



March 21, 2019 3:00 pm

Location: 450 W. State St., 10th Floor,
Conference Room 10A

Meeting Minutes:

Member Attendees: Matt Bell, Kathy Brashear, Denise Chuckovich, Dr. Keith Davis, Dr. Ted Epperly, Lisa Hettinger, Drew Hobby, Randall Hudspeth, Yvonne Ketchum-Ward, Molly Steckel (proxy for Susie Pouliot), Patt Richesin, Neva Santos, Dr. Karl Watts, Matt Wimmer, Nikole Zogg, Dr. Andrew Baron (phone)

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

Guest Speakers: Governor Brad Little, Director Dave Jeppesen

Status: Draft 3/22/2019

Summary of Motions/Decisions:

Motion:

February HTCI Meeting Minutes
Kathy Brashear moved to accept the minutes as amended
Neva Santos second the Motion.

Outcome:

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 sharing a quote “Innovation is not the result of chance, it is the result of action. It is not a thing to wait for, it is a thing to do.”

Update on Medicaid Expansion- *Lisa Hettinger, Deputy Director IDHW, & Matt Wimmer, Medicaid Administrator IDHW*

- ◆ Ms. Hettinger and Mr. Wimmer updated the HTCI members on the current progress of Medicaid expansion efforts. Medicaid has been working with Behavioral Health for primary care resources. The department is not going to wait to start their work, they are moving forward with their plans of delivering a promise to care for the lives of Idaho.

Future Considerations of Healthcare Transformation- *Governor Brad Little & IDHW Director Dave Jeppesen*

Governor Little:

- ◆ Governor opened by sharing his experience with healthcare as a farmer managing cattle. In that role he didn't pay that much attention to human healthcare but understands the parallels now. Fee for service care is expensive and not an effective way to pay for healthcare.
- ◆ Governor Little referenced his speech for the State of the State and his Inauguration and his priority of making Idaho comfortable for Idahoans to live and retire.
- ◆ The four pillars of his Administration are
 1. Economic Viability
 2. Education
 3. Quality of Life
 - a. Quality of life includes providing affordable and accessible healthcare, and what we do about mental health and substance abuse. He would like to see transparency in billing, healthcare, and how we pay for outcomes
 4. Building Confidence in Government
- ◆ Currently his office is looking at the people left out and the people who are priced out and how to get them coverage. His focus is to have affordable state-based healthcare plans, he has a plan to launch more plans with better coverage and pricing.
- ◆ He is interested in comprehensive affordable healthcare which covers all of the state and addresses all of Idaho's healthcare issues. He will be relying on the HTCI for input on the best options to achieve these goals.

Q&A for Governor Little:

- ◆ Yvonne Ketchum-Ward: The statehouse is looking at expanding care for mental health and substance abuse. What are your views on those issues?
 - Governor Little will be signing an executive order after the legislative session which addresses mental health, opioid use, heroin use, fentanyl use, and mental health treatment. Since Idaho is late to the game they will need help from the HTCI on where to put their dollars. The overarching goal is to reduce cost for individuals, reduce recidivism, reduce the drag on corrections, increase public safety, increase safety in schools, and create early intervention in schools.
- ◆ Matt Bell: Asked the Governors view on Bill 277.
 - The intent of the affordable care act (ACA) was not for us to cover everything off the ball as long as we are covering people because it is the right thing to do.
- ◆ Patt Richesin: Coverage need to be managed well and interlocking operations to be able to support, maintain the affordability, and sustainability so we don't find ourselves back here in 7 years. How do you propose we respond to your needs for the preparation necessary to keep them aligned?

- We are going to set an example for everyone else and try to change everyone from paying the same fees to offering discounts for certain behaviors. We must start with Medicaid, then the state market place, then small and large businesses, and Individuals to create a personal responsibility and get the plans smaller.
- ◆ Randy Hudspeth: Do you have any ideas about new faculty for all areas of healthcare?
 - Sara Stover answered: During nursing day at the Capitol Building we were made aware of the challenges and we are prepared to meet with a nursing member after the legislative sessions. The colleges have identified there is a lack of instructors and lack of ability to obtain good instructors needed to fill the teaching positions. There is also a nursing shortage at the state hospitals and Sara will be reaching out to Patt Richesin for assistance as she has a lot of success with her hospital.
 - Brad Little: There are three growing areas- Government, Education, and Healthcare. The key is to reach students when they are in high school by reaching out to superintendents, principal's and career counselors to help incentivize work in healthcare. The career counselors would be able to get them enrolled in the right pre-requisites and enrolled in dual-credit courses.
- ◆ Dr. Ted Epperly closed the conversation with Governor Little by stating “What I heard from you, your interest is closing gaps between coverage and no coverage, those left out, rural and urban costs that exist in the state, interlocking connection between coverage, delivery, cost and outcomes. We promise to do our very best to take a complex issue and to distil it down to really make a difference and to align your activities.”

Director Dave Jeppesen:

- ◆ “What I want and what I view going along with what the Governor said is how do we provide affordable and accessible healthcare to people. How do we do that? I want to leave a legacy for kids to stay here and come home.”
- ◆ “There are two types of bad guys, villains and monsters. To overcome a villain, you need a hero. You can't overcome a monster with one person you need a whole village. When we think about healthcare transformation it is not a villain hero story it is not going to be a single entity or single person it is going to take the whole village.” It will take the whole village to transform healthcare and solve healthcare problems.
- ◆ There was great progress made under the SHIP grant, 2/3 of all participants are part of PCMH clinics. We moved the needle from 25% to 29% for value-based payments. The grant was mostly used to build the infrastructure.
- ◆ Director Jeppesen offered a challenge for the HTCI to work on moving the needle from 29% to 50% value-based payments before the end of Governor Little's first term in 2023.
- ◆ Director Jeppesen highlighted feedback from Legislation; who are looking for the HTCI to have more of a public/private partnership evidenced in the funding model. There is a need for the council to seek out grant opportunities, funds from foundations, and businesses to demonstrate this. He believes if we are able to show there is private funding they will be more likely to agree to provide more funding next year during session.

Initiative Discussion and Scoring Tool- *Dr. Ted Epperly, Co-Chair*

- ◆ Dr. Epperly talked about the layout and scoring criteria of the scoring tool. The current areas of scoring criteria are: Data Driven, Leveraging Experience, Geographic Equity, Urban vs. Rural, Cost Impact, and Resource Intensity.

- ◆ Dr. Epperly opened the discussion for feedback from all the HTCI members.
 - Patt Richesin: we need to weigh initiatives with Director Jeppesen's value-based payment (VBP) challenge, create an inventory of items used and push those forward, and a way to measure the outcomes.
 - Dr. Karl Watts: Operational impact (feasibility), is this doable? (i.e. telehealth vs. quality, high value vs. a way to collect.) and tangible outcomes.
 - Dr. Keith Davis: Geographical equity, we need to align VBP, make it clear and move hard on set goals.
 - Molly Steckel: Will the 50% VBP goal become a guiding principle or an example?
 - Drew Hobby: Per member impact and 50% VBP goal.
 - Denise Chuckovich: Realistic goals that align with the shoe string budget.
 - Kathy Brashear: We need to create a definition for VBP with all payers.
 - Yvonne Ketchum-Ward: Cost Impact, doesn't believe we should make an initiative if there is no way to fund it.
 - Matt Wimmer: Impact it makes on the lives of Idahoans.
 - Matt Bell: Communicate value gained by investment and show the bend in the cost curve.
 - Randall Hudspeth: Work that is standard, and evidence based.
 - Nikki Zogg: Social Determinants of Health, adverse childhood exposure, early childhood chronic diseases, mental health, and substance abuse.

Additional Business and Next Steps- *Dr. Ted Epperly, Co-Chair*

- ◆ Dr. Epperly covered the next steps:
 - Work on defining value-based payments
 - Present SHIP dashboard
- ◆ Casey Moyer will be reaching out to the members for a profile picture and profile information.
- ◆ Dr. Epperly ended the meeting with the same quote he opened the meeting with.

Meeting Adjourned: 5:07 pm