



March 16<sup>th</sup>, 2020, 2:30 pm

Location: Virtual Meeting

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## Meeting Minutes:

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**Member Attendees\*:** Lydia Bartholomew, Yvonne Ketchum-Ward, Dr. Kelly McGrath, Melissa McVaugh, Robbie Roberts, Neva Santos, Larry Tisdale, Norm Varin, Wren Withers, Cynthia York

**Staff:** Mary Sheridan, Stephanie Sayegh, Ann Watkins, Marissa Guerrero, Matt Walker

**Guests\*:** Scott Banken, Jordan Button, Katie Falls

\*All members and guests participated via phone.

**Anti-Trust Statement:** It is the policy of the Healthcare Transformation Council of Idaho (HTCI), to conduct all its activities, and the workgroups associated with HTCI's activities, in compliance with federal and state antitrust laws. During these meetings and other activities, including all informal or social discussions, each member shall refrain from discussing or exchanging competitively sensitive information with any other member.

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## Summary of Motions/Decisions:

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**Motion:**

Norm Varin and Dr. Kelly McGrath opted to accept the minutes of the February 24, 2020 Payer Provider Workgroup, as taking a vote over the phone might be difficult. There were no objections.

**Outcome:**

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## Agenda Topics:

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**Welcome and opening remarks; roll call, anti-trust statement review; minutes review - Norm Varin and Dr. Kelly McGrath, Co-Chairs of the Payer Provider Workgroup**

Meeting convened at 2:32 p.m. Dr. McGrath read the Anti-Trust Statement. Norm Varin asked if the members wanted any modifications of the February minutes; the members approved the previous meeting minutes.

**Mercer contract overview on value-based payment analysis** - *Katie Falls, Principal and Scott Banken, CPA, Principal, Mercer Government Human Services Consulting*

Norm Varin opened the Mercer contract overview by asking Mercer about progress of value-based payments and the definition of value-based payment.

Scott Banken expressed appreciation at receiving the contract. There is a need for the calculation of trends and national data on the progress of transformation. Mercer collected data from 2015 – 2018 and can help identify opportunities for improvement, efficiency and analysis.

Mary asked if Mercer is replicating the spreadsheet that was used under the Statewide Healthcare Innovation Plan (SHIP), to determine if there is a progression in value-based payment. Yes, Mercer's team plans to replicate the data collection conducted under SHIP.

Regarding the timeline, the Mercer team will be connected with leadership from payer organizations within the coming weeks. Mercer will follow-up and establish business agreements and begin the data collection process. Data will be collected and analyzed for 2018 and 2019. They will share a draft report with co-chairs and workgroup members and seek feedback prior to finalizing the report for the Healthcare Transformation Council of Idaho.

**Identifying and prioritizing cost drivers** - *Open discussion led by co-chairs*

The goal of the workgroup is to identify and prioritize three cost drivers that can be impacted through collaboration between payers and providers by June 30, 2020. The group determined a survey for workgroup members and additional feedback from providers will assist in this process. Staff will begin survey development and seek preliminary feedback from co-chairs. The workgroup can review the proposal and provide feedback at the next meeting.

**Closing:** Mary shared with the group that the Legislature approved one-year of funding to support two new staff for the Office of Healthcare Policy Initiatives. Norm Varin and Dr. Kelly McGrath, Co-Chairs, adjourned the meeting at 3:46 p.m.

Next meeting: TBD



# Payer Provider Workgroup

## Action Items

May 11, 2020 1:30PM

■ Action Item 1 – March PPW Meeting Minutes

PPW members will be asked to adopt the minutes from the March 16, 2020, PPW meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the March 16, 2020, meeting of the Payer Provider Workgroup as presented.

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

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# HTCI

HEALTHCARE TRANSFORMATION  
COUNCIL OF IDAHO

## Cost Driver Survey Draft

Objective from the charter: Identify and prioritize cost drivers that can be improved through collaboration between payers and/or providers (Target: 3)

**What should be added to the list?**

**What should be removed from the list?**

Survey could ask Payers and Providers to rank the 5 cost-drivers of greatest concern/interest.

Categories from Scott Banken's Mercer Presentation:

Cost-Drivers
Behavioral Health
<i>Custodial Care (is this something we can impact?)</i>
Diagnostic Imaging/X-Ray
Dialysis Procedures
Durable Medical Equipment
Emergency Department
Home and Community-Based Services
Home Health
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID - formerly known as ICF/MR)
Inpatient Hospital/Facility
Laboratory/Pathology Services
Long Term Acute Care Hospitals (LTACH)
Outpatient Hospital/Facility
Prescription Drugs (Outpatient) - Non-specialty
Professional Other (PT, OT)
Professional Primary Care
Professional Specialty Care
Site of Service (Infusion Medications)
Skilled Nursing Facility
Prescription Drugs - Specialty Drugs
Transport: Air Ambulance
Transport: Ground Ambulance
Professional Urgent Care

A provider might be thinking more in terms of conditions/diagnosis, rather than this list. (Is it chronic disease?)  
Is the list granular enough to point to the health conditions that we want to resolve?