



Healthcare Transformation Council of Idaho

Meeting Agenda

Thursday, October 17, 2019 3:00PM – 5:00PM (MT)
PTC Building (Health and Welfare Central Office)
450 West State Street – 7th Floor
Conference Room 7A
Boise, ID 83720

Registration URL: <https://zoom.us/j/475058890>
Dial in: +1 669 900 6833 Meeting ID: 475-058-890
 One tap mobile +16699006833,,475058890#

3:00 p.m.	Welcome and Opening Remarks; Roll Call; Introductions; Agenda Review; Review of Minutes – <i>Dr. Ted Epperly & Dr. David Pate, HTCI Co-Chairs</i> - ACTION ITEM
3:10 p.m.	Legislative services report review and discussion– <i>Mary Sheridan, IDHW</i>
3:20 p.m.	JFAC presentation update – <i>Elke Shaw-Tulloch, IDHW</i>
3:30 p.m.	Value-Based Healthcare Forum Update and Next Steps – <i>Mary Sheridan, IDHW and HTCI participants</i> ACTION ITEM
3:50 p.m.	Telehealth Task Force Co-Chair Appointment – <i>Ann Watkins, IDHW</i> ACTION ITEM
3:55 p.m.	Payer Provider Workgroup Update – <i>Norm Varin & Dr. Kelly McGrath</i>
4:05 p.m.	Review and Discussion of Metrics to Evaluate HTCI Progress– <i>Dr. Ted Epperly</i>
4:30 p.m.	Discuss Meeting Format and Presentation Opportunities- <i>Mary Sheridan, IDHW</i>
5:00 p.m.	Note: No HTCI Meeting in November – Next Meeting: December 19, 2019 Adjourn

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO

CHARGE:

Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.

FUNCTIONS:

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.
- 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.
- Recommend and promote strategies to reduce overall health care costs.
- Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.
- Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
- Promote efficiencies in the collection, measuring, and reporting of quality metrics.

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



September 19, 2019 3:00 pm

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

Meeting Minutes:

Member Attendees: Norm Varin (proxy for Matt Bell), Daniel Ripley (proxy for Kathy Brashear), Denise Chuckovich, Keith Davis, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Rod Stiller (proxy for Yvonne Ketchum-Ward – Phone), Dr. David Pate, Susie Pouliot, Patt Richesin (phone), Neva Santos, Larry Tisdale, Dr. Karl Watts, Matt Wimmer, Nikole Zogg

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

Guests: Dave Jeppesen, Jenni Gudapati, Janet Reis, Linda Rowe, Elke Shaw-Tulloch, Krista Stadler and Prudence Vincent

Summary of Motions/Decisions:

Motion:

Lisa Hettinger moved to accept the minutes as presented.
Neva Santos seconded the motion.

Outcome:

Passed

Karl Watts moved to accept the Payer Provider Workgroup Charter as presented. Passed
Denise Chuckovich seconded the motion.

Karl Watts moved to accept the report to the Legislature as presented.
Matt Wimmer seconded the motion.

Passed

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took roll call.

Office of Healthcare Policy Initiatives (OHPI) Update- *Director Dave Jeppesen, IDHW*

- ◆ Director Dave Jeppesen provided an update to the members on the status of the leadership changes within the Idaho Department of Health and Welfare. With Lisa Hettinger's recent change in her Deputy Director position, OHPI is moving to the Division of Public Health. OHPI will now report to Mary Sheridan, Bureau Chief, Bureau of Rural Health and Primary Care.
- ◆ Director Jeppesen acknowledged Mary for her willingness, support, and open mind in taking on the operations of OHPI and the integration of two full time positions.
- ◆ Elke Shaw-Tulloch stated that she and Mary have met with Jared Tatro, Principal Budget and Policy Analyst for the Legislature, to discuss the preparation of the report to the Legislative Services Office (LSO) due on October 1, 2019. The report must include a plan for the Office of Healthcare Policy Initiatives and Healthcare Transformation Council of Idaho (HTCI) with deliverables and outcomes to meet the intent language.
- ◆ Mary stated she is grateful for the opportunity to assume a leadership role for OHPI. She believes it aligns with her strong passion in healthcare especially in rural areas.

HQPC Update- *Dr. Ted Epperly, HTCI Co-Chair*

- ◆ The Health Quality Planning Commission (HQPC) identified telehealth and the alignment of clinical quality measures as two issues of importance and they support collaborating with HTCI going forward.

Value Based Healthcare Forum- *Mary Sheridan, Bureau of Rural Health and Primary Care*

- ◆ Mary presented an update for the Value-Based Healthcare Forum scheduled for October 8th and 9th, 2019, at Boise State University. IDHW is co-sponsoring the event with Boise State University and financial support is being provided by the Blue Cross of Idaho Foundation Rural Health Initiative.
- ◆ The first day will focus on physician practice and independent provider initiatives. The second day will be hospital and critical access hospital focused.
- ◆ CMMI is releasing new information on a new rural health value-based opportunity this fall. CMMI is presenting virtually at the forum and they will share information about their new program, if details are available.
- ◆ The Forum will be recorded and will be available for remote attendees on Zoom.

Telehealth Task Force Update- *Jenni Gudapati, Boise State University and Krista Stadler, St. Luke's*

- ◆ Jenni has been meeting with potential Telehealth Task Force (TTF) members and the task force is on track to launch in January 2020. The TTF co-chairs are currently drafting the charter and will solicit HTCI member input. Krista stated the goal of the TTF will be to recommend actionable items to the HTCI and incorporating other groups in these recommendations.
- ◆ The TTF Co-Chairs have been working with other states regarding how they have achieved strong outcomes for telehealth adoption and integration.

Payer/Provider Workgroup Charter- Norm Varin, Payer Provider Workgroup Co-Chair

- ◆ Norm discussed components of the Payer Provider Workgroup Charter and deliverables to be achieved by the group. Following this discussion, HTCI approved adoption of the PPW charter as proposed.
- ◆ Regarding the Top 10 Spends Project - PPW determined there is too much variation for payers to identify and agree upon the top 10 spends that could be impacted. The workgroup determined it is more beneficial to focus on the top two or three cost drivers that can be impacted through collaboration. Once focus areas are narrowed down to the top two or three actionable items, additional providers will be invited to participate in the PPW to provide their feedback and expertise to achieve successful outcomes and adoption.
- ◆ Elke offered to provide a data presentation for the PPW from the Division of Public Health and shared the Division's priority areas: behavioral/mental health, diabetes, obesity, and unintentional injury.
- ◆ A request for proposal to develop a financial analysis report has been developed by OHPI. Following the state procurement process, a contract will be established to prepare a report on the adoption of value-based payment models in Idaho. Data aggregation protocols will align with the process utilized in the Statewide Healthcare Innovation Plan (SHIP) and a third-party vendor will execute business use agreements with payers to gather data, aggregate, analyze and report outcomes.

Report to the Legislator review- Ann Watkins and Mary Sheridan, IDHW

- ◆ Mary asked for feedback from members of HTCI on the metrics, success measures, and deliverables.
- ◆ The financial analysis report, utilization of the HCP-LAN framework, and the work of the Payer Provider Workgroup will help to define progress toward the goal of reaching 50% of payments in value-based payment arrangements by 2023.

Closing- Dr. Ted Epperly

- ◆ Dr. Epperly then closed the meeting and thanked the attendees for their time.

Meeting Adjourned: 5:00 pm

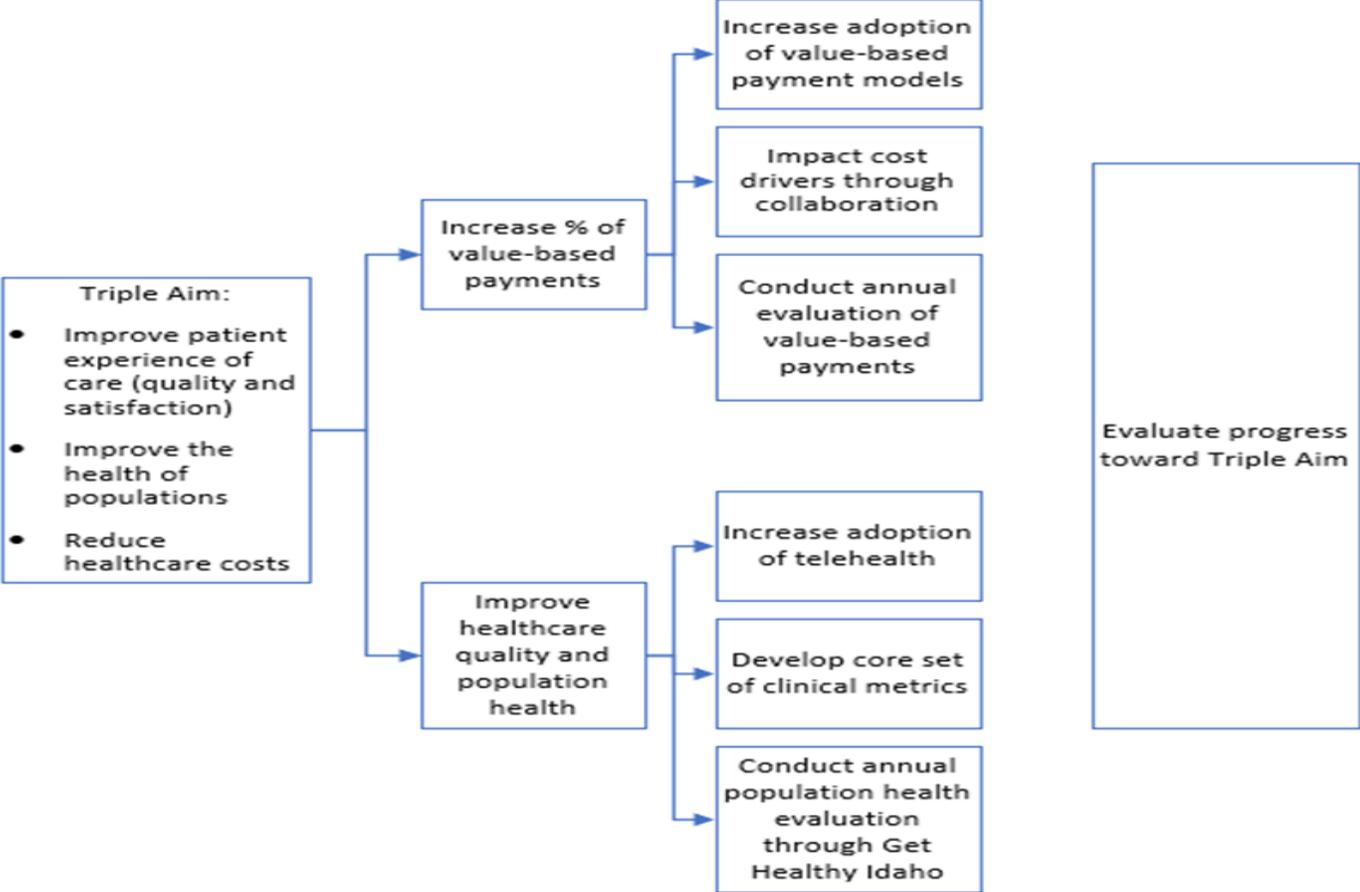
Legislative Report

Idaho Department of Health and Welfare
Division of Public Health
Office of Healthcare Policy Initiatives



Mary Sheridan
Bureau of Rural Health & Primary Care
Division of Public Health, IDHW

HTCI Meeting
October 17, 2019



Initiative: Identifying & Impacting Cost Drivers

Goal 1: Increase the percentage of value-based payments in Idaho to 50% by June 2023.

Objective 1: Identify and prioritize cost drivers that can be improved through collaboration between payers and/or providers and implement strategies for reducing costs. Working collaboratively with more transparent sharing of information can result in lower-cost markets.

Initiative: Increase Adoption of Value-Based Payment Models

Goal 1: Increase the percentage of value-based payments in Idaho to 50% by June 2023.

Objective 2: Increase adoption of value-based payments models. Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.

Initiative: Increase Telehealth Adoption

Goal 2: Improve healthcare quality, access, and the health of Idahoans.

Objective 1: Identify the barriers to telehealth program expansion in Idaho and develop solutions to increase adoption and utilization. Telehealth services increase healthcare access and provide a cost-effective delivery strategy in value-based systems.

Initiative: Quality Metric Alignment

Goal 2: Improve healthcare quality, access, and the health of Idahoans.

Objective 2: Develop a core set of clinical quality metrics payers will agree to adopt and implement. Aligning quality metrics increases efficiency, lowers costs, reduces burden for clinicians, and improves health outcomes.

Idaho Department of Health and Welfare
Division of Public Health
Office of Healthcare Policy Initiatives

Operational
Plan



Elke Shaw-Tulloch, MHS, Administrator
Division of Public Health
Idaho Department of Health and Welfare
Email: Elke.Shaw-Tulloch@dhw.idaho.gov
OHPI@dhw.idaho.gov



INTENT LANGUAGE: The Health Care Policy Initiatives Program shall provide a report to the Legislative Services Office on the development and implementation of a plan with defined goals, outcomes, and measurable results to reform health care payments, support the Healthcare Transformation Council of Idaho, and identify how the program will receive financial support from non-state sources. The format of the report and information contained therein shall be determined by the Legislative Services Office. The report shall be submitted no later than October 1, 2019.

Source: <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1199.pdf>

“Idaho is in the process of healthcare transformation! Our eight years of successful work is because of the collaborative nature of Idaho’s healthcare stakeholders in working together to benefit all Idahoans.

This unified approach provides us a solid platform to drive further change around primary care, mental health integration, quality health outcomes, value-based payments, and telehealth to achieve the goals of better health, improved healthcare delivery, and lower healthcare costs for the people of Idaho.”

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

Table of Contents

Executive Summary.....	5
Office of Healthcare Policy Initiatives	7
Summary	7
Functions and Staffing	7
Sustainability.....	7
Table 1 Funding Request.....	8
Operational Plan	9
Healthcare Transformation Council of Idaho.....	9
History and Context	9
Membership.....	9
Logic Model Diagram	10
Goals, Objectives, and Measurement.....	10
Initiative 1: Identifying and Impacting Cost Drivers.....	16
History and Context	16
Alignment with HTCI	16
Resourcing and Implementation.....	16
Risk Assessment and Mitigation Strategy.....	17
Initiative 2: Increase Adoption of Value-Based Payment Models	18
History and Context	18
Alignment with HTCI	18
Resourcing and Implementation.....	18
Risk Assessment and Mitigation Strategy.....	19
Initiative 3: Increasing Telehealth Adoption.....	20
History and Context	20
Alignment with HTCI	21
Resourcing and Implementation.....	21
Risk Assessment and Mitigation Strategy.....	22
Initiative 4: Quality Metric Alignment	23

History and Context	23
Alignment with HTCI	23
Resourcing and Implementation.....	24
Risk Assessment and Mitigation Strategy	25
Initiative 5: Evaluating and Reporting Progress.....	26
History and Context	26
Alignment with HTCI	27
Resourcing and Implementation.....	27
Risk Assessment and Mitigation Strategy.....	27
Appendix A: OHPI & HTCI Structure.....	28
Appendix B: HTCI Membership Directory	29

Executive Summary

Value-based healthcare is a healthcare delivery model in which providers, including clinics, hospitals, and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way. Value is achieved when quality is increased and/or cost is reduced. Value-based care differs from a fee-for-service approach, in which providers are paid based on the amount of healthcare services they deliver. Fee-for-service reimbursement does not reward quality and creates perverse incentives that drive up costs. Fee-for-service also promotes fragmentation in the delivery of healthcare services because payment is made for each service, as opposed to value-based payments that are fixed payments for all care or an episode of care. The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.

To thrive in a value-based world, providers, clinics, hospitals, and health system leaders must improve clinical quality, reduce inefficiencies, and manage costs to improve financial performance and enhance patient care. This includes establishing interdisciplinary and team-based approaches to support patients with chronic diseases, integrating data systems to deliver person-centered care, ensure the best possible outcomes, and breaking down silos that create barriers and increase costs. While many practices are successfully engaged in transformation efforts and increasingly working toward value-based payment arrangements, challenges and barriers remain.

The healthcare industry has grown to over 16% of Idaho’s gross state product. Since the 1990s, Idaho healthcare costs have continued to inflate at a higher rate than general inflation. In 2013, key Idaho healthcare stakeholders created the Statewide Healthcare Innovation Plan (SHIP) with resources from a \$39.6 million grant from the Centers for Medicare and Medicaid Innovation. The goal of the plan was to transform the state’s healthcare delivery system from a system that rewards providers for the volume of care, to one that incentivizes and rewards better health outcomes while containing cost. The grant concluded in early 2019 and delivered a \$213 million overall reduction in potential spending. Much of this cost avoidance (\$166.2 million) was achieved in Medicaid.

Idaho lags behind the nation in adoption of value-based payment models. Based on 2017 data, the national rate for value-based payments was 59% compared to 29% in Idaho. Implementation of value-based payment models is particularly difficult for rural and frontier providers, hospitals, and clinics. They often have limited financial resources to invest, lack interoperable data systems, are challenged with managing population health over sparsely populated large geographical areas, and burdened by performance measurement and reporting requirements.

Continued and ongoing engagement of stakeholders within Idaho’s rural, frontier, and urban healthcare delivery system, and their participation in the evolution, planning, and implementation of new strategies and approaches is critical. Although SHIP was successful in beginning the shift from volume to value, additional time and collaboration is critical to successfully advancing healthcare reform in Idaho.

The Office of Healthcare Policy Initiatives (OHPI) in the Bureau of Rural Health & Primary Care, Division of Public Health, supports the Healthcare Transformation Council of Idaho (HTCI) in their healthcare system delivery transformation work. OHPI and HTCI identified four broad initiatives to achieve the following goals: **(1) increase value-based healthcare payments from 29% to 50% by 2023**, and **(2) improve healthcare quality, access, and the health of Idahoans**. These initiatives include:

- Reduce healthcare costs by identifying cost drivers that can be successfully impacted through collaboration among payers and providers.
- Improve the health of Idahoans and reduce healthcare cost by increasing the adoption of value-based payment models.
- Increase healthcare access by identifying telehealth barriers and implementing solutions to increase adoption.
- Improve healthcare quality and efficiency by developing a core set of clinical measures in partnership with the Health Quality Planning Commission.

These multi-year initiatives require broad stakeholder engagement, partnership, collaboration, and leadership to advance Idaho's movement to value-based healthcare. The integration of OHPI within the Bureau of Rural Health & Primary Care creates a unique opportunity to engage rural providers, clinics, and hospitals in the state's transformation efforts. OHPI has the capacity and expertise to support HTCI while implementing the strategies and tactics needed to encourage the adoption of value-based models to enhance health, improve healthcare quality, and reduce costs.

Office of Healthcare Policy Initiatives

Summary

The Office of Healthcare Policy Initiatives (OHPI) conducts policy analysis, research, and evaluation and provides technical assistance to support health reform planning and implementation in Idaho. OHPI is an impartial resource and convener within the Department of Health and Welfare (DHW) to advance reform.

The Office staffs and supports the Healthcare Transformation Council of Idaho (HTCI), as well as its workgroups and task forces, and serves as a resource for DHW, the Governor, and the legislature.

Functions and Staffing

The OHPI functions include:

- Developing public-private partnerships designed to achieve better healthcare for Idahoans;
- Supporting DHW cross-divisional project integration and innovation to ensure streamlined and effective implementation of initiatives;
- Facilitating and supporting HTCI and its workgroups to continue to transform healthcare;
- Identifying funding mechanisms to support innovation within the department and in healthcare reform;
- Designing systems to effectively measure outcomes, determine metrics, assess risks and implement plans that advance healthcare reform;
- Assisting in effective and meaningful healthcare transformation with subject matter expertise in change management processes;
- Deploying effective, efficient methods for project implementation and management and determining deliverables that measure the Department's and HTCI's impact on healthcare delivery models in Idaho;
- Identifying mechanisms to address all facets of healthcare delivery, including direct medical care, population health, community health and social determinants of health;
- Supporting statewide implementation of the patient-centered medical home model and person-centered care;
- Communicating outcomes and successes, both internally and externally, to further cooperative relationships; and
- Ensuring financial analysis and monitoring of Idaho's healthcare spending and analyzing trends.

OHPI has demonstrated the ability to consolidate and coordinate functions and activities in healthcare policy taking place in Idaho.

Sustainability

Table 1 contains a complete list of grant opportunities OHPI has sought since May 2019 to provide additional funds to accelerate the work of HTCI and cross-division initiatives that support healthcare in Idaho:

Table 1 Funding Request

Funder	Project	Amount Requested	Status
SAMHSA	CIHS – Behavioral Health Integration for rural health communities, demonstration	\$7.5M	Not Selected
HRSA	Rural health payment transformation initiative; demonstration project (3-	\$1.5M	Not Selected
Blue Cross Foundation	Rural Health Value-Based Healthcare Forum, supporting facilitation and travel for	\$25,000	FUNDED - \$25,000 (one-time)
DASH	Multisector planning grant for payment reform	\$25,000	Not Selected
Voice of the Community	Idaho Rural Health Partnership	\$15,000	Not Selected
Gordon and Betty Moore Foundation Grant Inquiry	Patient engagement resources for employers	\$100,00	PENDING
Blue Cross of Idaho Community Foundation for Health	Transformational Funding Request to Support Telehealth Integration	\$40,000	PENDING
Federal Office of Rural Health Policy, Health Resources and Services Administration	Funding support for Idaho Critical Access Hospitals to participate in the Value-Based Healthcare Forum, October 8-9, 2019, Boise	\$5,000	FUNDED
SUPPORT Act (Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities)	Telehealth environmental scan to assess use in substance use disorder treatment and opportunities for expansion.	\$100,000	PENDING
Federal Office of Rural Health Policy, Health Resources and Services Administration	Provide education and resources to Critical Access Hospitals to improve population health, care coordination, and clinical quality.	\$500,000	FUNDED (\$100,000/year for 5 years)

Operational Plan

Healthcare Transformation Council of Idaho

History and Context

As the SHIP initiative and State Innovation Model (SIM) grant neared completion, the Idaho Healthcare Coalition (IHC) began planning the next phase of transformation and formed the Healthcare Transformation Council of Idaho (HTCI) (htci.dhw.idaho.gov). The council is comprised of a 25-member group of stakeholders poised to advance the work of the IHC and SHIP and move into the next phase of reform. The Department, with the support of IHC leadership, requested ongoing legislative support to continue this important work and support HTCI. HTCI began meeting in February 2019. In September 2019, the Office of Healthcare Policy Initiatives was transferred to the Department's Division of Public Health (DPH), Bureau of Rural Health & Primary Care. The work of HTCI and OHPI align with the mission, vision and healthcare transformation strategic initiatives of DPH and create further organizational efficiencies and more effective resource utilization.

Membership

The HTCI firmly believes one of the most powerful ways to influence positive change is through partnership. OHPI has built strong partnerships and relationships with members of the healthcare community in Idaho, both seasoned and new. It has engaged providers and payers that previously have not participated in state level or cooperative initiatives. People from divergent backgrounds have come together to work toward a common goal of healthcare transformation, innovation, and value-based healthcare. The HTCI's geographically diverse membership includes commercial and public payers, providers, hospitals, community-based organizations, public health, and other healthcare leaders. The HTCI is chaired by two highly respected executives who are also primary care physicians. Key staff of Idaho's four largest commercial payers are members, along with leadership from the Idaho Hospital Association, Idaho Medical Association, Idaho Academy of Family Physicians, Idaho Primary Care Association, Idaho's statewide nursing association, local public health, as well as key state officials and community service organizations.

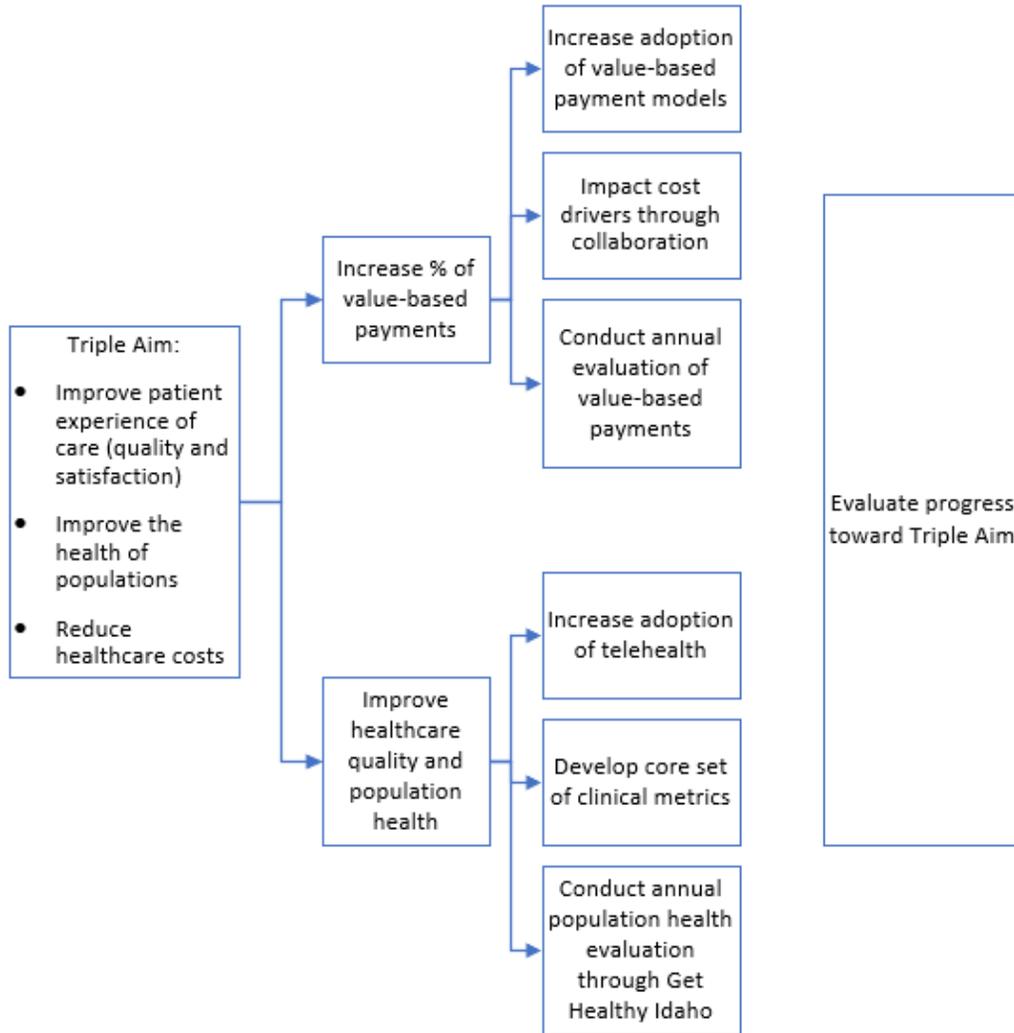
The charge of HTCI is to: Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.

HTCI members identified and prioritized delivery system barriers preventing healthcare reform and opportunities to address those barriers. The opportunities are:

- promote alignment of the delivery system and payment models;
- increase participation by providers in value-based payment arrangements;
- promote efficiencies in the collection, measuring and reporting of quality metrics; and
- promote population and community health through policies and best practices that improve access, quality and the health of all Idahoans.

The following logic model was created to provide a roadmap to address the opportunities.

Logic Model Diagram



Goals, Objectives, and Measurement

During the HTCI meeting on September 19, 2019, members approved the measures and draft report. Members were also given an additional opportunity to respond individually via email to contents of the report. As these initiatives and plans progress, additional outcome measures will be included to assess the impact to quality, cost, and population health. Below are the goals, objectives, strategies, and measures approved by HTCI to advance value-based healthcare in Idaho.

Goal 1: Increase the percentage of value-based payments in Idaho to 50% by June 2023.

Objective 1: Identify and prioritize cost drivers that can be improved through collaboration between payers and/or providers and implement strategies for reducing costs. Working collaboratively with more transparent sharing of information can result in lower-cost markets.

Strategy	Measure and Target	Timeline
Payer Provider Workgroup will collaboratively identify cost drivers that can be positively impacted through collaboration	Identify and prioritize cost drivers (target: 3 cost drivers)	January 2020
Payer Provider Workgroup will provide feedback and expertise to address identified cost drivers.	Develop plan and implementation timeline for each driver (target: 3 plans)	March 2020
Implement plan #1 and assess impact on healthcare costs	Plan implementation (target: priority driver 1)	June 2020
Implement plan #2 and assess impact on healthcare costs	Plan implementation (target: priority driver 2)	December 2020
Implement plan #3 and assess impact on healthcare costs	Plan implementation (target: priority driver 3)	June 2021

Objective 2: Increase adoption of value-based payments models. Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.

Strategy	Measure and Target	Timeline
Identify the % of payments made in value-based payment methodologies.	Follow state procurement requirements to secure vendor (target: release RFP and establish vendor contract)	January 2020
	% of 2018 payments with value-based components (HCP-LAN categories 2-4)	June 2020
	% of payments made within each category of the 4 Health Care Payment Learning & Action Network (HCP-LAN) framework (target: final report using 2018 data reviewed by HTCI)	June 2020
Identify health organization investments in value-based healthcare development.	Develop and implement a survey to identify investments by organizational type (target: final	December 2019

	report with investments summarized)	
Provide education to urban and rural providers, hospitals, and clinics regarding value-based payment strategies and opportunities.	Conduct annual value-based healthcare forum (target: 1 two-day in-person event and 150 participants)	October 8-9, 2019 October 2020 October 2021 October 2022
Review and utilize feedback from providers, hospitals, and clinics to develop specific strategies to address unmet needs and challenges.	Identify barriers to value-based payment adoption and share themes with HTCI (target: 1 report and presentation to HTCI)	December 2019
Identify existing value-based payment models and networks in Idaho to align efforts and build partnership.	Value-based payment networks identified (target: 100% of existing networks)	December 2019
Provide a forum to educate HTCI members about existing models and assess opportunities for alignment and partnership.	# networks identified/# HTCI network presentations (target: 100%)	Monthly beginning January 2020
Identify rural-specific barriers to successful value-based payment model adoption	Conduct focus groups and share findings with HTCI (target: 3 with different organizational types)	March 2020
Provide education and resources to Critical Access Hospitals (CAH) to improve population health, care coordination, and quality.	Follow state procurement requirements to secure vendor (target: release RFP and establish vendor contract) Implement population health initiative (target: 5 CAHs participate/year) Evaluate quality metrics (target: metric TBD based on CAH project and reported annually)	August 2019-January 2020 February 2020-August 2024 Annual report each August 2020-2024
Leverage and align with existing efforts to develop and implement a value-based technical assistance education program for providers, including alternative payment models and value-based contracting. Size and scope TBD based on supplemental funding.	Identify educational needs and delivery methods (target: draft plan for HTCI feedback) Develop and submit federal grant application (target: TBD based on CMMI funding opportunity)	July 2020 TBD
Identify opportunities across IDHW programs and contracts to align value-based components, reporting requirements, and data elements.	Identify Division of Public Health programs with value-based components (target: summary report) Identify value-based components within other IDHW programs (target: summary report)	July 2020 September 2020

Objective 3: Evaluate and report progress toward value-based payment goal.

Measure	Baseline	2021 Target	2022 Target	2023 Target
Annual % of payments made in value-based payment methodologies	2017 data: 29% 2018 data TBD June 2020	34%	41%	50%
Annual % of payments made in value-based methodologies within HCP LAN (Health Care Payment Learning & Action Network) categories 3-4.	2017 data: Category 1: 71% Category 2: 17% Category 3: 8% Category 4: 4% 2018 data TBD June 2020			

Goal 2: Improve healthcare quality, access, and the health of Idahoans.

Objective 1: Identify the barriers to telehealth program expansion in Idaho and develop solutions to increase adoption and utilization. Telehealth services increase healthcare access and provide a cost-effective delivery strategy in value-based systems.

Strategy	Measure and Target	Timeline
Secure funding to conduct environmental scan to assess telehealth usage in Idaho, with a focus on substance/opioid use disorder treatment.	Assess alignment with CMS Medicaid SUPPORT Act Funds (target: CMS review and determination)	September 2019
	Implement state procurement process to secure vendor, pending CMS approval (target: vendor contract established)	December 2019
	Conduct environmental scan, pending CMS approval (target: final report presented to HTCI and Telehealth Taskforce)	April 2020
Develop pre-implementation plan, charter, and goals for Telehealth Taskforce (TTF)	Develop TTF Charter (target: charter finalized)	October 2019
	Develop TTF Agendas, Identify Facilitators, Subject Matter Experts and Presenters (target: draft plan)	November 2019
	Submit TTF Charter for review by the Payer Provider Workgroup (target: draft charter revised based on feedback)	November 2019

	Submit TTF Charter to HTCI for review and approval (target: final charter approved)	December 2019
Identify IDHW programs with telehealth components and assure inclusion in statewide planning efforts.	Survey IDHW programs to ascertain telehealth usage and identify IDHW staff to participant on the TTF (target: conduct survey and summarize results)	November-December 2019
Identify members and convene telehealth taskforce	Identify TTF members (target: final member roster for HTCI review) Convene TTF (target: conduct kick-off meeting, finalize charter, and strategies)	October-December 2019 January 2020
Identify barriers to telehealth adoption	Conduct TTF meetings (target: monthly) Identify Idaho-specific challenges and barriers (target: monthly report of findings presented to HTCI)	February-May 2020
Identify solutions and strategies to increase adoption	Identify Idaho-specific solutions and strategies based on challenges and barriers (target: develop action-oriented final report with recommendations) Share TTF recommendations with HTCI (target: TTF co-chair presentation to HTCI) and HQPC	June-July 2020 August 2020
Conduct outreach and engage state leaders to implement TTF proposed solutions	Communicate TTF recommendations with stakeholders, leaders, and legislature (target: develop communication and outreach plan) Implement communication and outreach plan (target: monitor strategies and progress based on plan)	October 2020 October 2020-March 2021

Objective 2: Develop a core set of clinical quality metrics payers will agree to adopt and implement. Aligning quality metrics increases efficiency, lowers costs, reduces burden for clinicians, and improves health outcomes.

Strategy	Measure and Target	Timeline
Coordinate with the Health Quality Planning Commission (HQPC) to prevent duplication of effort and align strategies.	HQPC and HTCI strategy defined (target: document roles, responsibilities, and timeline for review by HTCI)	January 2020
Convene stakeholders, including Payer Provider Workgroup, HTCI, Division of Public Health, and HQPC members, to identifying strategies for prioritizing metrics.	TBD based on finalized responsibilities (above)	TBD
Assure inclusion of CMS Meaningful Measures initiative and Core Quality Measures Collaborative into program planning.	Compile and present project overview to HTCI/HQPC (target: summary report developed, presentation TBD)	January 2020
Assess IDHW programs and services for potential impact and opportunity with measure alignment effort.	Identify IDHW programs with defined quality metrics (target: comprehensive list of IDHW stakeholders and programs)	TBD and prior to project initiation
Develop plan: Inventory of measures under consideration Evaluate measure alignment by payer Prioritize and select measures Seek resources to implement pilot project for selected measure set	Comprehensive, agreed-upon measures (target: 1 set of defined measures)	TBD depending defined on HTCI-HQPC responsibilities (see above)

The goals, objectives, and strategies described above include a primary focus on year-one (SFY20) with higher level strategies for subsequent years. Details on future strategies will be developed based on the outcomes of current measures. The following initiatives (pages 17-27) provide the context and detail to support the remaining year-one work.

Initiative 1: Identifying and Impacting Cost Drivers

History and Context

Engaging in value-based contracting is one strategy in which the cost of healthcare can be controlled by linking quality (the outcome) to payment. To engage in value-based contracting, providers, clinics, and hospitals must modify workflows, apply evidence-based care strategies, analyze data, and potentially update staffing models used to deliver care. These changes are needed to ensure optimal health outcomes without adding burden to the cost of care. This may include following proven protocols for the treatment of a disease or health issue and preventing duplication of diagnostic tests to contain cost.

Payers also provide a role in this process as the entity often financially responsible for paying the cost of care and overseeing a vast cross-section of providers (their network). Payers have information and data about current practice and opportunities for improvement.

Chronic disease management and treatment accounts for over half of all healthcare costs and presents opportunities for cost reduction strategies. However, not all disease states or cost drivers lend themselves readily to cost reduction strategies since many treatment costs are fixed or expensive to manage. For example, the price of a biologic drug may be the primary reason for high-cost disease treatment, however, reducing the cost of that medication is beyond the reach and realm of impact for IDHW or HTCI.

In July 2019, HTCI established the Payer Provider Workgroup (PPW) to support the development of a collaborative approach to identify and impact cost drivers. This group will identify three cost drivers that can be impacted by collaboration and coordination among providers and payers. This approach will result in prioritized plans and strategies that will be implemented by OHPI staff with feedback and support from HTCI.

Alignment with HTCI

This initiative aligns with the following HTCI functions:

- Recommend and promote strategies to reduce overall health care costs.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.

Resourcing and Implementation

OHPI staff provide support for the PPW, including logistics and facilitation of monthly meetings, feedback for agenda development, and the development and implementation of plans to impact identified cost drivers.

See Goal 1, Objective 1, pages 10-11 for details about the PPW cost driver collaborative project.

Risk Assessment and Mitigation Strategy

Risk ID	Description	Likelihood	Impact	Mitigation Strategy
C-01	Payers decline to participate in the project	Moderate	High	OHPI staff and PPW co-chairs will meet individually with payers to address concerns and promote the value add the project. brings to their organization
C-02	Varied populations covered by each payer will not result in variability challenging to tackle at a statewide level	Moderate	High	If needed, the project can be stratified by population type and addressed at a more granular level; potential use of subcommittee structure may be appropriate.
C-03	Loss of a co-chair in leading the workgroup meetings and overseeing the work	Low	Moderate	OHPI will routinely engage co-chairs and develop a succession plan (with support from HTCI co-chairs).
C-04	Concerns about anti-trust laws prevent meaningful engagement	Low	Moderate	PPW workgroup will be educated on the anti-trust laws and best practices to avoid conflicts (perceived and real).
C-05	Breadth of topics and solution is beyond the capability of PPW	Low	Moderate	Support prioritization and strategies to focus on areas PPW and HTCI can impact.

Initiative 2: Increase Adoption of Value-Based Payment Models

History and Context

Value-based healthcare is a healthcare delivery model in which providers, including hospitals, clinics, and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way. The adoption of value-based models is challenging for all providers, however, implementation in rural and frontier communities presents unique barriers and issues, including:

- Lack of resources and access to capital for large investments (e.g., interoperable electronic health record systems);
- Lack of experience with value-based models;
- Limited financial resources to assume financial risk;
- Challenges with population health management due to broad geographic dispersion of patients and extensive travel distances to receive services;
- Administrative burden of performance measure reporting and performance measurement that may be skewed due to small populations.

Although rural-specific issues require a unique level of focus, HTCI has noted the need to educate all providers is essential to the expansion of value-based healthcare models in Idaho.

Alignment with HTCI

OHPI and responsibility for HTCI is now housed within the Bureau of Rural Health & Primary Care. This creates a unique opportunity to align rural value-based efforts with existing programs and opportunities. The Bureau will leverage long-standing and successful partnerships with rural clinics, providers, and hospitals statewide to address rural-specific challenges and better understand barriers to adoption of value-based models.

This initiative aligns with the following HTCI functions:

- Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.

Resourcing and Implementation

This initiative includes statewide strategies, however, given Idaho's rural and frontier landscape, priority is given to specifically address Idaho's rural challenges. Staffing for these efforts includes OHPI and Bureau of Rural Health & Primary Care (BRH-PC) with leadership and feedback from HTCI.

The BRH-PC bureau chief and OHPI will co-sponsor the Value-Based Healthcare Forum on October 8-9, 2019, in partnership with Boise State University. Funding for this event includes a one-time \$25,000

grant provided by the Blue Cross of Idaho Foundation to support speakers travel, fees, and forum facilitation. Additional funding from a BRH-PC federal grant supports travel for Critical Access Hospitals to participate. The forum includes presentations from subject matter experts and opportunities to learn Idaho-specific rural issues from participants. Issues and challenges will be summarized and shared with HTCI to identify additional strategies and educational needs.

Additional rural-specific efforts include the development and implementation of population health initiatives for Critical Access Hospitals. Education and technical assistance will be provided through a contractor selected following the state procurement process. Funding for this annual project is secured and staff are working with the IDHW Contracts and Procurement Services to release the proposal.

OHPI and BRH-PC staff shared information with HTCI regarding a new opportunity anticipated for release by the Center for Medicare and Medicaid Innovation (CMMI) later this fall. Details are currently limited and pending the release of the funding opportunity announcement by CMMI. The new opportunity will be designed to support rural value-based payment model adoption and staff will evaluate and assess the application potential when details are released.

OHPI staff will also focus on identifying current value-based programs and services within IDHW and statewide. Idaho value-based networks will be invited to share their initiatives during HTCI meetings to provide a solid foundation about existing models and assess opportunities for alignment and leverage.

Additional details about value-based model adoption strategies are found in Goal 1, Objective 2, page 11.

Risk Assessment and Mitigation Strategy

Risk ID	Description	Likelihood	Impact	Mitigation Strategy
V-01	The funding and resource mechanisms required to operationalize the plan are not available	Moderate	High	OHPI staff will continue to engage with partner on resources and strategies implement the elements of the initiative.
V-02	Participation in the Value Based Healthcare Forum does not achieve targeted attendance	Low	Low	Planning committee members actively advertise the opportunity in public forums sending out targeted communications as needed.

Initiative 3: Increasing Telehealth Adoption

History and Context

Telehealth plays a vital role in Idaho achieving the triple aim to improve: 1) quality of care, 2) population health and, 3) affordability of healthcare. Thirty-five of Idaho's 44 counties are rural or frontier and many areas have limited access to specialty care. Telehealth services increase healthcare access and provide a cost-effective delivery strategy in value-based systems.

In 2014, the Idaho Telehealth Council was established under House Concurrent Resolution 46. The Council successfully developed the Idaho Telehealth Access Act, which was passed during the 2015 legislative session (Idaho Code Title 54, Chapter 56). The legislation defines telehealth and provides the sideboards under which telehealth can be delivered in Idaho.

Subcommittees of the Idaho Telehealth Council conducted a strategic planning session and payer reimbursement survey to help inform the council and identify barriers to telehealth expansion. The subcommittees identified a complex reimbursement environment with multiple and various requirements as barriers to telehealth adoption, especially in clinics with limited resources. Idaho is one of sixteen states without telehealth payment parity. The Idaho Telehealth Council last met in 2016 and is no longer active. Additional telehealth efforts were completed through the SHIP grant.

Telehealth goals for SHIP included establishing rural telehealth capacity across a range of behavioral health and specialty services. Significant work has been done in the past four years to increase the use of telehealth strategies to improve access to quality healthcare throughout the state.

The efforts included:

- The development of a telehealth toolkit;
- An educational webinar series;
- Two rounds of grantmaking to support new or expanding telehealth programs resulting in twelve sub-grant awards to eight clinics and one Community Health Emergency Medical Services (CHEMS) agency, along with a technical assistance program to all grantees across the state.

On May 23, 2018, IDHW hosted a telehealth planning meeting in Boise. The purpose of the meeting was to convene a diverse set of telehealth subject matter experts to discuss and identify barriers, challenges, and opportunities for advancing telehealth in Idaho. Over 40 telehealth stakeholders from across the state representing hospitals, urban and rural health clinics, health systems, CHEMS, government, insurance, telehealth consulting experts, associations, and academia participated.

Planning meeting participants agreed that telehealth has the potential to overcome Idaho's challenges of provider shortages, rural and frontier community isolation, and lack of healthcare access for underserved populations. There was consensus that telehealth expansion is urgently needed to address healthcare access issues and the best course of action is to continue to work collaboratively to develop solutions to identified barriers. The group presented the findings to the Idaho Healthcare Coalition (IHC) and received a recommendation to share the information with the Health Quality Planning Commission (HQPC).

Alignment with HTCI

In February 2019, a presentation was made to the HQPC by administrators of the OHPI and Bureau of Rural Health and Primary Care. HQPC recommended that HTCI lead, prioritize, and coordinate telehealth efforts in Idaho. In July 2019, HTCI approved the formation of a Telehealth Taskforce to review the barriers, challenges, and opportunities for the adoption and expansion of telehealth in Idaho. This aligns with the following HTCI functions:

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Recommend and promote strategies to reduce overall healthcare costs.

Resourcing and Implementation

OHPI staff resources, allocated by the legislature, identified Telehealth Taskforce co-chairs, developed a draft charter, list of potential members, and topic areas the group will address. Telehealth Taskforce work will occur over a six to seven-month period (January-June/July 2020) and the project will be conducted by OHPI staff. The project will focus on solutions and recommendations to advance telehealth, followed by an outreach and communication plan to support implementation.

OHPI is currently working with IDHW Medicaid to identify potential opportunities to secure funding through the SUPPORT Act (Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities) to conduct a state telehealth environmental scan. The scan will inform the Telehealth Taskforce and other stakeholders about how telehealth is currently used to provide treatment for substance use disorders and opportunities for expansion.

Details about the telehealth initiative are found in Goal 2, Objective 1, page 13.

Risk Assessment and Mitigation Strategy

Risk ID	Description	Likelihood	Impact	Mitigation Strategy
T-01	Lack of participation by key stakeholders in the task force project.	Low	High	Selection of three co-chairs to lead the effort and perform individual member outreach as needed ensure meaningful participation.
T-02	Loss of a co-chair in leading the task force meetings and overseeing the work	Low	Moderate	OHPI will routinely engage co-chairs and develop a succession plan (with support from HTCI co-chairs).
T-03	Legislative remedy may be required to address identified gaps in the Telehealth access act contributing to the	High	Low	Co-Chairs will engage with Health and Welfare committee legislators to keep them apprised of the process and

Initiative 4: Quality Metric Alignment

History and Context

During the past four years, consensus was reached by SHIP stakeholders (providers and payers) that streamlining of quality metrics is warranted (e.g., what is being measured related to quality and how that metric is calculated). Payers have multiple contracts with providers, and each have different metrics and accountability targets, which creates impediments to increasing healthcare value. Aligning quality metrics increases efficiency, lowers costs, reduces burden for clinicians, and improves health outcomes by helping clinicians manage patient health over time.

As part of the SHIP, the Multi-Payer Workgroup (MPW) began the process of evaluating the current landscape. Payers were surveyed on how they use HEDIS (Healthcare Effectiveness Data and Information Set) measures in paying for quality to assess the potential for alignment.

Results:

- Providers are accountable for multiple similar yet different quality measures from different payers;
- Providers have requested that, within a focus area (e.g., chronic disease), measured outcomes be consistent across payers to reduce their burden and increase provider engagement without having to capture data on their patients differently, depending on their payer;
- Implementation of a core measures set would reduce burden for providers.

The MPW offered the following framework for developing a common measure set as follows:

1. Determine an alignment strategy
 - a. Encourage, but not require, commercial payers to align with a common measure set.
 - b. Building buy-in through stakeholder engagement.
2. Articulate a rationale and set an alignment scope
 - a. Payers: Public payers (e.g., Medicaid, state employee plans, etc.), commercial payers
 - b. Programs: Value-based payment programs (e.g., PCMHs, ACOs, etc.) and transparency programs (e.g., public quality reports or websites).
3. Engage stakeholders at the HTCI workgroup level and conduct a survey of payers to assist in:
 - a. Identifying measure selection criteria.
 - b. Inventorying and evaluating measures.

Details about the MPW evaluation of the quality measure landscape are available from OHPI.

Alignment with HTCI

The Health Quality Planning Commission (HQPC), established in I.C. § 56-1054, monitors the effectiveness of the Idaho Health Data Exchange and duties related to health quality and patient safety planning for the state of Idaho. At the July 2019 meeting of HQPC, it was determined that clinical quality metrics alignment and potential policy recommendations are within the scope and statutory charge of the group. To that end, HQPC recommended that HTCI

coordinate and support this effort as needed to ensure that the identification and delivery of a core measure set be recommended to the payers and providers in Idaho.

Active participation and leadership by HTCI, in partnership with HQPC, on this initiative is essential. Accessing the data needed to calculate outcome measures is not always readily available and creates challenges for payers. Payer challenges, opportunities, and concerns can be addressed in the Payer Provider Workgroup and HTCI. Additionally, the flow of clinical data must be addressed in an equitable manner, so the payer and provider have confidence in the results produced. This presents an opportunity for the Idaho Health Data Exchange and they must be part of the discussion.

This initiative aligns with the following HTCI functions:

- Promote efficiencies in the collection, measuring, and reporting of quality metrics.
- Recommend and promote strategies to reduce overall healthcare costs.
- Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.

Resourcing and Implementation

HTCI coordination with HQPC is critical to preventing duplication of effort and leveraging expertise and resources. Chairs of both groups are aware of the opportunity to align efforts and further planning is needed to determine roles and responsibilities for both groups. OHPI staff will coordinate preliminary planning with the HQPC chair, Division of Medicaid, Idaho Health Data Exchange, and HTCI. Depending on the agreed-upon plan and process, additional non-state resources may be sought for technical assistance (e.g., Health IT consultants, State Health Access Data Assistance Center) or technology resources needed to fully implement the solution.

Please see Goal 2, Objective 2, page 15 for additional planning details.

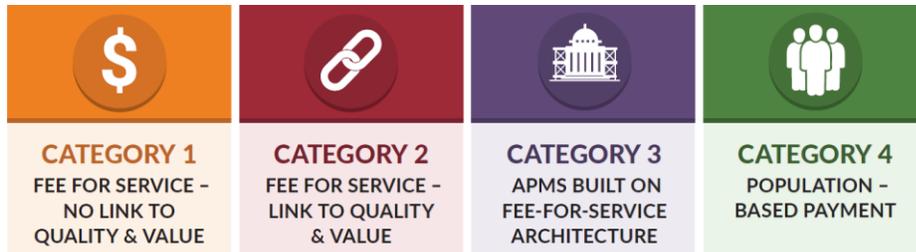
Risk Assessment and Mitigation Strategy

Risk ID	Description	Likelihood	Impact	Mitigation Strategy
Q-01	The Medicare program plays a significant part of metrics reporting and for commercial payers, changes during the evaluation process could result in a significant resource shifting.	Low	Low	Ensure participation from Medicare QIO for Idaho in the planning process.
Q-02	Payers opt not to participate in the process or adoption of the core metrics set.	Moderate	High	Co-Chairs meeting individual with payers to determine barriers to adoption and remedy.
Q-03	IHDE is unable to participate in the planning and solution.	Low	Moderate	Engage at least one IHDE Board member and State HIT coordinator during the planning process to ensure accurate capability representation.

Initiative 5: Evaluating and Reporting Progress

History and Context

One component used to measure progress during the four-year Statewide Healthcare Innovation Plan (SHIP) was the percent of payments made in four different payment categories and the total percent of payments made in value-based payment arrangements. The four categories are based on the Health Care Payment Learning and Action Network (HCP-LAN) alternative model payment framework. The categories help track progress in moving from fee-for-service reimbursement to value. Essentially, moving to the right on the framework (see below) signifies a greater movement to value.



To measure Idaho’s progress during the SHIP grant, payers submitted aggregate payment information to a contractor to calculate payment category movement. The data was collected and analyzed for 2015, 2016, 2017 and there was an overall shift to value during the project period. The most recent data (2017) includes the following:

Idaho Value-Based Payments 2017				
Category 1	Category 2	Category 3	Category 4	Total % value-based payment arrangements
71%	17%	8%	4%	29%

At the time of this analysis, Idaho lagged behind the national rate for value-based payment (59% vs. 29%).

The overarching goal of OHPI and HTCI is to increase the percentage of payments made in value-based payment methodologies to 50% by 2023 while improving quality and population health. Annual measurement is needed to assess the overall progress of Idaho’s transformation to value.

Additional evaluation measures include the following:

- Percent of Idaho’s population that resides in federally-designated Health Professional Shortage Area;
- Percent of Idaho’s geography federally-designated as a Health Professional Shortage Area;
- Idaho healthcare inflation rate compared to the general inflation rate;
- Assessment of Idaho’s Leading Health Indicators;
- Measures such as emergency department utilization and hospitalizations will be added as data becomes available.

Alignment with HTCI

The charge of HTCI is to promote the advancement of Idaho’s person-centered healthcare delivery system transformation to align payment to achieve improved health, improved healthcare delivery, and lower costs. Measuring progress in value-based payment arrangements directly supports the charge and functions of HTCI.

This measure aligns with the following HTCI functions:

- Recommend and promote strategies to reduce overall health care costs.
- Identify delivery system barriers that prevent healthcare transformation and prioritize and recommend solutions.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.

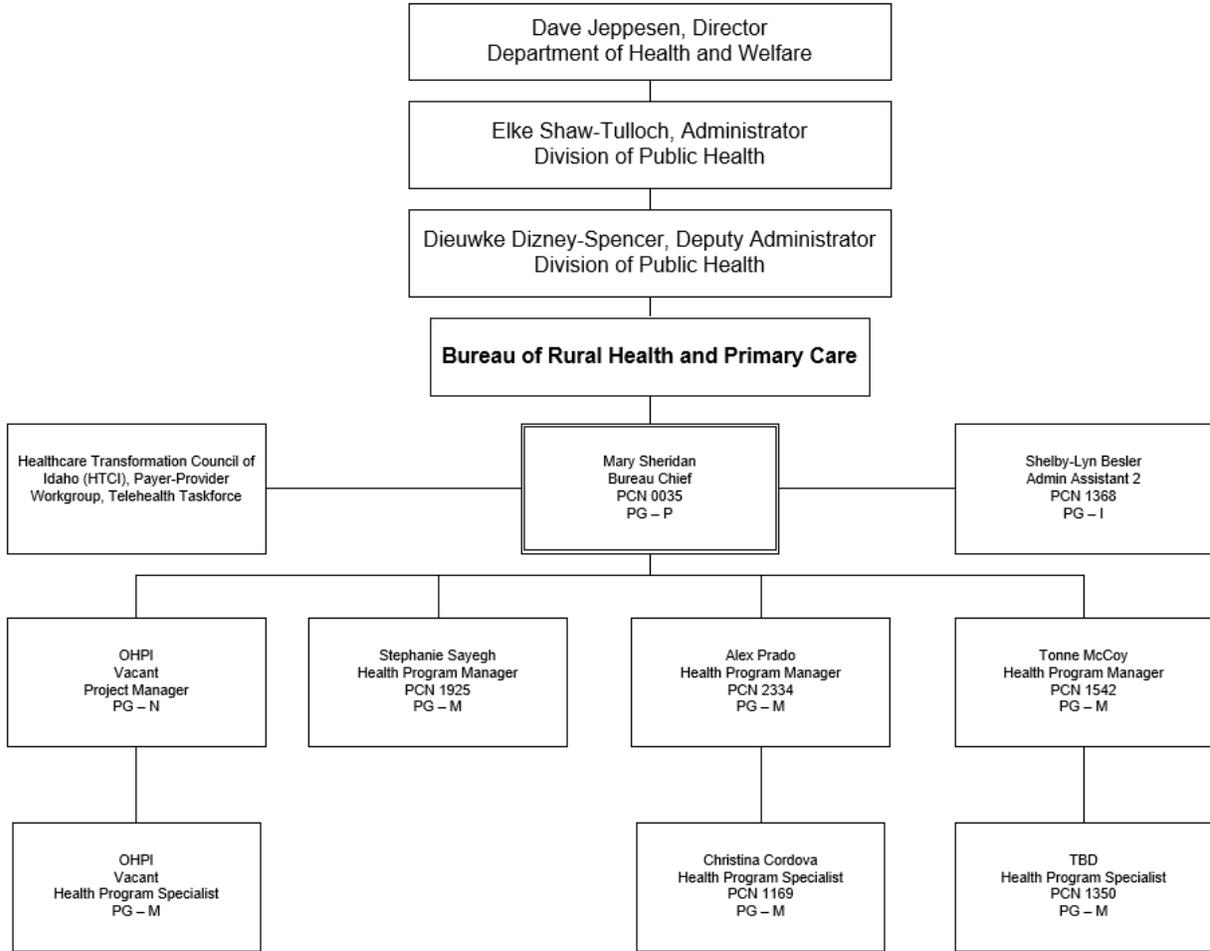
Resourcing and Implementation

OHPI staff are working with IDHW Contracts and Procurement Services to release a request for proposal to secure a contractor to conduct the annual evaluation of value-based payments. The document drafts are complete, and staff anticipate the public release of the request in November. The successful contractor will be required to deliver the payment data, based on the HCP-LAN categories described above, in June 2020.

Risk Assessment and Mitigation Strategy

Risk ID	Description	Likelihood	Impact	Mitigation Strategy
E-01	Procurement process to secure vendor is delayed.	Moderate	High	OHPI staff communicate and coordinate with Contracts and Procurement Services to assure progress.
E-02	Annual evaluation does not show forward progress.	Moderate	High	Seek HTCI and Division of Public Health feedback to determine strategies and potential need for a new workgroup or taskforce to provide new tactics.

Appendix A: OHPI & HTCI Structure



Appendix B: HTCI Membership Directory

MEMBER	ORGANIZATION
Baron, Dr. Andrew	Terry Reilly Health Services
Bell, Matt	PacificSource
Brashear, Kathy	Alliance Title & Escrow
Chuckovich, Denise	Consumer Representative
Davis, Dr. Keith	Shoshone Family Medical Center
Dunn, Dr. Scott	Sandpoint Family Health Center
Epperly, Dr. Ted (co-chair)	Family Medicine Residency of Idaho
Hajjar, Dr. Mike	Neuroscience Associates
Hettinger, Lisa	Idaho Department of Health and Welfare
Hobby, Drew	Blue Cross
Hudspeth, Randall	Nursing Leaders of Idaho
Ketchum-Ward, Yvonne	Idaho Primary Care Association
Pate, Dr. David (co-chair)	St. Luke's Health System
Pouliot, Susie	Idaho Medical Association
Richesin, Patt	Kootenai Care Network
Santos, Neva	Idaho Academy of Family Physicians
Thomas, Cristina	Caribou Memorial Hospital
Tisdale, Larry	Idaho Hospital Association
Watts, Dr. Karl	Saint Alphonsus Medical Group
Wimmer, Matt	Division of Medicaid
Zogg, Nikki	Idaho Public Health District 3