



October 17th, 2019 3:00 pm

Location: 450 W. State St., 7th Floor,
Conference Room 7A

Meeting Minutes:

Member Attendees: Dr. Ted Epperly, Dr. Andrew Baron (phone), Denise Chuckovich, Dr. Keith Davis, Larry Tisdale, Neva Santos (phone), Russ Duke (proxy for Nikole Zogg), Patt Richesin (phone), Yvonne Ketchum-Ward, Dillon Lietchty (proxy for Chris Thomas), Matt Bell, Dr. Mike Hajjar, Lisa Hettinger, Randall Hudspeth, Susie Pouliot, Dr. Karl Watts, Matt Wimmer

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

Guests: Norm Varin, Jenni Gudapati, Rhonda Robinson-Beale, Prudence Vincent, Janet Reis, Krista Stadler, Linda Rowe, Luke Kilcup, Mary Ann Reuter (phone), Cynthia York (phone), Corey Surber (phone), Elke Shaw-Tulloch, Dave Jeppesen

Summary of Motions/Decisions:

Motion:

Motion: Susie Pouliot moved to accept the minutes of the September 19, 2019, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: Denise Chuckovich

Outcome:

Passed

Motion: Larry Tisdale moved that HTCI explore the viability of forming a workgroup to address next steps in developing a rural value-based budget model.

Second: Matt Bell

Passed

Motion: Randy Hudspeth moved to accept Craig Belcher from Regence Blue Shield as the third Co-Chair for the Telehealth Task Force.

Second: Dr. Karl Watts

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*

Legislative services report review and discussion- *Mary Sheridan, IDHW*

- ◆ Goal 1: Increase the percentage of value-based payments in Idaho to 50% by June 2023.
 - Identify and prioritize cost drivers that can be improved through collaboration between payers and/or providers
 - Increase adoption of value-based payments models
- ◆ Goal 2: Improve healthcare quality, access, and the health of Idahoans.
 - Identify barriers to Telehealth expansion and develop solutions to increase adoption and utilization.
 - Develop a core set of clinical quality metrics to encourage alignment by payers.
- ◆ Financial Analysis RFP was submitted to DHW contracts unit today. The purpose of the RFP is to identify a contractor to conduct data collection, aggregation, and analysis of payer data based upon the Health Care Payment Learning Action Network (HCP-LAN) categories and to assess and report on progress and evolution to value-based payment models.

JFAC presentation update- *Elke Shaw-Tulloch, IDHW*

- ◆ Elke provided a presentation about the Office of Healthcare Policy Initiatives (OHPI) and HTCI to the Joint Finance and Appropriations Committee (JFAC) on 10/9/19. She focused on value-based healthcare initiatives and provided a high-level overview of the logic model, goals, objectives and initiatives. Elke also included information about the transfer of OHPI to the Division of Public Health, Bureau of Rural Health and Primary Care.
- ◆ Representative Youngblood, JFAC Co-Chair, expressed interest and support for value-based healthcare and telehealth adoption efforts.
- ◆ Matt Wimmer stated JFAC members asked questions which indicated a high level of interest in value-based payment and how the patient experience is improved and differs under a value-based model of care.
- ◆ Going forward it will be important to provide further context as to the complexities of migrating to value-based payment models.
- ◆ Mary Sheridan stated that progress on goals, initiatives and related metrics will be tracked and reported on a quarterly basis.

Value-Based Healthcare Forum Update and Next Steps- *Mary Sheridan, IDHW*

- ◆ Mary Sheridan solicited feedback and takeaways from HTCI members who attended the Value-Based Healthcare Forum held at Boise State University on October 8-9, 2019. The event was sponsored by BSU and DHW with funding support from the Blue Cross of Idaho Foundation Rural Health Initiative. Presenters from other states such as Oregon, Pennsylvania and Maryland discussed their value-based models and how global budgets have been integrated into their models.
 - Dr. Andrew Baron stated the speakers were very informative and felt their presentations created value and demonstrated effective models that improved cost and quality.

- Russ Duke was impressed with how rural areas were able to extend their successes in achieving goals and explaining the steps on how they reached them. Russ stated it was encouraging to see how they operationalized these models in rural areas with relatively small systems, engaged healthcare providers in these designs, and invested in community health.
- Larry Tisdale stated not every state can achieve the same result, but we can learn from other states to design something that works specifically for Idaho.
- Dr. Karl Watts stated it was very educational and presenters shared ground level strategies and plans that can be operationalized. Dr. Watts also stated it was also positive to engage in conversation with other Idaho attendees and to discuss strategies and ways to implement in Idaho.
- Matt Bell stated it is great Idaho is thinking outside of the box and open to listening to other states on how they have achieved success with their value-based healthcare designs.
- Susie Pouliot shared that the forum really highlighted and underscored the need for education and communication on how to prepare physicians, health systems and independent practices for this level of change. Susie also felt the telehealth presentation really demonstrated advancements in telehealth.
- Yvonne Ketchum-Ward felt the forum was very good and focused on ideas that could be implemented in Idaho. She stated it also demonstrated the need for additional training and the provision of specific tools to move value-based payment forward.
- Neva Santos echoed many of the same comments, felt it was very worthwhile, and triggered a lot of great conversations.
- ◆ Patt Richesin explained that the themes presented at the Value-Based Healthcare Forum aligned with the soon to be introduced funding opportunities being developed by CMMI. A rural health RFI will be announced this fall by CMMI to fund innovative models that address implementation of value-based healthcare in rural areas.
- ◆ Patt Richesin proposed that HTCI form a new workgroup and convene stakeholders to develop a plan for creating a budget model for rural delivery systems involving CAHs and outpatient providers to stabilize and allow for innovation of health care delivery that addresses unique rural issues in Idaho. Following discussion and input by many members, HTCI members agreed to establish a new workgroup.

Telehealth Task Force Co-Chair Appointment- *Ann Watkins IDHW*

- ◆ HTCI members supported the selection of Craig Belcher, Regence Blue Shield, as the third Telehealth Task Force co-chair. Craig will co-chair with Jenni Gudapati and Krista Stadler.

Payer Provider Workgroup (PPW) Update- *Norm Varin and Dr. Kelly McGrath, Co-Chairs of PPW*

- ◆ Norm Varin spoke about the need to continue to engage payers and providers and to find successful opportunities to collaborate. The PPW will discuss different potential opportunities

and will prioritize three initiatives based on the ability for the group to impact them through collaboration. The Division of Public Health data presentation at the October 16 meeting helped to determine the path to move forward. Norm appreciated the individuals who attend the meetings are a regular basis because they are all very engaged in the discussion.

Review and Discussion of Metrics to Evaluate HTCI progress- *Dr. Ted Epperly, Co-Chair of HTCI*

- ◆ Dr. Epperly opened the discussion on how to identify metrics to evaluate HTCI progress. The following ideas were suggested by members:
 - Track the percent of primary care spend and shifts in spending.
 - Track avoidable emergency department utilization and/or avoidable hospitalizations.
 - Track the shift from inpatient to outpatient care (ambulatory services) by payments. Identify innovation in communities (e.g., avoiding unnecessary emergency department visits, social determinants of health models, distance monitoring, and creating toolkits that can be deployed.)
 - Measuring and defining access to care and transitions of care. Is there a national model for defining access?
 - Identify measures impacted by Medicaid expansion.
 - Foundational measures, such as blood pressure, behavioral health. Simple measures of health.
 - Number of patient-centered medical homes.
 - Idaho Health Data Exchange (IHDE) data and number of practices and providers using IDHE.
 - Measures that are basic to peoples' health e.g. a measure of are you healthy or are you not? Develop a metric to show improvement
 - Track the number of practices engaged in telehealth and/or percentage of population with a telehealth visit in the last year.
 - Medicaid metrics from IDHW strategic plan.
 - Emergency department avoidance.
 - Develop a rural-specific measurement.
- ◆ Following the discussion, it was suggested that a scorecard could be developed to measure progress. This strategy was implemented during the Statewide Healthcare Innovation Plan.

Closing- *Dr. Ted Epperly*

Dr Epperly polled the group about the possibility of scheduling a November meeting. The group agreed to conducting a meeting on November 21, 2109.

- ◆ Next meetings are scheduled for November 21 and December 19, 2019, from 3:00 p.m. – 5:00 p.m.

Meeting Adjourned: 5:06 pm

DRAFT