH concept to rural communities. This brings a new and different look to the PCMH. The initial pilot is two years with data being provided after the first year. • First technical assistance call is scheduled for October 18, 2013. MMIS Q&A/Open discussion No new issue or reports.
Questions and Answers **Adjourn**	**Exchange of ideas, recommendations and next meeting agenda item** Committee Chair's statement for the record: Ms. Lawson commended Medicaid for the good work being done in the State of Idaho and their continued efforts toward these new programs. She concluded by saying Idaho is a collaborative state and works together to achieve goals related to the benefit of its population, to improve access to care and to improve the health care system. **Suggested agenda items January 8, 2014, meeting:** Optum update SHIP update Insurance exchange update Time sensitive emergencies

Remaining meeting dates for 2013 (all meetings are located at 3232 Elder, Boise Idaho):

CHILDRENS HEALTHCARE IMPROVEMENT COLLABORATION

Children's Healthcare Improvement Collaboration (CHIC)

Aim of CHIC:

..to establish and evaluate a national quality system for children's healthcare..

Three grant categories Idaho works within:

Health Information Technology

Pediatric Patient Centered Medial Home (PCMH)

Sustainability

Patient Centered Medical Home Demonstration

The CHIC project will help create a *patient-centered* model of care that may improve health outcomes focused on children with special healthcare needs.

- Two primary care (13 providers, 1 resident) and one specialty (3 providers) pediatric clinic.
- This demonstration is 2.5 years.
- Medical Home Coordinators were trained on change concepts and the pillars of the patient-centered medical home (as recommended by Qualis Health).
- Embedded coordinators into the clinics to help lead the practice transformation.
- Work plan is collaboration; clinic and the coordinator based on a self-assessment tool (PCMHC-A) created by the National Committee for Quality Assurance (NCQA).
- This effort of coordinated care will provide higher quality care to patients and their families.

Patient Centered Medical Home Quality Improvement

Quality Improvement strategies are taught statewide through a Learning Collaborative model. Clinics gather to learn and share current practices, barriers and best practrices. This model fosters team building and knowledge sharing.

Past, current and future topics include:

- Asthma, immunizations, mental health, autism and medical home
- Evidence based and process measures are being collected at the practice level.
- Learning collaboratives start with an educational and team building learning session.

- Throughout the learning collaborative (6, 9, and 12 months in length) practices and providers are coached on best practices and changes.

- Continued access to a quality improvement coach to help reach stated improvement goals.

Patient Centered Medical Home Demonstration

What's Working?

Practice Transformation

- Patient Registries
- Team Meetings – Communication
- PDSA (plan, do study, act) Cycles
- Pre-Visit Calls
- Care Plans and Conferences

Quality Improvement

- Met Core Measures Goal (90%)
  - Updated problem list
  - Concerns documented and addressed
  - Primary care provider documented
  - Well child check up to date with primary care provider
  - Follow up documented

PDSA Highlights

- Provided education on medical home: new patient packets, flyers, and staff education
- Created and implemented a patient satisfaction survey
- Created pathways for primary care physicians to provide a completed intake packet at time of referral for new patients in order to provide a timely new patient appointment
- Conducting pre-visit and post-visit calls and new patient screenings
- Provided outreach and information on the Medicaid systems redesign
- Huddles performed daily
- In-clinic education on IEP, change readiness, Head Start, and various specialists
- Care coordination services, including follow-up care plan appointments for new diagnosis patients and existing patients
- Tracking no-show patients, patients that have cancelled and have yet to reschedule and documenting attempts to reschedule

CHIC and Public Health Partnership

Through this collaboration project goals include:

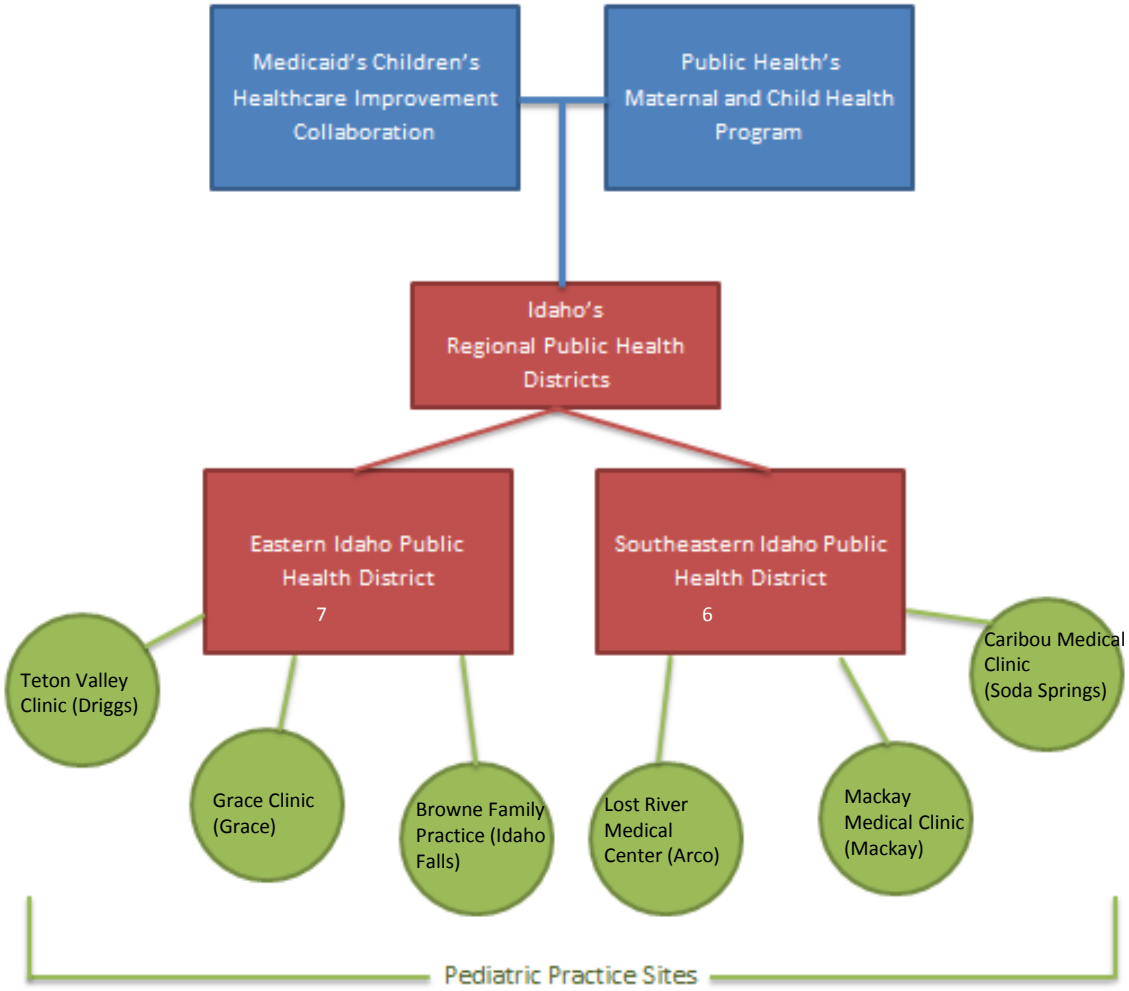
- Introduce Patient Centered Medical Home concepts to rural communities
  - Guidance to implement a provider based and patient centered model of care that will help improve the overall quality of care given to children with special health care needs.
  - Improve work flow and processes to become more efficient, and foster teamwork, improvement and change in their practices

- 'Housing' a Medical Home Coordinator (MHC) within the local Public Health District (Regions 6 & 7)
  - Identify and manage patient populations, develop care plans, reduce duplication of services, teach quality improvement strategies, provide coordinated care
  - Connect families with appropriate community resources
  - Provide prevention, education, data and evaluation through public health

Sustainability goals include:

- Prevention strategies and tools for public health
- PCMH transformation
- Improve patients'/families' understanding of their health care needs
- Improve quality outcomes
- Spread the model throughout all regions

PCMH Rural Model



Adolescent Depression Screening Learning Collaborative

Project Aim:

The specific aim of the Adolescent Depression Screening Learning Collaborative is to increase early detection and initiation of treatment for adolescent depression through the introduction of a process of universal depression screening while also increasing provider knowledge of appropriate treatment strategies and referral.

Aims for Participating Providers:

- Improve knowledge and understanding of screening tools, how to use them, interpretation and limitations.
- Improve knowledge and understanding of best practices and processes for addressing adolescents at risk for depression.
- Increase awareness and utilization of community resources.
- Develop a basic understanding of QI principles and key change concepts in the health care setting

Project Duration:

8 months

Project Participants:

- 18 sites, 46 providers, many team members (38 Pediatricians, 8 Family Physicians)
- Family Medicine Residency of Idaho – 28 residents, 4 faculty

Questions?