



# Statewide Healthcare Innovation Plan: UPDATE

SHIP Update Newsletter: Issue 2

August 26, 2013

This newsletter is intended to bring you the latest information on important news and events about the Statewide Healthcare Innovation Plan (SHIP). An issue of this newsletter will be distributed monthly as the SHIP is developed.

## Upcoming Newsletters

- **Issue 3:** September, 2013

## Introducing the SHIP Website!

We are pleased to announce that the official [Statewide Healthcare Innovation Plan website](http://www.idahoSHIPproject.dhw.idaho.gov) has launched! The website is your go-to location to learn about the SHIP, progress made to date, upcoming activities and other important information. Here you can find details about the focus group and townhall process, watch the SHIP video, view the master calendar and timeline, and access previous editions of the SHIP newsletter. The full URL of the SHIP website is <http://www.idahoSHIPproject.dhw.idaho.gov>.

## Updates on the SHIP

Each of the groups and activity streams that make up the SHIP team have seen significant advances and accomplishments.

## Work Group Updates

The SHIP development process relies upon four work groups to generate recommendations and policy design decisions that will make up the plan. Below is an update on the accomplishments for the work groups to date.

- **All Work Groups:** Conducted and completed focus groups in all four locations.
- **Network Structures Work Group:** Conducted research on network models employed by other states to provide information to the work group. Examined and discussed relevant areas of the SHIP. A primary focus has been on strategies to increase the work force for medical homes.
- **Health Information Technology (HIT) Work Group:** Documented HIT's future state including identification of core concepts and associated innovations. The work group is currently identifying required HIT components and collecting associated future state costs.
- **Clinical Quality Improvement (CQI) Work Group:** Completed research on the state of Idahoans health as well as state and federal quality initiatives; documented CQI current state; reviewed state and national quality metrics and determined the appropriate clinical quality metrics to incorporate in the plan.
- **Multi-Payer Strategies Work Group:** Recommended a phased approach to implementing Patient Centered Medical Home (PCMH) networks as the primary model for healthcare in Idaho.

## Work Group Meetings

Below is a list of upcoming meetings for each work group:

Date	Time	Location
<b>Network Structures</b>		
Wednesday, Sept. 11	10 am	Location TBD
<b>Health Information Technology</b>		
Thursday, Sept. 12	1 pm	3232 Elder – D East
<b>Clinical Quality Improvement</b>		
Thursday, Sept. 12	8:30 am	Blue Cross of Idaho – 3000 E. Pine Ave
<b>Multi-Payer Strategies</b>		
Wednesday, Sept. 11	2:30 pm	3232 Elder – D West

## Upcoming Work Group Activities

### Network Structures Group:

- Provide project coordination, including the distribution of meeting notes and communication with work group members.

### HIT Group:

- Continue documenting the HIT future state and collect associated costs.

### CQI Group:

- Finalize the clinical quality metrics, CQI proposed implementation plan and innovative practices to include in the SHIP.

### Multi-Payer Group:

- Continue conducting research of best practices for sharing with work group members.
- Gather data from multiple sources to begin financial analysis for the SHIP to support PCMH expansion efforts.

### Focus Group and Townhall Dates

Focus groups have been conducted in the following locations:

- **Southeast Area** – Idaho Falls, 7/11 – 7/13
- **Southwest Area** – Boise, 8/1 – 8/3
- **North Area** – Hayden, 8/8 – 8/10
- **Central Area** – Twin Falls, 8/15 – 8/17

Townhall meetings have been held in the following locations:

- **Sandpoint** – 8/7
- **Salmon** – 8/13
- **Pocatello** – 8/14
- **Orofino** – 8/21
- **Moscow** – 8/22

### Stakeholder Engagement Updates

Focus groups have been conducted in each of the four work group topic areas, as well as audience-specific sessions with employers and hospitals. The focus groups have been held in each of the four identified areas: Southeast (held in Idaho Falls), Southwest (held in Boise), North (held in Hayden) and Central (held in Twin Falls).

In addition, townhall meetings have been held in areas identified to reach many of Idaho's rural and frontier communities, including Sandpoint, Orofino, Moscow, Salmon and Pocatello.

We are currently in the process of analyzing the data gathered during the focus groups and townhall meetings, and will be generating reports. In the meantime, here's a preliminary overview of some of the key themes we heard.

### Key Focus Group Findings To Date

- Coordination of patient care through a **medical home model** is generally a welcomed concept across audiences.
  - True collaboration between providers, specialists and patients is vital for success. To achieve such collaboration, the SHIP should address:
    - Increased choice of quality providers in Idaho,
    - More efficient communication through technology,
    - A shared responsibility for health on the part of both providers and patients and
    - An emphasis on healthcare education.
- **Choice:** Consumers and providers alike feel there is a lack of healthcare providers in Idaho. Suggested solutions include:
  - Considering a greater use of physician extenders (nurse practitioners and physician assistants, e.g.)
  - Reevaluating methods of recruitment, education and incentives for attracting and retaining general practitioners in Idaho
  - Considering how physicians are paid to better compensate primary care providers
- **Technology:** Increased communications, including data sharing tools, are necessary.
- **Shared Responsibility:** Both providers and consumers should be held accountable for improving healthcare.
  - Providers: Encourage patient preventive care, communicate available resources and earn incentives for positive/wellness based outcomes.
  - Consumers: Provide decision tools, access to healthcare information and monetary incentives for positive/wellness based actions.
  - Consider restructuring government affiliated benefits programs (Medicaid, e.g.) to include co-pays or other cost-sharing initiatives to avoid overuse.
- **Education:** Proactive care and early/continued education should be a priority.
  - Providers: Adjust incentives to reward outcomes instead of procedures and encourage discussion about care improvement among peers.
  - Consumers: Begin health education at an early age and increase education about healthcare professions in career based learning.

We look forward to sharing additional findings and analysis with you in the coming weeks.