



June 18, 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 Ketchum-Ward, Dr. David Pate, Susie Pouliot, Patt Richesin, Cristina Thomas, Larry Tisdale, Matt Wimmer, and Liz Woodruff

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

Guests: Kim Ouwehand, Dr. Kelly McGrath, Linda Rowe, Jenni Gudapati, Corey Surber, Liz Hatter, Luke Kilcup, Jayne Josephsen, Craig Belcher, Kevin Rich, Dieuwke Dizney-Spencer, Nancy Powell, Tammy Perkins, and Hilary Klarc.

Summary of Motions/Decisions:

Motion:

Randall Hudspeth moved to accept the minutes of the May 21, 2020 meeting of the Healthcare Transformation Council of Idaho as presented.
Second: Lisa Hettinger

Outcome: Passed

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 shared a quote from Arthur Ashe: “Start where you are. Use what you have. Do what you can.” He related the quote to the challenges faced by HTCI amidst a pandemic. Dr. Epperly expressed that in times like these, change can happen, so we must stride forward with what we can do as healthcare providers in our state.

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

Since the June meeting, there have been significant increases in COVID-19 cases, hospitalizations, and ICU admittance, in a little less than half of states nationwide. In Idaho, there have only been an

increase in cases, but Idaho is expected to follow the trend of neighboring states. This is not due to an increase in testing, as the percentage of tests coming back as positive is still low, but there has been an increase in positive cases.

Additionally, there has been a significant spike in the transmission of COVID-19 for those who frequented the reopened bars in Boise. This significant transmission of COVID is concerning and has been a point of discussion between local and state leaders along with public health experts.

The hopes of seeing a decrease of COVID-19 cases during the summer has not come to fruition. The lives of Idahoans in the fall will become more complicated because of additional respiratory diseases the arrival of winter. This could mirror the cases observed in March and April or become much worse. The population is still vulnerable from the first wave.

Providers must develop plans for the upcoming fall and winter and consider how to reach out to patients that aren't scheduled. For everyone who treats children, think about how to get them immunized. Everyone needs to be vaccinated for influenza.

Currently, there is not a problem with manufacturers about the supply or demand regarding the influenza vaccine and providers should be able to acquire them the same as previous years.

Introductions – *Liz Woodruff, Susan Heppler, and Matt Walker*

Liz Woodruff is the Executive Director of the Idaho Academy of Family Physicians and has joined HTCI to fill the position previously held by Neva Santos. Neva retired in June after many years of generous work and support.

Susan Heppler has been hired as the Program Manager for the Office of Healthcare Policy Initiatives (OHPI). She brings 20 years of leadership and project management to the Bureau of Rural Health and Primary Care.

Matt Walker has been hired full-time as a Health Program Specialist for OHPI, continuing in his current role in supporting HTCI and other initiatives.

Health Workforce Presentation – Randy Hudspeth, PhD, Executive Director, Idaho Center for Nursing

Randy Hudspeth expressed concern about the Registered Nurse shortage that Idaho will experience by 2025. Idaho has an already small number of Registered Nurses. Taking into consideration the number of students completing nursing degrees, the population's demand, the lack of capacity at educational institutions, limited clinical placement opportunities, and those headed for retirement, Idaho should expect to see an exponential shortage.

Dr. Ted Epperly, Randy Hudspeth, Mary Sheridan, and Susan Heppler will meet to discuss how to address this topic and bring their suggestions back to the council.

Payer Provider Workgroup (PPW) update – *Dr. Kelly McGrath, PPW Co-Chair*

The Payer Provider Workgroup established a subcommittee that has been working on specific parameters of the cost driver survey. The subcommittee will be presenting the current version to the PPW to get their feedback and refine the survey before pushing it out to HTCI. The survey design is the cost driver's biggest area of concern, and one they believe can be impacted by payer and

providers. Those who take the survey will be able to prioritize their level of concern, how easily that concern can be impacted, and how COVID-19 may change their prioritization. The PPW and HTCI will want to push this survey out to as many people as possible to get the best sampling.

Rural & Frontier Healthcare Solutions Workgroup (RFHS) update – *Larry Tisdale and Patt Richesin, RFHS Co-Chairs*

The RFHS determined the need to obtain and analyze the claims data for providers. In examining all the data points there is the need to appreciate the frailty of healthcare delivery. Data discussion meetings are scheduled with Medicaid and Comagine Health. These efforts will lay the groundwork for model development and support opportunities to seek and apply for grant opportunities that will assist rural and frontier areas with network development.

Telehealth Task Force (TTF) update – *Jenni Gudapati and Craig Belcher, TTF Co-Chairs*

The TTF has been very fortunate to have excellent presenters and subject matter experts participate in meetings. There has been participation from nearly all regions of Idaho with subject matter presentations and perspectives from across the state. The Idaho Department of Commerce, Broadband Council will present at the July meeting. Temporarily suspended policies and waivers issued due to the public health emergency have resulted in fewer barriers for telehealth delivery. As a reminder, the TTF plans to reconvene with HTCI to share their compiled set of recommendations.

Discussion: Subject matter gaps and at-large membership – *Led Dr. David Pate, HTCI Co-Chair*

HTCI has three seats available on the council. Having met for over a year now, the council is in good position to identify the gaps in expertise or knowledge that will advance HTCI's goals. Once those gaps are identified, HTCI can determine what type of subject matter expert can assist in filling that gap, and then recommend a specific person.

Suggestions from the members included:

- an individual with expertise in social determinants of health,
- another payer,
- an individual with consumer perspective,
- a representative from an underserved community,
- an individual with expertise in tracking and coordinating quality measurements,
- an individual with expertise in value-based healthcare and alternative payment models,
- an expert on reimbursement, with experience navigating clinical and financial environments,
- an individual from eastern Idaho,
- an expert on behavioral health, and
- an expert on oral health.

Members were invited to reach out to Mary Sheridan, Matt Walker, or Dr. Pate with further suggestions.

Closing: *Dr. Ted Epperly*

Next Meeting: Thursday July 16th, 2020

Meeting Adjourned: 04:45 p.m.



Healthcare Transformation Council of Idaho

Action Items

July 16, 2020 3:00PM

■ Action Item 1 – June HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the June 18, 2020, HTCI meeting:

Motion: I, _____ move to accept the minutes of the June 18, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____





Healthcare Council of Idaho

July 16, 2020

IHDE PARTICIPATION AGREEMENT

New Three-Year Agreement

IHDE has embarked on a grassroots effort to update its legal agreement to expand the use of specialized and sensitive data types and introduce a new payment model.



Legal Framework

- **Governance of Secure Data Exchange**
- **Adhere to Idaho State and Federal Law**
- **Govern Highly Sensitive Data Exchange**



New Fee Structure

- **Per Patient Per Year Fee Structure of \$1.50**
- **Unlimited Licenses for Designated Users**
- **Eliminates Special Fee Structures by Org Type**
- **Permits Payment by the Quarter**
- **Aligns Closely to Value-Based Payment Structure**



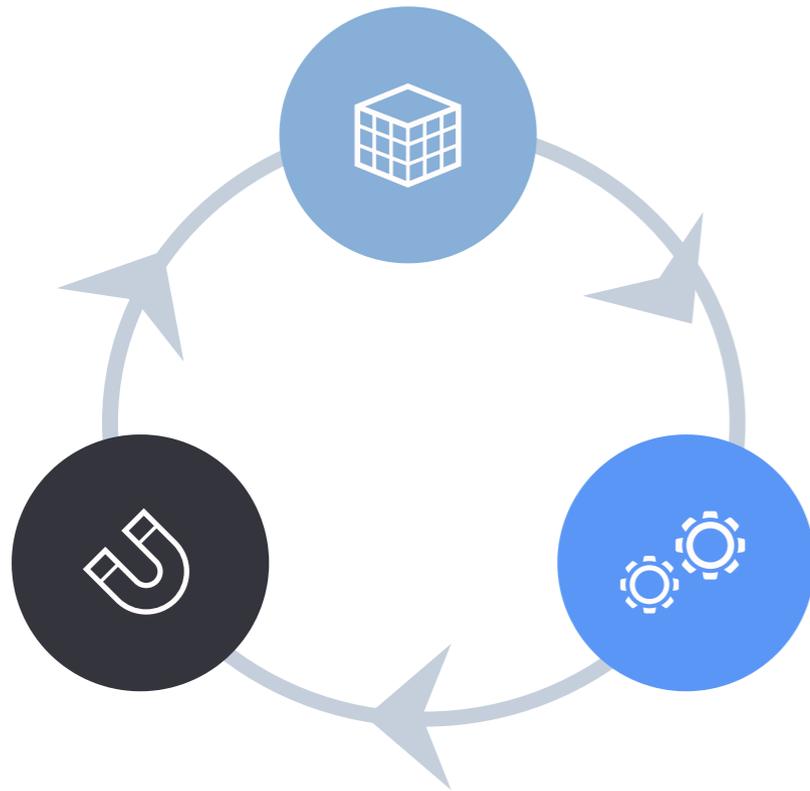
Components

- **Participation Agreement**
- **HIE Access & Use Policy**
- **Description of Services**
- **Service Level Standards**
- **BAA/QSOA Combined Agreement**

FEE SUPPORT FOR EXISTING PARTICIPANTS

A Subsidy Program for Existing IHDE Participants

Fee Support Metrics



- 1 Each existing IHDE participant receives \$750.00 to help cover costs for reviewing and signing the new participant agreement.**
- 2 IHDE will also cover 100% of the \$1.50 per patient per year fees for the participant.
The participant is responsible for the fees after year one, to be paid on a quarterly basis.**
- 3 The new fees cover full access to the IHDE Portal and all data exchange services, KPI Ninja Analytics Platform, Aunt Bertha Social Needs Platform Alerts & Notifications Service, and myELO Telemedicine Platform.**

ON-BOARDING OF NEW PARTICIPANTS

A Subsidy Program for New IHDE Participants



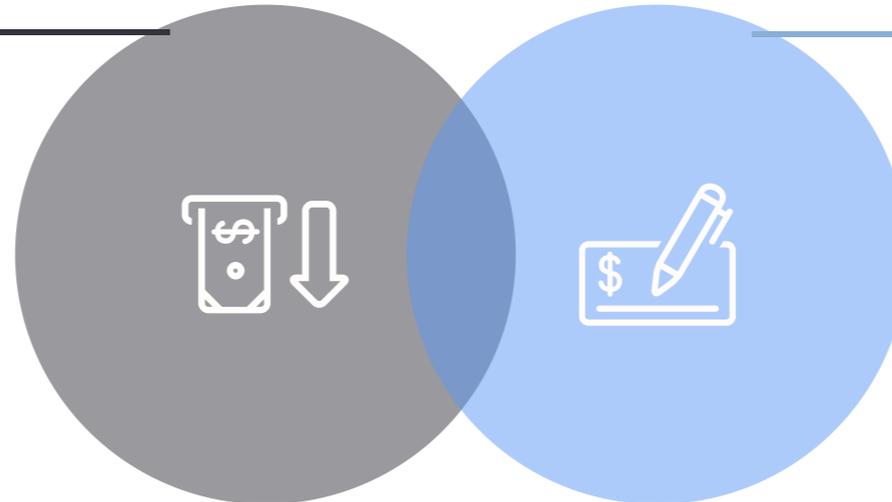
Connecting to IHDE

IHDE will pay each new participant \$6,500 per bidirectional interface established with IHDE.

Typically, a participant will have 3 to 4 bidirectional interfaces established.

Based on this a participant can expect to receive between \$19,500 and \$26,000.

These payments are intended to offset expenses incurred by the participant in the establishment of those interfaces.



IHDE Utilization Fee Coverage

IHDE will cover 100% of the per patient per year fees for the participant for the first two years of the three-year agreement.

The participant is responsible for the fees after year two.

The fees to be paid on a quarterly basis.

The new fees cover full access to the IHDE Portal and all data exchange services, KPI Ninja Analytics Platform, Aunt Bertha Social Needs Platform, Alerts & Notifications Service, and myHELO Telemedicine Platform.

TIMELINE

All SUPPORT Act Money Must be Spent by September 30th, 2020
All System Interfaces Must be in Testing Prior to September 15th, 2020



Start

Meet with IHDE
Representatives to
Go Over the
Program and
Agreement

July 2020

Review the New PA
Agreement

Begin the Interface
Development
Process

August 2020

PA Agreement Must Be
Signed by 1st Week in
August

Continue the Interface
Development Process

September 2020

Finish All Initial
Interface Builds by
September 15th

All Interfaces in
Testing Mode

IHDE SHARED TECHNOLOGY SERVICES

Innovative Services Collection



Advanced Analytics



Social Needs Platform



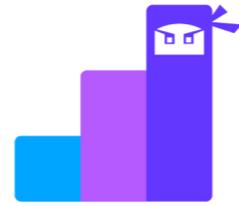
Alerts and Notifications



Telehealth Platform



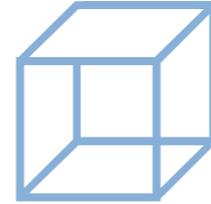
Remote Patient Monitoring



KPININJA

Advanced Analytics

IHDE is collaborating with KPI Ninja to provide comprehensive analytics services to IHDE customers and stakeholders.



Comprehensive analytics on clinical, claims, social determinants of health, and other data types to provide reporting on population health, care management, and performance evaluation.

KPI Ninja is HEDIS and NCQA certified and offers MIPS and eCQM (electronic Clinical Quality Measure) reporting.

IHDE PHASED ROLL OUT

Platform Standup – September 2020

COVID 19 Contact Tracing – September 2020

Initial HEDIS Measure Reporting – December 2020

Expanded Measure Reporting – March 2021

Risk Stratification/Predictive Analytics – June 2021

Practice/Health Service Area Dashboards and Reporting – July 2021



A Social Needs Assessment and Referral Platform

IHDE is collaborating with Aunt Bertha to provide a safe, secure, and effective platform for IHDE users to connect patients with social services.

Aunt Bertha serves as an extension to your care team providing connections to 1,897-plus community programs throughout Idaho.

Assess The Patient's Needs

PRAPARE – SEEK – AHC – MEDICARE TOTAL HEALTH – WELL RX

Identify Applicable Resources and Community Programs

Food, Housing, Emergency Services, Goods/Supplies, Transit, Health, Money, Care, Education, Work, and Legal Services

Get the Patient the Help They Need

Create Closed Loop Referrals - Track Referral Compliance And Outcomes – Patient Goal Tracking - Complete SDOH Analytics

Special Features

Single Sign On from IHDE Portal - Mobile App for Patients - Built in Consent – Aunt Bertha Social Network
IHDE – Idaho/National SDOH Learning Collaborative

ALERTS & NOTIFICATIONS

Know What is Happening with Your Patients

UHIN

ihde



REAL-TIME ADT ALERTS

Notifications When Your Patients Are Admitted to, or Discharged from, a Hospital or Emergency Department



ALERTS VIA EMR

Alert Routed Directly into Your EMR Using SFTP or HL7



CUSTOM DELIVERY

What You Want, When You Want - Alerts in Real Time or Choose Custom Delivery Times



SECURE MESSAGING

Receive Important Alerts through Secure Messaging



MEETS CMS REQUIREMENTS

Beginning May 2021 CMS Requires Alerting from Hospitals to the Provider Community Regarding Patient Admissions



Telehealth Platform

IHDE has partnered with myhELO to provide effective and reliable access to patients via secure messaging, video, automated email and text updates, reminders, and more.



- This new HIPAA-compliant service will add value for their existing stakeholders, helping them continue providing vital healthcare services to Idaho's citizens and communities.
- Telehealth is entirely free for both providers and patients. There's no catch and no hidden fees. Patients and providers can connect with telemedicine in a few simple clicks.
- There's nothing to install or download, and no accounts to set up. It works on any device that has a camera and a microphone. Create an appointment, and your patient will receive a simple email with a link to the session.



Remote Patient Monitoring

A web-based, integrated communications platform developed for RPM education and patient engagement that is both powerful and flexible.

- Bluetooth®-enabled devices to monitor, track and transmit patient health data from the comfort of their home.
- Real-time connections with physicians and other caregivers via video calls, phone, interactive voice response (IVR), email or text.
- Continuous risk stratification driving earlier interventions resulting in better outcomes
- Remote Patient Monitoring Cellular Hub which is also a PERS device and come with a pendant or watch for fall detection alert.
- Transmitted via cellular network, no internet or land line needed.

Examples of Monitoring Devices

- Pulse Oximeters With Heart Rate
- Peak Flow Meter
- Blood Pressure Monitors With Heart Rate
- Life Scan Glucose Meter
- Thermometer
- Medication Management
- Variety Of Scales That Weigh Patients Up To 550lbs
- Personal Emergency Response



Practice Billing Opportunity

CPT Code 99453

Setup

One-time setup/
education of \$21

CPT Code 99454

**Patient Monitoring &
Equipment**

\$69 per patient/month

CPT Code 99457

**Remote Physiological
Monitoring**

\$54 per patient/month

CPT Code 99458

**Remote Physiological
Monitoring - Add'l. 20 mins.**

\$54 per patient/month

TELEMEDICINE & TELEMONTITORING

Delivering Care in SNF to Patients by Their Own Doctor

Patient's physician prescribes the ConnectAmerica devices for monitoring.

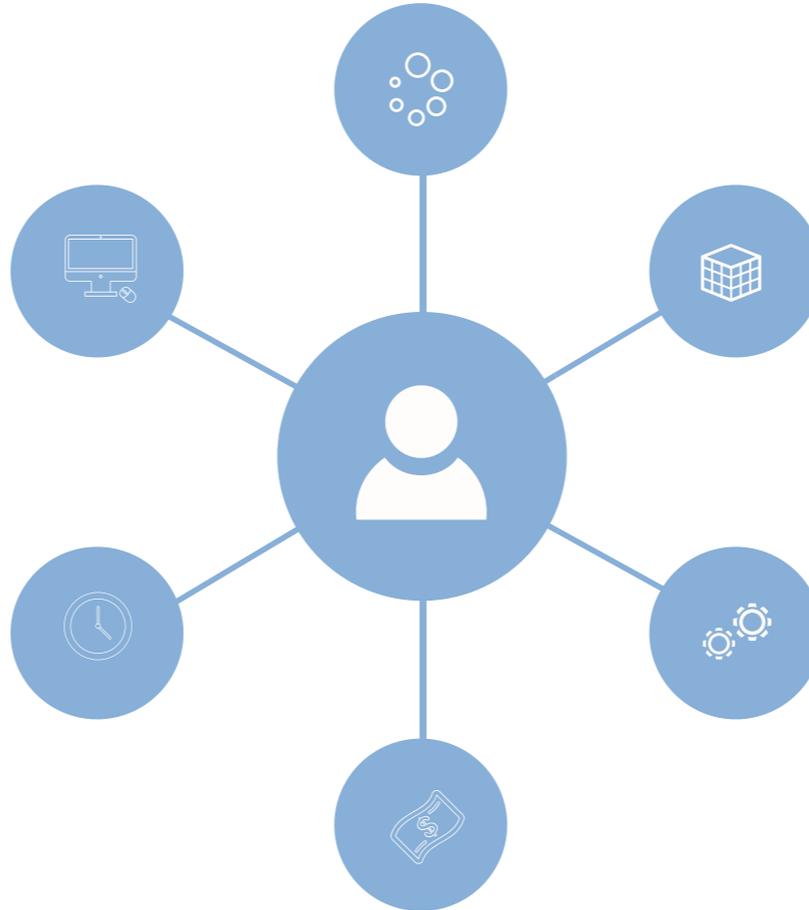
ConnectAmerica ships the kit to the SNF and trains the staff and patient.

The physician monitors the vitals and conducts telemedicine visits as needed.

The physician's office bills the insurance company for the technical and professional components.

The physician bills the insurance company for the telemedicine visits.

The physician is eligible for an additional 20-minute professional fee based on patient complexity.



VALUE-ADD SERVICES

Cost Comparison for a Five Provider office with 10,000 patients.

TRADITIONAL COSTS PER ORGANIZATION

\$427,000/yr

KPI Ninja Advanced Analytics

Aunt Bertha Social Needs Platform

myhELO Telehealth/ Connect America RPM

4medica EMPI

COST OF SERVICES WITH IHDE

\$15,000/yr

\$1.50 Per Patient Per Year

All Value-Add Services Included

HIE Services Included*

Implementation & End-User Support

*NEW IHDE VALUE-ADD CAPABILITIES

IHDE Portal Enhancements

- Based on Stakeholder Feedback
- Access to PMP Data in IHDE Portal
- Improved User Interface
- Improvement to Data Presentation

New FHIR-based Enterprise Data Warehouse

- Innovative Data Repository for Clinical, Claims, and SDOH Data Aggregation & Dissemination
- Ability to ingest and store sensitive CFR 42 Part 2 Data

New Data Quality Program

- Vastly Improved Patient Identity Matching
- Terminology Services to Standardize Incoming Message Codes into Industry-Standard Vocabularies

4Medica Advanced Enterprise Master Person Index



New Terminology Services Engine





Discussion