Idaho Health Care Council Coordination Workshop

JUNE 29-30, 2011

SUMMARY RESULTS

Table of Contents

Purpose:

The Idaho Health Care Council Executive Leadership Team (Leadership Team) hosted a coordination workshop of Council members and other interested stakeholders on Wednesday and Thursday, June 29-30, 2011 at the St. Luke's Anderson Center in Boise. The workshop provided Council members and others their first opportunity to convene around the group mission, outlined in Executive Order 2010-15, to help coordinate and facilitate health care initiatives in Idaho. Specific workshop objectives were to:

- Facilitate shared understandings and foster increased coordination across efforts;
- Discuss key questions and challenges and seek suggestions for how to address them; and to
- Consider whether this group of stakeholders are collectively working toward shared vision for the health care system in the State of Idaho.

A copy of the agenda is included as Attachment A.

Forty-four individual participated in the workshop. The list of participants is included as Attachment B. The workshop was coordinated by Marsha Bracke, Bracke and Associates, Inc.

Process:

Day one of the workshop featured three introductory presentations, to include:

- A video welcome message from Governor Otter presented by Tammy Perkins of the Governor's Office,
- An overview of the Health Care Council provided by Co-Chair's Bill Deal, Director of the Department of Insurance and Richard Armstrong, Director of the Department of Health and Welfare, and
- A short and long-term Outlook of Idaho's Medicaid Program, provided by Leslie Clement, Department of Health and Welfare Deputy Director of Medicaid and Behavioral Health.

Those presentations were followed by a series of four panel presentations and discussion arranged according to the three focus areas identified in the Executive Order. A list of panelists is provided in the agenda included as Attachment A.

- Health Information Technology, moderated by LaDonna Larson, State Health Information Technology Coordinator,
- Affordability and Accessibility, moderated by Bill Deal, Director, Department of Insurance,
- Health Service Delivery Part 1 - Medical Homes, moderated by Richard Armstrong, Director, Department of Insurance, and
- Health Service Delivery Part 2 - Hospital Initiatives, moderated by Joe Morris, retired Chief Executive Officer of Kootenai Health.

Day two featured three breakout sessions organized around the three focus areas, and were led respectively by :

- LaDonna Larson, State Health Information Technology Coordinator

- Bill Deal, Director, Department of Insurance
- Richard Armstrong, Director, Department of Health and Welfare

All breakout groups were encouraged to pursue the discussion on their topic in a manner most responsive to key questions associated with their effort, and they were to bring back to the large group the answers to five fundamental questions:

1. Do we all embrace the same vision for Idaho's Health Care System?
2. How are we progressing, and is that progress moving us toward that vision? How?
3. How can we coordinate our efforts?
4. What strategies will we undertake to address barriers and secure implementation?
5. What are our next steps?

Each breakout group reported to the large group on the results of their discussion, which were committed to flip chart notes so that they can be transcribed for use in this meeting summary. Subsequent to those reports, the Facilitator invited a discussion for the group to make observations about what they learned, heard and suggested during the course of the workshop for Leadership Team consideration, and she asked the Leadership Team to identify their takeaway messages from the workshop for follow-up as appropriate. Like breakout group results, this discussion was also recorded on flip chart notes. All documentation taken during the breakout and full session have been transcribed and are included in Attachment C - Flip Chart notes.

Results:

Supporting materials

In preparation for the workshop, panelists were asked to respond to a questionnaire that identified common sets of information about each project. It is anticipated that the Leadership Team can use this information to help coordinate planning and anticipate deliverables. The questionnaires collected have been transcribed and have been produced as a separate document. In addition, each of the power point presentations have been saved for future reference. All can be downloaded at http://gov.idaho.gov/priorities/healthcare.html.

Council-Wide Conclusions

Participant observations included:

- Confirmation that all participants learned a substantive amount from their peers across the various efforts, and they expressed an urgency to continue to communicate, coordinate, and leverage those collective resources. The group noted the interdependency of one part of the system improvement on another, such as the need to improve the behavioral health system by integrating it with primary care, or the reliance of an effective system on the generation of adequate work force capacity. It was also noted that payment methods drive the health care system, and that payment methods will need to change if we expect the system to change and improve.
- The need to emphasize coordination, communication and integration at policy and operational levels. At the policy level the group wants to ensure that they are moving forward with the

same messages that align with the Governor's vision (which they all embraced), and communicate openly and effectively with the Legislative Health Care Task Force and Health & Welfare Germane Committees.   Suggestions were made for a fact sheet and a common letter of support for the Health Insurance Exchange across stakeholders, as well as encouragement of the Health Care Council website under development to help link the various efforts. At the operational level participants identified the need for common data and the desire to coordinate and generate effective payment system in coordination with payers and in the consumer's best interest.

- It was suggested that a mechanism be found to share effective practices, such as those underway in North Idaho, with other hospitals to leverage those lessons learned.
- Comments were made about the interest in having consumers be increasingly responsible for their care and frustration expressed for when they aren't. It was also pointed out that for a consumer to be responsible they need to be able to know what something is going to cost. It was also noted that knowing what something costs for a Medicaid patient is meaningless since they have little to no cost share responsibility.
- Participants asked for assistance in seeing how these various efforts come together, expressing a need for a clear action plan and deliverables. Two points to the group's path forward included the observation that "the unifying principle is integration," and that we should all "be prepared to experiment and innovate."

Leadership Team

The Leadership Team identified a number of takeaway messages and information in addition to those observations made by the group. Among them include:
- Acknowledgement that great progress is being made and much effort is underway in formal and organic ways in both public and private arenas. That progress must be communicated.
- All participants embraced the Governor's vision, with some proposed edits by one team for the Leadership Team's consideration. With that, Joe Morris suggested that clear principles to support the Vision will provide some decision-making support and distinction for the Council as they move forward with these various efforts. The following are proposed as a draft for further consideration to support the Vision, which, once adopted, could be followed by defining objectives and strategies and generating an integrated, collective strategic plan:

  1. Idaho laws, regulations, and insurance products should encourage flexibility, innovation, and local solutions.
  2. There should be an Idaho insurance exchange that is less regulatory, more consistent with Idaho values and will be a means to improving access to health insurance coverage.
  3. Delivery system changes, such as medical homes, accountable care organizations, and local networks, hold the promise to reduce costs, improve access, improve quality and the patient experience and should rapidly be developed.
  4. All of the delivery system changes, such as the insurance exchange, insurance reform, information technology, medical homes, and accountable care organizations, are the way to bend the cost curve and should be implemented regardless of health reform.
  5. Information technology and telemedicine hold the promise to reduce costs, improve quality and access to care, and allow for more coordinated care while providing a more patient-centered system.

6. There needs to be sufficient and appropriate manpower and systems in place, as well as the alignment of financial incentives, to manage the health of the individual patient, a network, and a defined population.

- The existence of unified support for an Idaho Health Insurance Exchange.
- The continued need and interest in aligning the payment system.
- The responsibility of the Leadership Team to continue the momentum and energy from this meeting to move forward, to continue to foster, encourage and facilitate connections, develop and support communications, and collaborate on shared messaging.

Work Group Specific Results

Each of the three work groups returned with the answers to the five workshop questions posed prior to starting the panel discussions on day one. Those responses are summarized here. There is also a page in Attachment D - Flip Chart Notes devoted to each of the three groups for use and reference in their subsequent efforts.

Health Information Technology

1. Do we all embrace the same vision for Idaho's Health care System?
   This workgroup embraced the vision but proposed a simplification of the existing vision statement for the Leadership Team's consideration. It states: Idahoans will have the opportunity to access quality, effective, efficient, and affordable health care that provides a coordinated delivery system.

2. How are we progressing, and is that progress moving us toward that vision?
   The workgroup noted that progress is slow by way of development the HDE and EMR incentives, but they are headed in the right direction. Actual changes in the delivery system have yet to happen, but regarding the adoption of EHR - the answer is yes; the question is when.

3. How can we coordinate our efforts?
   A number of existing groups and roles were identified to help assure effective coordination, including the Idaho Provider Advisory Council, HIT Forum and State Coordinator role. It was suggested that a broader coordination council might provide insight into more activities.

4. What strategies will we undertake to address barriers and secure implementation?
   Efforts are underway to identify funding opportunities and it was suggested that the group work to develop strategies to create a critical mass for participation. Participants continue to be involved in a statewide and national level to keep up with the dynamic and rapidly changing environment

5. What are our next steps?
   1. Convene CIO council to review HIT strategic and operational plan and determine any changes or additions that need to be made.
   2. Continue current coordination effort.
   3. Medicaid implementation of incentive program—let providers know when funding begins to flow, even from Medicare.

Affordability and Accessibility

1. Do we all embrace the same vision for Idaho's Health Care System?

    Participants in this work group felt that a healthy population, and the Health Insurance Exchange itself, is key to achieving the Governor's Vision. It provides incentives for providers and all populations by encouraging prevention and wellness. They noted that the payment and wellness modules need to tie together, and that accountability must exist for the individual, carrier and provider.

2. How are we progressing, and is that progress moving us toward that vision?

    Planning for the Health Insurance Exchange is well underway but there is a long way to go, including the development of a delivery/payment system with a wellness emphasis.

3. How can we coordinate our efforts?

    Participants noted that health care is a complex issue that includes both government and private and that technology has an important role. Coordination requires communication, education and accountability.

4. What strategies will we undertake to address barriers and secure implementation?

    HIE strategies include starting with a comprehensive approach and then eventually break it down to focus on kids. Messages to support the effort include creating a health Idaho - taking control of your own health, freedom and liberty. It was suggested that a group be assigned to track health care in Idaho.

5. What are our next steps?

    1. Generate a letter of support for the Health Insurance Exchange that all stakeholders can route through their own distributions lists to include providers, insurers, employers, consumers and Legislators, furthering the Governor's message and the significance of the change.
    2. Partner with providers, payers, employers, and government agencies to gather data and health care status
        - Centralize data
        - Identify priorities where efforts would be most effective

Health Service Delivery

1. Do we all embrace the same vision for Idaho's Health Care System?

    Participants agreed with the Vision Statement.

2. How are we progressing, and is that progress moving us toward that vision?

    A number of initiatives were identified that indicate movement toward the vision, including pilot programs, more EMRs, dialogue with payers, workforce assessment activities, and workforce education. The Governor's Multi-Payer Medical Home Collaborative has made a good start but there are challenges regarding funding for practice transformation and a standard payment method for use by all payers has not yet been settled.

3. How can we coordinate our efforts?

    To better coordinate efforts, the group proposed a proactive, ongoing dialogue with key stakeholders to include hospitals and long-term care facilities and health service delivery initiatives. Two key stakeholders: a nurse and a hospital representative will be added to the Governor's Multi-Payer Medical Home Collaborative to reflect their key roles in this effort.

They also proposed to create a workgroup under Medical Home Collaborative to address the role and opportunity associated with medical transition facilities.

4. What strategies will we undertake to address barriers and secure implementation?
   The group noted that payment is the number one barrier, and that others include workforce, data system, and politics. The group said that the health care industry has to verbalize and present the situation and the solution.

5. What are our next steps?
   1. Evaluate All-payer databases (e.g., Utah, Washington, and Oregon)
   2. Develop principles, objectives, and strategies
   3. Review the Medical Home Pilot timeline
   4. Invite Region 10 CMS to Home Collaborative Meeting to identify how Medicare fits in
   5. HCC continue to support Home Collaborative and others
   6. Bring specific requests to HCC
   7. Meet with Legislative Committees
   8. Meet again in the smaller group

Next Steps:

1. Workshop participants will receive an e-mail within the next two weeks providing the workshop contact information and the anticipated launch date of the website.
2. On the website workshop participants will find a summary of workshop conclusions, copy of questionnaire and presentation materials, and links to project sites noted on the questionnaires.
3. The Leadership Team will review the meeting summary and work to support the collective effort of the group given the conclusions reflected there.
4. The website URL is http://gov.idaho.gov/priorities/healthcare.html
5. Another meeting of the full Council is anticipated for sometime within the next year.

IDAHO HEALTH CARE COUNCIL COORDINATION WORKSHOP

MEETING AGENDA   **WEDNESDAY AND THURSDAY, JUNE 29-30, 2011**

8:00 a.m. - 4:30 p.m. (MST) Wednesday, June 29, 2011
8:00 a.m. - 12:00 noon (MST) Thursday, June 30, 2011
Location: St. Luke's Anderson Center South Tower, 5th Floor
Conference Room ADA 1

WEDNESDAY, JUNE 29, 2011

TIME	ACTIVITY
7:30 a.m.	**Coffee and light snack available!** *Conference Room Ada 1*
8:00 a.m.	**Welcome** ☐ Tammy Perkins, Office of the Governor ☐ Message from Governor Otter **Introductions & Overview** ☐ Marsha Bracke, Bracke and Associates, Inc., Facilitator **Health Care Coordination - Key Questions to Address at this Workshop** ☐ Stephen Weeg, Executive Director, Health West, Inc. ▪ Health Care Council Executive Leadership Team
8:40 a.m.	**Idaho Health - Idaho Solutions: The supportive role of the Health Care Council** ☐ William Deal, Director, Idaho Department of Insurance ▪ Health Care Council Executive Leadership Team Co-Chair ☐ Richard Armstrong, Director, Idaho Department of Health and Welfare ▪ Health Care Council Executive Leadership Team Co-Chair
9:00 a.m.	**Medicaid: Short and Long-Term Outlook** ☐ Leslie Clement, Deputy Director Division of Medicaid and Behavioral Health, Department of Health and Welfare ▪ Health Care Council Executive Leadership Team
9:30 a.m.	**Panel 1: Health Information Technology** ☐ **Moderator: LaDonna Larson, State Health Information Technology Coordinator** *Please offer robust questions and discussion following the uninterrupted completion of all presentations!* ☐ Washington and Idaho Regional Extension Center ▪ Peggy Evans, PHD, CPHIT, Director ☐ Health Data Exchange ▪ Scott Carrell, Interim Executive Director ☐ Medicaid Electronic Health Record Incentives ▪ Paul Leary, Division of Medicaid, Department of Health and Welfare ☐ *Moderated Question and Answer*

TIME	ACTIVITY
10:30 a.m.	**BREAK - reconvene at 10:45 a.m.**

10:45 a.m.	**Panel 2: Affordability and Accessibility**
	☐ **Moderator: William Deal, Director, Department of Insurance**
	  Health Care Council Executive Leadership Team Co-Chair
	☐ Medicaid Readiness: Process improvements, historical to future
	  ▪ Michael Farley, IT Administrator
	    Department of Health and Welfare
	☐ Medicaid Readiness: Program eligibility requirements, looking ahead
	  ▪ Alberto Gonzalez, Program Manager
	    Medicaid and Idaho Child Care Program, Department of Health and Welfare
	☐ Idaho Health Insurance Exchange Planning
	  ▪ Amy Dowd & Rick Moran, HIE Project Managers
	☐ Idaho Association of Health Plans
	  ▪ David Self, Senior Vice President and Regional Director
	    Pacific Source for Idaho
	☐ Idaho High Risk Reinsurance Pool
	  ▪ Hyatt Erstad, Erstad and Company, Inc.
	☐ *Moderated Question and Answer*

12:00 p.m.	**LUNCH - On Your Own - reconvene at 1:15 p.m.**
1:15 p.m.	**Recap** ☐ **Marsha Bracke, Facilitator**

1:20 p.m.	**Panel 3: Service Delivery, Part A - The Medical Home Model**
	☐ **Moderator: Richard Armstrong, Director, Department of Health and Welfare**
	  Health Care Council Executive Leadership Team Co-Chair
	☐ Idaho Medical Home Collaborative
	  ▪ Leslie Clement, Deputy Director
	    Division of Medicaid and Behavioral Health, Department of Health and Welfare
	    Idaho Medical Home Collaborative Co-chair
	☐ Safety Net Medical Home Initiative
	  ▪ Denise Chuckovich, Executive Director
	    Idaho Primary Care Association
	☐ Idaho Health Professions Education Council
	  ▪ Dr. David Schmitz, Senior Vice President and Regional Director
	    Family Medicine Residency of Idaho
	☐ Nursing Action Coalition
	  ▪ Margaret Henbest, RN MSN CPNP, Executive Director
	    Idaho Alliance of Leaders in Nursing
	☐ Behavioral Health Interagency Cooperative
	  ▪ Kathleen Allyn, Administrator
	    Division of Behavioral Health, Department of Health and Welfare
	☐ *Moderated Question and Answer*

2:45 p.m.	**BREAK - reconvene at 3:00 p.m.**

TIME	ACTIVITY
3:00 p.m.	**Panel 3: Service Delivery, Part B: Hospitals** ☐ **Moderator, Joe Morris, Retired Chief Executive Officer Kootenai Health Health Care Council Executive Leadership Team** ☐ St. Luke's Health System ▪ David C. Pate, M.D., J.D., President and Chief Executive Officer St. Luke's Health System ☐ Accountable Care ▪ Janelle Reilly, Chief Strategy & Accountable Health Network Officer St. Alphonsus Hospital ☐ Telemedicine and Collaboration of Rural Facilities ▪ Casey Meza, Chief Executive Officer Clearwater Valley Hospital ☐ *Moderated Question and Answer*
4:15 p.m.	**Wrap Up: Day 2 Focus Areas** ☐ Marsha Bracke, Facilitator
4:30 p.m.	**ADJOURN FOR THE DAY - reconvene tomorrow morning at 8:00 a.m.**

IDAHO HEALTH CARE COUNCIL COORDINATION WORKSHOP

MEETING AGENDA   **WEDNESDAY AND THURSDAY, JUNE 29-30, 2011**

THURSDAY, JUNE 30, 2011

Location: St. Luke's Anderson Center South Tower, 5th Floor
Conference Room ADA 1

TIME	ACTIVITY
8:00 a.m.	**Welcome and Recap** ☐ **Marsha Bracke, Facilitator** ☐ *Conference Room Ada 1*
8:20 a.m.	**Health Care Council Work Groups** **BREAKOUT SESSIONS** **Address Key Workshop Questions** ☐ **Health Information Technology** ▪ LaDonna Larson, State Health Information Technology Coordinator ▪ *Owyhee Room* ☐ **Affordability and Accessibility** ▪ William Deal, Director, Department of Insurance 　Health Care Council Executive Leadership Team Co-Chair ▪ *E.E. Gilbertson Lobby* ☐ **Health Service Delivery** ▪ Richard Armstrong, Director, Department of Health and Welfare 　Health Care Council Executive Leadership Team Co-Chair ▪ *Boise Room*
10:30 a.m.	**BREAK - reconvene at 10:45 a.m. in Ada 1**
10:45 a.m.	**Health Care Council Work Group s** **REPORT RESULTS** *Conference Room Ada 1* ☐ Reports: ▪ Do we all embrace the same vision for Idaho's Health Care System? ▪ How are we progressing, and is that progress moving us toward that vision? ▪ How can we coordinate our efforts? ▪ What strategies will we undertake to address barriers and secure implementation? ▪ What are our next steps?
11:45 a.m.	**Wrap up and Next Steps** ☐ Marsha Bracke, Facilitator **Concluding Remarks**
12:00 p.m.	**ADJOURN**

Health Care Council Coordination Workshop
June 29-30, 2011
List of Participants

Allyn, Kathleen	Administrator, Behavioral Health	Department of Health & Welfare
Armstrong, Dick	Director	Department of Health & Welfare
Bedke, Scott	Representative; Assistant Majority Leader	Idaho House
Bennion, Danielle	Strategy/Government Relations	Mountain View Hospital
Carrell, Scott	Interim Executive Director	Idaho Health Data Exchange
Chuckovich, Denise	Executive Director	Idaho Primary Care Association
Cilek, Jeff	Vice President Governmental Affairs	St. Luke's
Clement, Leslie	Deputy Director	Department of Health & Welfare-Medicaid/Behavioral Health
Davenport, Benjamin	Governmental Affairs	Risch Pisca PLLC
Deal, Bill	Director	Department of Insurance
Dowd, Amy	Project Manager	Health Insurance Exchange
Epperly, MD, Ted	Program Director and Chief Executive Officer	Family Medicine Residency of Idaho
Erstad, Hyatt	President	Erstad & Company, Inc.
Evans, Peggy	Director	Washington & Idaho Regional Extension Center/Qualis Health
Farley, Michael	IT Administrator	Department of Health & Welfare
Faulkner, Tom	Gooding County Commissioner	Public Health Districts
Gonzalez, Alberto	Program Manager	Department of Health & Welfare
Gray, MSNNP NE-BC, Beth	President IALN/NLI; Vice Present Patient Care and Nursing	St. Luke's McCall
Henbest, Margaret	Executive Director / Co-Lead	Idaho Alliance of Leaders in Nursing / Idaho Nursing Action Coalition
Hoffman, Bill	Researcher	Idaho Main Street Alliance
Jones, Teresa	Assistant	Department of Insurance
Kreiling, Scott	President	Regence BlueShield of Idaho
Larson, LaDonna	State Health Information Technology Coordinator	Department of Health & Welfare
Leary, Paul	Deputy Administrator State Medicaid	Department of Health & Welfare
Lodge, Patti Ann	Senator	Idaho Senate
Meza, Casey	Chief Executive Officer	St. Mary's Hospital and Clinics; Clearwater Valley Hospital and Clinics
Millard, Steve	President/CEO	Idaho Hospital Association
Moran, Rick	Project Manager	Health Insurance Exchange
Olson, Tim S	Director, Governmental Affairs	Regence Blue Shield

Pate, MD, JD, David C.	President and Chief Executive Officer	St. Luke's Health System
Perkins, Tammy	Special Assistant	Governor's Office
Polk, MD, MPH, J Robert	Chief Quality Officer	St. Alphonsus Health System
Pouliot, Susie	Chief Executive Officer	Idaho Medical Association
Reilly, Janelle	Chief Strategy and Accountable Health	St. Alphonsus Health System
Rusche, John	Representative; Physician	Idaho House
Schmitz, MD, David	Associate Director for Rural Family Medicine	Family Medicine Residency of Idaho, IHPEC (Chair), FMRI, IMA, IAFP
Self, Dave	SVP Idaho Regional Director	PacificSource Health Plans
Sherrer, Michele	Gem County Commissioner	Idaho Association of Counties
Shores, Tom		Health Underwriters
Surber, Corey	Director, Advocacy and Community Benefit	St. Alphonsus Health System
Taylor, Julie	Director, Governmental Affairs	Blue Cross of Idaho
Weeg, Stephen	Executive Director	Health West, Inc.
Wernsing, Amy	Special Assistant	Governor's Office
Woodhouse, Bill	Associate Director , ISU Family Medicine Residency	ISU FMR, Idaho Health Professions Education Council, IMA, IAFP

Health Care Council Coordination Workshop
June 30, 2011
Flip Chart Note Transcription

Health Information Technology: Discussion

(A) Transformation coaches:
- Provide education and mentor networks (Qualis has something like this under development)
- Provide WIREC–like services to all providers (Can funding be made available to deliver WIREC-like services to specialists?)

(B), (C), (F)
- Reimbursement in a coordinated delivery system for services needs to support adoption and use of electronic health records

(D) Registry
- To support the vision, electronic health records must include registry functionality, and if not, practices need to support the best way to accomplish this
- Identify key components for an electronic health record that would support the vision and provide education so providers know what to look for
- Use safety net medical home clinics as a resource*

(E) Payer data-integration
- Establish a work group to explore how integrated payer data can be used to support the vision; providers must be included in the workgroup
- Provide integrated view of where to focus quality efforts and measure the outcomes of those efforts
- The adoption of electronic health records by providers will drive additional adoption by independents
- Behavioral health: M/U doesn't apply.
    - Reimbursement strategy—to engage these providers (delivery system change)
- Discussions are challenging given the current landscape and unknowns in the future.

Health Information Technology: Conclusions

6. Do we all embrace the same vision for Idaho's Health care System?
    - Idahoans will have the opportunity to access quality, effective, efficient, and affordable health care that provides a coordinated delivery system.

7. How are we progressing, and is that progress moving us toward that vision?
    - Progress is slow but headed in the right direction, providing tools for transformation
    - Development of one HDE creation and EMR incentives
    - Delivery system changes have yet to happen
    - The answer to EHR adoption is yes… the question is when.

8. How can we coordinate our efforts?

- Coordination of efforts at the HIT level.
- Idaho Provider Advisory Council
- HIT forum
- Continue sub-group work
- The State Coordinator role is key
- Broader coordination council provide insight into more activities

9. What strategies will we undertake to address barriers and secure implementation?
    - Education
    - Look for funding opportunities
    - Develop strategies to create critical mass of participation in the exchange
    - Continue to be involved in a statewide and national level to keep up with the dynamic and rapidly changing environment

10. What are our next steps?
    - Convene CIO council to review HIT strategic and operational plan and determine any changes or additions that need to be made
    - Continue current coordination efforts
    - Medicaid implementation of incentive program—let providers know when funding begins to flow, even from Medicare.

Affordability and Accessibility: Discussion

- Election year: Federal nullification means State-based exchange
    – Develop relationships with Legislators

- Suggestion: one page from all stakeholders in support of exchange, short understandable FAQ/QA format
    – Department of Insurance (DOI) will draft letter—keep in mind the audience—use accountability and personal responsibility language
    – Message from HCC in support of exchange
    – Governor talk to Legislative Leadership

- Need to engage the business community: offering a cost-effective way to provide affordable health care will make Idaho an attractive place to do business
- Health care/Health insurance topics: how do we pay for all health care?
    – There is plenty of money, where does it go?
    – We need to re-think our health care in terms of wellness and preventative health care—exchanges could include preventative measures.
    – It is important to consider patient responsibility and patient-centered expectation
    – What would a new system look like?
        - clear message regarding insurance exchange
        - move from "sick" care to "well care" system
        - deal with uninsured population

- How do you get the word out about access?
    – It is important to deal with accessibility now and affordability later
    – Control of health insurance exchange will be in the hands of all stakeholders; Idaho will spend less if we take control
    – Suggestion: Point out the dollar amount difference in Fed v. State exchange
    – It is important to educate legislators and constituents about health insurance exchange
        - Protect our legislators
        - Regarding nullification: Feds will enact those topics that people fear
    – Communication is essential
        - Need concise message—same message to all
        - Heritage foundation (conservative think tank) opinion piece
    – Apply for grants, September 2011, money is very necessary.

Affordability and Accessibility: Conclusions

11. Do we all embrace the same vision for Idaho's Health Care System?
    – Health insurance exchange is key
    – A healthy population is key
    – Incentives for providers who encourage prevention and wellness
    – Incentives for all population encouraging prevention and wellness
    – Payment and wellness modules need to tie together

    −   Individual, carrier, and provider accountability

12. How are we progressing, and is that progress moving us toward that vision?
    −   Health insurance exchange is still being developed
    −   A delivery/payment system with a wellness emphasis still needs to be addressed
    −   There is a long way to go

13. How can we coordinate our efforts?
    −   Technology is important
    −   Communication, education, and accountability
    −   Health care is a complex issue that includes both government and private stakeholders
    −   Provide "menu" prescribed foods

14. What strategies will we undertake to address barriers and secure implementation?
    −   Start with a comprehensive approach and then break it down—focus on kids
    −   Creating a healthy Idaho: take control of your own health, freedom, and liberty
    −   Assign a group to track health care in Idaho

15. What are our next steps?
    −   Letter—near
    −   Exchange
    −   IT—near
    −   Medical Home
    −   Partner with providers, payers, employers, and government agencies to gather data and health care status
        - Centralize data
        - Identify priorities where efforts would be most effective

    −   Coordinated Communication Plan
        - Letter from this group in support to the Governor
        - Follow Governor's message in support with communication to providers, insurers, employers, consumers, and Legislators

Health Service Delivery: Discussion

- Is the medical home the primary foundation we are embracing now?
  – Definition of a medical home: A place or designated location that is an identified entity; a process of integrated, coordinated, and proactive care that is available 24/7.
  – Under the current system, interaction with health care professionals is triggered by the patient; under the Medical Home Model there is continuous interaction and patients are trained to be part of the team.
  – Medical homes are a good beginning place for health care reform but they need to be integrated with the rest of the health care system.
  – A Medical Home is a good management tool, but not a good financing tool.
  – Are there enough providers to support a Medical Home Model in Idaho?
  – Who takes the risk?
  – What is the role of nursing and care coordination within medical homes?

- Is a medical home feasible in a fee-for-service system? How do practices transform over time? How do the payments transform over time?
  – Fees:
    - case management fees
    - fees for service
    - gain sharing

- Reduced emergency room visits, hospitalization, and medication
- Many rural practices have some of the elements already in place
- All payer–all patients system is required
- Employers can develop their own health plans and make up the rules (e.g., penalties for going outside the provider network). Employer will want to know it's going to be a better choice.
- Strategies: How do we incentivize to keep everyone healthy?
- Care has to be on a community level. We should be looking at the Health Districts and getting funding for prevention (Should Health Districts be on the team?). *It was subsequently noted that a Public Health representative does participate on the Medical Home Collaborative.*
  – Rural areas are a great place to start.

- Reimbursement is not going to solve the problem. Should this be the prime focus?
  – The medical system does not pay for outcomes. How do we get data so we know what to pay for?
  – Use Patient Protection and Affordable Care Act (PPACA) to mandate preventative care and fund coordination.
  – Blended payment—what is the right blend? Blends could vary geographically, by employer, etc., but need a cost-effective system (include patient penalties?)
    - fee for service
    - care management–fee per patient per month
    - quality metric outcome

- shared savings
- Patient incentives (e.g., calculate an incentive payment to reward patients)

   – Other payment ideas:
- single payment structure
- mandate benefit
- protection for integration
- premium tax

- How do medical homes integrate with the insurance exchange? If this is done right, there will be cost shifts, it has to be right for the patient and there has to be patient accountability
- How do we address Medicare?
- What are our next steps?
  - Develop an all-payer claims database (e.g., in Utah, Washington, and Oregon, development cost was offset by selling datasets)
  - Develop principles, objectives, strategies, and timelines
  - Address the need for sufficient and appropriate manpower
  - Changes are transformative and will take a while
  - Medicare needs to be at the table
  - Invite Region 10 CMS to Home Collaborative meeting

Health Service Delivery: Conclusions

1. Do we all embrace the same vision for Idaho's Health Care System?
   - Agree with Vision Statement

2. How are we progressing, and is that progress moving us toward that vision?
   - Pilot programs
   - More EMRs
   - Dialogue with payers
   - Workforce assessment
   - Education of workforce

3. How can we coordinate our efforts?
   - Proactive, ongoing dialogue with key stakeholders to include hospitals and long-term care facilities
   - Creating a workgroup under Medical Home Collaborative for medical transition facilities

4. What strategies will we undertake to address barriers and secure implementation?
   - Industry has to verbalize and present the situation and the solution
   - Payment is the number one barrier; other barriers include workforce, data systems, and politics

5. What are our next steps?
   - All-payer database (e.g., Utah, Washington, and Oregon)
   - Develop principles, objectives, and strategies
   - Develop a timeline

– Invite Region 10 CMS to Home Collaborative Meeting
– HCC continue to support Home Collaborative and others
– Bring specific requests to HCC
– Meet with Legislative Committees
– Meet again in the smaller group

Final Observations

- Coordinate and change payment systems
- Common data are needed
- Difficult/inflamed political environment
    – Navigating is crucial

- Huge educational/communication need
- Make sure we're tracking with the Governor; lead with legislature.
    – Mechanism?

- Coordinated and focused communications—how can we proceed with the same message?
    – Develop a fact sheet or talking points to help all parties align with the Governor.
    – Feed this information into the Legislative Health care Task Force—critical

- The unifying principle is integration.
- Need clear governance internal to our collective efforts—clear action plan and deliverables.
    – Where do all these parts come together?

- HIE letter across HIE stakeholders—one voice
- Be prepared to experiment and innovate
- How do we provide a mechanism to other hospitals so they can leverage what northern Idaho is doing
- Develop a line of communication with payers

Leadership Team Takeaways

- Establish principles and values to develop strategies and objectives. (This is only a start, but we need to agree on certain principles before defining objectives, strategies, and tactics or at least give them some context.)

    1. Idaho laws, regulations, and insurance products should encourage flexibility, innovation, and local solutions.
    2. There should be an Idaho insurance exchange that is less regulatory, more consistent with Idaho values and will be a means to improving access to health insurance coverage.
    3. Delivery system changes, such as medical homes, accountable care organizations, and local networks, hold the promise to reduce costs and should rapidly be developed.
    4. All of the delivery system changes, such as the insurance exchange, insurance reform, information technology, medical homes, and accountable care organizations, are the way to bend the cost curve and should be implemented regardless of health reform.
    5. Information technology and telemedicine hold the promise to reduce costs, improve quality and access to care, and allow for more coordinated care while providing a more patient-centered system.
    6. There needs to be sufficient and appropriate manpower and systems in place, as well as the alignment of financial incentives, to manage the health of the individual patient, a network, and a defined population.

- Great progress is being made
- Unified support for an Idaho exchange
- If Executive Team continues momentum and energy from this meeting it will help us all move forward
- Lots of organic work
- Make connections (vs. govern)
- Alignment of payment system
- Executive Team needs to foster, encourage, and facilitate connections and not get in the way. Should also collaborate on shared message.