



Healthcare Transformation Council of Idaho

Meeting Agenda

Wednesday, July 17, 2019 3:00PM – 5:00PM (MT)

**PTC Building (Health and Welfare Central Office)
450 West State Street – 7th Floor
Conference Room 7A
Boise, ID 83720**

Registration URL: <https://zoom.us/j/475058890>
Dial in: +1 669 900 6833 Meeting ID: 475-058-890
 One tap mobile +16699006833,,475058890#

3:00 p.m.	Welcome and opening remarks; roll call; introductions; agenda review; review of minutes – <i>Dr. Ted Epperly & Dr. David Pate, Co-Chairs</i> - ACTION ITEM
3:10 p.m.	Payer/Provider Workgroup Planning Update – <i>Casey Moyer, OHPI</i>
3:20 p.m.	Driver Metric Planning – <i>Casey Moyer, OHPI</i>
3:50 p.m.	Telehealth Initiative – <i>Dr. Tim Dunnigan & Dr. Ted Epperly</i> - ACTION ITEM
4:20 p.m.	Value Based Healthcare Certificate Program – <i>Jenni Gudapati, Boise State College of Nursing</i>
4:35 p.m.	Behavioral Health Integration Initiative – <i>Jen Yturriondobeitia, Cornerstone Whole Healthcare Organization</i> - ACTION ITEM
4:50 p.m.	Adjourn



CHARGE:

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.

FUNCTIONS:

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.
- Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Recommend and promote strategies to reduce overall health care costs.
- Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.
- Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
- Promote efficiencies in the collection, measuring, and reporting of quality metrics.

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



Healthcare Transformation Council of Idaho

Action Items

July 17, 2019 3:00PM

■ Action Item 1 – June HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the June 20, 2019, HTCI meeting:

Motion: I, _____ move to accept the minutes of the June 20, 2019, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

■ Action Item 2 – Telehealth Initiative

HTCI members will be asked to formally support the chartering of a telehealth task force to address the content discussed during the HTCI July meeting:

Motion: I, _____ move to create a task force which shall follow the charge and outcomes agreed upon by HTCI.

Second: _____

■ Action Item 3 – Behavioral Health Integration

HTCI members will be asked to support the referral of the HRSA demonstration project to the Payer Provider Workgroup for development of a pilot value based payment model:

Motion: I, _____ move to refer the HRSA demonstration project to the Payer Provider Workgroup for development of a pilot value based payment model.

Second: _____

HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



June 20, 2019 3:00 pm

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

Meeting Minutes:

Member Attendees: Dr. Andrew Baron (Phone), Matt Bell, Kathy Brashear (Phone), Denise Chuckovich, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Todd York (Proxy for Drew Hobby), Randal Hudspeth (Phone), Dr. David Pate, Susie Pouliot, Patt Richesin (Phone), Neva Santos, Dillon Liechty (Proxy for Christina Thomas, Phone), Larry Tisdale, Dr. Karl Watts, Matt Wimmer.

OHPI Staff: Casey Moyer, Ann Watkins, Kym Schreiber, Meagan Graves

Guests: Jerry Edgington, Director Dave Jeppesen, Mary Reuter, Jenni Gudapati

Status: Draft 06/24/2019

Summary of Motions/Decisions:

Motion:

Lisa Hettinger moved to accept the minutes.
Susie Pouliot seconded the Motion.

Outcome:

Passed

Dr. Karl Watts moved to create a payer/provider workgroup which shall follow the charge and outcomes agreed upon by the HTCI
Dr. Kenny Bramwell seconded the Motion.

Passed

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took roll call.
- ◆ Dr Epperly opened the meeting by addressing the recently published Commonwealth Fund Scorecard for Idaho. In this report, Idaho ranks 18th in the United States for health system performance, an impressive number for a state that struggles with workforce, access, and quality

outcomes. For more information the full report is available at:

<https://www.commonwealthfund.org/publications/fund-reports/2019/jun/2019-scorecard-state-health-system-performance-deaths-suicide>

Defining Value Based Payments- Director Dave Jeppesen

- ◆ Director Jeppesen started with addressing the successes of SHIP. He specifically identified the Patient Centered Medical Home and the Idaho Health Data Exchange connectivity as accomplishments he hears about frequently when talking with stakeholders.
- ◆ He addressed the importance of the LAN structure recognizing Category 2 payments as well as Categories 3 and 4 payments, most providers are not able to jump into Categories 3 and 4 leaving them with the stepping stone of Category 2. All three of the Categories weigh into the 50% goal he tasked the council with at their first meeting.

Payer Presentations on Value Based Payments- Various Payers

Payers were invited to present addressing the following prompts:

- What is the current percentage of payments made in VB arrangements? Does your organization have a target you are aiming for?
- How are you defining VB arrangements? Using the HCP-LAN framework?
- Is VB arrangements something you are rolling out to all lines of business?
- What is the single biggest challenge you are having moving the needle on this issue?
- ◆ Todd York presented for Blue Cross. They currently have 60% of their payments in VBP and 40% of those are in level three and four, the remaining payments are in level 2. Barrier identified is lack of operational pieces with providers, half of those who are not enrolled in VBP are not ready, unable to be ready, or simply have no way to get into VBP.
- ◆ Matt Bell presented for PacificSource. They currently have 70% of payments in a VB arrangement; 2/3 are in levels 3 and 4, 1/3 in level 2. It was reported that pulling reporting data is a labor-intensive process often requiring manual coding. The identified barrier reported by Pacific Source is misinformation and mistrust of legacy systems.
- ◆ Jerry Edgington presented for Select Health. Jerry reported, of the 110,000 members Select members lives, 86.5% are in level 4 VBP (largely with St. Luke's). The reported challenge is getting members in other areas outside of the Treasure Valley into VBP arrangements given the available networks and systems around the state.
- ◆ Dr. Kenny Bramwell presented on behalf of Regence, he distributed a handout at the meeting. Dr. Bramwell address Regence goal of 35% of all payments in level 2 VBP and 18% to be in level 3 and 4. Currently, Regence has 8.1% of all Idaho payments in level 2 VBP and 7.4% of Idaho payments are in level 3 and 4 VBP. Regence reports that attribution and a sufficient number of members lives is the largest barrier they face in advancing VBP.
- ◆ Matt Wimmer presented for Medicaid. The last reported VBP data for Medicaid indicate 1% of payments were made in level 2. The goal for Medicaid is to achieve 50% of all Medicaid payments in Idaho be VBP in the next three years. A significant number of Medicaid payments are made for people with disabilities for long-term care and supports.

Workgroup Chartering- Casey Moyer

- ◆ The HTCI members agreed to start a Payor Provider Workgroup. Due to time constraints the charter for the workgroup will be started with the OHPI team, Dr. Pate and Dr. Epperly then brought back to the HTCI for approval.

- ◆ The next step is to agree on a charge and measure for the Payor Provider Workgroup to tackle.

Medicaid Expansion Update- *Matt Wimmer*

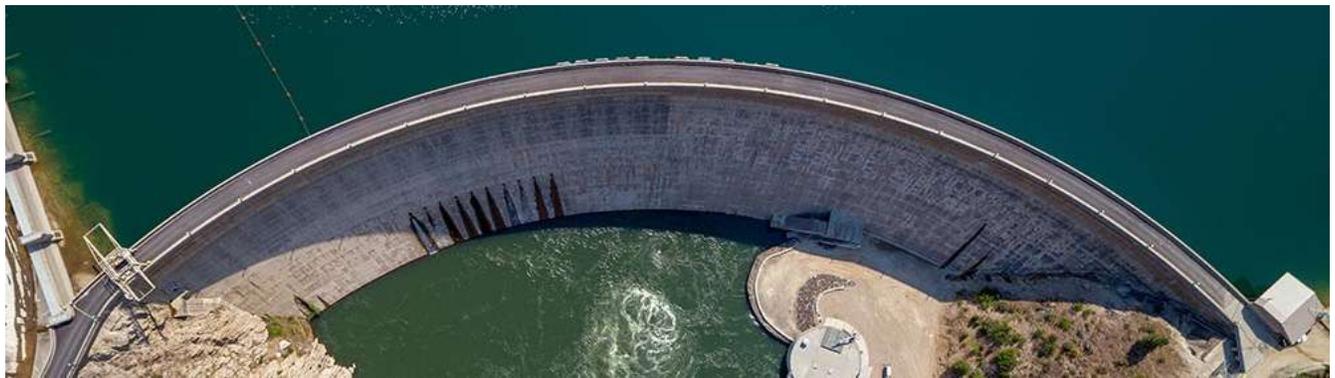
- ◆ Matt Wimmer updated members on the status of the waivers outlined in Medicaid Expansion legislation. He informed the members of the planned town halls being scheduled prior to the submittal of those waivers.
- ◆ The associations represented on HTCI have requested that Matt communicate the schedule so they can keep their members informed.

Closing- *Dr. Ted Epperly*

- ◆ Dr. Epperly discussed briefly with the group holding an additional meeting in July to continue the progress made so far. The members gave input to the dates they may not be available.
- ◆ They agreed to send out a doodle poll to get a consensus on the best day to hold the meeting in July.

Meeting Adjourned: 5:12 pm

DRAFT



Payer/Provider Workgroup:

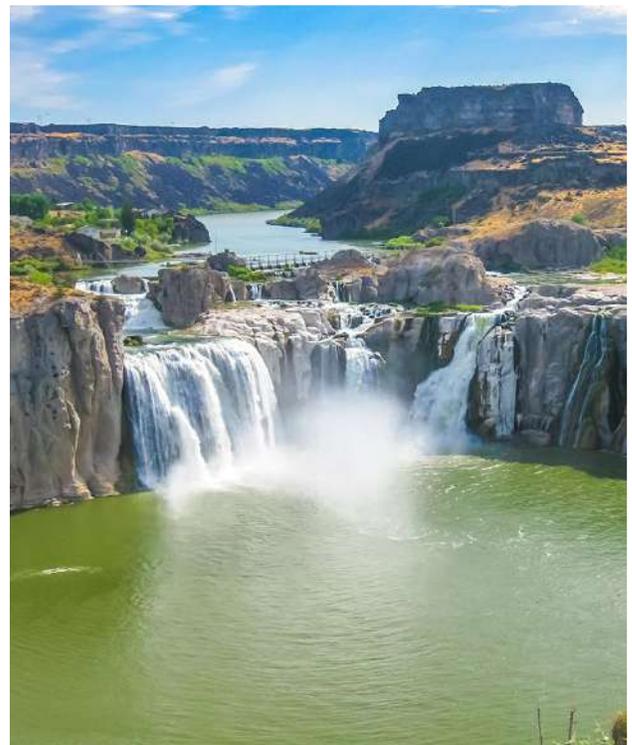
Update

- Norm Varin & Kelly McGrath, Co-Chairs
- Two planning meets have been completed, leveraging the practices and successes of the SHIP Multi-payer workgroup
- Current scope of the Payer/Provider Workgroup (PPW)
 - ❑ Develop a workgroup recruitment plan and charter
 - ❑ Identify the ‘*top ten spends*’ that could be impacted with coordinated efforts
 - ❑ Develop operational definitions of VBP for use by OHPI in monitoring statewide movement

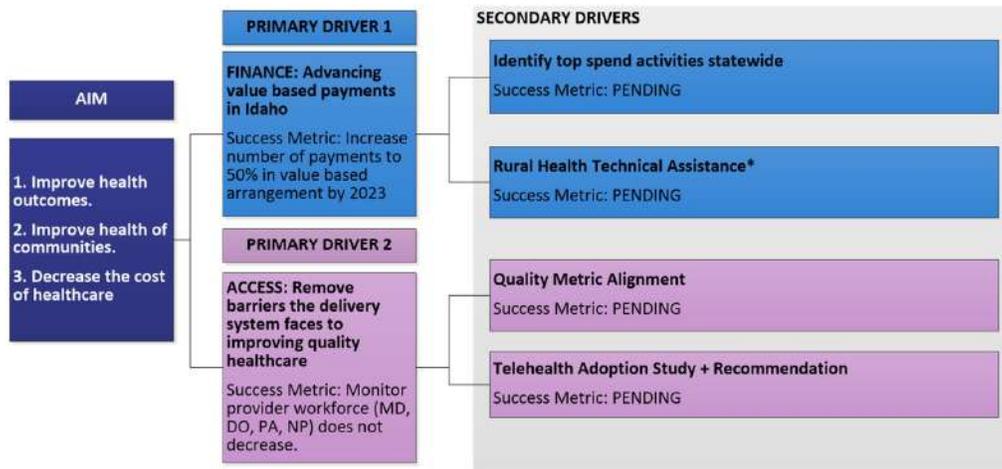


Drivers and Initiatives:

Realistic, measurable and aspirational



Updated Driver Discussion



Baseline Data

Potential Metric (Proxy for Access Driver)

- Baseline the number of primary care providers (MD, DO, PA, NP) practicing in Idaho
- Monitor annually, through existing data sources, any changes to the workforce
- Share this analysis with partners

Data Sources:

1. Dept. of Labor Physician Workforce Study (2016)
2. Idaho Nursing Workforce (2018)

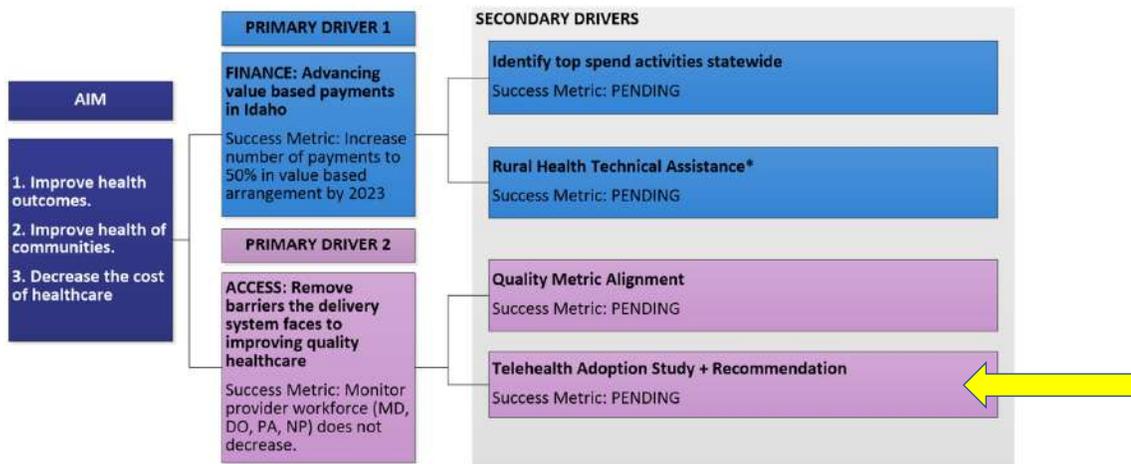
	MD & DO	PA	NP
Licensed	3,323	775	1,086
Working in Idaho ¹	2,132	667	982
TOTAL	3,781		



Telehealth:

Selecting the initiative, chartering a task force, next steps...

Initiative Selection



1. What are the barriers to telehealth adoption in Idaho and how can those be changed?
2. SHIP and the Telehealth Council have both concluded leaving this an unmonitored issue
3. HQPC does not have the bandwidth to conduct the study and would like to partner with HTCI to address this issue
4. Create a task force (time-limited)
 - Multi-disciplinary team
 - Data driven process (quantitative and qualitative)
 - Generate specific recommendations

VALUE-BASED HEALTHCARE MODERNIZATION THROUGH HISTORY, INNOVATION, & ACCESS

Jenni Gudapati MBA, RN
Value-Based Healthcare Program Director



BOISE STATE UNIVERSITY



* Population Health *



Value-Based \rightarrow \uparrow Quality \bar{c} \downarrow Cost

Patient Populations \rightarrow Risk Allocation

Healthcare Delivery \rightarrow \uparrow Access \bar{c} Technology Utilization

Inpatient vs. Ambulatory Care - \downarrow Hospital Stay \bar{c} \uparrow Outpatient Services

Innovative Payer Models \rightarrow Legislative & Regulation Allowance

Key Players & Decision Makers -

* CMS * State Regulatory Agencies (DHQ)

* Health Systems * ACO's * Payers

* Non-traditional Providers * Community



Boise State University College of Health Sciences

Value-Based Healthcare Modernization through History, Innovation, & Access

Course Outline with Objectives

1. **Healthcare Payment and Delivery History and Transformation** (1 day workshop required for program admission)
1 day face to face course, program overview, cohort introductions etc.
 - a. Students will learn history of fee-for-service payments, traditional care delivery models, non-incentivized billing structure, inpatient and ED top lines of care
 - b. Students to grasp changes in patient populations, numbers, and need to change
 - c. Basic ideology of new legislation and regulation reform and how this will translate into different types of payment, delivery, and patient –centered care.

2. **Patient Populations/Risk Determinants/ Healthcare Modernization** (3 credits) 7 week online course
 - a. Students to understand Patient Populations and Population health Management
 - b. Social Determinant impacts on health
 - c. Risk Determination and Risk/Allocation Management
 - d. True Cost Understanding and Concept of Managing Costs while improving patient outcome scores.
 - e. Leveraging Risk to improve and prepare for better outcomes
 - f. Moving from Inpatient to outpatient centered care

3. **Value-Based Operations/ Increased Patient Access/ Innovative Delivery** (3 credits) 7 week online Course
 - a. Value-Based Program success stories and case studies
 - b. Barriers to change
 - c. Telehealth overview, use, and reasons behind historical failures and success
 - d. Innovative Delivery Model comparisons and future strategy generation
 - e. Increasing Patient Access – What does that mean? Are all patients the same?

4. **Assessing Quality & Outcomes/Putting It All Together** (3 credits) 7 week online course
 - a. Patient-centered and driven care. Should patients be allowed to drive their health care?
 - b. Measuring Outcomes – What metrics need to be considered? What data should be collected? How do we maximize effectiveness of data collection? How does data drive care planning and outcome prediction?
 - c. Program review of all topics and connecting the dots to how each section relates to the entire picture.
 - d. **End Project** -Assign project of current stakeholder problem and have students research and use skills learned to broaden solution creation



**HOW CAN WE
WORK WITH
Healthcare
TRANSFORMATION
TO DEVELOP
MEANINGFUL
OUTCOMES**

Success for Idaho, by Idahoans



BOISE STATE UNIVERSITY





Working together!!

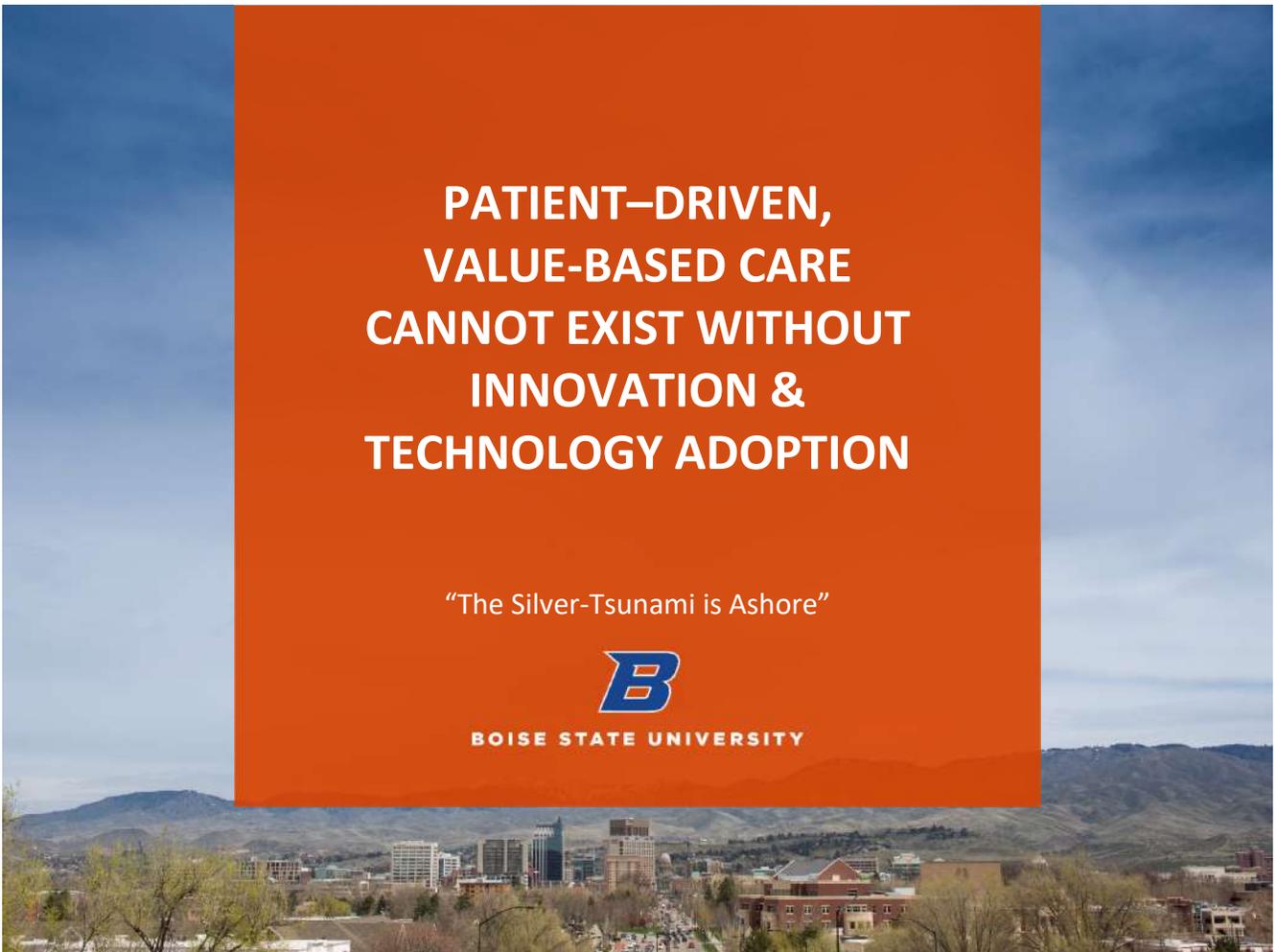


**PATIENT-DRIVEN,
VALUE-BASED CARE
CANNOT EXIST WITHOUT
INNOVATION &
TECHNOLOGY ADOPTION**

"The Silver-Tsunami is Ashore"



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CARE DELIVERY CHANGES:
INCREASED ACCESS NEEDS,
INPATIENT VS. AMBULATORY,
REGULATORY SUPPORT, RISK
REDUCTION



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INNOVATIVE
PAYMENT MODELS
INCORPORATED
TELEHEALTH
ADOPTION

No Longer Fee for Service
Value-Based Contracting?



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Telehealth Barriers Breaking Through the Myths and Inaccuracies

The Real Story



QUESTIONS?



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