MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 12, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Neva Santos, Idaho Academy of Family Physicians; Larry Tisdale, IHA; Dieuwke A. Dizney Spenser and Mary Sheridan, IDHW; Sam Haus, ICOA; Sharon Harrigfeld and Monty Prow, IDJC; Sara Thomas, SAPD; Scott Carvell, IHDE; Cynthia York, IDHW - SHIP; Elizabeth Criner and Stacey Satterlee, ACS-CAN

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes for the February 4th and February 5th Committee meetings. **Motion carried by voice vote.**

Chairman Wood(27) introduced and welcomed a group of honor students from Homedale High School who are visiting the capitol to watch their government at work.

Dr. Ted Epperly, Boise Family Physician, President, CEO, Family Medicine Residency of Idaho, Chair, Idaho State Healthcare Innovation Plan (SHIP) Steering Committee, appeared before the Committee. SHIP is a statewide plan to redesign the healthcare delivery system from a volume-driven, fee-for-service system to an outcome-based system to provide improved health, improved healthcare and lower costs. He gave a brief history of the redesign efforts that began in 2007.

In March, 2013, the Centers for Medicaid and Medicare Innovation (CMMI) awarded a six-month planning grant to Idaho to develop SHIP. The grant is managed by the Department of Health & Welfare (DHW), who contracted with Mercer Consulting to facilitate the process. Numerous meetings have been held with healthcare stakeholders, focus groups, and Idahoans to discuss what is and is not working in the current program. From the discussions came the recommendations for network design, quality measures, healthcare information technology (HIT) data, and payment reform workgroups.

The SHIP Steering Committee has acted on the recommendations and finalized a plan design which was sent to CMMI December 26, 2013. The plan will be the basis for a Model Testing Proposal grant application to CMMI early in 2014, which could result in significant federal funding to assist in the implementation of SHIP.

Elemental to the model is a strong primary care system base to provide healthcare where Idahoans live. Patient Centered Medical Homes (PCMH) will be integral ways for community management and coordination of system healthcare. Medical neighborhoods will integrate healthcare in a synergistic fashion with the Idaho Healthcare Coalition (IHC) and be overseen by Regional Cooperatives (RC), which will be 501(c)3 non-profit entities.

Dr. Epperly said the electronically linked health data will flow between practices and Emergency Rooms (ERs). Additionally, data analytics software will encourage patient input to engage them to be part of their own healthcare solution. This daily information will add to the proactive care management goal to provide the right care at the right time for the right reason.

Another model element will align payment systems across major payers for better integration, coordination, and better outcomes for Idahoans.

Dr. Epperly described the SHIP model, which will begin with a patient-centered approach to all primary care services. Then the PCMH and Medical Neighborhood Care Team will provide primary care services and coordination of care across the larger medical neighborhood of specialists, hospitals, behavioral health, and long-term care services. Finally, the Idaho Healthcare Coalition will oversee the development of this performance-driven population management system.

The IHC Board will support and oversee coordinated systems. It will be made up of providers, payers, consumers, and others. It will include RC activity coordination, system improvement policy level discussion, statewide metrics quality, population, consistency, and accountability.

RCs will be part of the IHC, with representation on the IHC Board. The RC will perform advisory, administrative, and facilitative roles, creating support for the PCMH and integration of Medical Neighborhoods. **Dr. Epperly** stated this collaboration will support primary care practices with training, technical assistance, and coaching. Using protocols created at IHC, it will also provide regional data gathering and analytic support.

Quality core measures will be identified for all PCMHs. To establish a baseline, three known population health improvement outcomes will be tracked during the first year. They are tobacco use and cessation activities, comprehensive diabetes care, and weight assessment for children and adolescents.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

Dr. Epperly explained the multi-payer payment model five-year redesign strategy. He concluded his presentation, stating that the State and SHIP stakeholders are committed to continuing healthcare system transformation, with or without further CMMI funding.

Responding to Committee questions, **Dr. Epperly** said the IHDE is laying the pipeline to effectively navigate statewide variations in data information systems. The future hope is to include claims data in non-proprietary and Health Insurance Portability and Affordability Act (HIPAA) compliant ways to truly see what is being done to appropriately handle and manage costs.

Dr. Epperly gave the example of immunization rates, which vary in each of the seven Idaho regions, to improve population health, future data exchange through the IHC will address challenges in individual regions reporting below the desired level. Where daily patient data is already being collected, it has been shown to detect significant health changes that can be addressed immediately, before ER visits or hospitalization are required, and keep patients healthy at home. Data exchange can also reduce redundancy and individuals getting "lost" in the system.

The current system will remain in effect as the payment system migrates to a per-member-per-month basis that provides insurance and employer payments for services provided through the electronic patient-physician information exchange.

Sara Thomas, Chairman, Idaho Criminal Justice Commission, State Appellant Public Defender, presented the annual Idaho Criminal Justice Commission (ICJC) report. To achieve a safer Idaho, the ICJC is committed to collaboration. These efforts address important criminal justice issues and challenges by developing and proposing cost effective best practice balanced solutions. She described the current makeup of the Commission and their charge to promote efficiency and effectiveness in the Criminal Justice System.

In their directive to provide information to improve decisions, use of public resources, and public safety, the ICJC has developed the Results First Project, an offender program computer evaluation of cost effectiveness and success rates. The *Community Guide to Address Criminal Gangs in Idaho* pamphlet is now available. The Public Defense subcommittee and other subcommittees that focus on specific issues have been created. The ICJC has also produced a paper stating their opposition to medical marijuana.

Ms. Thomas said there are several pieces of legislation this session that address public defence issues, juvenile right to counsel, and human trafficking. The ICJC is coordinating with the Sex Offender Management Board, the Prison Rape Elimination Act Subcommittee, and the Governor's Task Force on Zero Tolerance of Sexual Assault Against Incarcerated Persons.

A three-year strategic plan has been adopted by the Grant Review Council, the current legal status project grant governing body. The Misdemeanor Probation Treatment Services Subcommittee is facing funding challenges due to a federal grant that runs out in a year.

Ross Mason, Chair, Children of Incarcerated Parents (COIP), Regional Director, DHW, presented the COIP annual summary report. COIP is charged with improving the lives of children with incarcerated parents with lengthy sentences. Two school pilot programs began with 16 participants, 8 to 11 years of age. The children met at least once a week during the school term in a club-like setting. At the end of the school year the results of the program data showed the children had made improvements in their home behavior (27%), were now working at their grade level, and had slightly improved school attendance. Both parents and children thought the program was valuable and worthy of continuation.

Monty Prow, Department of Juvenile Correction (DJC), presented the Criminal Justice Research Alliance Committee's annual report that recommends a change from the existing stand alone silo system of data storage to a system designed to provide a series of existing system connections that will not warehouse, but share information between the entities.

A National Center for State Courts (NCSC) grant and technical assistance has been received and the ICJC has agreed to be the governing body. The Memorandum of Understanding (MOU) has already been developed. The collaborative statement of work for the various ICJC entities is being created. The data exchange is expected to be established by Fall of 2014.

Responding to questions, **Sara Thomas** explained the Misdemeanor Probation Treatment Services Subcommittee grant loss would remove probationer treatment programs, which is an important behavioral and mental health tool to prevent individuals from returning to the system and increasing criminal justice system costs. Shifting from a focus on the crimes committed to a focus on the system costs and risks posed by offenders would be an overall improvement for future consideration.

Scott Burpee, President, CEO, Safe Haven Health Care, Chairman, Community Care Advisory Council (CCAC) presented the CCAC annual report. He described the evolution of the Council formed in 1981. The CCAC holds public meetings where anyone can express concerns.

As a forum for stakeholders in Residential Care or Assisted Living Facilities (RALFs) and Certified Family Homes (CFHs), the CCAC makes policy recommendations for licensing and standards enforcement. It also advises during Rule development or revision. Annually reports to the Legislature include recommendations to further address RALF and CFH issues. A CCAC subcommittee continues to meet with the Department of Health and Welfare to find placement solutions for RALF residents who pose a threat to themselves or others.

Mr. Burpee said the move of patients from the state home in Nampa to CFH has allowed parents to care for their adult children. Following security requirements, facilities can be in residential neighborhoods.

Answering a question, **Mr. Burpee** explained that CFH statistics indicate relatives provide 64% of the care, but may also provide for additional residents to help cover their costs. CFHs pay no taxes on income for services. The existing variation in statewide occupancy requirements has to do with tax code and other regulations. The DHW has guidelines about relatives providing care outside of their own home.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:05 a.m.

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Representative Perry
Chair

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Irene Moore
Secretary