

Idaho Health Care Council: Connecting the Dots

18

Meeting Summary
Tuesday, October 29, 2013

The annual forum of Idaho's Health Care Council
(Executive Order 2010-15)

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*Prepared for the
Idaho Health Care Council Executive Leadership Team by:*

Bracke and Associates, Inc.
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Idaho Health Care Council: Connecting the Dots

Meeting Summary: October 29, 2013

The Idaho Health Care Council Executive Leadership Team (Leadership Team) hosted its third annual meeting on Tuesday, October 29, 2013, at the St. Alphonsus Regional Medical Center McCleary Auditorium in Boise, Idaho. The meeting was designed to help connect the dots among the initiatives and developments in health care since the group's first forum in June 2011 and even since the Governor's 2007 Health Care Summit.

Ninety-three individuals attended the meeting. The list of participants is included as Attachment A .

Health Care Council Executive Leadership Team members include:

- Richard Armstrong, Director, Idaho Department of Health and Welfare, Co-Chair
- William Deal, Director, Idaho Department of Insurance, Co-Chair
- Tammy Perkins, Office of the Governor
- Denise Chuckovich, Deputy Director, Idaho Department of Health and Welfare
- Joe Morris, Private Representative
- Stephen Weeg, Private Representative

Facilitator Marsha Bracke, Bracke and Associates, Inc., worked with the Leadership Team to coordinate the event. The following material summarizes the process and themes discussed. PowerPoint presentations can be downloaded from the Governor's website at the links indicated.

Agenda

The agenda featured the following series of presentations and tabletop discussion:

- Welcome by Richard Armstrong, Director of the Department of Health and Welfare and Co-Chair, Health Care Council Executive Leadership Team
- Presentation and discussion regarding Your Health Idaho by Stephen Weeg, Your Health Idaho Board Chair and member of the Health Care Council Executive Leadership Team
- Presentation and discussion regarding Medicaid Redesign by Paul Leary, Administrator, Division of Medicaid
- Presentation about the State Healthcare Innovation Plan (SHIP) by Dr. Ted Epperly, CEO, Family Medicine Residency of Idaho and SHIP Steering Committee Chair

- Two series of 8 tabletop discussions on the following topics as organized by Health Care Council Focus Areas:
 - Affordability and Accessibility
 - Your Health Idaho
 - Medicaid Redesign
 - SHIP Multi-Payer Reimbursement Strategies
 - Health Information Technology
 - SHIP Data Sharing - Inter-Connectivity
 - SHIP Analytics and Reporting
 - Service Delivery
 - SHIP State and Regional Design
 - SHIP Integration with Medical Homes
 - SHIP Quality Improvement

A copy of the agenda is included as Attachment B.

Welcome and Introductions

Marsha Bracke welcomed the group, thanked everyone for attending, and provided an overview of the day's agenda.

Health Care Council Three Years Later – Chasing the Dots

Director Armstrong kicked off the meeting by emphasizing the importance of connecting and coordinating the various health-related initiatives underway across Idaho. Keys to the success of these efforts include candid discussions among participants and stakeholders, excellent customer service, and setting high standards with realistic expectations.

Director Armstrong pointed out trends that threaten health are continuously emerging; many of today's behaviors will be seen preposterous in the future (e.g., smoking). One of the current concerns of focus is the misuse/overuse of antibiotics. Effectively addressing this issue will save money and improve outcomes.

Director Armstrong emphasized the strength and value of a team effort throughout Idaho to successfully solve the health issues now and in the future.

Your Health Idaho

Stephen Weeg, Your Health Idaho Chair, presented the background, progress, current status, and anticipated future direction of the Idaho Health Insurance Exchange. He began by sharing Idaho-specific statistics to provide context for the State's health insurance needs.

Mr. Weeg reviewed the process to create the state-based insurance exchange. The Idaho Health Insurance Exchange is a quasi-governmental agency; its board was created and commenced work in April 2013.

The advantages of a state-based marketplace, Mr. Weeg explained, include local control, local access to governance/directors, cost savings, and easy access to local support (e.g., agents supporting consumers in their choices). He said many states are struggling in implementation; a few are doing well (e.g., Washington and Kentucky).

Mr. Weeg also provided an overview of the Health Insurance Marketplace, including individual requirements for carrying health insurance, Marketplace functions, services and options, essential benefits, and premium ranges.

Finally, Mr. Weeg presented tax credit and cost sharing scenarios based on zip code, family size, and income range. To qualify for a government subsidy, consumers must be below 250% FPL and buy a silver plan.. He reviewed the web-based application process and showed numerous features designed to provide information and enhance customer service (e.g., plan information, cost sharing calculator, community connectors – nonprofit and agent resources, website, and help line). The goal of the Idaho Health Insurance Exchange is to have a completely state-run marketplace by Oct. 1, 2014.

For more details, please see the [Your Health Idaho PowerPoint presentation](http://gov.idaho.gov/priorities/pdf/YourHealthIdahoWeeg2013HCC.pdf) delivered by Mr. Weeg available by clicking on the hyperlink above or going directly to: <http://gov.idaho.gov/priorities/pdf/YourHealthIdahoWeeg2013HCC.pdf>

Participants asked the following questions:

- 1) Some believe many will be willing to take the penalty and not sign up for health insurance. (Note: The current penalty is \$97 or 1% of income.) Do you have a sense of how many who will do that?

Answer: We cannot predict how people will respond; however, the longer issues with the federal website remain, the more likely some will accept the penalty. Also, this may disproportionately affect the younger segment of the population, which in turn would impact the balance of the risk pool and resulting affordability

of the insurance products. It is important to remember, however, that in most cases, the lowest cost plan is cheaper than the penalty.

- 2) In light of delays in repairing the federal website, will the open enrollment period be extended?

Answer: The board must operate under the current assumption of a March 31, 2014 deadline.

- 3) How were rates based on zip codes developed?

Answer: These are based on the seven Idaho Department of Health and Welfare regions and were developed based on physician/health care networks.

- 4) Per your presentation, the cost for a state based exchange is 1.5% (assessment fees sent to the federal government) versus 3.5% for a federal exchange. How will the Idaho Health Insurance Exchange be sustainable at that level?

Answer: Idaho currently has grant funds through 2015. The intent is to maintain 1.5% through 2016; the long-term amount will depend on actual enrollment and operating costs.

- 5) How are insurance broker/agents paid and who administers this?

Answer: Brokers/agents are paid commissions from insurance companies based on previously determined arrangements.

- 6) How does the goal of getting people enrolled in insurance programs interact with the goal of controlling costs?

Answer: Those who don't have insurance have a greater utilization of higher cost care (i.e., go longer without care/require expensive emergency care). Those with insurance pay for uncompensated care via their health insurance premiums. It is imperative to redesign how we deliver care (e.g., eliminate unnecessary care), how we pay for care, and how we work and partner with people around the care they receive.

- 7) Can consumers sign up for care when they arrive at a facility? Are penalties assessed when consumers show up for care without insurance, or through some other method?

Answer: Open enrollment ends March 31, 2014. There are certain qualifying events for enrollment outside of the open enrollment period, like losing a job. Getting sick does not qualify. Your Health Idaho is not in charge of collecting penalties; these are assessed through the income tax return process.

- 8) The Affordable Care Act (ACA) has a provision for coops (i.e., for Idaho/the intermountain region). Do you see that happening for Idaho, and do you anticipate other plans coming into Idaho to expand choice?

Answer: Funding has been cut for coops. While larger insurance companies can handle lower enrollment numbers, Idaho has a small population base so the market volume may not be large enough to incentivize other companies to come into our state. It is more likely current companies will expand their offerings.

- 9) It appears counter-intuitive that those at 100% poverty don't qualify for the government subsidy. Can it be assumed that they qualify for Medicaid?

Answer: No, but the current Medicaid Redesign process includes figuring out how to bridge that gap (see next presentation for details). Currently, this segment of the population can utilize free and sliding scale resources (community health centers, free clinics, charity care, etc.).

Medicaid Redesign

Paul Leary, Administrator, Division of Medicaid, delivered a presentation about Medicaid Redesign. He emphasized the overarching goals of Medicaid Redesign are improved care and reduced cost.

Mr. Leary noted without expanding Medicaid, on January 1, 2014, 77,000 Idahoans will be ineligible for insurance assistance. He reviewed federal poverty guidelines and emphasized that if Medicaid were to redesign and offer Medicaid coverage to an expanded population, recipients must share responsibility and engage both financially (e.g., co-pays) and behaviorally (e.g., bonuses for healthy behaviors like preventative care) in their healthcare. To that end, members added to Medicaid through an expansion would have *health responsibility* accounts: debit cards onto which incentive payments (i.e., bonuses) are loaded. These funds could be used to offset member co-pays. Any money left over at year-end will be rolled over to the next year.

Some key questions under consideration are how to achieve improved outcomes, reduce cost, and move from a public to a public/private partnership. Another important

consideration is how to incorporate the Idaho Medical Home Initiative - supported by the literature for better outcomes – and ensure all members are assigned to medical homes.

Mr. Leary discussed the concept of “churn” – where Medicaid recipients move into the private insurance market or Health Insurance Marketplace when their incomes increase. Medicaid Redesign seeks to achieve a smooth transition for such members, including facilitating health plan similarity. Coordination with the Idaho Health Insurance Exchange is underway.

Next steps in the Medicaid Redesign work include:

1. Legislative approval to cover the new adult group
2. CMS approval
3. Request for Proposal (RFP) for plans to offer, and
4. Coordinating with Idaho Health Insurance Marketplace.

For more details, please see the [Medicaid Redesign PowerPoint presentation](http://gov.idaho.gov/priorities/pdf/MedicaidRedesignLeary2013HCC.pdf) delivered by Paul Leary by clicking on the hyperlink above or going directly to: <http://gov.idaho.gov/priorities/pdf/MedicaidRedesignLeary2013HCC.pdf>

Participants asked the following questions:

- 1) Can newly enrolled children be on the same health insurance plan as their parent, although they may have already been eligible under Medicaid?

Answer: I don't know.

- 2) How do we transition from a volume-based to a value-based system when you have no control over provider contracts?

Answer: We need to take on this issue with a patient-focused approach, moving from fee for service to outcome-based payment.

- 3) What's the plan to get folks enrolled? Will there be an education component?

Answer: We are currently developing workgroup recommendations; an implementation plan has not yet been developed.

- 4) Physical activity is not included as an incentivized activity (e.g., measuring step counts with pedometers). Why not?

Answer: The workgroup is open to including other evidence-based practices. (The list provided during the presentation was not comprehensive, just examples.)

- 5) How will members be incentivized to increase their incomes and go off Medicaid and transition to the Marketplace where they will have to pay more for insurance?

Answer: It is hoped that an increased income should be incentive enough (i.e., few are happy living on a low income).

- 6) What will incentivize providers to provide services to this population?

Answer: Currently, 98% of Idaho providers take Medicaid. The difficulty is that doctors/facilities limit the number of Medicaid patients they take. Federal subsidies will be available to help with this.

- 7) It sounds like the estimated cost implication of Medicaid Redesign will save the state \$85 million over the next 10 years; otherwise, it will cost the state \$10.5 billion over the next 10 years?

Answer. Yes. This underscores the problem of providing inappropriate services at inappropriate times.

- 8) How will Medicaid redesign be implemented?

Answer: We are looking at the experiences of other states (e.g., Arkansas is pursuing using the same products as in their exchange, which is possible with CMS approval). In either case, the plan is to use commercial products. This effort involves both insurance reform and delivery reform. The fact is the United States spends more on healthcare and has poorer outcomes than other countries; healthcare inflation *continued* during the recession. This requires a solution. Implementation will evolve over time and there will likely be setbacks.

State Healthcare Innovation Plan (SHIP)

Dr. Ted Epperly presented work to date on the State Healthcare Innovation Plan (SHIP), including an overview of the initiative's background and timeline. Efforts to transform Idaho's healthcare system started with the Governor convening a Healthcare Summit in 2008, followed by a variety of initiatives including establishing the Health Insurance Exchange. In March of 2013, Idaho was awarded the SHIP grant by Center for Medicare and Medicaid Innovation (CMMI), with an emphasis on developing a multi-payer approach and cultivating significant stakeholder engagement.

He emphasized the plan goal to transition from a volume driven to value driven healthcare system; ideally, there should be compensation/incentive for keeping people healthy rather than volume of services. He described system value as the following: Value = Quality (positive health outcomes)/Cost. Value increases as quality increases and/or cost decreases.

Dr. Epperly reviewed the process and outcomes of the SHIP project. A final report will be submitted to CMMI as a basis for a follow up grant proposal to test Idaho's SHIP design. He described plan elements and emphasized its focus on strengthening the primary care system and significantly improving mental health delivery and oral health care. A 501c3 Health Quality Alliance (HQA) is proposed to provide statewide governance to the redesigned system, and Regional Collectives (i.e., advisory committees) are proposed to support implementation and improvement activities at the regional level. He noted that data is essential for measuring improvement/results and the alignment of payment systems. Also key to success is patient engagement and accountability.

An improved healthcare system will give access to healthcare for all, provide the right kind of care at the right time, and engage the system as a whole versus individuals. The system will put patients first (not doctors, payers, etc.). The transition to such a system will be very difficult; it will be hard work; and it will take time to incorporate a completely different way of financing healthcare. It may even threaten the short-term financial sustainability of the system.

Three initial quality measures have been selected: obesity reduction, diabetes reduction, and smoking cessation. Dr. Epperly emphasized the importance of health information technology and the Idaho Health Data Exchange (IHDE) in supporting the data capabilities needed to effectively measure outcomes.

Dr. Epperly described the multi-payer payment model, which includes training and incentives for those primary care practices implementing the patient centered medical home model and making measureable improvements based on data. Implementation of this model is expected to be done in a five-year phased approach.

The next steps in the SHIP project are finalizing the design and submitting it to CMMI by the end of the year. It is anticipated the CMMI SHIP implementation grant RFP will be released in January 2014. Idaho will submit a proposal. However, State and SHIP stakeholders are committed to implementing the plan, regardless of whether the implementation grant is received.

For more details, please see the [SHIP PowerPoint presentation](http://gov.idaho.gov/priorities/pdf/StateHealthcareInnovationPlanEpperly2013HCC.pdf) delivered by Dr. Epperly by clicking on the hyperlink above or going directly to:
<http://gov.idaho.gov/priorities/pdf/StateHealthcareInnovationPlanEpperly2013HCC.pdf>

The following participant questions and points of discussion were raised:

- 1) How would the HQA be funded?

Answer: Initially through the grant (approx. 3 years). Future funding may come from the money insurers are anticipated to save with the improved system.

- 2) Will the role of the Regional Collectives be more of assistance or accountability/enforcement?

Answer: The emphasis is on assistance and facilitation. Also, data collection and analytics will be essential to measuring the effectiveness of the system. Medicare needs to be on board - an integrated system must have Medicare engagement – but Medicare is currently the absent payer. Medicaid is at the table.

There will be many challenges with data analytics. The IHDE has made some major strides in the right direction to prepare for this.

Tabletop Discussions by HCC Focus Area

Marsha Bracke explained the process for two rounds of tabletop discussions: participants were each invited to attend discussions of two of the eight concurrent discussion topics/tables. Discussion questions participants were asked to answer include:

- 1) How do these changes specifically impact you and your organization?
- 2) If we are brilliantly successful with this specific initiative, what will the consumer/patient experience look like? What difference will it make?

Scribes at each table noted the responses of all tabletop participants. Those notes have been transcribed and delivered to the HCC Executive Leadership Team for its use. An electronic copy of the material is available from the Facilitator by contacting her at marsha@marshabracke.com.

Tabletop moderators summarized responses received to the two questions as follows.

Focus Area: Affordability and Accessibility

A) Your Health Idaho – Facilitator: Jody Olson, Your Health Idaho

1. The greatest impact on Your Health Idaho is the amount of questions the organization receives about what things will look like in the future (from individuals and employers) and whether Medicaid will be expanded. We don't have definitive answers today, but do anticipate a change to the service model for low-income people.
2. We will have a healthier population. Value-based services will affect health and increase consumer empowerment; ultimately care could cost less.

B) Medicaid Redesign - Facilitator: Paul Leary, Division of Medicaid

1. The economic impact: Affordable Care Act (ACA) provisions to reduce Medicaid reimbursements will be accepted by the Idaho Hospital Association and result in shifting costs to other payers. If Medicaid not expanded, the big question is how will that impact Idaho's economy and economic development.
2. There will be a significant impact on indigent and mental health care. Patients will have a medical home to help keep them out of critical situations. Note: There is a desire to see clearly designed objectives, outcomes, and timelines for Medicaid Redesign.

C) SHIP Multi-Payer Reimbursement Strategies – Facilitator: David Peterman

1. This will be a new concept for patients and education will be needed to help consumers understand. Providers will be skeptical; they need the specifics about the economic impact and how to reconcile a capitated or Per Member Per Month reimbursement and current payment methodology which is Fee for Service. SHIP should take advantage of other innovations going on, not stifle them. Ensure a clear message is communicated about the value of this approach, especially if it will cost more.
2. This will result in greater patient satisfaction, provider satisfaction, and increased access.

Focus Area: Health Information Technology

A) SHIP Data Sharing/Inter-Connectivity – Scott Carrell

1. We need to have vast amounts of communication—some embrace technology and some don't. We need to keep patient demographics in mind (e.g., elderly need more drugs; young still need to be educated about the system). We need to ensure data structure and types can be shared; currently, many systems don't interact effectively. We will need to figure out how to get everyone up to speed and deal with the issues of data privacy, security, and governance.
2. Patient impact will be transparency regarding quality. Practitioner impacts include data standardization, data integrity, meaningful use of data, and compliance with data collection/gathering. An easy single point of access will be required.

B) SHIP Analytics and Reporting – Facilitator: Dr. Rick Turner

1. Issues impacting affected organizations include the complexity of data, how to integrate into clinical practice, reconciling funding, competition, and doing the right thing. An all claims database is required to make this successful. Also, there are currently not enough newly trained service providers.
2. Patients will have access to data - it will be transparent. Consumers will also be able to tie their personal behaviors to outcomes.

Focus Area: Service Delivery

A) SHIP State and Regional Design – Facilitator: Larry Tisdale

1. Emergency Medical Services can bolster services through telemedicine. Medical homes help coordinate/integrate physical and mental health care. Extensive resources are needed, but in the end the value will be there.
2. This is not meaningful until it is meaningful to the patient. Currently patients don't know if it's worth their or their doctor's time to show up for a medical concern; in the future, patients can decide if a phone call is more appropriate than a office visit..

B) SHIP Integration with Medical Homes – Facilitator: Dr. Ted Epperly

1. Impacts to organizations include alignment, sustainability, relationships and transparency, and training students as teams (i.e., interdependently and not

through silos). Most are probably experiencing some degree of fear and uncertainty.

2. Stated in one word/phrase:

- Increased access
- Increased focus on prevention and wellness
- Serenity
- Wellness
- Seamless
- Symbiotic
- Family
- Individuality
- Responsibility

C) SHIP Quality Improvement – Facilitator: Dr. Andrew Baron

1. The focus will be paying for outcomes versus volume. We will improve costs and health outcomes. We will redefine how we educate our workforce. We will require greater coordination of care integration, leveraging of current resources, and breaking down silos. There will be an increased focus on data driven decision-making.
2. Patients will be happier and more fulfilled. Healthcare will cost less and yield better outcomes. There will be safer, more effective care, and more comprehensive care using a Patient-Centered Medical Home. It will be disruptive if the model is adopted – moving from a *sick* system to a *wellness* system.

Take Aways

The HCC Executive Leadership Team offered the following observations at the meeting's end.

Stephen Weeg:

Every year, we make progress. We are very clear-eyed about what we are facing – know where we want to go and realistic about the challenges. It is currently unknown how the implementation/transformation will go. At next year's meeting, it will be interesting to see the progress made. It is clear the group is committed to working together for the best interests of Idahoans.

Tammy Perkins:

It is great to have professionals and legislators together to share information. Director Armstrong, Bill Deal, and Stephen Weeg have led great work to improve healthcare in Idaho.

Director Armstrong:

Open sharing of claims data is critical to understanding populations and what's needed to best serve them. For the Health Insurance Exchange, it is important to understand the impacts of income, subsidies, and penalties.

Denise Chuckovich:

We have many initiatives underway directed at transforming our healthcare system. My request of this group is to watch for opportunities to link and leverage related healthcare initiatives *and* to watch for unintended consequences.

William Deal:

There is steady growth and success toward providing quality healthcare for the citizens of Idaho. Governor Otter made the right choice to have a state-based health exchange. Medicaid redesign and compensation issues for physicians are coming along.

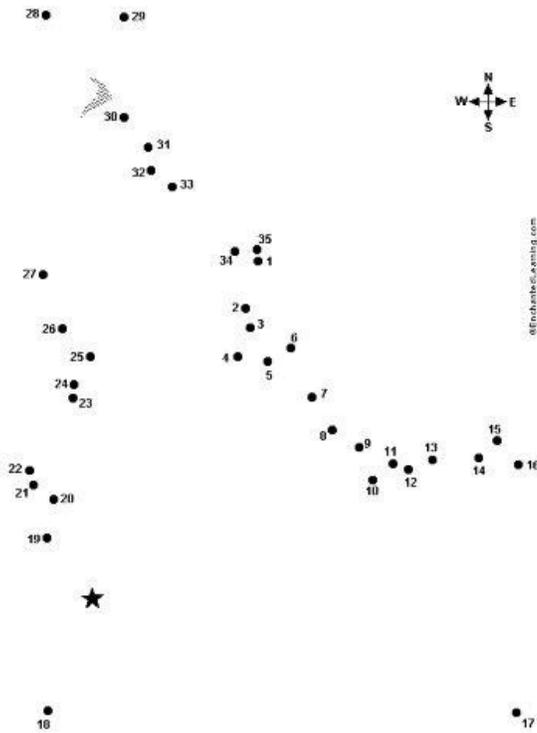
Attachment A: List of Participants

Last	First	Affiliation
Armstrong	Richard	Department of Health and Welfare
Baron	Andrew	Terry Reilly Health Systems
Barron	Russ	Department of Health and Welfare
Benjamin	Georganne	Regence BlueShield of Idaho
Bennett	Lynda	Mountain States Group
Blanton	Jennifer	Gallatin Group
Bolz	Darrell	Idaho House of Representatives
Bracke	Marsha	Bracke and Associates, Inc., Facilitator
Cameron	Dean	Idaho State Senate
Carrell	Scott	Idaho Health Data Exchange
Cerchione	Carla	Facilitation Team
Chadwick	Michele	Canyon County Commissioner
Chew	Sue	Idaho House of Representatives
Christian	Melissa	Regence BlueShield of Idaho
Chuckovich	Denise	Department of Health and Welfare
Crouch	Jeff	Blue Cross of Idaho
Deal	Bill	Idaho Department of Insurance
Denny	Wayne	Department of Health and Welfare
Dowd	Amy	Your Health Idaho
Duer	Linda	Idaho Physicians Network
Duke	Russ	PHD: Central Health District Department
Dunnagan	Tim	Boise State University
Epperly	Ted	Family Medicine Residency of Idaho
Evans	Peggy	Qualis Health
Farley	Michael	Department of Health and Welfare
Flinn	Lee	AARP
Fronk	Tom	Idaho Primary Care Association
Geyer-Sylvia	Zelda	Blue Cross of Idaho
Hagedorn	Marv	Idaho State Senate
Hahn	Christine	Department of Health and Welfare
Hall	Drew	Department of Health and Welfare
Hancey	Doug	Idaho House of Representatives

Last	First	Affiliation
Heider	Lee	Idaho State Senate
Heinze	Tim	Idaho Primary Care Association
Henbest	Margaret	Idaho Nurses Association
Hettinger	Lisa	Department of Health and Welfare
Heyer	Laurie	Blue Cross of Idaho
Hill	Barton	St. Luke's Health System
Hixon	Brandon	Idaho House of Representatives
Hodges	Zach	Qualis Health
Hurst	Dustin	Idaho Reporter.com
Ketchum	Yvonne	Business Psychology Associates
Kreiling	Scott	Regence BlueShield of Idaho
Krosch	Bruce	PHD: Southwest District Health
Leary	Paul	Department of Health and Welfare
Lee	Sharon	Idaho Physical Medicine
Loertscher	Tom	Idaho House of Representatives
Malone	Mike	St. Alphonsus Regional Medical Center
Mann	Maggie	PHD: SouthEastern Idaho Public Health
Martin	Fred	Idaho State Senate
Mason	Ross	Department of Health and Welfare
McGill	Kathy	Department of Insurance
Mercy	Michael	PacificSource
Meza	Casey	Kootenai Health
Millard	Steve	Idaho Hospital Association
Nuxoll	Sheryl	Idaho State Senate
Olson	Jody	Your Health Idaho
Osgood	Linda	Boise State University
Packer	Kelley	Idaho House of Representatives
Perkins	Tammy	Office of the Governor
Peterman	David	Primary Health Medical Group
Pouliot	Susie	Idaho Medical Association
Priest	Shad	Regence BlueShield of Idaho
Prisock	Tamara	Department of Health and Welfare
Pugatch	Sheila	Department of Health and Welfare
Rackow	Geri	PHD: Eastern Idaho Public Health District
Revoczi	Monica	Facilitation Team

Last	First	Affiliation
Roberge	Richard	Board of Health and Welfare
Romero	Joe	At Large
Rooney	Michael	St. Joe's Regional Medical Center
Rowe	Linda	Qualis Health
Rusche	John	Idaho House of Representatives
Santos	Neva	Idaho Association of Family Physicians
Sayler	Tim	St. Joe's Regional Medical Center
Schmidt	Dan	Idaho State Senate
Schmitz	David	Family Medicine Residency of Idaho
Shaw-Tulloch	Elke	Department of Health and Welfare
Smith	Gary	Regence BlueShield of Idaho
Spencer	Dieuwke	Department of Health and Welfare
Surber	Corey	St. Alphonsus Regional Medical Center
Taylor	David	Department of Health and Welfare
Thompson	Platt	Department of Health and Welfare
Thrower	Thomas	St. Joe's Regional Medical Center
Tisdale	Larry	Idaho Hospital Association
Turner	Kathy	Department of Health and Welfare
Turner	Rick	St. Alphonsus Regional Medical Center
Vauk	Karen	Idaho Food Bank
Veloz	Fernando	M S Administrative Services, Inc.
Weeg	Stephen	HCC Leadership Team
Whalen	Lora	PHD: Panhandle Health District
Wood	Fred	Idaho House of Representatives
Woodley	Sara	Business Psychology Associates
York	Cynthia	Department of Health and Welfare

Attachment B: Agenda



Idaho Health Care Council: Connecting the Dots

Agenda

Tuesday, October 29, 2013

St. Alphonsus Regional Medical Center

McCleary Auditorium

1055 N Curtis Road

Boise, ID

*The annual forum of
Idaho's Health Care Council (EO 2010-15)*

Time	Topic
8:30 a.m.	Coffee and light refreshments <ul style="list-style-type: none"> • <i>Sponsored by Department of Insurance</i>
9:00 a.m.	Welcome and Introductions <ul style="list-style-type: none"> ○ Marsha Bracke, Bracke and Associates, Inc., Facilitator
9:20 a.m.	Health Care Council Three Years Later - Connecting the Dots <ul style="list-style-type: none"> ○ Richard Armstrong, Director, Department of Health and Welfare Idaho Health Care Council Executive Leadership Team, Co-Chair
9:45 a.m.	Your Health Idaho <ul style="list-style-type: none"> ○ Stephen Weeg, Your Health Idaho Board Chair Idaho Health Care Council Executive Leadership Team
10:30 a.m.	BREAK <ul style="list-style-type: none"> • <i>Sponsored by Department of Insurance</i>
10:45 a.m.	Medicaid Redesign <ul style="list-style-type: none"> ○ Paul Leary, Administrator, Division of Medicaid
11:30 a.m.	LUNCH - <ul style="list-style-type: none"> • <i>Sponsored by Qualis Health</i>
12:15 p.m.	State Healthcare Innovation Plan (SHIP) <ul style="list-style-type: none"> ○ Dr. Ted Epperly, CEO, Family Medicine Residency of Idaho SHIP Steering Committee Chair

Round 1: Concurrent Tabletop Discussions by HCC Focus Areas

- Affordability and Accessibility
 - Your Health Idaho
 - Medicaid Redesign
 - SHIP Multi-Payer Reimbursement Strategies
- 1:00 p.m. ○ Health Information Technology
 - SHIP Data Sharing - Inter-Connectivity
 - SHIP Analytics and Reporting
- Service Delivery
 - SHIP State and Regional Design
 - SHIP Integration with Medical Homes
 - SHIP Quality Improvement

Round 2: Concurrent Tabletop Discussions by HCC Focus Areas

- Affordability and Accessibility
 - Your Health Idaho
 - Medicaid Redesign
 - SHIP Multi-Payer Reimbursement Strategies
- 2:00 p.m. ○ Health Information Technology
 - SHIP Data Sharing - Inter-Connectivity
 - SHIP Analytics and Reporting
- Service Delivery
 - SHIP State and Regional Design
 - SHIP Integration with Medical Homes
 - SHIP Quality Improvement System

- 2:45 p.m. **BREAK**
- *Sponsored by Department of Insurance*

3:00 p.m. Tabletop Reports

Take Aways

- 3:20 p.m. ○ Health Care Council Executive Leadership Team
- William Deal, Director, Department of Insurance
Idaho Health Care Council Executive Leadership Team, Co-Chair

4:00 p.m. ADJOURN

