



November 21<sup>st</sup>, 2019 3:00 pm

Location: 450 W. State St., 10th Floor,  
Conference Room 10A

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## Meeting Minutes:

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**Member Attendees:** Dr. Andrew Baron (phone), Matt Bell, Denise Chuckovich, Dr. Scott Dunn (phone), Dr. Ted Epperly, Lisa Hettinger, Randall Hudspeth, Yvonne Ketchum-Ward (phone), Dr. David Pate, Susie Pouliot, Patt Richesin, Neva Santos, Chris Thomas, Larry Tisdale, Dr. Karl Watts (phone), Matt Wimmer (phone), Nicole Zogg

**OHPI Staff:** Mary Sheridan, Ann Watkins, Shelby-Lyn Besler

**Guests:** Elke Shaw-Tulloch, Dieuwke Dizney-Spencer, Jenni Gudapati, Janet Reis, Mary Ann Reuter (phone), Craig Jones, Cynthia York, Dr. Rhonda Robinson-Beale, Jackie Smithly, Kara Garner, Luke Kilcup, Hans Kastensmith, Prudence Vidence, Stephanie Sayegh, Norm Varin, Jim Borchert, Joey Vasquez, Director Dave Jeppesen

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## Summary of Motions/Decisions:

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<b>Motion:</b>	<b>Outcome:</b>
<u>Neva Santos</u> moved to accept the minutes of the October 17 <sup>th</sup> , 2019 meeting of the Healthcare Transformation Council of Idaho (HTCI) as presented. Second: <u>Randall Hudspeth</u>	<b>Passed</b>
<u>Randall Hudspeth</u> moved to submit a letter of support to the Joint Finance and Appropriations Committee for the Department to receive SUPPORT Act funds. Second: <u>Neva Santos</u>	<b>Passed</b>
<u>Patt Richesin</u> moved to accept Telehealth Task Force Charter as presented. Second: <u>Lisa Hettinger</u>	<b>Passed</b>
<u>Susie Pouliot</u> moved to approve Larry Tisdale and Patt Richesin as co-chairs of the new Critical Access Hospital demonstration model workgroup. Second: <u>Denise Chuckovich</u>	<b>Passed</b>

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## Agenda Topics:

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**Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review-** *Dr. Ted Epperly & Dr. David Pate, Co-Chairs of the HTCI*

**Transition Announcement-** *Dr. David Pate, HTCI Co-Chair*

- Retiring from St Luke's after 10.5 years.
- Committed to the work of HTCI as it is very important to people of Idaho.
- Will remain as co-chair until another co-chair is named.
- HTCI members thanked him for his demonstrated leadership in Idaho healthcare and for his service and contributions on HTCI.

**Rural Critical Access Hospital Value-Based Payment Model Workgroup update and Co-Chair approval** – *Dr. Ted Epperly, HTCI Co-Chair, Larry Tisdale, Idaho Hospital Association, Patt Richesin, Kootenai Care Network, and Mary Sheridan, Bureau of Rural Health & Primary Care (Action item)*

- Larry Tisdale and Patt Richesin have agreed to serve as co-chairs of this new workgroup.
- Current workgroup membership includes eight critical access hospital leaders, Pacific Source, and Comagine.
- Includes four full-day facilitated planning sessions in Boise to design a model for potential deployment in Idaho.
- Plan to apply to the Centers for Medicare and Medicaid Innovation (CMMI) Rural Health Initiative when the opportunity becomes available.
- First workgroup meeting is January 23<sup>rd</sup>, 2020.

**Substance Use Disorder Prevention that Promotes Opioid recovery and Treatment for patients and Communities (SUPPORT) Act** – *Joey Vasquez, State Medicaid Health IT Lead; Proposed Letter of Support* – *Dr. Ted Epperly, HTCI Co-Chair (Action item)*

- CMS approved a \$33 million grant to help Medicaid fund health IT infrastructure to combat the opioid epidemic. Funds must be expended by September 30, 2020
- Funding must be approved by the Joint Finance and Appropriation Committee (JFAC) during the upcoming 2020 legislative session.
- The SUPPORT act is a bipartisan bill aimed at addressing the nation's opioid epidemic.
- Joey Vasquez outlined identified uses for the funds with the bulk of the monies (up to \$20 million) allocated to the Idaho Health Data Exchange (IHDE) to enable the free flow of pharmacy information to front-line clinical staff. Funding for IHDE would fund costs for additional software, equipment, and learning system design.
- Craig Jones and Hans Kastensmith spoke on behalf of IHDE. They are working with several other agencies (Board of Pharmacy, Department of Corrections, DHW, first responders) to create opportunities for integrated access to pharmacy information in one location.
- IHDE is also working on health IT system improvements and reviewing opportunities to incorporate telehealth software/systems to extend telehealth access and adoption for rural and frontier community providers and health systems.

**Telehealth Task Force (TTF) Charter Approval** – *Jenni Gudapati, Boise State University/TTF Co-Chair and Ann Watkins, Office of Healthcare Policy Initiatives/Bureau of Rural Health & Primary Care (Action item)*

- 12 members are proposed for the TTF - 4 representatives from the Healthcare sector and the remaining 8 members will represent other industries and self-funded organizations currently utilizing telehealth or who have an interest in future telehealth utilization. The TTF members will meet from January – June 2020.

- 24 Subject Matter Experts from various healthcare sectors will present (February – May 2020) recommendations to increase telehealth adoption and enhanced utilization.
- Final report to be presented to HTCI and the Health Quality Planning Commission (HQPC) in August 2020.

**Kootenai Care Network** – *Patt Richesin, President, Kootenai Care Network (KCN)*

- The Kootenai Care Network (KNC) began in 2016 with a plan and vision to develop and expand their system to be clinically integrated with a defined value-based payment model which incorporates a quality improvement program, data analytics software, care coordination resources, and communication plan. The network includes independent and provider-based clinics and their physician champions and staff in the design, implementation and deployment of the KCN model.
- KNC includes 44 primary care and multispecialty practices with multiple locations including 62 total interfaces.
- KNC has a total of 550 provider members, covering more than 36,000 people. They continue to incorporate more health plans in their business model, and, since 2016, revenues have increased from \$20 million to \$230 million. They have met or surpassed national quality and clinical indicators, generated over \$17 million spend reduction (savings), and distributed \$7.6 million savings to network participants since inception.
- These processes are scalable and can be deployed statewide and designed to include Critical Access Hospitals and rural areas.

**Medicaid Value-Based Care Model update** – *Matt Wimmer, Administrator, Division of Medicaid, IDHW*

- In the very near future, Medicaid is releasing a value-based care request of information via email.
- HTCI members and others will be invited to provide feedback on their Healthy Connections value-based payment model which is designed incorporate the HCP LAN framework.
- The RFI seeks to identify how to proceed with value-based payment to achieve the most potential for Idaho; to engage Idaho providers and other potential interested parties who wish to expand their model to other areas of Idaho, while Medicaid works to improve outcomes and contain costs.

**Identifying Value-Based Patients Scenarios** – *Mary Sheridan, Bureau of Rural Health & Primary Care*

- Mary asked HTCI members to submit case studies and scenarios about value-based healthcare which can be utilized in future grant applications and presentations to the legislature.

**Closing-** *Dr. Ted Epperly*

Next meeting: Thursday, December 19<sup>th</sup>, 2019 at 3:00 pm Mountain Time

**Meeting Adjourned:** 05:00 pm



# Healthcare Transformation Council of Idaho

## Action Items

December 19, 2019

3:00-5:00PM

■ Action Item 1 – November HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the November 21, 2019, HTCI meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the November 21, 2019, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: \_\_\_\_\_

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■ Action Item 2 – Critical Access Hospital (CAH) Workgroup Charter

HTCI members will be asked to approve the CAH workgroup charter:

Motion: I, \_\_\_\_\_ move to accept the CAH workgroup charter as presented.

Second: \_\_\_\_\_

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# HTCI

HEALTHCARE TRANSFORMATION  
COUNCIL OF IDAHO



# Office of the Executive Director Briefing

HTCI Meeting

December 19th 2019

# IHDE New Business & Operations Model



- IHDE is adopting a new approach to its business and operations
- Focus is on Value Based Care and support of our stakeholders as they adopt risk sharing schemas
- IHDE will produce new products and services based on customer value cases
- Shared Risk Model for IHDE Services and Consulting
- Special focus on FQHCs, small rural practices, critical access hospitals, underserved regions of Idaho

# IHDE Value Statement

IHDE brings extensive experience engaging stakeholders with diverse interests in complex healthcare transformation initiatives, using multi-sector data to guide those initiatives.

We utilize advanced analytics to produce profiles that highlight variation in key outcomes and providing an understanding of the drivers of variation across geographies, organizations, and care delivery sites.

IHDE also has extensive experience with organizing local, regional, and statewide learning networks to use profile information to guide and monitor ongoing improvement initiatives.

To achieve the goals of the healthcare system in Idaho, IHDE will leverage its experience with healthcare transformation, health related policy, and the use of data to support transformation, to work with our customers to plan, implement, and maintain sustainable operations

# Basis for Strategic Plan



## IHDE Key

- Current Capability
- Partial Capability
- No Current Capability

Technology and Processes for all partial and non-existing capabilities are in IHDE new strategic plan

A majority of implementation of the projects are funded in part or in whole by expected new contract revenues.

## Data Use & Services

### Reporting Services

Analytics Services

Consumer Tools

Notification Services

Provider Tools

Exchange Services

Patient Attribution

## Technical Capabilities

Data Extraction

Data Aggregation

Data Transformation

### Data Quality & Utility

Identity Management

Provider Directory

Security & Mechanisms

Consent Management

## Foundational Elements

Business Reason

Governance

Policy

Financing

Legal Agreements

User Support / Learning Network

# Framework for Effective Data Sharing & Data Use

## Foundational Elements

**Business Case**  
Develop a clear understanding of stakeholder needs for sharing data & information. Identify priority use cases.

**Governance**  
Establish a governance structure so that key stakeholders have meaningful influence on decision making (planning, operations)

**Policy & Legal**  
Address key policy and legal issues that can facilitate or hinder priority use cases. Stakeholders & governance structure can assist.

**Financing**  
Establish a pathway to sustainable HIE financing. Work toward participation of key stakeholders that see value in HIE services.



Informs Business Model, Planning, and Operations

**Ongoing Improvement**

Monitoring whether operations are meeting stakeholder needs with responsive adjustments

# Key Initiatives

- IRIS Data Integration
- Learning Health Network
- Integration of PDMP data and other data types
- Advanced Directives Central Repository
- Initial Platform Fixes and Features
- Business Model Redesign
- Financial Model and Management Redesign
- New Product Offering Design – Value-Based Care
- Data Quality Program
- Insurance Provider Program Model
- Grass Roots Stakeholder Engagement

# Core Technologies Shared Services

- Advanced Enterprise Master Person Index
- Terminology Services Engine
- Data Quality Analytics Platform
- Advanced Clinical, Claims, Person, Geographic Analytics Platform
- Telemedicine Platform
- EMR “Agent” Integration Module
- Alerts Platform
- DHW Data Portal
- Single Sign On
- Advanced Portal
- PRAPARE Tool – Social Determinates of Health

# Expanded Data Types

- Social Determinates of Health
- Claims Data
- Behavioral Health
- Addiction Recovery Data
- Geographic Health Data
- Homeless Data
- Corrections Data
- Health Data for Education/Schools
- Expanded DHW Data Access
- Public Referential Data
- Healthcare Provider Registry
- Human Services & Assistance Data
- Financial Data Assistance Programs
- Community Programs Registry

# Opportunities & Partnerships



- Blue Cross Foundation
- Idaho Primary Care Association
- Independent Doctors of Idaho
- Heritage Health
- Heritage Post Acute
- Idaho Healthcare Association
- Micron Health Clinic
- Catch/City of Boise
- Advanced Directives
- Department of Corrections
- Division of Health
- Community Care of Idaho
- Health West
- Bonners Ferry
- UHIN Partnership

# HiTech Act Contract Medicaid/CMS

- HiTech Act
  - CMS has approved a \$4.85mm contract
  - Received State Approval – Signed Contract 11-19-19
- SOW Funded Tasks
  - Measure Analysis
  - Technical Assessment
    - HIN original contract + added expense – migration from old contract
  - Improvement of IHDE HIE Platform Functions & Capabilities
  - Advanced terminology services for data standardization
  - Enterprise Master Patient Index Clean Up
  - Interface Design & Specification Documentation
  - Data Quality Program
  - IRIS Data Integration & Additional Data Types (Death Registry, Epidemiological Data)
  - Website Redesign
  - PDMP Readiness Assessment
  - Review and Amend Participation Agreements, BAA and QSOA

# Support Act Contract Medicaid/CMS

- IAPD has been approved by CMS for \$33mm
- IHDE is planning on contracting with the state to deliver \$19mm of services/product”
- SOW Funded Tasks
  - Project I. Aggregating and Disseminating Data
    - Use of multi-modal data: clinical, PDMP, Public Health, claims
  - Project II. Connect the IHDE to PDMP
  - Project III. Enhance IHDE EMPI
  - Project IV. Onboarding of Providers to the HIE, PDMP and IHDE Infrastructure
  - Project V. Fee Support for Organizations
  - Project VI. Implement PRAPARE tool
  - Project VII. Community Engagement and Support

# Discussion



IDAHO ACADEMY OF  
FAMILY PHYSICIANS  

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STRONG MEDICINE FOR IDAHO

# MEMBER SURVEY RESULTS

Neva Santos, Executive Director



1. **Membership;** represents over 800 family physicians and medical students in Idaho. Membership includes family physicians, Family Medicine residents and medical students.
2. **Vision;** to be the foundation for optimal health in Idaho through innovation and healthcare transformation.
3. **Objectives;** Establish strong leadership, foster strong relationships with all family doctors, expand the family physician workforce, provide members the desired services needed, promote member involvement in their communities and provide continuing educational opportunities; all to benefit Idaho family doctors and their patients.

# Member Surveys

## Started surveys in June 2018

1. **Covering;** Workforce, Medicaid Expansion, Physician Wellbeing, Suicide Prevention, Immunizations
2. **Objective;**
  - a. Educate/inform members on topics important to Family Medicine
  - b. Learn about our members' concerns/frustrations
  - c. Determine how best to serve our members
  - d. Cultivate resources important to our members
  - e. Work with partners to help transform healthcare in Idaho
3. **September;** Value-Based Healthcare

## Only 9% Response Rate

### RESULTS:

- 47% Somewhat familiar with Value-Based Payments
- 21% Are very familiar
- 16% Admit to knowing very little
- 2% Not at all familiar
- 13% Are receiving Value-Based Payments

## Transitioning to Value-Based Care

- 69% are in the process of transitioning
- 20% Have no plans of transitioning at this time
- 11% Plan to transition in the future

## Motivation for transitioning to Value-Based Care

- 50% Financial – increase income
- 45% To become part of an ACO
- 45% Expand preventative care to their patients
  - Increase annual wellness visits, proactive preventative care delivery, identifying high risk patients
- 35% Strategies to address a care issue in their community
- 25% Create better workflows in their practice
- 16% Maintain independence from a large health system
- **Comments:**
  - Very little motivation...sounds like more paperwork
  - Avoid loss of income
  - I work for a large system – we are transitioning due to ACA and changes in pay structure.

# Expected Goals

- 56% Incorporate population health techniques into their workflow
- 49% Expand preventative care to our patients
- 43% To become part of an ACO



# Expected Goals

- 39% Address community needs
- 26% Streamline their clinic workflows
- Comments:
  - I have always strived to provide evidence-based preventative care, insisting on wellness exams even for seniors, before they were paid as wellness exam. With the advent of the ACA I started getting paid a bit better to do them, and more patients had insurance that covered the wellness exams. The ACO we are a part of has helped us to get shared savings payments for our efforts. We met 100% of the goals without changing what we were doing, because we were already doing the right thing, though it has meant seeing half as many patients as my peers. It does help our financial stability, but is not likely to be enough.
  - Reduce insurance companies practicing medicine and dictating how to care for our pts.
  - Further complicate our lives and make medicine less tolerable than it already is
  - Not planning on doing it until forced.

# Steps taken to shift to Value-Based Care

- 80% Identifying specific quality goals
- 78% Coordinating hospital, ED, nursing home discharge follow-ups
- 61% Engaged in Value-Based contracts with payers
- 57% Began morning huddles/pre-visit planning

# Steps taken to shift to Value-Based Care

- 55% Proactive outreach to patients to engage them in their care
- 51% Develop population health strategies
- 44% Upgrade their EMR and incorporate more technology into their practice
- 36% Engaging with other practices and health system partners

# Have Value-Based contracts with payers

- 54% Answered Yes
- 33% Answered that they didn't know
- 13% Answered No

- Over 51% are engaged in more than 3 Value-Based contracts.
- 25% Are involved in two Value-Based contracts
- 20% Are involved in one Value-Based contract

# When asked about Upside or Downside total cost of care contracts;

- 60% Did not know
- Only 30% were aware that they were

## When asked if the payment they receive from payers is helping install mechanisms to improve quality, improve population health or lower patient costs;

- 41% Hired additional staff (care manager, community health workers, etc)
- 34% Reorganized workflows within their practice
- 26% Developed patient registries
- 22% Upgraded or implemented an EMR
- Comments:
  - Most responses were “don’t know”
  - Payments are far less than 1% of gross revenue so inadequate to make significant changes
  - I just wanted to comment that yes we are doing all these things but the payment we receive is nowhere near enough to cover all this.
  - We barely maintain financial viability

# Respondents were asked what help they needed to make the transition to Value-Based care:

- 57% Funding
- 51% Better understanding/knowledge
- 48% Sharing and quality reporting guidance
- 40% Technical support
- 34% Local resources
- 23% Peer support

# When asked what the IAFP could do to help answer questions about Value-Based care;

- 86% Advocate for improved contracting with commercial payers, Medicaid, Medicare...
- 38% Provide CME lectures at IAFP Conferences
- 28% Provide a repository of local resources
- 26% Make a list of technical assistance resources
- 24% Create a peer support network
- 20% Identify third party organization that help with transitioning

# Results:

Family Physicians are working on transitioning to Value-Based Care.

The majority need assistance, resources and education.

We need to provide them with resources/support to help them succeed.



IDAHO ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR IDAHO**

# QUESTIONS?

# Critical Access Hospital (CAH) Workgroup Charter

## Workgroup Summary:

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**Co-Chairs:** Patt Richesin, President, Kootenai Care Network and Larry Tisdale, VP Finance, Idaho Hospital Association

Bureau of Rural Health & Primary Care Staff Lead: Mary Sheridan

**Workgroup Charge (from HTCI):** Convene a workgroup to develop a sustainable value-based model for Critical Access Hospitals (CAHs), their outpatient clinics, and other healthcare providers to optimize the value provided and sustained. The model will be submitted to the Center for Medicare and Medicaid Innovation as a demonstration project when the opportunity becomes available.

**Function Alignment:** Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.

Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.

Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.

Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.

Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.

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## Driver Alignment and Measurement:

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HTCI Driver Alignment	Desired Outcome	Measurement	Workgroup Role
Finance	1. CAH value-based model developed.	Proposal accepted by HTCI.	Develop proposal.
Workforce Development	2. Training and educational needs identified and strategies to address them are developed.	Comprehensive list of educational needs and solutions included in proposal.	Identify educational needs.

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Infrastructure development	3. Resources needed to support alignment with new value-based model identified.	Framework for necessary infrastructure changes addressed in proposal.	Identify changes needed for successful model adoption.
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## Planned Scope:

### Deliverable 1:

Description:	Develop a value-based model for CAHs and their primary care clinics.		
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>	
	December 2019	Preliminary planning with co-chairs, staff, facilitator. Identify issues the workgroup will try to solve.	
	January 2020		Review existing VBP models being deployed in rural and frontier communities.
	February 2020	Develop a shared understanding about existing models that may help resolve or support the identified issues. Use existing models as the foundation for developing a proposed solution to meet the needs of Idaho CAHs.	
	March 2020	Develop agreed-upon core concepts of a model, which may include waivers. Review state and federal regulations and policies that may create barriers to the proposed CAH value-based payment model.	
	April 2020	Identify CAH resources and infrastructure needed to test and transition to the proposed value-based payment model. Identify data to describe current financial challenges and how the proposed model will facilitate improvement. Seek feedback from payers, HTCI, CAHs, and CAH community stakeholders about the proposed model. Refine model based on feedback.	
Milestones:	<ul style="list-style-type: none"> <li>• Core model concepts developed and agreed upon by workgroup members.</li> <li>• Model presentation to HTCI.</li> <li>• Finalize proposed model for inclusion in an application to CMMI as a demonstration project.</li> </ul>		

### Deliverable 2:

Description:	Create training and educational models to support CAH leadership, boards, communities, and staff to successfully transition to the proposed value-based payment model.		
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>	
	February 2020	Develop a comprehensive list of stakeholders to educate about the proposed value-based payment model.	

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	March 2020	Identify the type of education needed by each stakeholder group and the optimal delivery method. Research existing educational modules that may address identified needs.
	April 2020	Identify gaps in educational needs and develop solutions. Seek feedback from HTCI, CAHs, boards, and stakeholders regarding educational needs and solutions. Include the comprehensive list of educational needs and solutions in application to CMMI.
Milestones:		<ul style="list-style-type: none"> <li>• Comprehensive list of education needs, gaps, and solutions developed.</li> <li>• Education addressed in application to CMMI.</li> </ul>

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### Deliverable 3:

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Description:	Create plausible, community-specific CAH staffing and infrastructure changes needed to successfully implement proposed model. review by CAH stakeholders.	
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	February 2020	Review repurposing efforts underway nationwide as it relates to value-based models in rural and frontier communities. Identify Idaho CAH infrastructure changes that must occur to support the proposed model.
	March 2020	Identify strategies and resources needed for infrastructure transition.
	April 2020	
Milestones:		<ul style="list-style-type: none"> <li>• Idaho-specific repurposing scenarios developed.</li> <li>• Resource needs and strategies to support repurposing efforts identified.</li> <li>• Resource needs addressed in application to CMMI.</li> </ul>

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### Project Reporting and Scope Changes:

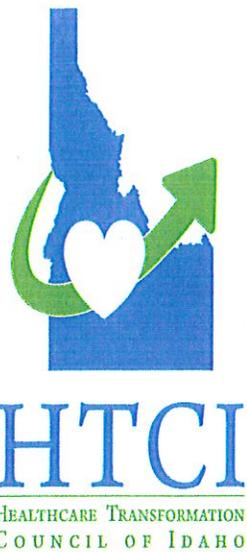
Changes to scope must be approved by HTCI.

### Version Information:

Version	Author	Summary	Date
1.0	Ann Watkins	Initial draft	10/25/19
1.1	Mary Sheridan	Revised	11/15/19
1.2	Mary Sheridan	Co-chair update	12/11/19

### Final Acceptance:

Name/Signature	Title	Date	Approved via Email
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



December 18, 2019

Senator Steve Bair, Co-chair  
Representative Rick D. Youngblood, Co-chair  
2020 Joint Finance-appropriations Committee  
State of Idaho Legislature  
Email: sbair@senate.idaho.gov  
Email: ryoungblood@house.idaho.gov

RE: Letter of Support for the Approval of Spending Authority for the SUPPORT Act Funds

**Members:**

**Dr. David Pate, Co-Chair**  
*St. Luke's Health System*

**Dr. Ted Epperly, Co-Chair**  
*Family Medicine Residency of Idaho*

**Dr. Andrew Baron**  
*Terry Reilly Health Services*

**Matt Bell**  
*PacificSource Health Plans*

**Kathy Brashear**  
*Alliance Title and Escrow*

**Denise Chuckovich**  
*Consumer Representative*

**Dr. Keith Davis**  
*Shoshone Family Medical Center*

**Dr. Scott Dunn**  
*Sandpoint Family Health Center*

**Dr. Mike Hajjar**  
*Neuroscience Associates*

**Lisa Hettinger**  
*Idaho Department of Health and Welfare*

**Randall Hudspeth**  
*Nursing Leaders of Idaho*

**Yvonne Ketchum-Ward**  
*Idaho Primary Care Association*

**Susie Pouliot**  
*Idaho Medical Associates*

**Patt Richesin**  
*Kootenai Care Network*

**Neva Santos**  
*Idaho Academy of Family Physicians*

**Christina Thomas**  
*Caribou Memorial Hospital*

**Larry Tisdale**  
*Idaho Hospital Association*

**Dr. Karl Watts**  
*St. Alphonsus Medical Group*

**Matt Wimmer**  
*Idaho Medicaid*

**Nikole Zogg**  
*Southwest District Health*

Dear Senator Bair and Representative Youngblood:

On behalf of the Healthcare Transformation Council of Idaho (HTCI), we are pleased to submit this letter of support for the approval of spending authority by the Legislature for the SUPPORT Act funding which is aimed at addressing the opioid epidemic. The SUPPORT Act is a bipartisan bill signed by President Trump in October 2018 to address the national opioid crisis. The State of Idaho has been awarded federal funding tied to the SUPPORT Act to enhance health information technology (HIT) infrastructure in the state to help address the opioid crisis. These funds would enable the free flow of pharmacy information to front-line clinicians, paramedics, law enforcement and public health officials through health IT infrastructure linkages. Enhancing health care technology infrastructure will allow Idaho to more easily identify patients at risk of addiction and overdose, outline regional patterns and service needs as well as manage patient health and population health.

As members of the healthcare community striving to promote the advancement of person-centered healthcare delivery transformation in Idaho, our 25-member advisor group actively supports initiatives that improve the health of all Idahoans. The active involvement of many of our stakeholders for over fifteen years demonstrates the support our members have for the continuation of the work to transform Idaho's healthcare system.

Approval for the utilization of SUPPORT Act funding is essential to continue the advancement of person-centered healthcare transformation. Solutions to Idaho's opioid epidemic must come from the Idaho community, which could not happen without these funds, and the partnership of multiple agencies committed to developing solutions that foster interagency coordination and cooperation.

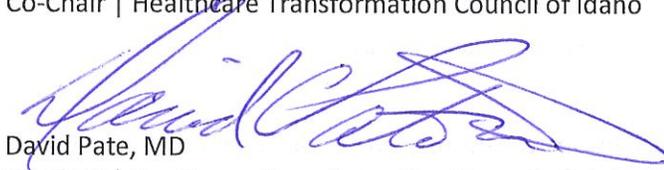
Page Two  
HTCI Letter/Support Act Funds  
December 2019

HTCI supports these efforts to achieve improved health, improved healthcare delivery, and lower healthcare costs. Most importantly, these efforts allow all parties committed to healthcare transformation a means to achieve statewide transformational change of our healthcare system.

Sincerely,



Ted Epperly, MD  
Co-Chair | Healthcare Transformation Council of Idaho



David Pate, MD  
Co-Chair | Healthcare Transformation Council of Idaho