



# Healthcare Transformation Council of Idaho

## Action Items

September 19, 2019, 3:00PM

■ Action Item 1 – August HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the August 15, 2019, HTCI meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the August 15, 2019, meeting of the Healthcare Transformation Council of Idaho as presented.

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

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■ Action Item 2 – Payer Provider Workgroup Charter

HTCI members will be asked to accept the Payer Provider Workgroup Charter:

Motion: I, \_\_\_\_\_ move to accept the Payer Provider Workgroup Charter as presented.

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

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■ Action Item 3 – Report to the Legislature

HTCI members will be asked to accept the report to the Legislature:

Motion: I, \_\_\_\_\_ move to accept the report to the Legislature as presented.

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

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HEALTHCARE TRANSFORMATION  
COUNCIL OF IDAHO



August 15, 2019 3:00 pm

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

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## Meeting Minutes:

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**Member Attendees:** Dr. Andrew Baron (phone), Norm Varin (proxy for Matt Bell), Kathy Brashear (phone), Denise Chuckovich, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Randall Hudspeth, Rod Stiller (proxy for Yvonne Ketchum-Ward), Dr. David Pate, Susie Pouliot, Patt Richesin (phone), Neva Santos, Christina Thomas (phone), Larry Tisdale (phone), Dr. Karl Watts, Matt Wimmer (phone)

**OHPI Staff:** Casey Moyer, Kym Schreiber, Meagan Graves

**Guests:** Dave Jeppesen, Elke Shaw-Tulloch, Paul Brannan, Prudence Vincent, Linda Rowe, Jenni Gudapati, Janet Reis (phone), Corey Surber (phone), Mary Ann Rueter (phone), Maggie Mann (phone).

**Status:** Draft 08/16/2019

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## Summary of Motions/Decisions:

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**Motion:**  
Randy Hudspeth moved to accept the minutes as modified.  
Lisa Hettinger seconded the Motion.

**Outcome:**  
Passed

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## Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meetings and took roll.
- ◆ Dr. Epperly then opened the meeting with a quote from Albert Einstein “*The real test of intelligence is not knowledge, it is imagination.*”
- ◆ Director Dave Jeppesen provided an update the members on the status of the leadership changes within the Idaho Department of Health and Welfare. He informed them Lisa Hettinger has

changed from her current Deputy Director position to a new Deputy Director position over finance and support services.

- ◆ Mr. Jeppesen informed the members the department's strategic plan was recently released and Goal one is to ensure affordable and accessible healthcare and the first item under this goal is to increase Medicaid's value-based payments.
- ◆ He would like to attend the HTCI meetings regularly going forward.

**Payer/Provider Workgroup Planning Update-** *Norm Varin, Co-Chair of the Payer Provider Workgroup*

- ◆ Norm Varin updated the members on the first meeting of the workgroup. He talked about how there was momentum during SHIP with the Multi-Payer Workgroup they could capitalize on with this new workgroup and new members at the table. There are new payers participating and they will eventually add providers to the group.
- ◆ He recapped the topics of discussion for workgroup collaboration e.g. how to work together, how to share data, and how to identify the top ten impactable spends.
- ◆ Mr. Varin elaborated on the issues the workgroup identified with the top ten spends as it can be dollars, claims, and other various items. They found there is too much of a variance with the different types of care, regions and payers to come up with the top ten. The workgroup determined it would be more beneficial for the group to focus on the top two or three areas they can begin to make a change.
- ◆ Next steps for the workgroup are to complete the charter, create RFP for vendor to collect and report on data, and begin to narrow down the two or three items they begin to work on to make changes.

**Telehealth Task Force Update-** *Dr. Ted Epperly and Dr. David Pate, Co-Chairs of the HTCI*

- ◆ Dr. Epperly and Dr. Pate updated the members on the current state of the co-chairs of the taskforce. They have come to the conclusion it will be best to have three co-chairs.
- ◆ Jenni Gudapati informed the members there is a ton of potential with telehealth however the biggest barriers are operational and with payer's interfaces.
- ◆ The goal of the Telehealth Task Force will be to recommend actionable implementations to the HTCI.

**Idaho Health Data Exchange Update-** *Paul Brannan, Interim Executive Director for Idaho Health Data Exchange*

- ◆ Paul Brannan introduced himself as the interim executive director for IHDE.
- ◆ Mr. Brannan then discussed the current status of IHDE and the many uses their service provides to clinics and payers. Their clinical data goes beyond payments and can connect to EHR's to allow for information to be shared and uploaded to individual EHR systems. This allows for clinicians to see all notes, images, and tests for their patients even if those things were not done at their clinic.
- ◆ Payers are using IHDE for their HEDIS measures.

- ◆ IHDE will be holding listening sessions to ensure they are gaining information from users and non-users to ensure they are implementing services that meet the needs of current and potential clients.

**Value Based Healthcare Forum- Jenni Gudapati, Boise State University**

- ◆ Jenni Gudapati presented an update for the Value-Based Healthcare Forum scheduled for the 8<sup>th</sup> and 9<sup>th</sup> of October 2019. Rural Health and OHPI are the co-sponsors of the forum.
- ◆ The first day will be on outpatient care and provider focused. The second day will be hospital and health system focused. Each day will have afternoon think tanks to elicit feedback from the forum participants.

**Closing- Dr. Ted Epperly**

- ◆ Dr. Epperly proposed a meeting for September 19, 2019 from 3:00pm to 5:00 pm. The reason for the meeting is to follow up with the Payer/Provider Workgroup, Telehealth Task Force and review the legislative report due October 1, 2019. The draft report will be sent to the members the Friday before the September meeting.
- ◆ Ms. Hettinger asked the members to consider the initiatives we are working on and how they would help each of the organizations or persons they represent at this table move the needle. Personal stories or ways they will help them improve their patient care or for payer how you pay for the services rendered. If needed, this will allow to the department to provide the legislators with additional information on how important the work this group does.
- ◆ Dr. Epperly then closed the meeting with the same quote he opened the meeting with and thanked the attendees for their time.

**Meeting Adjourned: 4:54 pm**

# Value-Based Healthcare Forum

Sponsored by the Idaho Department of Health and Welfare and Boise State University

Boise State University Alumni and Friends Center

1173 W. University Drive, Boise, ID 83706

Tuesday, October 8, 2019

## **DRAFT** Agenda

7:30 AM	<b>Registration</b>
8:00 AM	<b>Welcome</b> Jenni Gudapati, MBA, RN, Value-Based Healthcare Program Director, Boise State University <b>Value-Based Healthcare Basics</b>
8:30 AM	Julie Hutchinson, CMS Center for Medicare and Medicaid Innovation <b>Rural Healthcare Redesign</b>
9:30 AM	Dr. Chuck Hofmann, EOCCO Clinical Consultant
10:30 AM	<b>Break</b>
11:00 AM	Eric Cragun, Government Programs Partner, Population Health, Intermountain Healthcare <b>Experiences and Opportunities in Value-Based Care</b>
12:00 PM	<b>Networking Lunch</b> ( <i>Buffet provided</i> )
1:00 PM	Dr. Ray Costantini, CEO, Bright MD <b>Telehealth Opportunities in Value-Based Settings</b>
2:00 PM	<b>Break</b>
2:15 PM	<b>Think Tanks</b> Facilitated small group discussions to share ideas for putting concepts into action and promote transformational thinking!
3:15 PM	<b>Reconvene and Think Tank Highlights</b>
4:30 PM	<b>Closing comments, announce optional evening events, and adjourn</b>
5:00 PM	<b>Boise State University Football Facility and Blue Field Tour (optional)</b>
6:30 PM	<b>Reception at Payette Brewing (optional)</b>



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



**BOISE STATE UNIVERSITY**  
COLLEGE OF HEALTH SCIENCES

# Value-Based Healthcare Forum

Sponsored by the Idaho Department of Health and Welfare and Boise State University

Boise State University Alumni and Friends Center

1173 W. University Drive, Boise, ID 83706

Wednesday, October 9, 2019

## **DRAFT** Agenda

7:30 AM	<b>Registration</b>
8:00 AM	<b>Welcome</b> Jenni Gudapati, MBA, RN, Value-Based Healthcare Program Director, Boise State University <b>Value-Based Healthcare Basics</b>
8:30 AM	Julie Hutchinson, CMS Center for Medicare and Medicaid Innovation <b>Rural Healthcare Redesign</b>
9:30 AM	Jo Wilson, Vice President, Population Health, Western Maryland Health System Chris Peterson, Principal Deputy Director, Health Services Cost Review Commission
10:30 AM	<b>Break</b>
11:00 AM	Janice Walters, Chief Operations Officer Rural Health Innovation, Pennsylvania Department of Health
12:00 PM	<b>Networking Lunch</b> ( <i>Buffet provided</i> )
1:00 PM	Dr. Ray Costantini, CEO, Bright MD <b>Value-Based Contracting: Putting It All Together</b>
2:00 PM	<b>Break</b>
2:15 PM	<b>Think Tanks</b> Facilitated small group discussions to share ideas for putting concepts into action and promote transformational thinking!
3:15 PM	<b>Reconvene and Think Tank Highlights</b>
3:30 PM	<b>Closing Comments</b>
4:00 PM	<b>Adjourn</b>



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# Payer Provider Workgroup Charter

## Workgroup Summary:

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Chair/Co-Chair	Norm Varin & Dr. Kelly McGrath
OHPI Staff Lead	Mary Sheridan
PPW Charge (from HTCI)	Assist in developing, promoting, and advancing initiatives that increase value-based payments while helping decrease cost and increasing quality.
HTCI Alignment	<ul style="list-style-type: none"> <li>Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.</li> <li>Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.</li> <li>Recommend and promote strategies to reduce overall health care costs.</li> </ul>

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## Driver Alignment and Measurement:

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HTCI Driver Alignment	Desired Outcome	Measurement	Workgroup Role
Finance	1. Increase the number of value-based payments to 50% by 2023 (Target 50%)	Annual percentage (%) of payments made in value-based payment methodologies (using HCP-LAN framework)	Review vendor report (annually)
Finance	2. Improve the cost of high dollar spending in healthcare through cross carrier collaboration (Target: 5)	Number (#) of initiatives identified to be targeted for coordinated problem solving	Payers and Provider member participation.
Finance	3. Increase the number of value-based payments made in advanced APMs. (Target: TBD)	Annual percentage (%) of payments made in value-based payment methodologies within LAN categories 3B-4.	Review vendor report (annually).
Access	4. Review quarterly project updates and provide feedback on BH initiative (Target: 4).	Number of quarterly updates provided to PPW workgroup on BHI project.	Review project reports (quarterly).

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## Planned Scope:

### Deliverable 1:

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Description:	Develop an operational plan and methodology to routinely collect and report the percentage of payments made in value-based arrangements statewide.	
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	Sept - Oct 2019	Release RFP and selecting a vendor
	Nov - Jan 2020	Vendor secures data sharing agreements with payers
	Feb - Apr 2020	Data collection (CY 2018 & 2019)
	May 2020	Initial Draft presented to PPW
	June 2020	Revised Draft present to HTCI
	July 2020	Publication of findings (Legislature & Executive Branch)
Milestones:	<ul style="list-style-type: none"><li>• Recruit and contract with vendor</li><li>• Secure data sharing agreements with payers</li><li>• Collect payer data</li><li>• Calculate and report data findings by CY starting with 2018</li></ul>	

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### Deliverable 2:

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Description:	Determine sub goals within each value based payment category to help inform initiative selection and gauge progress.	
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	June 2020	Review VBP Report (by breakdown)
	July 2020	Establish proposed sub goals and targets by LAN category
	August 2020	Seek HTCI approval of sub goal targets
	September 2020	Identify strategy(ies) to impact VBP sub goal target
	Oct-Apr 2021	Implement strategy(ies)
	May 2021	Review draft CY2020 financial analysis
	June 2021	Report findings to HTCI
Milestones:	<ul style="list-style-type: none"><li>• Baseline and VBP updated report received and reviewed</li><li>• Sub goals established by PPW</li><li>• HTCI approval of sub goals</li><li>• Identify strategies to influence and impact sub goal areas</li><li>• Monitor and report progress related to sub goal areas</li></ul>	

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### Deliverable 3:

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Description:	Determine the top spends (by carrier) in which collaboration at the payer provider workgroup level could increase the value-based payment arrangements while decreasing cost and increasing quality.	
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	Sept 2019	Collect payer ideas and sharable data elements
	Oct 2019	Determine structure for initiative

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- Milestones:
- Define which carriers spends will be advanced (by payer) for targeted coordination
  - Develop a strategy and timeline for each TBD target
  - Report progress to HTCI
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Deliverable 4:

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- Description: To build upon the existing Idaho Integrated Behavioral Health Network (IIBHN) into an enduring structure to demonstrate a hub and spoke model. HTCI will support Idaho Rural Opioid Prevention and Pharmacy Education Stewardship (I-ROPPEs) demonstration project- Health Resources and Services Administration (HRSA) funded through the payer-provider workgroup to develop a value-based payment methodology for Team-Based Care. The demonstration project would leverage current and past integration projects initiatives.
- Timeframe:
- | <i>Anticipated Dates</i> | <i>Description</i> |
|--------------------------|--------------------|
| June 2019                | Project Initiation |
| May 2020                 | Project Conclusion |
- Milestones:
- Review of signed MOUs of Hub and Spokes
  - Review completed baseline data analysis
  - Recommendation BH &/or Team Based metrics
  - Recommendations data support based on baseline findings
- 

## Membership and Composition:

- 
- |                     |   |
|---------------------|---|
| General Information | <p>Membership composition will consist of representatives from the following stakeholder groups:</p> <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Commercial Carriers             <ul style="list-style-type: none"> <li>○ Blue Cross of Idaho</li> <li>○ Regence</li> <li>○ Select Health</li> <li>○ Mountain Coop</li> <li>○ Pacific Source</li> <li>○ Aetna</li> <li>○ United Health</li> <li>○ Humana</li> </ul> </li> <li>• Self-Funded Employer</li> <li>• 1 representative from each of the following organizations:             <ul style="list-style-type: none"> <li>○ Idaho Hospital Association</li> <li>○ Idaho Medical Association</li> <li>○ Idaho Primary Care Association</li> <li>○ Idaho Academy of Family Physicians</li> </ul> </li> <li>• Physicians</li> <li>• Independent Clinic Physician</li> </ul> |
|---------------------|---|
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Member Selection  
Terms

- <additional slots>

Co-Chair Invitation.  
Membership shall be extended to individuals and organizations by the co-chairs as needed to address the initiative(s) of the workgroup. There are no set terms or limits for this workgroup.

Expectations of Members

- Members must participate in 75% of all meetings scheduled within the calendar year.
  - Members' designee may participate in up to 25% of the meetings scheduled within the calendar year.
  - Members are encouraged to send the same designee to the meetings instead of different individuals.
-

## Change Management:

Changes to scope must be approved by HTCI.

Legend of Acronyms	
APM	Alternative Payment Model
BH	Behavioral Health
CY	Calendar Year
HCP-LAN	Health Care Payment Learning and Action Network
HTCI	Healthcare Transformation Council of Idaho
OHPI	Office of Healthcare Policy Initiatives
PPW	Payer Provider Workgroup
RFP	Request for Proposal
VBP	Value Based Payment

Idaho Department of Health and Welfare  
Office of Healthcare Policy Initiatives

Operational Plan  
SFY2020



Elke Shaw-Tulloch

[OHPI@dhw.idaho.gov](mailto:OHPI@dhw.idaho.gov)



IDAHO DEPARTMENT OF HEALTH & WELFARE  
OFFICE OF HEALTHCARE POLICY INITIATIVES

*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>

QUOTE NEEDED HERE

Dr. Epperly?



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## Executive Summary

Value within healthcare is achieved when quality is increased, and cost is reduced. It is important to break down silos and create interdisciplinary approaches to support the patient and enhance the patient's healthcare experience. It is also important to utilize data to inform healthcare decision in order to objectively understand if the cost of care is shifting.

The healthcare industry has grown to over 16% of Idaho's gross state product. Since the 1990's, 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). 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 care that delivers better health outcomes while cost growth is contained. The innovation demonstration of this plan concluded in early 2019 and delivered reduced spending and improved infrastructure.

Idaho was able to accelerate the movement to proven models by focusing on shifting the healthcare industry's culture in the areas of care delivery, health IT interoperability and payment reform. The work that has been done thus far in Idaho has been fundamental to implementing team-based care and improved care delivery.

Currently, primary care practices (PCPs) are experimenting with strategies to improve and expand care, such as finding ways to integrate behavioral health, bolster team-based care, and reach out to patients with unmet preventive or chronic care needs. In tandem, Idaho PCPs are working to increasingly participate in value-based payment arrangements. Many practices struggle to put this infrastructure in place, and face unique challenges in securing access to capital, building strong data capabilities and negotiating favorable rates with vendors and contracts.

Continued and ongoing engagement of stakeholders within the healthcare delivery system, and their participation in the evolution, planning, and implementation of new strategies and approaches is critical. The work that was initiated through SHIP, is not done and additional time and collaboration is necessary to advance reform.

The Office of Healthcare Policy Initiatives (OHPI) staffs and supports the Healthcare Transformation Council of Idaho (HTCI) in their healthcare system delivery transformation work. HTCI has identified four initiatives that need to be moved forward to take Idaho one more step toward transformation and meeting the triple aim: identifying barriers to telehealth adoption and use, identifying the top ten healthcare spends that could be changed if healthcare were coordinated, identifying aligned clinical quality metrics across payers, and increasing the adoption of value-based payments in rural healthcare settings. These initiatives are multi-year and involve many aspects of healthcare which requires coordination, leadership and support to advance. OHPI, in the Division of Public Health, is poised to support HTCI in making this happen.



# Office of Healthcare Policy Initiatives

## Summary

The Office of Healthcare Policy Initiatives (OHPI) conducts policy analysis, research, 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, 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, management and 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 as well as cross-division initiatives that support healthcare in Idaho:



Table 1.

<b>Funder</b>	<b>Project</b>	<b>Amount Requested</b>	<b>Status</b>
<b>SAMHSA</b>	CIHS – Behavioral Health Integration for rural health communities, demonstration project (5-year grant)	\$7.5M	Not Selected
<b>HRSA</b>	Rural health payment transformation initiative; demonstration project (3-year grant)	\$1.5M	Not Selected
<b>Blue Cross Foundation</b>	Rural Health Value Based Healthcare Forum, supporting facilitation and travel for speakers.	\$25,000	Funded - \$25,000 (one-time)
<b>DASH</b>	Multisector planning grant for payment reform strategies.	\$25,000	Not Selected
<b>Voice of the Community</b>	Idaho Rural Health Partnership	\$15,000	Not Selected
<b>Gordon and Betty Moore Foundation Grant Inquiry</b>	Patient engagement resources for employers	\$100,00	PENDING
<b>Blue Cross of Idaho Community Foundation for Health</b>	Transformational Funding Request to Support Telehealth Integration	\$40,000	PENDING

Master timeline

Insert high level timeline (anticipated milestones) graphic and table.

# Operational Plan

## Healthcare Transformation Council of Idaho

### History and Context:

As the SHIP initiative and State Innovation Model (SIM) grant wound down, the IHC began planning the next phase of transformation and formed the Healthcare Transformation Council of Idaho (HTCI) ([htci.dhw.idaho.gov](http://htci.dhw.idaho.gov)) with a reconfigured 25-member group comprised of stakeholders poised to advance the work of the IHC and SHIP initiative and dive 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 unit was transferred to the Department's Division of Public Health (DPH). 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.

Additionally, the Governor's office and staff have been receiving briefings on the progress of OHPI and HTCI. While HTCI is not established through and executive order, there have been discussions about the potential. Language for an executive order has been drafted.

### 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 initiatives or in cooperative initiatives. People from divergent backgrounds have come together to work toward a common goal of healthcare transformation change and innovation. The HTCI's geographically diverse membership includes commercial and public payers, providers, hospitals, community-based organizations, public health and other healthcare advocates. The HTCI is chaired by two highly respected practicing primary care physicians, key staff of Idaho's four largest commercial payers are members along with representatives from the Idaho Hospital Association, the Idaho Medical Association, the Idaho Academy of Family Physicians, the Idaho Primary Care Association, the Idaho's statewide nursing association, the local public health districts, 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. to enhance the infrastructure that allows primary care to deliver a whole-person model of care, where all necessary providers coordinate to ensure the best health outcome possible for their patient.

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

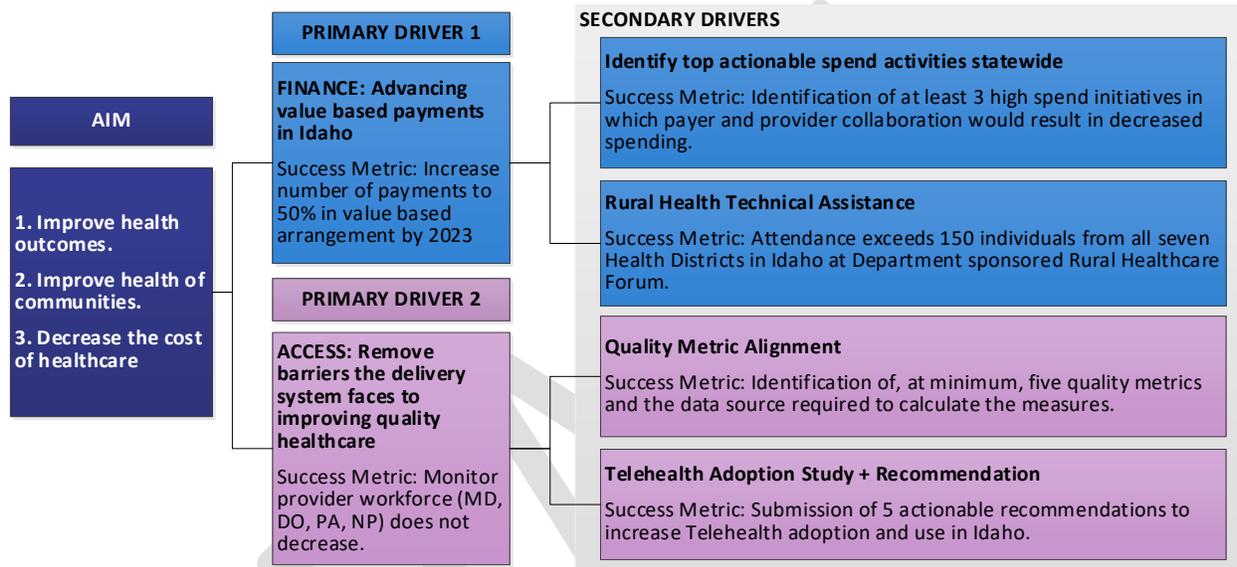
- promote alignment of the delivery system and payment models;



- 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 driver diagram was created to provide a roadmap to address those opportunities.

Driver Diagram



The following goals, outcomes and measurements, as well as the identified HTCI workgroups to accomplish them are shown below. The first column aligns with the drivers shown in the driver diagram above.

Goals, Outcomes and Measurement

HTCI Driver Alignment	Desired Outcome	Measurement	Workgroup & Role	Target Complete Date
Finance	Increase the number of value-based payments increases to 50% by 2023 (Target 50%)	Annual percentage (%) of payments made in value-based payment methodologies (using HCP-LAN framework)	Payer Provider Workgroup: Review vendor report (annually)	June 2023
Finance	Improve the cost of high dollar spending in healthcare through cross carrier	Number (#) of initiatives identified to be targeted for	Payer Provider Workgroup: member participation.	June 2020



	collaboration (Target: 5)	coordinated problem solving		
Finance	Increase the number of value-based payments made in advanced alternative payment models. (Target: TBD)	Annual percentage (%) of payments made in value-based payment methodologies within LAN categories 3B-4.	Payer Provider Workgroup: Review vendor report (annually)	PENDING
Finance	Statewide participation in Rural Healthcare Forum. (Target: 150)	Number of participants (from all areas of the state) participating in the Forum	OHPI Staff: Review attendance records and report	November 2019
Finance	Healthcare cost inflation (% increase) is lower than the national trend. (Target: TBD)	Annual healthcare inflation cost as measured by percentage (%) in Idaho is lower than that of the national rate calculated by calendar year.	OHPI Staff: Review of contractor	June 2023
Access	Development of a core metric set payers will use with providers in contracting. (Target: 1 set)	Identification of a quality outcomes metric set for review and adoption by payers.	Payer Provider Workgroup: workgroup member participation	June 2020
Access	Behavioral Health Integration. (Target: TBD)	PENDING	Payer Provider Workgroup: PENDING	PENDING
Access	Identify the barriers with mitigation strategies to increase telehealth program adoption in Primary Care. (Target: 5)	Develop evaluation methodology and synthesize the biggest barriers preventing providers offering telehealth to patients, providing at least one operational specific recommendation to mitigate.	Telehealth Task Force: workgroup member participation	June 2020

The following are initiatives selected by HTCI to drive toward the goals, outcomes and measures identified above which will be further explored in the coming sections of this report.



*Table 1. HTCI Initiatives (Proposed)*

- *Identify barriers to telehealth adoption and use*
- *Identify the top 10 healthcare spends in which coordination could reduce the cost of care*
- *Liaise with HQPC to support their efforts to align clinical quality metrics across payers*
- *Increasing adoption of value-based payments in rural healthcare settings*

DRAFT



## Initiative 1: Telehealth Adoption Study

### 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 holds the potential to increase access for patients and reduce burden on providers.

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
- a series of webinars
- 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, DHW hosted a telehealth planning meeting in Boise. The purpose of the meeting was to convene a diverse set of telehealth subject matter experts to identify and discuss 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.

Through the convening, attendees-built consensus around the value and need for advancing telehealth services across Idaho. The group concluded that its best course of action is to seek the partnership of the IHC, and the Health Quality Planning Commission (HQPC) to advocate on behalf of the future of telehealth in Idaho.

As the group moved on to identify opportunities, there was general agreement about the potential for telehealth to help overcome the specific challenges of provider shortages and rural and frontier community isolation, which contribute to significant areas of underserved populations due to lack of access to care. They identified the models and applications for telehealth that can improve access to primary care and specialists, support patient and provider education, and share real time actionable data. Additionally, the group recognized that the complex issues surrounding telehealth must be addressed by stakeholder collaboration to thrive within a very complex healthcare system. By the end of the day, there was emerging consensus that continued, coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent. Participants considered it crucial that dialogue continues post-SHIP among stakeholders, particularly payers, and all were interested in continuing the dialogue.



Given the previously narrow scope of the now inactive Idaho Telehealth Council, its low membership, and lack of resources, participants agreed that another coordinating body with adequate capacity is needed to advance telehealth.

The increased emphasis on the provision of telehealth services, broadband connectivity and the growth of technology are creating more opportunities for the creation of community-based programs focused on upstream solutions which promote well-being and disease prevention. In Idaho, there is a critical and urgent need:

- 1) to integrate telehealth services within the healthcare delivery system continuum of care;
- 2) to look at ways to promote prevention, well-being and social determinants of health; and
- 3) to support geographically based local initiatives as well as virtual communities.

#### Alignment with HTCI

In February 2019, a presentation was made to the Health Quality Planning Commission (HQPC) by administrators of the OHPI and the DHW Bureau of Rural Health and Primary Care. The decision was made by the HQPC that HTCI would be designated as the lead organization to address the need for the continued prioritization of telehealth.

In July 2019, HTCI approved the formation of a Telehealth Task Force 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 health care costs.

#### Resourcing

It is anticipated that existing staff resources allocated by the legislature will be adequate to facilitate and support the Telehealth Task Force. Based on the final outcomes of the evaluation and corresponding recommendations there may be additional resources and projects identified in order to address the adoption barriers within telehealth.

#### 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 to

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T-02	Loss of a co-chair in leading the task force meetings and overseeing the work	Low	Moderate	ensure meaningful participation. OHPI will routinely engage co-chairs and develop a succession plan (with support from HTCI co-chairs).
T-03	Loss of OHPI staff during the project.	High	High	Best practices for documenting project assets, meetings and decision will be utilized to ensure minimized disruption and loss of knowledge during transition.
T-04	Legislative remedy may be required to address identified gaps in the Telehealth access act contributing to the adoption and use of telehealth.	High	Low	Co-Chairs will engage with Health and Welfare committee legislators to keep them apprised of the process and recommendations.

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## Initiative 2: Top Spends in Healthcare

### 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. For providers to be equipped to engage in value-based contracting there are changes to the care workflow, potentially updating the staffing model used to render care, and using best practices to ensure health outcomes without adding additional burden to the cost of care. This may include following protocols for the treatment of a disease or health issue in a way that keeps expensive tests and scans to a minimum while quickly helping the patient.

Payers also provide a role in this process as they are the entity often financially responsible for paying the cost of care and overseeing a vast cross section of providers (their network). Payers have information on the current practice and opportunities for improvement. Not all disease states or procedure codes lend themselves readily as many of the costs associated with treatment are in fact fixed or just expensive to manage. For example, the price of a biologic drug may be the reason for a disease state being so expensive and bringing down the cost of that medication is beyond the reach and realm of impact for a state-based group. Anecdotal situations give insight and reason to believe system collaboration and coordination can be done in a way that does not threaten payer market share or product advantage.

Through the Payer Provider Workgroup (PPW) each payer has been asked to identify the top spends in which collaboration and coordination could assist with bringing down the cost of care. This approach allows for payers to share issues in broad terms which provides them protection from anti-trust challenges.

### 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

It is anticipated that existing staff resources allocated by the legislature will be adequate to facilitate and support the PPW for this initiative. HTCI has requested regular reports and updates from PPW on this topic.



## 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. 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-02	Varied populations covered by each payer will not result in variability challenging to tackle at a statewide level	Moderate	High	
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). Best practices for documenting project assets, meetings and decision will be utilized to ensure minimized disruption and loss of knowledge during transition.
C-04	Loss of OHPI staff during the project.	High	High	
C-05	Concerns about anti-trust laws prevents meaningful engagement	Low	Mod	PPW workgroup will be educated on the anti-trust laws and best practices to avoid conflicts (perceived and real)
C-06	Breadth of topics and solution is beyond the capability of PPW	Low	High	



## Initiative 3: Rural Health Value-Based Payment Technical Assistance

### History and Context

Because of the unique economic factors affecting rural providers, the implementation and effects of value-based care initiatives may look different in rural, low-volume settings. Start-up costs for value-based care may seem prohibitive for some. Small volumes may require specific and focused methods to measure value. At the same time, value-based care initiatives are evolving towards risk-based models, and there is a need to help stakeholders and the public understand how these changes affect rural health care and patients' health. A major goal of this initiative is to support the ability of rural providers to participate and succeed in current and emerging payment and delivery system models designed to provide value-based care and to align with the four focus areas of Health and Human Services<sup>1</sup>:

- A. Maximizing health information technology (IT), including interoperability,
- B. Boosting transparency around price and quality,
- C. Pioneering new models in Medicare and Medicaid, and
- D. Removing government burdens and barriers, especially those that impede care-coordination.

### Alignment with HTCI

Idaho has developed a collaborative model that has achieved and continues to achieve a collective impact. This integrated approach with HTCI builds upon the successes achieved through prior initiatives while developing and deploying key design pieces that are replicable, scalable and transferable. There is more work to be done. Disparate stakeholders have come together around this initiative to leverage resources in an effective, efficient model that allows for exponential healthcare transformation.

Through technical assistance to rural health clinics, OHPI can provide critical infrastructure supports needed to:

- A. foster improvement of value-based outcomes;
- B. embrace and adapt new payment models; and
- C. continue to address workforce shortage issues in rural and frontier areas of Idaho.

### Resourcing

Building on the past 10 years of extensive primary care transformation across the State, Idaho is well poised through this model to support and aid rural healthcare providers to embrace a healthcare system that pays for quality and health outcomes. OHPI, in the Division of Public Health, Bureau of Rural Health and Primary Care, working collaboratively with the Division of Medicaid, Idaho Integrated Behavioral Health Network (IIBHN) and the Blue Cross of Idaho Foundation for Health (the Foundation) has created a public private model to deliver technical assistance to Idaho's rural healthcare providers. This will raise awareness about and provide training and strategies to rural providers and communities so that they may appropriately implement value-based care.

Building off the work started by the Bureau of Rural Health and Primary Care and the Foundation, a Value Based Healthcare Forum has been scheduled for October 8-9, 2019. Through a \$25,000 grant provided by the Foundation, OHPI will be funding the speakers travel, fees and facilitation for the various forums planned for the event. These planned forums are designed to address the challenging realities faced by rural communities, with a specific aim of taking the concepts and ideas of

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<sup>1</sup> <https://www.hhs.gov/about/leadership/secretary/priorities/index.html>



transformation and putting them into action. Efforts will focus on engagement of stakeholders to further identify and increase awareness of the unique considerations facing rural providers, with a focus on independent, rural health providers, and work together to develop strategies to improve their capacity to succeed in value-based payment arrangements.

No additional portions of this initiative have been resourced and the OHPI team is actively working with potential funders. As new payment methodologies rollout, clinics will still need access to PCMH transformation resources. Transferring relevant SIM grant assets to Boise State University for inclusion in the Idaho Healthcare Connect website (<https://idahohealthconnect.org/resource-library/>) ensures that relevant materials remain available for years to come and the appropriate entity in Idaho will maintain stewardship of the content, expanding it and developing new tools to effectively implement PCMH in Idaho. Some of the content that has been transferred to <https://idahohealthconnect.org/resource-library/> includes:

- PCMH webinars and mentorship webinar materials (PowerPoints and transcriptions)
- Learning collaborative materials and a set of video recordings
- Miscellaneous resources based on key topics for PCMH and links to other resources
- Toolkits, including resource links, videos, and guides on topics such as an introduction to the PCMH model designed for new staff at a PCMH clinic, and PCMH adoption best practices and patient engagement resources.

#### Risk Assessment and Mitigation Strategy

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

## 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 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. These arrangements are an impediment to advancing healthcare reform. As part of the SHIP, the Multi-Payer Workgroup (MPW) began the process of evaluating the current landscape.

Process: Payers were surveyed on how they use HEDIS<sup>2</sup> measures in paying for quality;

- Purpose of the survey was to identify the measures and disease categories where there was most alignment across payers;
- Payers were asked which measures they currently use, and which they plan to start or stop using in the next two years.

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;
- Based on the results of the survey, an initial proposed core measure set of 12 HEDIS measures was identified; and
- 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. Determined an alignment strategy
  - a. Commercial payers will be encouraged, but not required, to align with a common measure set
  - b. Building buy-in through stakeholder engagement
2. Articulated a rationale and set an alignment scope
  - a. What payers and programs could be covered?
  - b. Payers: Public payers (e.g., Medicaid, state employee plans, etc.), commercial payers
  - c. Programs: Value-based payment programs (e.g., PCMHs, ACOs, etc.), transparency programs (e.g., public quality reports or websites)
3. Engaged stakeholders at the HTCI workgroup level and conducted a survey of payers to assist in:
  - a. Identifying measure selection criteria
  - b. Inventorying and evaluating measures

Appendix A captures the outputs of the process and was produced as a project asset to transfer to HTCI at the conclusion of the SHIP grant. One of the biggest challenges expressed by payers related to metrics reporting is access to the data needed to calculate an outcome measure. For example, many metrics use information contained within a claim however this is not always accessible to the payer if the member has recently changed carriers. Also, some of the data needed to calculate measures does not exist within a claims file resulting in the need to cull through the patient's clinical record (e.g. chart review). Beyond

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<sup>2</sup> <https://www.ncqa.org/hedis/>



the metric identification, the flow of clinical data must be addressed in an equitable manner, so the payer and provider have confidence in the results produced. An opportunity for the Idaho Health Data Exchange to take on this activity and function exists and must be part of the discussion.

#### Alignment with HTCI

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.

#### Resourcing

The full extent of resources needed for this initiative is not currently known. At present, OHPI has anticipated utilizing currently budgeted staff available through the appropriations process. This does not account for any technical resources (such as Health IT consultants) or technology resources needed to fully realize the solution.

#### 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.
Q-04	Loss of OHPI staff during the project.	High	High	Best practices for documenting project assets, meetings and decision will be utilized to



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ensure minimized  
disruption and loss of  
knowledge during  
transition.

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# Appendix A: Idaho Core Metric Set Whitepaper

## Idaho Core Quality Metrics Set

An Initial Proposal September 2018

**Introduction:** Providers are accountable for quality patient care and a variety of national and individually customized metrics selected by each payer. Depending on the number of payers that a provider contracts with they may be accountable for multiple similar quality metrics that have variation in the way they are crafted and reported. The burden of this variety is a barrier to implementing value-based reimbursement that can materially bend the cost curve. As the state promotes value-based contracting with providers, adoption of a core metrics set would reduce some of this burden, enabling them to engage in outcomes-based reimbursement models without undue, costly administrative tasks.

Providers have requested that when a category of chronic disease management is selected, that the way the outcome is measured be consistent across the payers. This reduces burden and increases provider engagement without having to shift the frame of the measure.

**Recommendation:** Establish an Idaho 2020 core metrics set of (**number here**) measures addressing the following disease states (**list one or multiple disease states, i.e. behavioral health, diabetic care**) utilizing input from providers. Through the Multi-Payer workgroup, payers will evaluate and contribute feedback to establish a core data set for use in measuring quality with providers. The core set will be updated every two years with the support of the Healthcare Transformation Council of Idaho (HTCI) and designated workgroup(s).

### Initial Proposed Core Measure Set:

Measure	Disease Category	Alignment Score <sup>3</sup>
Adult BMI	Prevention & Screening	10
Breast Cancer	Prevention & Screening	10
Colorectal Cancer Screening	Prevention & Screening	10
Medication Management Asthma	Respiratory	8
Controlling High Blood Pressure	Cardiovascular	10
Persistence of Beta-Blocker Treatment after a Heart Attack	Cardiovascular	8
Statin Therapy for Patients with Cardiovascular Disease	Cardiovascular	8
Comprehensive Diabetes Care	Diabetes	9
Statin Therapy for Diabetics	Diabetes	8
Disease Modifying Anti-Rheumatic Drug Therapy for RA	Musculoskeletal	8
Antidepressant Medication Management	Behavioral Health	8
Plan All-Cause Readmission	Utilization	10

**Next Steps:** Each payer will evaluate the proposed core metrics set for fit with value-based contracts and alignment with strategic organization initiatives. All members of the Multi-Payer Workgroup will evaluate the proposed core metrics set and the process to compile and adopt the set beginning in 2020. Office of Healthcare Policy Initiatives will compile individual participant feedback and present the final results to the Multi-Payer Workgroup.

<sup>3</sup> Calculated based on Multi-Payer Workgroup HEDIS survey administered by Mercer July 2018.



Appendix B: Communications strategy

Appendix C: OHPI & HTCI Structure

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## Appendix D: HTCI Membership Directory

<b>Dr. Andrew Baron</b>	
	<p>Dr. Andrew Baron CMO Terry Reilly Health Services</p> <p>Member Since February 2019</p>
<b>Matt Bell</b>	
	<p>Matt Bell Vice President, Idaho PacificSource</p> <p>Member Since February 2019</p>
<b>Kathy Brashear</b>	
	<p>Kathy Brashear Senior Vice President/ CHRO Futura Title and Escrow</p> <p>Member Since February 2019</p>
<b>Denise Chuckovich</b>	
	<p>Denise Chuckovich Consumer Representative</p> <p>Member Since February 2019</p>

<b>Dr. Keith Davis</b>	
	<p>Dr. Keith Davis Owner, CEO, Medical Director Shoshone Family Medical Center</p> <p>Member Since February 2019</p>
<b>Dr. Scott Dunn</b>	
	<p>Dr. Scott Dunn Owner/Family Practice Physician Sandpoint Family Health Center</p> <p>Member Since February 2019</p>
<b>Dr. Ted Epperly, Co-Chair</b>	
	<p>Dr. Ted Epperly, Co-Chair President/CEO Family Medicine Residency of Idaho</p> <p>Member Since February 2019</p>
<b>Dr. Mike Hajjar</b>	
	<p>Dr. Mike Hajjar Medical Doctor/Neurosurgeon Neuroscience Associate</p> <p>Member Since February 2019</p>

Lisa Hettinger	
	<p>Lisa Hettinger Deputy Director Idaho Department of Health and Welfare</p> <p>Member Since February 2019</p>
Drew Hobby	
	<p>Drew Hobby Senior Vice President of Healthcare Economics Blue Cross of Idaho</p> <p>Member Since February 2019</p>
Randall Hudspeth	
	<p>Randall Hudspeth Executive Director Idaho Center for Nursing</p> <p>Member Since February 2019</p>
Yvonne Ketchum-Ward	
	<p>Yvonne Ketchum-Ward CEO Idaho Primary Care Association</p> <p>Member Since February 2019</p>

Dr. David Pate, Co-Chair	
	<p>Dr. David Pate, Co- Chair CEO/President St. Luke's Health Systems</p> <p>Member Since February 2019</p>
Susie Pouliot	
	<p>Susie Pouliot CEO Idaho Medical Association</p> <p>Member Since February 2019</p>
Patt Richesin	
	<p>Patt Richesin President Kootenai Care Network</p> <p>Member Since February 2019</p>
Neva Santos	
	<p>Neva Santos Executive Director Idaho Academy of Physicians</p> <p>Member Since February 2019</p>

Christina Thomas



Christina Thomas  
Chief Executive Officer  
Caribou Memorial  
Hospital

Member Since May  
2019

Larry Tisdale



Larry Tisdale  
Vice President of  
Finance/CFO  
Idaho Hospital  
Association

Member Since February  
2019

Dr. Karl Watts



Dr. Karl Watts  
Medical Director,  
Population Health  
Saint Alphonsus  
Medical Group

Member Since February  
2019

Matt Wimmer



Matt Wimmer  
Medicaid Administrator  
Idaho Department of  
Health and Welfare

Member Since February  
2019

Nikki Zogg



Nikki Zogg  
Director  
Southwest District  
Health

Member Since February  
2019

