



August 20, 2020 at 3:00 pm

Location: Conducted virtually

Meeting Minutes:

Member Attendees: Dr. Andrew Baron, Hilary Klarc (for Matt Bell), Kathy Brashear, Cynthia York (for Denise Chuckovich), Dr. Keith Davis, Dr. Ted Epperly, Randall Hudspeth, Yvonne Ketchum-Ward, Dr. David Pate, Susie Pouliot, Christina Thomas, Larry Tisdale, Dr. Karl Watts, Matt Wimmer, Liz Woodruff

DHW Staff: Mary Sheridan, Susan Heppler, Matt Walker, Elizabeth Heist, Dieuwke Dizney-Spencer, Dave Jeppesen

Guests: Tim Dunnagan, Andrew Masters, Linda Rowe, Melissa McVaugh, Nancy Powell, Norm Varin, Kyle Pfannenstiel, Jenni Gudapati, Corey Surber, Jeanene Smith, Luke Kilcup, David Bell, Kim Ouwehand, Linda Swanstrom, Kevin Rich, Liz Hatter, John Foster

Summary of Motions/Decisions:

Motion:

Christina Thomas moved to accept the minutes of the July 16, 2020 meeting of the Healthcare Transformation Council of Idaho (HTCI) as presented.
Second: Kathy Brashear

Outcome: Passed

Agenda Topics:

Welcome and opening remarks; roll call; introductions; agenda review; review of minutes; announcements – Dr. Ted Epperly & Dr. David Pate, HTCI Co-Chairs

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

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

Dr. David Pate described three key developments with Coronavirus in Idaho.

- Reopening schools is an evolving process, as our nation has a significant degree of community transmission of the virus. Dr. Pate and Director Dave Jeppesen (Idaho Department of Health & Welfare) have asked universities in Idaho to conduct research and gather data from the different methods used by Idaho schools to reopen for in-person attendance. The hope with

this effort is to find patterns, identify factors that may predict success or failure, and determine strategies for successful reopening.

- Coinciding with Coronavirus, preparation for the influenza and other respiratory viruses is still critical in advance of the upcoming fall and winter. The state is working to build the necessary testing capacity, but the degree of spread is outpacing the efforts to add capacity. Please encourage patients, friends, and family to get their influenza vaccine.
- Research and reporting indicate that recovered patients may experience long-term effects of COVID-19 infection. Idaho reported its first case of Multisystem Inflammatory Syndrome in children (MIS-C). Fortunately, the 7-year old child has done very well.

Dr. Pate concluded that while most of the population that contract COVID may recover, we should retain a healthy respect for its impact since the complete effects of this virus are not yet known.

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

PPW has not convened since the last HTCI meeting. They have steadily worked on creating the cost driver survey over the past few months. It is currently being tested and refined before distribution. It has been challenging to develop a survey for physicians, providers, and payers, obtain feedback and to have them interpret the information similarly. The survey is expected to be distributed in the next few weeks.

House Bill 351 and Medicaid Transition to Value – Matt Wimmer, Administrator, Division of Medicaid

The goal of the Division of Medicaid is to measurably improve the health of Idahoans with Medicaid coverage, reward providers who deliver high-quality cost-efficient care, and stabilize and control Medicaid spending through their value-based program.

The division has been working for the past two years with partners from hospitals, primary care offices, and other groups throughout the state to create the Health Connections Value Care (HCVC) Program. It was created to establish a voluntary accountability care program to move away from volume and towards value. The time frame for the creation of HCVC was extended because of the COVID-19 pandemic.

In this past legislative session, the division worked with the Governor's Office to bring forward House Bill 351. This bill requires the department to establish value-based payment methods for hospitals and nursing facility services effective until July 2021 and replace the existing cost-based reimbursement methods. It also requires the division to establish quality payment programs to replace the supplemental payments that extend to hospitals.

Since that bill passed, the division has been meeting regularly with representatives from the hospitals and primary care facilities. These providers are interested in aligning the quality payment program for upper payments limit and supplemental payments with a broader approach, so that enrollment in a value care organization would still be based on who the primary care provider is and the calculation of the total cost of care.

Rural & Frontier Healthcare Solutions Workgroup (RFHS) update – Larry Tisdale, RFHS Co-Chair

The origins of the RFHS Workgroup were tied to a Centers of Medicare and Medicaid Services (CMS) Innovation Center (CMMI) announcement that has been anticipated for over a year. On August 3rd, President Trump released an executive order on improving rural healthcare and telehealth access. August 11th, CMS announced two innovation models under their Community Health Access and Rural Transformation (CHART) Model.

The RFHS Workgroup is carefully considering both opportunities, starting with the Community Transformation track, one of two models that were shown to be profitable in a review of programs conducted by CMMI. The workgroup will also consider the Accountable Care Organization (ACO) track. Both tracks align with value-based payment models and could help rural hospitals begin the transition to value.

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

Eric Forsch, the Broadband Development Manager from the Idaho Department of Commerce, presented on the statewide effort to improve access to broadband. The TTF will have its final meeting in August prior to developing their report and recommendations for adoption and expansion of telehealth in Idaho. The director of the Idaho Insurance Commission will be participating in that meeting. The report will be completed in September and presented to HTCI in October.

Health Quality Planning Commission (HQPC) presentation – Tim Dunnagan, Dean of the College of Health Sciences, Boise State University

HQPC has broad-based membership with payers, providers, public health agencies and community members. An essential part of HQPC's charge is to evaluate and support work that can improve the healthcare quality for Idahoans. This includes recommendations to the state legislature regarding quality of care and patient safety. HQPC has facilitated change around time-sensitive health emergencies, advance care directives and suicide prevention. The commission also examines the investment in healthcare technologies through the Idaho Health Data Exchange (IHDE).

Dean Dunnagan outlined four updates from HQPC, including their work on the Advance Care Directives Registry. They investigated best practices, improve the service, and make the registry sustainable through legislative support. The registry will be transferred from the Secretary of State's Office to the Idaho Department of Health and Welfare.

Second, IHDE has expanded its offerings and functionality through SUPPORT Act funding. Multiple data services have been bundled into the IHDE platform and will enhance customers' ability to access data for claims, total cost care, and evaluate clinical techniques.

Recently, HQPC invited the co-chairs from the Telehealth Task Force to present on the work they have been doing. HQPC is particularly interested in the strategies for migrating and increasing adoption for utilization of telehealth, as it is a key role in value-based quality healthcare. HQPC will be drafting recommendations to the legislature surrounding regulations and broadband access for telehealth.

HQPC is also interested in developing a health report card for the State of Idaho. If standardized, there are quality metrics that will be helpful in getting payers, providers, and governmental entities to work together in Idaho.

At-large membership discussion follow-up – Led by HTCI Co-Chairs

Results from the membership survey indicated that the top three recommended additional areas of expertise include social determinants of health, a representative from an underserved community, and an expert in value-based healthcare and alternative payment models. Having determined which of those three areas of expertise the council is most interested in, they can focus on where to find that expertise. The executive team will discuss next steps and present this as a follow-up agenda item for the next HTCI meeting.

Closing Remarks – Dr. Ted Epperly & Dr. David Pate, HTCI Co-Chairs

Next Meeting: Thursday, September 17, 2020 at 3:00 p.m.

Meeting Adjourned: 05:07 p.m.



Healthcare Transformation Council of Idaho

Action Items

September 17, 2020 3:00PM

■ Action Item 1 – August HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the August 20, 2020, HTCI meeting:

Motion: I, _____ move to accept the minutes of the August 20, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

HTCI
HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO

Rural Nurse Loan Repayment Program Proposal



Randall Hudspeth, PhD, MBA, MS, APRN-CNP
Executive Director, Idaho Center for Nursing

Task Force Purpose and HTCI Alignment

Purpose:

Develop recommendations to create an Idaho specific nursing loan repayment program for nurses and, potentially, nurse educators in underserved areas as defined by the federally designed Health Professional Shortage Areas.

HTCI Alignment:

Support efforts to provide a healthcare workforce sufficient in numbers to help meet rural demand.

RN Geographic Distribution

Region (H&W designated districts)	2018 RN	2020 RN
Region ONE-North Idaho	2733 (15%)	2608 (14.1%) (77.6% in CdA)
Region TWO- North Central	1201 (6%)	1131 (6.15%) (55% in Lewiston)
Region THREE-South West	2147 (11%) (1689 in Nampa)	2195 (11.9%) (84% in Nampa)
Region FOUR-BOISE	7211 (38%)	6857 (37.3%) (89% in Boise City)
Region FIVE-South Central	1806 (9.5%)	1744 (9.4%) (56% in Twin Falls)
Region SIX-South East	1704 (9%)	1639 (8.9%) (68% in Pocatello)
Region SEVEN- Eastern	2196 (11.5%)	2213 (12.25%) (60% in Idaho Falls)
Total RN (excludes APRNs)	18,998	18,387
Total RURAL RN	6,459 (34%)	4,755 (26%)*

* Significant migration of nurses: 45.5% of all RNs live in Treasure Valley and in rural areas they are primarily centered in one larger city in each region.

Nurse Workforce Need (Demand Data)

- 27 Critical Access Hospitals reported at least one RN vacancy at all times throughout the 2019-2020 survey cycle.
- 9 Critical Access Hospitals reports >2 open positions at all times.
- 3 Critical Access Hospitals reported using high paid travel agency RNs to fill staff vacancies.
- All Idaho Hospitals report ongoing shortages of ICU, Emergency and Operating Room qualified RNs.
- Other agencies report ongoing and sporadic shortages of RNs, Long Term Care, FQHCs, Home Health Agencies.

Nurse Demographics

- Gender: 86% female; 14% male
- Age Range RN
 - 25 or younger (3%)
 - 26 to 35 (22%)
 - 36 to 45 (26%)
 - 46 to 55 (20%)
 - 56 to 65 (21%)
 - 66 and older (7%)
- Ethnicity
 - White (93%)
 - Hispanic (3%)
 - Native American (1%)
 - African American (1%)
 - Asian (2%)

Supply Versus Demand

- Currently 5,692 RN over age 56 (29%)
- Amortized retirement rate at 490 annually over next 10 years.
- Graduations in Idaho constant over 20 years at 750-800/yr.
- New Job demand is 515 per year due to increase population at 10.3 nurses per 1,000 population (estimated 50K increase annually)
- New Job demand + replacement for retirements =1005 demand
- **Education production (new nurse) deficit = 205 annually**

Next Steps

- HTCI charter approval in October
- Approval of Task Force Membership

Thank You