



Statewide Healthcare Innovation Plan: UPDATE

SHIP Update Newsletter: Issue 3

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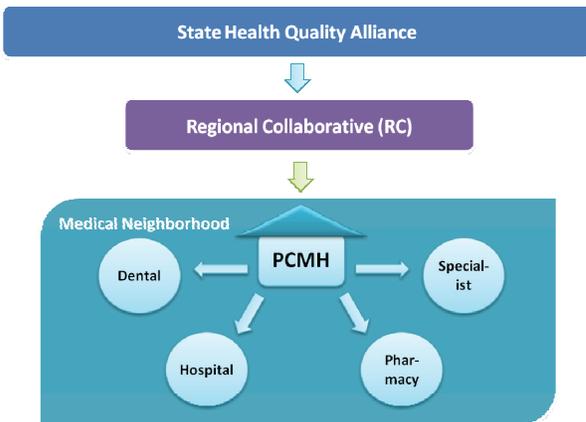
This newsletter is intended to bring you the latest information on important news and events about the Statewide Healthcare Innovation Plan (SHIP). This final issue provides an overview of the SHIP, next steps and how to stay informed.

Overview of the SHIP

Over the past few months, as the state of Idaho has pursued a system-wide assessment of gaps and evaluated the adaptability and scalability of current system innovations, the Statewide Healthcare Innovation Plan (SHIP) has been built. Built upon the multi-payer collaboration framework of the Idaho Medical Home Collaborative (IMHC), the SHIP calls for statewide adoption of a patient centered medical home (PCMH) model for care for the entire Idaho population.

The SHIP represents the continued growth of the PCMH model in Idaho. Its goal is to create a system that promotes practice advancement under the PCMH model while respecting the long-standing culture of provider and payer autonomy in Idaho. With the SHIP, the state will evolve from a volume-driven fee-for-service system to a value-based, outcome-based system that achieves the triple aim of improved health, improved healthcare and lower costs for all Idahoans. The SHIP aims to accomplish this by taking advantage of current system assets, while simultaneously working to address barriers that exist.

Idaho's PCMH model will go beyond the traditional approach of focusing on individuals with chronic or complex conditions to serve all patients in the primary care setting. The model will be implemented statewide and will extend to all healthcare providers. Idaho's PCMHs will focus on the person by promoting patient self-management and engagement, providing coordinated care that is based on a comprehensive assessment of the individual's healthcare needs, and holding both the patient and the larger delivery system accountable for his/her health.



Your PCMH is located at the center of an evolved healthcare delivery system. The PCMH coordinates care with other care providers in the medical neighborhood (a term used to describe all of the providers that represent the whole of your healthcare needs). PCMHs in a medical neighborhood are supported by Regional Collaboratives, or RCs, who ensure that your healthcare is delivered in a way that remains local and takes advantages of the State's best practices. The RCs are supported by the State Health Quality Alliance, which watches for health trends that are affecting Idahoans and ensures that no part of the State is left out of the benefits of this system transformation.

Components of the SHIP

State Health Quality Alliance:

- The State Health Quality Alliance will support the development of regional collaboratives to transform primary care practices to the PCMH model, attain statewide health population management, and provide ongoing support to the PCMHs to sustain the new integrated, value-based payment system that achieves improved health outcomes.

Regional Collaboratives:

- The collaboratives will support the needs of primary care practices and patient care. The collaboratives will have an advisory and administrative role. The regional activities will be overseen by the Alliance in order to promote consistency between the collaboratives.

The delivery of care through the PCMH model will maximize the use of Idaho's limited healthcare workforce by sharing resources across PCMHs and regional collaboratives

The SHIPbuilders

A critical aspect of creating the SHIP was ensuring all the right stakeholders were at the table. The SHIP was developed through a detailed assessment of systems needs, garnering data from the public on what solutions are available and feasible to adapt/scale, designing new delivery system components through workgroups, providing oversight and thought leadership via the steering committee and receiving realistic peer review from sponsors. Only this level of participation could have produced a plan that is poised to work for Idaho.

The payers, including Medicaid, Blue Cross of Idaho, Regence Blue Shield of Idaho, and PacificSource (which represent a preponderance of beneficiaries in Idaho) were critical to the construction of the SHIP model. In addition to these payers, representation included:

- Governor's Office
- Idaho State Senate
- Idaho House of Representatives
- Council on Aging
- St. Luke's Health System
- Idaho Hospital Association
- Idaho Medical Association
- St Al's
- Idaho Primary Care Association DHW
- Family Medicine Residency of Idaho
- Idaho Academy of Family Physicians
- Independent physicians

Each payer and stakeholder group had considerable representation in the four workgroups and served as a participating or non-voting sponsor on the Steering Committee.

Work Group Updates

The SHIP development process has relied upon four work groups to generate recommendations and policy design decisions that make up the plan. Below is an update on each work group and the associated recommendations.

- **Multi-Payer Strategies Work Group**
 - Recommended a 3 phased approach to paying PCMHs in the first year:
 1. An up-front payment for infrastructure changes to the practice looking to advance,
 2. An incentive for reaching different levels of accreditation based on criteria set by the Alliance, and
 3. A per-member, per-month payment, escalating based on levels of patient complexity.
 - After becoming established and measuring baseline data, quality payments for adhering to evidence-based clinical guidelines could be added, and finally, a shared-savings payment or fee-schedule escalation would be added based on total cost of care savings targets.
 - All payment elements would be negotiable by the payers, however, the elements of the payment will be common and the incentive for achieving higher levels of accreditation would likely be paid using grant funds if received.
- **Network Structures Work Group**
 - Recommended the details of both the Alliance and RCs
 - Recommended that the National Committee for Quality Assurance (NCQA) accreditation not be mandated and instead establish an alternative State certification process for the PCMH designation.
 - Recommended policy positions around the following:
 - A preceptor program to enhance educational resources for the PCP at the community level.
 - Expansion of medical education for Idahoans to build the necessary and well proportioned workforce. The additional slots should be at medical schools with training tracks in rural healthcare.
 - Loan repayment and scholarship programs that helping in recruiting students to the medical field and practice in Idaho.
- **Clinical Quality Improvement (CQI) Work Group**
 - In the first year, CMMI-mandated quality measures – tobacco use, diabetes care and obesity – will be tracked statewide to establish a baseline.
 - In subsequent years additional location-specific metrics will be applied.
 - Statewide health measure will be adopted by the Health Alliance as appropriate.
- **Health Information Technology (HIT) Work Group**
 - HIT is critical, enabling capability for many aspects of PCMH model including care coordination, health outcomes management, patient engagement, and documentation.
 - IHDE was identified as an important element in Idaho healthcare delivery and continued growth in their data capabilities within their current mission to provide mechanism for care collaboration and coordination was recommended.
 - Expanded capabilities such as data marts, clinical analysis, and incorporation of claims data will be further explored to develop the most appropriate configuration to support PCMH data and reporting requirements, including use of interfacing technologies to leverage existing HIT systems.

Next Steps

The draft SHIP was received by the State on September 20, and in October, the Steering Committee will be reviewing and approving the final model outline. Idaho will submit the SHIP later this year, and we expect the application for the federal Model Testing Grant will be available in January, 2014. Both Idaho and the SHIP stakeholders are committed to continuing healthcare system transformation regardless of further CMMI funding.

Stakeholder Engagement

Approximately 60 stakeholder engagements were scheduled held around the State. This included the addition of 6 non-scheduled outreach efforts in the form of townhall meetings to remote and frontier areas of the state. With nearly 300 unique participants, the state of Idaho was able to gather data on best practices, adaptable and scalable models, community sentiment and local system needs. These data points will both validate current system assumption and justify the innovations detailed in the SHIP.

Stay Tuned to the SHIP

This is the last scheduled SHIP Update Newsletter. To stay informed about the SHIP and future milestones, please visit <http://www.IdahoSHIPproject.dhw.idaho.gov>