Health Quality Planning Commission Annual Report

Creating a Healthy Idaho

June 2015

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Acknowledgments

The Health Quality Planning Commission (Commission) wishes to thank Idaho's major healthcare stakeholders for their selfless contributions to this effort, which include their time and staff resources. Much of the work of the Commission would not be possible without the generous staff support provided by the Department of Health and Welfare, Saint Alphonsus Health System, Regence BlueShield, Blue Cross of Idaho, St. Luke's Health System, Kootenai Health, the Idaho Health Data Exchange, Boise State University, Angela Beauchaine, MD with Primary Health Medical Group, and Ted Epperly, MD with Family Medicine Residency of Idaho.

Foreword

This document is submitted to the Department of Health and Welfare's Director, Richard Armstrong; the Legislative Healthcare Task Force; the Idaho Senate Health and Welfare Committee; and the Idaho House Health and Welfare Committee to meet the requirements set out in House Bill 494, passed by the 2010 Legislature.

Health Quality Planning Commission Members

Chair

J. Robert Polk, MD	Executive Consultant, Saint Alphonsus Health System, Boise, Idaho

Vice Chair
(vacant)

Committee Members

Scott Carrell	Executive Director, Idaho Health Data Exchange
David Pate, MD	President and CEO, St. Luke's Health System, Boise, Idaho
Zelda Geyer-Sylvia	President and CEO, Blue Cross of Idaho, Meridian, Idaho
Tim Dunnigan	Dean of the College of Health Sciences, Boise State University
Ted Epperly, MD	Program Director and Chief Executive Officer Family Medicine Residency of Idaho, Boise, Idaho
Rich Rainey, MD	Medical Director, Regence BlueShield of Idaho, Boise, Idaho
Representative John Rusche	Idaho House of Representatives, Minority Leader
Casey Meza	Executive Director, Affiliated Health Services, Kootenai Health
Angela Beauchaine, MD	Pediatrician, Primary Health Medical Group

Note: There is currently one vacancy on the Commission. A recommendation to the Governor to fill that vacancy will be forthcoming.

Committee Staff

Michele Turbert	Program Research and Development Analyst, Department of Health and Welfare, Boise, Idaho

Background

The Health Quality Planning Commission (Commission) was established by House Bill 738 during the 2006 legislative session, extended with House Bill 238 in the 2007 legislative session, and extended again in 2008 with House Bill 489. The purpose of the Commission is to "…promote improved quality of care and improved health outcomes through investment in health information technology and in patient safety and quality initiatives in the state of Idaho." [1]

The Commission is a committee of eleven individuals selected by the Governor's office and currently led by Dr. J. Robert Polk. These eleven members all share an interest in improving the quality of healthcare in Idaho and in investment in health information technology to do so. They come to the Commission having experiences with the healthcare system at many different levels, and represent a broad sweep of stakeholders. Members include hospital CEOs, providers, private payers, an educator, and an Idaho legislator. The Director of the Department of Health and Welfare, Richard Armstrong, attends all meetings. The Commission also has the support of a staff liaison from the Department of Health and Welfare.

During the first two years of its work, the Commission focused on establishing a plan to implement a health information exchange for Idaho. To that end a 501(c)(6) not-for-profit corporation, the Idaho Health Data Exchange, was established. Its status as an independent, legally established entity that is responsible to a board of directors with members from a broad base of stakeholders help to ensure that its primary commitment is to the common good.

In 2010, with the passage of House Bill 494, the duties of the Commission were slightly modified. That legislation added responsibility for monitoring the effectiveness of the Idaho Health Data Exchange. House Bill 494 restates the Commission's responsibility for making recommendations to the Legislature about opportunities to improve health information technology in the state, as well as recommending, "…a mechanism to promote public understanding of provider achievement of clinical quality and patient safety measures." [2]

House Concurrent Resolution No. 39 was also passed during the 2010 legislative session. That resolution encouraged the Commission to study stroke systems of care in Idaho and develop a plan to address stroke identification and management. As a result of the investigations that followed, the Commission sent a recommendation to the Legislature in October 2011 to empower Health and Welfare to develop a plan to establish a stroke system of care.

Attention then shifted to examining other time sensitive health issues such as trauma and heart attack. This revived what have been ongoing discussions of how Idaho could access data to better understand the true scope and cost of various health issues in Idaho. The

[1] The fifty-eighth Legislature of the State of Idaho, House Bill No. 738, as presented by the State Affairs Committee
[2] The sixtieth Legislature of the State of Idaho, House Bill No. 494, as presented by the Health and Welfare Committee

Commission's interest in access to health data and its importance continue to be a focus of their work and are considered with all work initiatives the Commission explores.

In December 2012 the Commission recommended that the Legislature adopt a concurrent resolution on time sensitive emergencies in Idaho. This recommendation was introduced during the 2013 legislative session. In support of that recommendation, House Concurrent Resolution No. 10 was passed. It empowered the Department of Health and Welfare to convene a workgroup to create an implementation plan and framework for a statewide system of care to address trauma, stroke, and heart attack. During the 2014 legislative session that plan was reviewed and Senate Bill No. 1329 was passed creating a time sensitive emergency system in Idaho.

Finally, during the 2015 legislative session the Commission supported the passage of Senate Concurrent Resolution No. 104. This resolution authorizes the Health Quality Planning Commission to prepare an implementation plan for a comprehensive suicide prevention program such as the one found in the Idaho Suicide Prevention Plan document and published by the Idaho Council on Suicide Prevention. That work is now underway.

Areas of Focus for the Commission This Year

The Commission is continually working to stay informed about changes that are occurring within the healthcare environment in Idaho and nationally. This information is necessary to understand potential impacts to quality of care and to direct the Commission as it continues to pursue opportunities to promote improved quality of care and improved health outcomes. This year the Commission heard from subject matter experts on several topics. The information learned is summarized below.

Idaho State Healthcare Innovation Plan (SHIP)

In December of 2014, the Department of Health and Welfare received a four-year state innovation model grant for just under $40,000,000 to facilitate the transformation of Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based system of care focused on improving health outcomes and reducing costs.

The grant from the Center for Medicare and Medicaid Innovation will fund a four-year model test that began on February 1, 2015, and is designed to implement the Idaho State Healthcare Innovation Plan (SHIP). The SHIP will serve as a blueprint for the system transformation in Idaho. It is, in essence, a strategic plan to transform healthcare to an integrated community care model. It articulates the vision of Idaho's healthcare leaders, providers, and residents. The model is network based, supports the needs of primary care practices, and enhances communication and coordination of care.

During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

Idaho's proposal identifies the following seven goals that together will bring about the transformation of Idaho's healthcare system:

- Goal 1 - Transform primary care practices across the state into patient-centered medical homes: Idaho will test the effective integration of patient-centered medical homes into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system.

- Goal 2 - Improve care coordination through the use of electronic health records and health data connections among patient-centered medical homes and across the medical neighborhood: Idaho's proposal includes significant investment in connecting patient-centered medical homes to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information.

- Goal 3 - Establish seven regional collaboratives to support the integration of each patient-centered medical home with the broader medical neighborhood: At the local level, Idaho's seven public health districts will serve as regional collaboratives that will support provider practices as they transform to patient-centered medical homes.

- Goal 4 - Improve rural patient access to patient-centered medical homes by developing virtual patient-centered medical homes: This goal includes training community health workers and integrating telehealth services into very rural or frontier practices. The virtual patient-centered medical home model is a unique approach to developing patient-centered medical homes in rural, medically underserved communities.

- Goal 5 - Build a statewide data analytics system: Grant funds will support development of a state-wide data analytics system to track, analyze, and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.

- Goal 6 - Align payment mechanisms across payers to transform payment methodology from volume to value: Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence BlueShield, and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.

- Goal 7 - Reduce healthcare costs: Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by $89 million over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care, and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197 percent for five years.

The Commission has stayed well informed about the work and direction of the SHIP since early in 2013. They have been updated regularly by Denise Chuckovich, Deputy Director of the Idaho Department of Health and Welfare, and others who have been involved in this effort. The SHIP is a transformational effort impacting healthcare in Idaho and as such the Commission will remain up to date on the work of the SHIP to ensure alignment between the efforts of the Commission and efforts of the SHIP.

Telehealth in Idaho

Stacy Carson, Vice President of Operations and Registry Services for the Idaho Hospital Association, gave the Commission an update on work currently underway in Idaho related to telehealth. This work is a result of House Concurrent Resolution No. 46 which was passed during the 2014 legislative session. That resolution directed the Department of Health and Welfare to, "…convene a council to coordinate and develop a comprehensive set of standards, policies, rules, and procedures for the use of telehealth and telemedicine in Idaho."

Ms. Carson reported that the Idaho Telehealth Council has been established and a broad range of stakeholders have been appointed. In the interest of full transparency, the Council has established a webpage that can be accessed at telehealthcouncil.idaho.gov and provides information about current and past activities of the Council.

One of the first actions the Council took was to identify the following guiding principles for all proposed recommendations:

- Support patient centeredness (patient safety, choice, physician/patient relationship).
- Enhance access to care and quality of care.
- Promote cost effectiveness and be evidence based.
- Align with already established standards.
- Consist of regulations and best practices existing together.
- Be realistic.
- Uphold patient privacy and patient consent.

Health Quality Planning Commission members all agree that telehealth is a valuable tool for ensuring access to care in a state like Idaho that is so rural. Thirty five of Idaho's 44 counties are rural or frontier and many areas have limited access to specialty care. All members also agree that telehealth must be data driven, quality care. Commission members voted to send a letter of support to the Legislature summarizing the high level principles of telehealth that the Commission would like to have legislators consider when drafting any legislation related to telehealth. That letter was sent on February 4, 2015.

Medicaid's Movement Toward Managed Care

Lisa Hettinger, Administrator with the Division of Medicaid, discussed Medicaid's plans for moving to managed care. In the last year and a half Medicaid has gone operational with two new managed care options for members. One is the outpatient behavioral health

services program which went live in September of 2013. The second is a more fully integrated package for Medicaid members who are dually eligible for Medicaid and Medicare. That effort went live on July 1, 2014. All managed care contracts focus on improved health outcomes and, as one way to achieve that mandate, care coordination with a primary care physician.

Ms. Hettinger provided information about how Medicaid managed care contracts are currently performing. Ms. Hettinger reviewed three current contracts:

- The Idaho Behavioral Health Plan with Optum, Idaho
- The Idaho Smiles Program with Blue Cross of Idaho
- The Medicare Medicaid Coordinated Plan (MMCP) contract with Blue Cross of Idaho

Overall Medicaid is very satisfied with the move to managed care as demonstrated in the contracts currently in place. Medicaid continues to look for additional opportunities to use managed care to improve outcomes for members. The next step for Medicaid is to move primary care services to a patient-centered medical home model. This move will occur as part of the work tied to the SHIP.

Suicide Prevention in Idaho

The Commission began its examination of suicide prevention in May 2014. At that time, Dr. Kelly McGrath, Medical Director with Qualis Health, presented information about Idaho's ranking regarding health related issues as assessed by the Commonwealth Fund in 2014. One statistic that jumped out was the low number of psychiatrists per capita in Idaho, as well as the high rate of suicide. To reach the national state median number of psychiatrists per capita, Idaho would need an additional 142 practicing psychiatrists. That statistic combined with the fact that Idaho consistently ranks among the top 10 states in the country with the highest number of completed suicides per capita, motivated the Commission to look closer at this problem.

The Commission continued its exploration of suicide in Idaho over the next few meetings, beginning with a look at the current Idaho Suicide Prevention Plan. Linda Hatzenbuehler, Chair of the Idaho Council on Suicide Prevention, provided the Commission with an overview as well as some of the national and state statistics related to suicide. She discussed efforts currently underway in Idaho to combat suicide as well as critical gaps in Idaho's suicide prevention efforts. The following statistics were among those presented:

- The Idaho Youth Risk Behavior Survey consistently shows that 1 out of 7 Idaho high school students report seriously considering suicide, 1 out of 8 has a suicide plan, and 1 out of 14 has attempted suicide.
- In the five years from 2009 through 2013, 134 individuals aged 19 to 24, and 85 youth aged 18 and younger have died by suicide in Idaho.

- The annual cost of suicide attempts in Idaho is estimated at $36 million. The annual financial burden of completed suicides in Idaho is estimated at over $850,000 in medical care alone and $343 million in total lifetime productivity lost.
- Idahoans who are suicidal or who have serious mental health conditions currently encounter a fragmented system of care that can result in homelessness or incarceration.
- In 45% of completed suicides the individual had seen their primary healthcare provider in the previous month (national data), pointing to a gap in the provider's ability to recognize warning signs of suicide.

The Commission continued its' exploration of this topic with presentations from several additional subject matter experts. Kim Kane, Program Director for the Idaho Lives Project, gave a presentation about what is being done in other states related to suicide prevention that has had some success. The Commission also heard from James Aydelotte, Bureau of Vital Records and Health Statistics, regarding Idaho specific statistics and the Idaho Vital Statistics Suicide Report with contains five year aggregate data from 2009 through 2013. A presentation was given by John Reusser, founding Director and Coordinator of the Idaho Suicide Prevention Hotline, about the number and types of calls the hotline receives and the efforts of this volunteer organization. Corey Surber, Executive Director of Community Health & Public Policy at Saint Alphonsus Health System, provided a summary of information from the United Way workshop on suicide prevention that was held in the fall. The group brought together twelve different groups all working on some aspect of suicide prevention in Idaho. The groups shared ideas and discussed the need for further collaboration to enhance their effectiveness and reduce duplicative effort.

One thing learned by all the presentations is that Idaho has some critical gaps in its ability to prevent suicide. These include gaps in:

- Healthcare Services
    - There is insufficient screening for depression, anxiety, and suicide risk by primary care physicians.
    - Mental health clinicians are seldom available in the offices of primary care providers and research shows that it is best when the mental health provider co-locates with the primary care provider.
    - There is not enough follow up with suicidal patients.
    - Idaho needs "safe rooms" in emergency departments to ensure the safety of suicidal patients, other patients, and staff.
    - There is a serious shortage of mental health providers in rural areas.
    - Idaho needs to more crisis centers statewide to support suicidal patients.
- Training
    - College curriculum: Suicide prevention, intervention, and intervention after a suicide for surviving friends and family should be included in the curriculum for

all healthcare providers and others who will potentially work with suicidal persons and their families and friends.

  - Early education: It is known that a sense of belonging or being connected to the community helps to prevent suicide. Educators, parents, ministers, and all others who work with young people need to be educated about the value of belongingness/connectedness in communities and how to they can help those they work with to achieve it.
  - There needs to be enhanced collaboration and cooperation between hospitals, primary care providers, schools, the media, and coroners to share information, determine areas of need, coordinate interventions, etc.

- Attitude and Funding
  - Work needs to be done to increase awareness of the problem of suicide and the costs to society as well as to individual families. With awareness and understanding should also come funding for addressing this problem. This is a critical combination for successful reduction in suicide and should include a large public awareness campaign and effective cooperation from media, coroners, school administrators, hospitals, and healthcare providers.

In Idaho the focus has primarily been on crisis intervention such as identifying those at risk of suicide, recognizing signs of suicidal intentions, use of crisis hotlines, etc. But that is only one piece of what needs to happen. Focus must broaden to include "upstream" protective factors. Successful programs also focus on things such as:

- Enhancing connectedness between vulnerable youth and supportive adults.
- Community-wide collaboration to address adolescent health and behavior problems.
- School-based skill-building programs that include coping skills, problem-solving behaviors, and help-seeking behaviors.

After much discussion and consideration of the information received, the Commission concluded that suicide prevention is a healthcare issue the state must address with a new focus. The Commission sent a letter in February 2015 to the Legislature to support a request for the establishment of a select committee of statewide stakeholders charged with developing a system of care for addressing the implementation of the Idaho Suicide Prevention Plan across the state. Ultimately, Senate Concurrent Resolution No. 104 was passed authorizing the Health Quality Planning Commission to prepare an implementation plan for a comprehensive suicide prevention program such as the one described in the Idaho Suicide Prevention Plan and published by the Idaho Council on Suicide Prevention.

End of Life Issues and Advance Care Planning

Bart Hill, M.D., with the St. Luke's Health System, provided an update on efforts currently underway in Idaho to support personal choice and control as it relates to end-of-life issues. He also discussed the importance of advance care planning to ensure that personal choice and control are respected. The Idaho Community Initiative on Advance Care Planning (ICIACP), a collaborative of healthcare, payer, academic, and community-

based partners, has convened a community nonprofit entity, Jannus Inc., to facilitate advancement of the ICIACP vision. That vision is to create a standard of care that ensures every person's healthcare choices are clearly defined and honored through patient-centered advance care planning. The mission of the ICIACP is to promote the benefits of advance care planning and implement standards, processes, and methods for it to the community at large. Key stakeholders in this work include St. Luke's Health System, Saint Alphonsus Health System, Regence BlueShield, Blue Cross of Idaho, Pacific Source Health Plans, Select Health, Boise State University, College of Health Sciences, and the Idaho Quality of Life Coalition. The ICIACP is currently engaged in due diligence to build consensus on an advance care planning initiative. They are exploring known proven advance care planning programs that have been implemented in other communities. Once a program is selected a business case will be developed for implementing a pilot and will include a strategy for expansion, quality improvement and outcomes evaluation, and sustainability. The intent is to launch an advance care planning pilot in late 2015 followed by a phased expansion over a three-year timeframe.

Monitoring the Effectiveness of the Idaho Health Data Exchange

In 2010, House Bill 494 added monitoring the effectiveness of the IHDE to the Commission's responsibilities. To that end, the Commission receives a quarterly report from Scott Carrell, the Executive Director of the IHDE, on its current goals, progress toward meeting those goals, system utilization, and long-term plans. A written annual report about the IHDE is also submitted to the Commission for review. The 2015 Annual Report is attached for your reference.

Highlights of IHDE's progress over the last year include:

- IHDE completed the grant closeout process for the grant received from the Office of the National Coordinator, including submission of the final report.
- IHDE moved forward with a plan to secure a new vendor to provide their health information data exchange services. One of the goals of this effort is to enhance the functionality of the system to meet the needs identified by the system users. A vendor has been selected, Orion Health, the contract has been finalized and the transition to Orion Health is currently underway.
- IHDE is progressing with the transition to the new health information exchange vendor, Orion Health. Full implementation is expected later this year.
- Participation in the IHDE continues to grow even with the transition to a new vendor currently in process. As the table below demonstrates, both the number of authorized users and the number of system requests have continued to increase:

	2011	2012	2013	2014
Authorized Users	303	1,089	1,707	2,800 +
Number of system Requests	2,003,077	3,057,130	3,628,313	6,745,023*

* In 2014, clinical requests for patient data grew by 76% over 2013

- IHDE has been heavily involved in supporting the SHIP. Currently the IHDE:
    - maintains a position on the Idaho Healthcare Coalition, and
    - is working on the Health Information Technology (HIT)/Analytics Workgroup
- IHDE continues to support other statewide health project initiatives, including:
    - the Patient-Centered Medical Home
    - the Telehealth Task Force
    - the Statewide Trauma System
- This year IHDE initiated the Immunization Gateway (one-way) project designed to provide a one-way connection with Idaho's Immunization Reminder Information System (IRIS)

The IHDE's goals for 2015 are to:

- Maintain current connectivity/services with its current service provider, Optum, until the IHDE moves over to Orion Health.
- Complete the transition to Orion Health.
- Complete the one-way immunization gateway with Idaho's Immunization Reminder Information System (IRIS).
- Continue to support current SHIP initiatives as well as connecting targeted clinics to the IHDE.
- Continue to participate in other statewide healthcare initiatives in order to broaden the IHDE's exposure in Idaho. In addition to those initiatives listed above, the IHDE is expecting to support the following state initiatives/solutions:
    - time-sensitive emergencies
    - public health
        - immunization
        - syndromic surveillance
        - electronic lab reporting
    - physician orders for scope of treatment

Evaluation Summary
Commission members are satisfied with the progress of the IHDE and support its plans for future work. IHDE has been effective in meeting the needs of Idahoans in this ever changing medical environment and continues to provide a great service to Idaho.

Conclusion

Idaho is currently embarking on a number of initiatives that will shift how healthcare is provided. The SHIP will transform Idaho's healthcare delivery system from a fee-for-

service, volume-based system to a value-based system of care focused on improving health outcomes and reducing costs. We will see the implementation of time sensitive emergencies system of care and development of a comprehensive approach for addressing Idaho's unacceptable suicide rate. Commission members are committed to maintaining a focus on this changing environment as they move forward with their work. They will continue to examine ways to best use the expertise and authority they hold to promote health and patient safety, planning, and improved quality of care and health outcomes.