



Idaho's Roadmap to Healthcare Coverage

Today's Presentation

1. Idaho's Coverage Gap Background
2. Primary Care & SHIP Integration
3. Solving the Coverage Gap Crisis
4. Selecting a Path Forward

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The Health Coverage Gap Background



2012

1st Workgroup

- Supreme Court decision makes Medicaid expansion provision of the ACA a state option
- Gov. Otter convenes workgroup to study expansion of Medicaid coverage
- Workgroup unanimously supports Medicaid expansion

The Health Coverage Gap Background



2014

2nd Workgroup

- Governor Otter reconvenes a workgroup to consider alternative models to traditional Medicaid expansion
- Workgroup develops and supports the Healthy Idaho Plan

The Health Coverage Gap Background



2015

SHIP

- The Idaho State Healthcare Innovation Plan (SHIP) is implemented
- SHIP is supported by the Idaho Legislature, sponsored by Governor Otter and managed by Idaho Dept. of Health & Welfare

The Health Coverage Gap Background

2012

1st Workgroup

- Medicaid Expansion

2014

2nd Workgroup

- Healthy Idaho Plan

2015

SHIP

- Four-year pilot model begins

Finding a Solution: Four Years Later

- The cost of doing nothing
 - Status quo is costly (in lives and money), inefficient and ineffective
 - But we have taken the time to:
 - Learn from other states
 - Develop an understanding of gaps in access and delivery
 - Gather data and research
- Current opportunity
 - Develop a homegrown Idaho-based solution
 - Integrate SHIP and primary care successes
 - Realize savings and improved health outcomes



Charity Care in Idaho

- Idaho has a strong charity care system that is at maximum capacity
 - Volunteer Physicians Network (VPN)
 - Run by Genesis World Mission
 - Specialists donate limited number of appointments
 - Hospitals donate labs/imaging for VPN patients
 - Free clinics
 - Hospital charity care



PRIMARY CARE AND SHIP INTEGRATION



Primary Care in Idaho



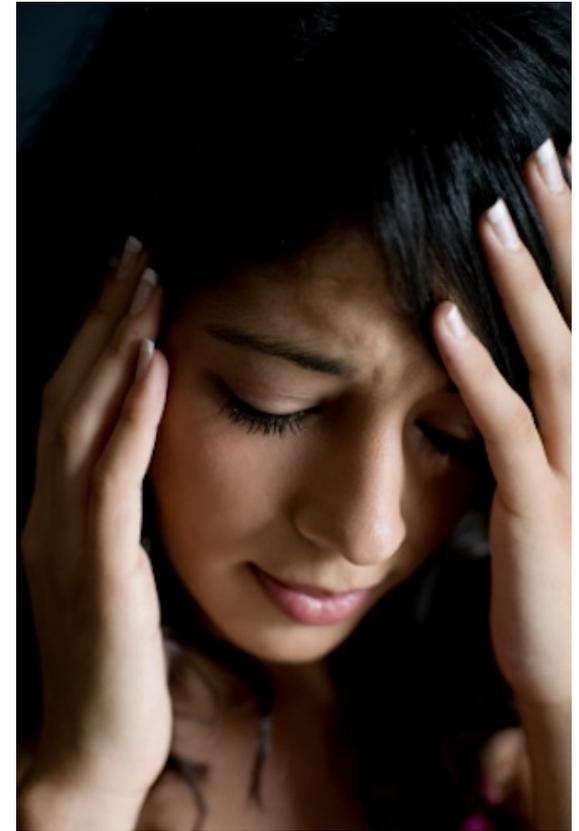
- Includes health centers, rural health clinics, private practices, hospital based clinics
- Care coordination
 - Connects patients to broader health neighborhood and supports maintaining their health
- Management of acute and chronic conditions
 - Hypertension, heart disease, arthritis, diabetes, asthma, etc.
- Prevention and wellness
 - Immunizations, smoking cessation, cancer screenings

The Coverage Gap – What Do We See as Providers?

Many people...

- Delay and/or forgo care – for a variety of reasons
- Do not receive regular check-ups, preventive care and immunizations
- Cannot afford their medications
- Do not seek care until they are very sick, sometimes with tragic results

We spend significant time, energy and money trying to provide and arrange care that patients can afford



Challenges... and Opportunities

- The U.S. outspends other industrialized nations on per-capita healthcare costs, and spends a much higher percentage of GDP on healthcare
 - Yet our health outcomes lag behind many other industrialized nations
 - Still have >25 million uninsured individuals
 - Only 5% of spending is directed to primary care
- In Idaho, we have an established track record of collaborative state-based solutions to healthcare system gaps – with higher quality and lower costs
 - Strong focus on primary care and practice transformation: Idaho Medical Home Collaborative, Health Homes/Healthy Connections
 - Lower readmission rates, higher hospital quality
 - Stakeholders work well together



Primary Care in Idaho: Integrating SHIP*

- Utilizes patient centered medical homes
 - Provides coordinated team-based care
 - Aligns payment incentives with performance goals
 - Offers a blueprint for statewide implementation
- SHIP is value and outcome-based
 - Improved health
 - Improved healthcare
 - Lower costs

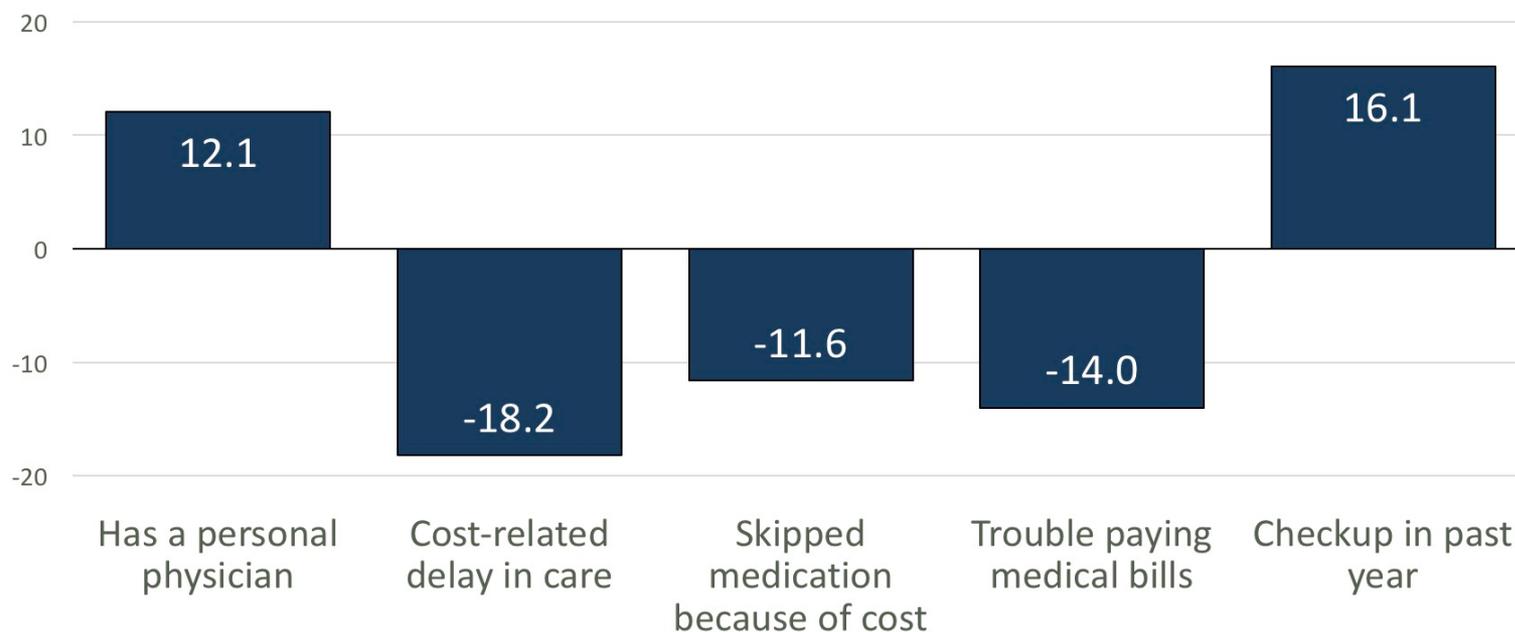


**The State Healthcare Innovation Plan*

Primary Care in Idaho: Improving Health

- Closing the coverage gap leads to greater primary care use and improved health outcomes

Changes in Utilization and Health Among Low-Income Adults After Closing Coverage gap in Other States



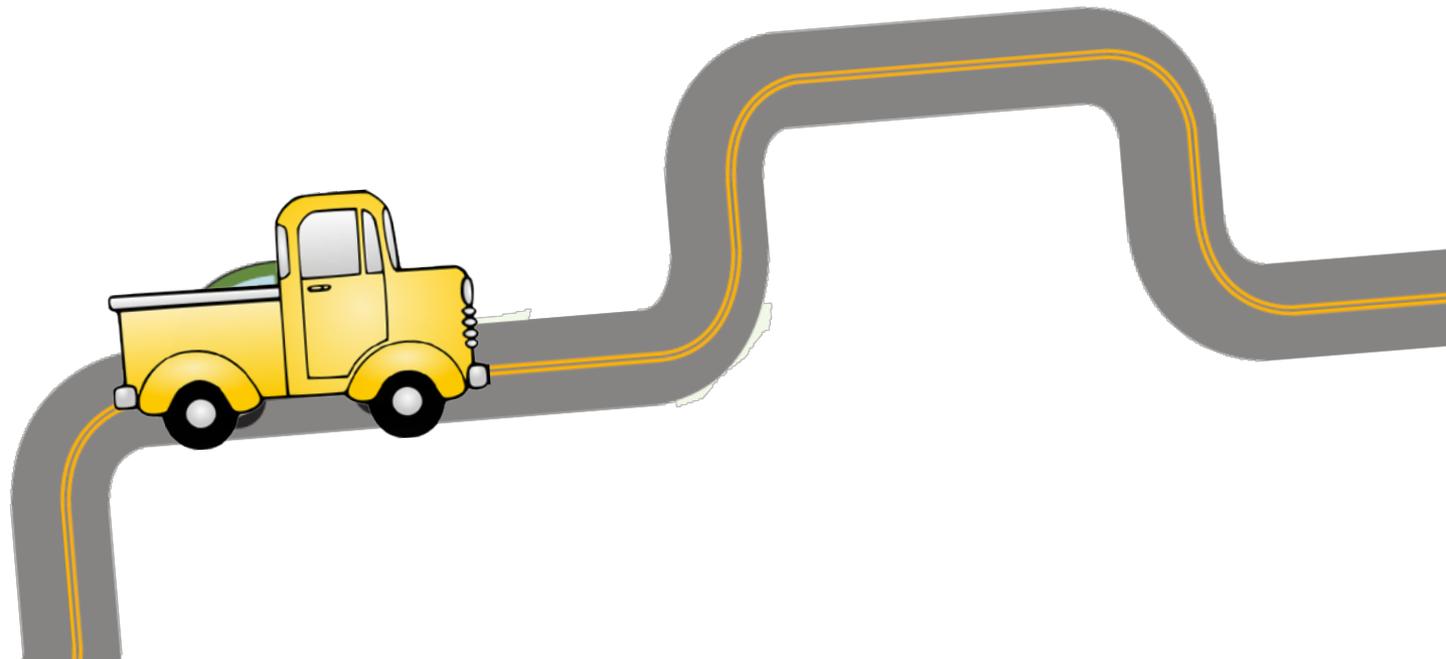
Primary Care in Idaho: Realities

- Idaho has healthcare access disparities
 - Not all communities have a health center, rural health clinic or other provider
- Primary care does not meet all patient needs: e.g. hospital stays, emergency department visits, rehabilitation, specialty care



Patient Centered Medical Homes are NOT a substitute for essential coverage

IDAHO'S ROADMAP TO SOLVE THE COVERAGE GAP CRISIS



Close the Gap's Proposed Solution

Must include:

- ✓ Essential coverage
- ✓ Utilization of federal and state dollars
- ✓ Managed care with SHIP integration
- ✓ Controlled costs
- ✓ Elimination of inefficient programs

Can be accomplished by:

- ✓ Emphasizing primary care
- ✓ Customizing a waiver
- ✓ Incorporating legislative protections



A Full Solution Must Include



Essential Coverage

- Idahoans living in the coverage gap gain access to preventive, primary, specialty, hospital and behavioral health care, including labs, imaging and prescription coverage



Utilization of Federal and State Dollars

- Idaho utilizes enhanced FMAP rates and leverages federal dollars with state dollars to support a cost-effective managed care delivery system

A Full Solution Must Include



Managed Care with SHIP Integration

- The health delivery system integrates with SHIP and focuses on establishing patient-centered medical homes that coordinate team-based care and reward improved health outcomes



Controlled Costs

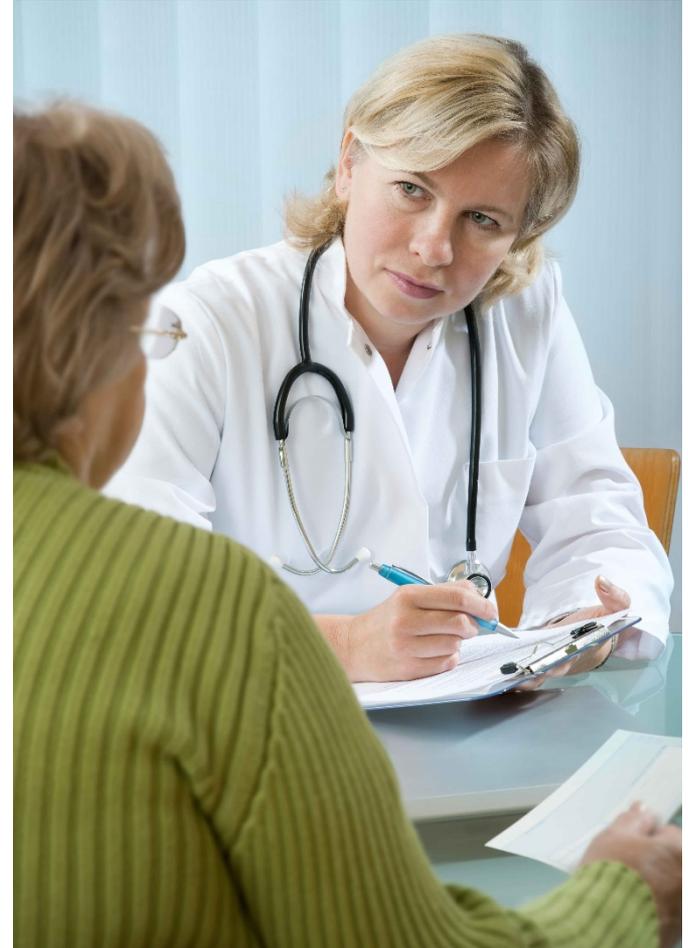
- A managed care delivery system incorporates accountability for high-quality care and improved outcomes, managing utilization and reducing unnecessary costs

A Full Solution Must Include



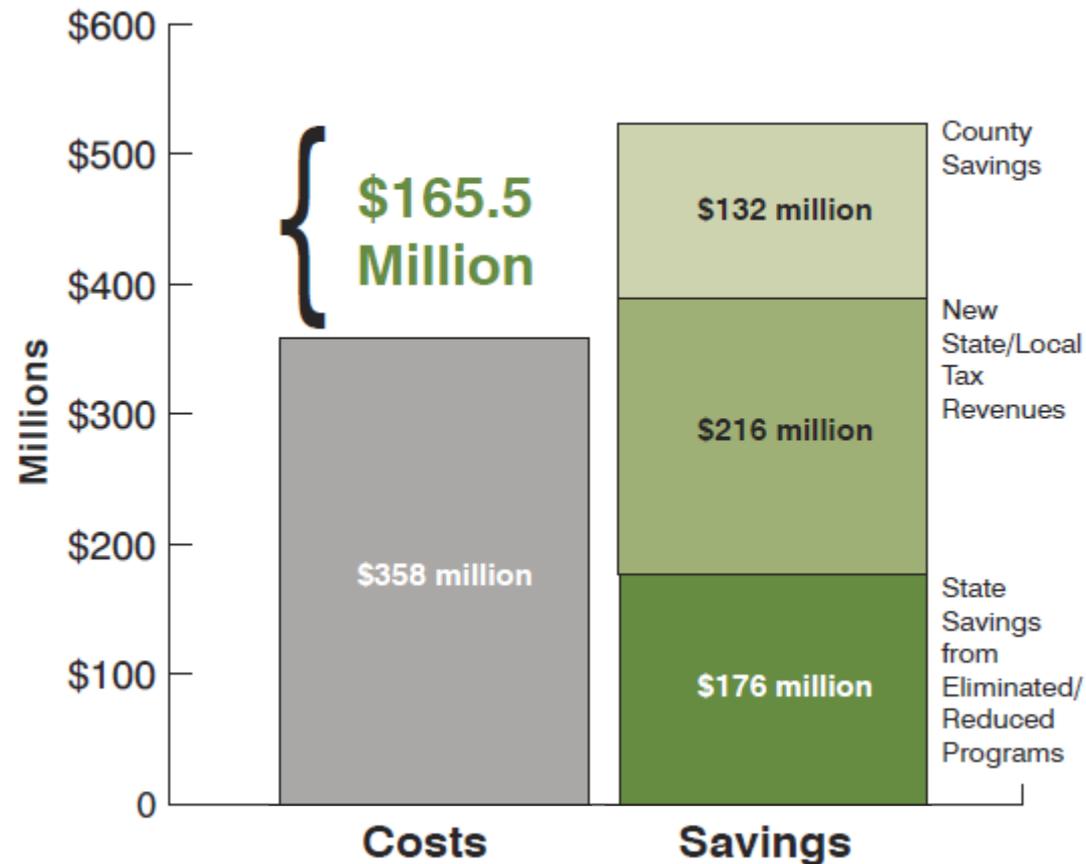
Elimination of Inefficient Public Programs

- Current public indigent programs are significantly reduced or eliminated, including county indigent programs and the state CAT Fund



Fiscal Impacts of a Full Solution

- If Idaho closes the coverage gap with a full solution, we would:
 - See \$524 million in county savings, new revenue and state savings
 - Invest \$358 million in state funds
- The total fiscal impact over the next five years is a net gain of \$165.5 million



Shortfalls of a Primary Care-Only Solution

- Continues costly, inefficient government programs
- Does not integrate with SHIP – bifurcated system
- Hinders our ability to be successful in transforming the delivery system
- Does not effectively utilize tax dollars Idahoans have already paid
- If rationed only to those already chronically ill, others will develop preventable conditions and delay care (prediabetics)



Fiscal Impacts of a Full Solution

Who Pays Now?		Who Would Pay if We Close the Gap?
	Medicaid/Managed Care 	✓
✓	State General Fund 	✓
✓	Idahoans in the Gap 	✓
✓	Counties 	
✓	People with Insurance 	
✓	Hospitals, Clinics, and Other Providers 	

Selecting a Roadmap to Coverage

❑ **Emphasize primary care**

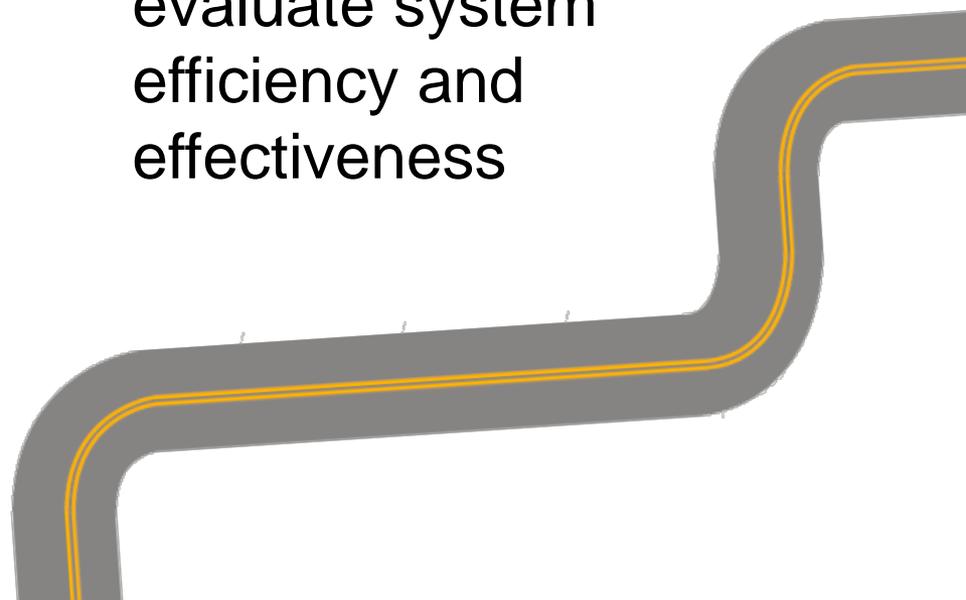
- Use primary care as the foundation to provide accessible, affordable and high-quality care

❑ **Customize a Waiver**

- Incorporate components that promote patient and provider responsibility and accountability

❑ **Incorporate Legislative Protections**

- Legislative sideboards to contain costs and evaluate system efficiency and effectiveness



Selecting a Path Forward

- A Band-Aid proposal will not solve the health coverage crisis
- We need a full solution that integrates lessons learned from SHIP into primary care and bends the cost curve
- Close the Gap Idaho and its partners are committed to working with elected officials on a homegrown, Idaho-based complete solution
 - Health care policy experts
 - Nonprofit advocates
 - Health care providers
 - Idahoans in the coverage gap
 - Many other stakeholders



A Full Solution to the Coverage Gap



Improves health



Saves lives



Creates Jobs



Saves tax dollars



Controls costs



Invests in Idaho