



# Healthcare Transformation Council of Idaho

## Meeting Agenda

**March 21, 2019 3:00PM – 5:00PM (MT)**  
**PTC Building (Health and Welfare Central Office)**  
**450 West State Street – 10<sup>th</sup> Floor Conference Room 10A**  
**Boise, ID 83720**

Registration URL: <https://zoom.us/j/808766781>  
**Dial in: +1 669 900 6833 Meeting ID: 808 766 781**  
 One tap mobile +16699006833,,808766781#

3:00 p.m.	Welcome and opening remarks; roll call; introductions; agenda review; review of minutes – <i>Dr. Ted Epperly &amp; Dr. David Pate, Co-Chairs - ACTION ITEM</i>
3:10 p.m.	Future Considerations of Healthcare Transformation in Idaho – <i>Governor Little &amp; Director Jeppesen</i>
3:30 p.m.	Update on Medicaid Expansion – <i>Lisa Hettinger, Deputy Director &amp; Matt Wimmer, Medicaid Administrator</i>
3:45 p.m.	Recap of first HTCI meeting & Member follow-ups– <i>Dr. Ted Epperly &amp; Dr. David Pate</i>
4:00 p.m.	Initiative Discussion and Scoring Tool – <i>Dr. Ted Epperly &amp; Dr. David Pate</i>
4:20 p.m.	Further Discussion of Initiative Topics – <i>Dr. Ted Epperly &amp; Dr. David Pate</i>
4:50 p.m.	Workgroup Logistics – <i>Casey Moyer, OHPI</i>
4:55 p.m.	Additional business
5:00 p.m.	Adjourn

HTCI  
 HEALTHCARE TRANSFORMATION  
 COUNCIL OF IDAHO

## 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

## Action Items

**March 21, 2019 3:00PM**

■ Action Item 1 – February HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the February 21, 2019 HTCI meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the February 21, 2019 meeting of the Healthcare Transformation Council of Idaho as presented.

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

HTCI  
HEALTHCARE TRANSFORMATION  
COUNCIL OF IDAHO



February 21, 2019 3:00 pm

Location: 450 W. State St., 7<sup>th</sup> Floor,  
Conference Room 7A

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## Meeting Minutes:

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**Member Attendees:** Matt Bell, Kathy Brashear, Denise Chuckovich, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Drew Hobby, Randall Hudspeth, Yvonne Ketchum-Ward, Dr. David Pate, Susie Pouliot, Patt Richesin, Neva Santos, Larry Tisdale, Dr. Karl Watts, Matt Wimmer, Nikole Zogg, Dr. Scott Dunn (phone)

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

**Status:** Draft 2/26/2019

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## Summary of Motions/Decisions:

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**Motion:**

There were no action items presented.

**Outcome:**

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## Agenda Topics:

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**Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review-** *Dr. Ted Epperly & Dr. David Pate, Co-Chairs*

- ◆ Dr. Epperly and Dr. Pate welcomed everyone to the first meeting of the HTCI and took Roll Call.
- ◆ Dr Epperly opened the meeting sharing a quote from Helen Keller “Alone we can do so little; together we can do so much.”

**Legislative Update-** *Lisa Hettinger, Deputy Director, IDHW*

- ◆ Ms. Hettinger gave a brief update on the status of funding for the Office of Healthcare Policy Initiatives (OHPI) and the time frame for when we would know the final decision. OHPI Funding is set to be presented on March 8, 2019.
- ◆ Ms. Hettinger updated the group on Medicaid expansion. There are several proposed bills adding additional elements to the Medicaid expansion legislation currently in committee, unlikely to make to make to either floor. Additional bills are expected in the coming weeks.

**Review of HTCI Charter- *Dr. Ted Epperly & Dr. David Pate, Co-Chairs***

- ◆ Dr. Epperly and Dr. Pate reviewed the HTCI Charter and the eleven functions of the HTCI.
  - Dr. Epperly and Dr. Pate confirmed there were no changes and additions the members would like to add to the functions of the HTCI.

**Review of Idaho Healthcare Coalition Recommendations- *Casey Moyer & Kym Schreiber, OHPI Staff***

- ◆ Casey Moyer and Kym Schreiber presented the Feedback Matrix from IHC workgroups, the IHC, and the PCMH Sustainability workshop.
  - Mr. Moyer and Ms. Schreiber presented the Final IHC Meeting Feedback.
  - The top items presented were;
    - Patient/Whole Health,
    - Data Collection and Validation,
    - Community Resources,
    - Fostering Relationships,
    - Social Determinants, and
    - Payer/Provider Collaboration.
- ◆ Casey Moyer presented the plans for selection criteria.
  - The members agreed on the four items outlined in the criteria selection process.
  - The members agreed to add “for Idaho” at the end of the Criteria One section.

**Evaluating and Prioritizing Initiatives- *Dr. Ted Epperly & Dr. David Pate, Co-Chairs***

- ◆ Dr. Pate opened this agenda topic by stating “the challenge is significant. Solutions to healthcare need to come from providers not from Legislation.” Dr. Pate’s hope for the group is to be an advisor to the Legislature. He admitted SHIP accomplished a lot; the difference now is there is no longer a \$40 million grant. The HTCI needs to find ways to advance the goals of healthcare for Idaho that won’t be financially imposing. They need to find practical solutions to engage providers. Identify ideas from the provider community they can embrace and implement to show results for Idaho, for outcomes of care, lowered costs of care.
- ◆ Dr. Epperly and Dr. Pate started an open discussion and encouraged members to think about their top healthcare transformation goals. They held a round table discussion, each member presented items they felt needed to take top priority:
  - Dr. Ted Epperly shared some information he recently came across from the World Health Organization. The biggest health related issue is not obesity, smoking, or mental health it is social isolation. He would like to see if there is some low hanging fruit in this area where they can start to work on the social determinants of social isolation.
  - Matt Wimmer would like to see a group similar to the Multi-Payer Workgroup and their efforts to align quality measures and healthcare outcomes continue. These efforts would help patients make educated healthcare decisions.
  - Denise Chuckovich mentioned building on what has been done in the state because there is enough foundation to advance healthcare transformation in Idaho.
  - Drew Hobby inquired if quality outcomes could be targeted to the consumer.
  - Yvonne Ketchum-Ward would like to have a central data base for trainings and information sharing that would benefit everyone involved in healthcare. Everyone could share trainings, webinars, and information about lessons learned and best practices as well as ask for advice or trainings.

- Patt Richesin wants to continue to work on utilization management and pathways of care delivery to lower costs and improve quality of care across the table.
  - Dr. Scott Dunn wants improved access to primary care to reduce costs and improve outcomes. He would also like to see an adoption and expansion of telehealth as an effort to expand patient's medical homes.
  - Kathy Brashear believes telemedicine needs to be adopted and expanded upon for consumer benefit. She also added how consumers need to be educated on available healthcare savings, the benefits of their healthcare plans, and the most cost-efficient ways to utilize those plans.
  - Dr. Mike Hajjar addressed the need to reduce healthcare expenses and offer cheaper solutions. Encourage providers to connect with their costs and expenses; finding new ways to reduce costs, become more efficient and provide value to the consumer and the payers.
  - Larry Tisdale would like the HTCI to work on reducing long pocket expenses through work on social determinants of health. He said they need to recognize those who are uninsured and underinsured who are more likely to see the most expensive forms of care and will cost all companies more money with lower healthcare outcomes.
  - Nikki Zogg indicated she would like to see the HTCI continue work on a system for social determinants of health.
  - Dr. Karl Watts stated, "variability is a liability." He acknowledges we can't eliminate all variables however with so many organizations at the table we can help reduce the variables for the citizens of Idaho to improve outcomes and reduce cost.
  - Randy Hudspeth cited the complex nature of the healthcare system and how we must break it down into manageable parts. The priority should be full utilization of healthcare professionals and management of cost as this will naturally lead to better outcomes.
  - Neva Santos believes continued support of the seven regional collaboratives is important as they represent the diverse regions and rural areas. Without the regional collaboratives the groups will go back into silos and the transformation of healthcare will be unable to move forward.
- ◆ All members were asked to think about specific initiatives and narrowing down the broad swath of topics discussed to come up with a prioritization at future meetings.

**Additional Business and Next Steps-** *Dr. Ted Epperly & Dr. David Pate, Co-Chairs*

- ◆ Dr. Epperly and Dr. Pate asked the group to make note of their top healthcare transformation goals and send them to the OHPI for presentation at the next meeting.
- ◆ Dr. Epperly closed the meeting with the opening quote.

**Meeting Adjourned:** 5:15 pm

March 28, 2019

To: Dr. David Pate  
Dr. Ted Epperly  
Members, Healthcare Transformation Council of Idaho

From: Dr. Brad Brososky, Board Chair, Kootenai Care Network  
Dr. Karen Cabell, Medical Director, Kootenai Care Network  
Patricia Richesin, President, Kootenai Care Network

At the recent meeting of the Board of Directors, Kootenai Care Network, opportunities for focused statewide initiatives to support the objectives of Healthcare Transformation Council of Idaho were discussed. Among the efforts undertaken by Kootenai Care Network (KCN), the board identified the projects and programs designed by the network and listed below to be valuable considerations for HTCI. The value of these initiatives is represented in the initial outcomes KCN is experiencing, having developed and deployed these bodies of work internally. 2019 brings the opportunity to expand throughout northern Idaho. Given that work, it is with conviction that KCN suggests the statewide value as well.

The first two of these initiatives: Primary Care Service Line Collaborative (PCSL) and the PCSL Work Group on Pain Management

### **Primary Care Service Line Collaborative (PCSL)**

Across Idaho numerous solutions have been developed to bring providers together in generating outcomes for those we serve. The range of solutions is reflective of the various settings in which care is delivered. Frontier and rural care combined with population centers work under similar yet vastly different pressures. Leveraging the resources within population centers where provider networks have been preparing for value-based care in more aggressive models, support for the frontier and rural care centers could be more purposefully delivered to raise the bar for performance across the state. Notwithstanding any other efforts, it also should be recognized that the critical access hospitals and their associated medical communities has also designed innovative approaches which are not understood due to limitations in the ability to generate effective information sharing and provider spread.

Kootenai Care Network developed Primary Care Service Line Collaborative in 2017 to bring provider and administrative representatives of brick and mortar primary care offices to design projects and programs and collaborate in effective deployment of results-oriented recommendations to be adopted as a network. Each provider and administrator is responsible to ensure that the adopted recommendations “spread” throughout the practices resulting in “spread” throughout the network.

Given the design of the collaborative, it has the potential for statewide “spread” and is recommended as one of the options to be considered by Health Care Transformation Idaho. Within PCSL the following

have been undertaken. More information is available at [www.kootenaicarenetwork.org](http://www.kootenaicarenetwork.org) including videos developed in support of chronic care management and three (3) of the evidence based clinical pathways. Additional pathways have been developed and when finalized will be posted on the website. All of the material on the Kootenai Care Network website is open source and available to be used by others.

- **Quality Measures Performance**
- **High Risk Patients**
  - Capture of Illness Burden
    - Achieving informed provider audience related to resource management in practices
    - Understanding ways in which government funded and commercial plans assess clinical and financial outcome performance in relation to illness burden of population served at practice and provider level
  - Comprehensive care integration
    - Resource utilization management
    - Clinical utilization management
      - Transitional care management
      - Chronic care management
    - Link to clinical pathway development
- **Clinical Pathway Development Across Continuum**
  - See examples of clinical pathway development
    - COPD
    - Chronic Pain
    - Lung Nodule
- **Patient Engagement**
- **Patient Access to Care**
  - Process for patients without PCP
  - Link outcomes to PCMH and PCMH-like practices

**PAIN MANAGEMENT WORK GROUP**

Early in 2018, Kootenai Care Network Primary Care Service Line Collaborative chartered a workgroup to provide a supportive, evidenced-based structure for providers and their patients who are affected by pain. The workgroup has identified four bodies of work and four areas of opportunity:

Bodies of Work	Areas of Opportunity
<ul style="list-style-type: none"> <li>• How will our community collectively treat acute pain?</li> <li>• How will our community collectively treat new chronic pain?</li> <li>• How will our community collectively treat existing chronic pain patients, including those who re-locate to our community?</li> <li>• How will our community meet the needs of patients who struggle with opioid addiction?</li> </ul>	<ul style="list-style-type: none"> <li>• Identify alternative resources in our community to treat the different pain pathways, such as chiropractic medicine and physical therapy</li> <li>• Provide pain education materials to help support providers' pain management practices</li> <li>• Offer continuing education for providers with regards to pain management</li> <li>• Explore ways in which the Kootenai Care Network can help provide any additional resources</li> </ul>

Among the outcomes of the workgroup was the introduction of the Chronic Pain Management clinical pathway, appended to this document. Work completed to date in this work group is available if of interest to HTCI.



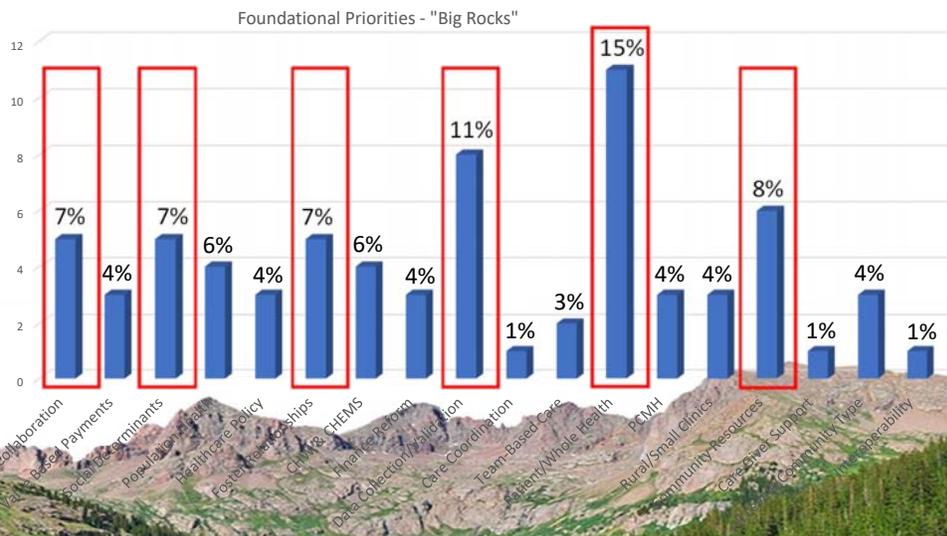
# Initiative Prioritization & Scoring Tool

## DRAFT - v2.1\_03/13/2019

		Charge Alignment	Data Driven	Leveraging Experience			Geographic Equity			Cost Impact	Implementation Resources				
Prompt		Does this improve the health of Idahoans?	Is it measurable? Baseline + Progress?	Does it build off existing efforts?			Does it serve all community types?			What is the impact to the overall cost of healthcare for Idahoans?	What level of resource is needed to implement the initiative?				
Scoring		Unknown Impact = 1 Minimal Impact = 2 Moderate Impact = 3 High Impact = 4 Optimal Impact = 5	Unknown = 1 Minimal (projection) = 2 Moderate = 3 High = 4 Optimal = 5	No = 0 pts	Yes (Other) = 1 pt	Yes (SHIP) = 2 pts	Urban only = 1 pts	Rural only = 3 pt	Rural and Urban = 5 pts	Unknown Impact = 1 Minimal Impact = 2 Moderate Impact = 3 High Impact = 4 Optimal Impact = 5	Unknown = 0 pts	Funding = 1 pt	In-Kind = 2 pts	No additional resources needed beyond OHPI = 3 pts	
Domain & Description	Category (aka 'Bucket')													TOTAL Score	
<b>SAMPLE Initiative:</b>															
Increase Telehealth Adoption and Use	Service Delivery Improvement	5	3	2			2			2	0				14
Quality Metrics Alignment	Payer Provider Collaboration	5	5	2			2			1	3				18
Behavioral Health Integration	BH Integration	5	4	2			2			3	1				17
Rural Health VBP Technical Assistance	Rural Health	5	3	1			1			3	1				14



## Final IHC Meeting Feedback





# Initiative Selection

Using Technology

## Selecting Initiatives



### Additional Member Ideas:

- What are current challenges for your area of healthcare?
- Are there emerging areas of concern?
- Has anyone attempted to tackle this to date? (past or present)

### Potential Initiatives:

- Core Quality Metrics Set
- Rural Health Value Based Payment Technical Assistance
- Behavioral Health Integration in primary care
- Telehealth Adoption – addressing barriers to use

## Voting



Go to:

[Live.VoxVote.com](https://Live.VoxVote.com)  
Event: 28691

Select (1-3) initiatives that you feel should be the first selected for HTCI.

Smartphone users, scan this code →



## Workgroups



1. Identification of workgroups
  1. Leverage IHC workgroups?
2. Identification of SME and participants
  1. Who on HTCI can participate?
  2. Who outside of HTCI should participate?
3. Workgroup Charters
  1. Standard format
  2. Time and charge specific
  3. Approved to HTCI
4. Bring back to HTCI