



July 16, 2020 at 3:00 pm

Location: Conducted virtually

Meeting Minutes:

Member Attendees: Dr. Andrew Baron, Matt Bell, Kathy Brashear, Denise Chuckovich, Dr. Keith Davis, Dr. Ted Epperly, Lisa Hettinger, Randall Hudspeth, Yvonne Ward-Ketchum, Dr. David Pate, Patt Richesin, Matt Wimmer

DHW Staff: Mary Sheridan, Susan Heppler, Matt Walker, Stephanie Sayegh, Ann Watkins, Elizabeth Heist

Guests: Hans Kastensmith, Dick Armstrong, Joey Vasquez, Jacqueline Smithley, Norm Varin, Scott Banken, Melissa McVaugh, Robbie Roberts, Jenni Gudapati, Craig Belcher, Janet Reis, Cynthia York, Corey Surber, Linda Rowe, Nancy Powell, Liz Hatter, Jennifer Wheeler, Luke Kilcup, Kevin Rich, Joshua Slen, Kyle Pfannenstiel, Laura Nixon, Prudence Vincent, Steve Moody, Justin Seaman

Summary of Motions/Decisions:

Motion:

Outcome: Passed

Lisa Hettinger moved to accept the minutes of the June 18, 2020 meeting of the Healthcare Transformation Council of Idaho (HTCI) as presented.
Second: Kathy Brashear

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review – *Dr. Ted Epperly, HTCI Co-Chair*

Dr. Epperly opened the meeting and welcomed the members and guests. Participants were invited to unmute themselves as needed or use the chat function to ask questions.

Coronavirus/COVID-19 update – *Dr. David Pate, HTCI Co-Chair*

Ada and Canyon County have experienced a tremendous surge in COVID-19 cases. According to the data, a disproportionate number of these cases have been young adults. This is particularly concerning because new studies are showing that young adults are more likely to be asymptomatic and believed to be more than 50% of the transmission for COVID-19. For every recorded case, there are probably four to ten additional people who are also transmitting the disease.

As the beginning of the school year draws closer, governmental leaderships are leaving the decision to school principals on whether to reopen or not. School principals will have difficult decisions to make, especially in high-activity areas such as Ada and Canyon County.

Central District Health has mandated the wearing of face masks across Ada County. Southwest District Health cancelled their board meeting due to protests.

A new strain has been identified and detected in multiple parts of the world. It is more infectious but not more severe. It is not yet known if the new virus strain has become dominant in Idaho; there is currently an investigation to determine what strains are present in Idaho. In Houston, Texas, the new strain is accounting for 80% of confirmed cases.

The conclusions drawn on the immunology research have proven to be disappointing; thirteen to 40% of individuals who recover from COVID do not have detectable antibodies after three to four weeks. The cellular immune response is looking more promising. Vaccine trials continue to have promising results.

Q: Is there anything we can do to get the Governor to take the lead regarding masks?

A: The Governor is going to act if necessary but is giving local mayors the chance to act first. Some areas in Idaho are low in transmissions of the disease, however, in others we see high activity. Get your voices out to the mayors and put pressure on them.

Q: The CDC is no longer in charge of the nation's COVID-19 data. As a healthcare provider, what are your thoughts?

A: I am very concerned. I would not have been so concerned in past administrations. We have not seen this level of hostility towards public health and science experts which is dangerous. We are dealing with a novel virus, and experts will say things in the beginning that will not pan out. We will provide the public with the most up-to-date information as we discover it. As healthcare providers and scientists, we must not become afraid to speak up at all stages, even if we retract what we have said previously, based on new data.

Idaho Health Data Exchange (IHDE) presentation – *Hans Kastensmith, Executive Director, IHDE, Dick Armstrong, Vice Chair, IHDE, and Joey Vasquez, Division of Medicaid*

Over the past three years, the Idaho Health Data Exchange (IHDE) has been working with a variety of partners to improve the overall patient care experience for Idahoans receiving healthcare services. Hans Kastensmith shared the updates they are making to the legal framework, components, and fee structure of IHDE's participation agreement.

IHDE was a significant part of the State Healthcare Innovation Plan (SHIP) grant, aimed to create infrastructure in Idaho for data exchange. The Idaho State Legislature has approved Support Act funding to support the ongoing work of this initiative.

Payer Provider Workgroup (PPW) update – *Norm Varin, PPW Co-Chair*

The PPW has been working towards two major initiatives.

The first is establishing a baseline understanding of information regarding value-based reimbursement with the state of Idaho. The workgroup has reached out to carriers through Scott Banken and his team at Mercer. While the results are still pending, they are making significant progress.

Second is the creation of a survey which will identify three areas with the greatest healthcare concern; this will allow the workgroup to identify which areas payers and providers can work together to solve. PPW is trying to categorize the information in a way where each group understands across their respective professions. This is proving challenging because both professions can have two different perspectives on a category, or phrase.

Once PPW has the survey, they intend to send it to the HTCI members to share more broadly with as many payers and providers as possible. By collecting more information from all areas of the state, it will improve the value of the data.

Follow-up on subject matter expertise and at-large membership – *Led by HTCI Co-Chairs*

HTCI has three seats available for at-large membership. Ideally, these positions should be used to provide additional expertise to the council and further the work of HTCI. The HTCI co-chairs have created a quick survey for everyone to weigh in on what competencies should be considered. Once HTCI has established what expertise is needed, the council can then consider the types of individuals who could fill that position, and then consider the specific nominees for that position.

Dr. Epperly introduced the possibility of creating an annual report for the benefit of the Idaho State Legislature, Governor, or public to understand the relevance of this ongoing work and the accomplishments of HTCI.

Telehealth Task Force (TTF) update – *Jenni Gudapati, TTF Co-Chair*

The last subject matter task force meeting is scheduled for July 29th, 2020. TTF will be meeting with representatives from the Governor's Office to discuss mandates and broadband. They will be releasing a report on their recommendations after their final meeting.

Closing: *Dr. Ted Epperly*

Next Meeting: Thursday August 20th, 2020

Meeting Adjourned: 04:44 p.m.



Healthcare Transformation Council of Idaho

Action Items

August 20, 2020 3:00PM

■ Action Item 1 – July HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the July 16, 2020, HTCI meeting:

Motion: I, _____ move to accept the minutes of the July 16, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

HTCI

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



Healthcare Transformation Council of Idaho

**Next Steps for Medicaid
Payment for Value
August 20, 2020**



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Measurably improve the health of Idahoans with Medicaid coverage.

Reward providers who deliver high quality and cost-efficient care.

Stabilize and control Medicaid spending.



Healthy Connections Value Care (HCVC) Program established.

Voluntary accountable care program developed to move away from traditional volume-based payment to value-based payments that provides both incentives and disincentives related to health outcomes and targeted cost trends.

Providers currently under HCVC contract

3 – Accountable Primary Care Organizations

- 20,709 lives covered
- 25 Service Locations

2 – Accountable Hospital Care Organizations

- 72,449 lives
- 95 Service Locations

Implementation delayed to 7/1/21 due to coronavirus impacts
Data work, development, and information sharing ongoing



Legislation passed in 2020 session requiring DHW to:

- Establish value-based payment methods for hospital (except critical access) and nursing facility services effective 7/1/21 to replace existing cost-based reimbursement methods
- Establish a quality payment program to replace current supplemental payments (upper payment limit) to hospitals
- Reduce hospital reimbursement and increase nursing facility assessments in SFY 2020 and SFY 2021

Desire by Hospitals to align quality payment program for UPL with the broader HCVC approach:

- Enrollment in a Value Care Organization would be based on selection/attribution of primary care provider
- Calculation of total cost of care would remain mostly the same



- Implement hospital and nursing facility changes by next July
 - Ongoing meetings with hospital and nursing facility representatives
- Control costs for the Medicaid program by improving care
 - Care for people who are healthy costs less than care for those who are sick
 - Reimbursement needs to align with health rather than procedures
 - Care management needs to be consistent and effective
 - Even more important now because of increased growth due to expansion, coronavirus economic impacts, and the decline in state revenues
- Meet the challenge of developing broad based value based payment
 - Data and analytic needs are intensive
 - Actuarial work can be costly
 - Time is short
 - Staff resources and funding are limited
 - Supporting multiple efforts is not feasible



26 Responses Received

- Healthy Connections Organizations
- Hospital Integrated Networks
- Provider Networks
- Professional Organizations
- Other Payers
- Health Plans
- Medical Management Companies
- Health Districts



- HCPLAN Alternative Payment Models (APMs) is proven and logical path for the Dept. to pursue
- Dept. should consider a ramp up and learning period before a provider is required to accept risk
- Small and rural practices must be supported in forming larger group affiliations as they do not have the attributed lives or infrastructure/resources to assume risk
- To be successful VBP model must address behavioral health and social determinants of health as well as physical health needs
- Minimum requirement of 10,000 attributed lives should be considered to effectively impact change
- Consider mandatory enrollment in regional or statewide ACO's to achieve desired cost and quality outcomes



- A focus solely on VBP transformation without a comprehensive Medicaid payment reform strategy could result in unintended outcomes
- Aligning incentives, performance measures and risk methodologies across payers would yield best results
- VBP arrangements will be most successful if supported by a multi-disciplinary Dept. team
- Providing concrete goals is vital to provider success in value-based care
- Dept's ability to provide reliable, timely performance data is critical to VBP success
- Look to other successful program experience as a guide to success



1. We need a single statewide approach

- Everyone's efforts are more successful when they are focused
- Medicaid does not have bandwidth to support multiple programs
- Coordination with other payers is easier under a single program
- Measuring quality and efficiency requires adequate numbers to be meaningful
- Participation at some level would be necessary for all primary care and hospital providers (excluding critical access hospital, at least to begin with)

2. Risk is necessary but must be scaled

- Medicaid budget control is not optional at this point and we need risk partners to achieve it
- Provider capabilities for managing risk vary
- We need to recognize those limitations and address them within our value based payment structure to be successful

3. To move forward we need to build on past achievements

- Use the existing and familiar Healthy Connections patient enrollment structure
- Use the total cost of care definition developed under HCVC for shared savings/risk



4. Medicaid will need to change

- Increased investment in data and analytics
- Shift from a regulatory mindset to a contract partnership orientation
- Increased accountability for budget and reimbursement management

5. We need to build a structure that will support future growth

- We won't be able to do everything at once
- Critical access hospitals and behavioral health providers won't be included at first
- We need to consider how to involve those providers for the future
- Social determinants of health and managed care intersections should also be considered

6. We need stronger primary care partnerships

- Between Medicaid and primary care providers of all sizes and structures
- Between hospitals and primary care providers
- Between primary care and behavioral health providers

State of Idaho
Health Quality Planning Commission
(HQPC Update)

- Advanced Care Directives
- Idaho Health Data Exchange
- Telehealth
- Health Report Card for The State of Idaho

HTCI Membership Desired Expertise

Please select 3 items from the list of desired expertise categories and skill gaps that may not be adequately addressed by the current membership of HTCI.

		Response percent	Response total
Expertise on social determinants of health		61.54%	8
Representative from an underserved community		46.15%	6
Expertise in value-based healthcare and alternative payment models		46.15%	6
Expert on reimbursement with the ability to navigate clinical and financial environments		38.46%	5
Expertise in tracking and coordinating quality measurements		30.77%	4
Representative from eastern Idaho		30.77%	4
Behavioral health expertise		23.08%	3
Healthcare workforce expertise		15.39%	2
Other (specify below)		7.69%	1
Oral health expertise		0%	0

Statistics based on **13** respondents;

Optional: If you selected *other* in the previous question, please describe the desired expertise or skill gap that could be addressed by HTCI through at-large membership.

		Response total
	CHEMS Expertise such as Wayne Denny or his designee(s)	1

Statistics based on **1** respondents;