



Statewide **Healthcare**
Innovation Plan

Advancing Healthcare Reform in Idaho
Prepared for the State Employee Group Insurance Interim Committee



Presentation Overview

- Brief History and Context
- What is the SHIP
 - Funding
 - Contracts
 - Staffing
- Transformation
 - Care Delivery
 - Community Driven
 - Payment Reform



History and Context

Statewide Healthcare Innovation Plan

2007 – Governor Otter pulled together healthcare leaders, provider and consumers to find solutions for Idaho’s unsustainable, costly healthcare system.

2008 – Idaho Health Data Exchange was established to address the critical need for electronic exchange of health records.

2010 – Idaho Medical Home Collaborative was established with commitment from Medicaid and major commercial insurers in Idaho to pilot the PCMH model with primary care practices

2013 – Idaho was awarded a Center for Medicare and Medicaid Innovation planning grant to develop the Statewide Healthcare Innovation Plan; over 300 individual participated statewide in the design process.

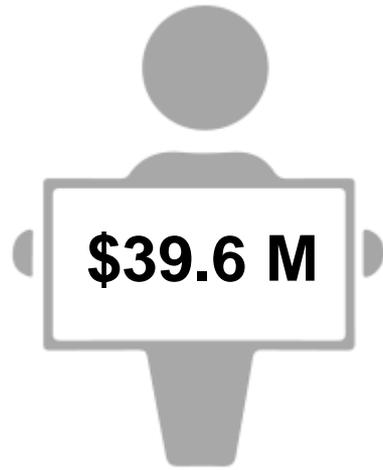
2014 – Governor Otter officially established the Idaho Healthcare Coalition as the advisory group to the SHIP; Idaho was award \$39.6M.

2015 – SHIP officially begins with recruitment of Cohort One (55 clinics); Regional Collaboratives established.

2016 – Award Year Two of the SHIP begins; Cohort Two (55 clinics); Virtual PCMH launched.



Staffing & Funding Program Structure



100% Federal Funds



**94% Operating
6% Personnel**



**Established Contracts:
IHDE, PCMH
Transformation
Support,
Public Health Districts,
Data Analytics,
Evaluation**



**Staffing:
7.6 FTP
Limited Service
Positions**

Project Activities

Three Buckets



Improve Idahoans health by strengthening primary and preventive care through the PCMH



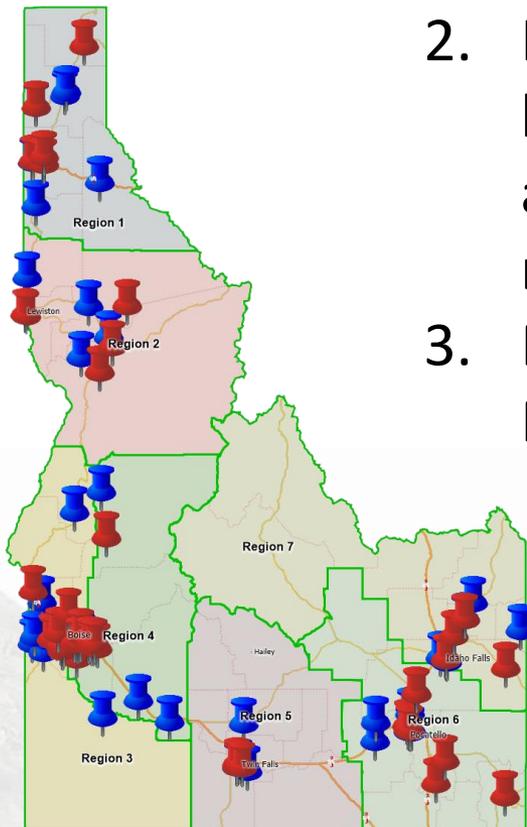
Evolve payment model to value based



PCMH and Health IT

Bucket #1

1. Transforming 165 primary care practices across the state into PCMHs
2. Improve care coordination using electronic health records and health data connections among PCMHs across the medical health neighborhood
3. Provide analytics and care solutions to PCMHs, communities and policy makers

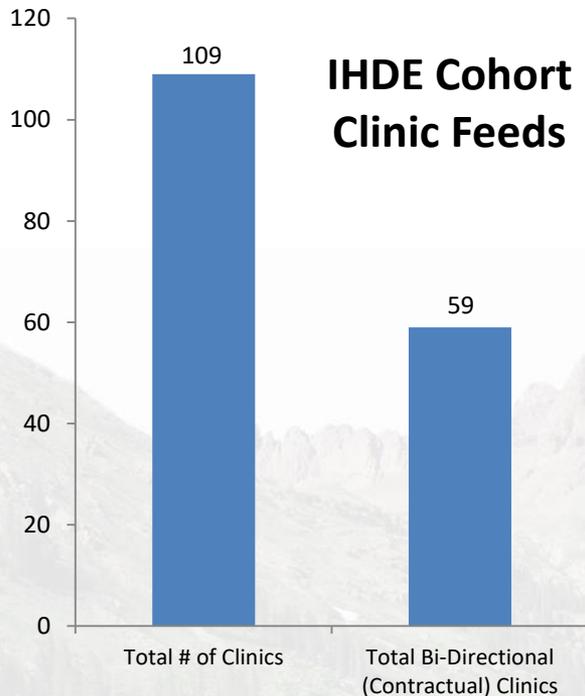




PCMH and Health IT

Bucket #1

	Cohort One	Cohort Two	Cohort Three*	Total
Clinics	55	54		109
National Accreditation Achieved	50		Pending Selection	50



Successes:

- PCMH model adoption
- Collaboration among participation clinics

Challenges:

- Multiple EHR products and challenges linking technology
- Conflicting initiatives (i.e. clinic fatigue)



Regional Collaboratives & Virtual PCMH

Bucket #2

Regional Health Collaboratives (RC)

- Medical-Health Neighborhood
- Population Health initiatives

Public Health District SHIP Program

- Quality Improvement Staff
- Supporting RC

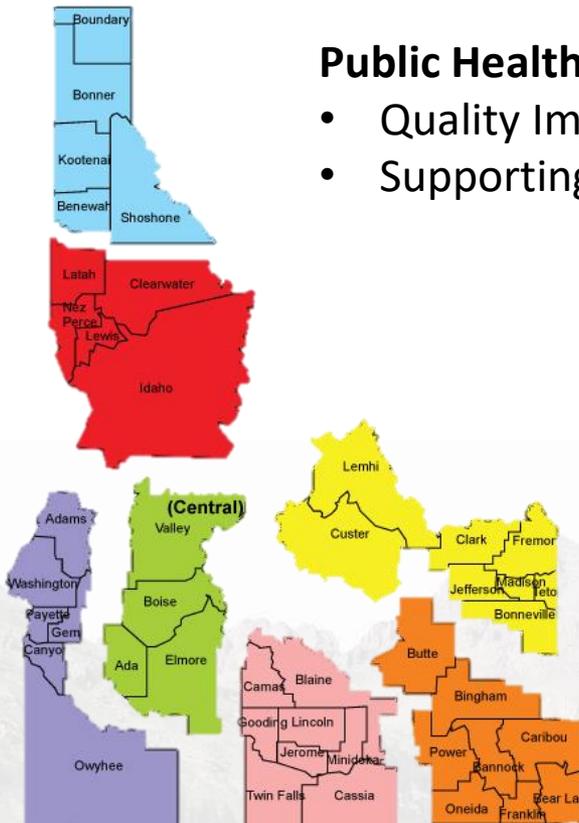


Virtual PCMH

- Community Health Workers (CHW)
- Community Health EMS (CHEMS)
- Telehealth Program

Increasing Workforce Capacity:

- Project ECHO (University of Idaho)





Regional Collaboratives & Virtual PCMH

Bucket #2

Successes:

- Established Seven (7) Regional Health Collaboratives
- PHD SHIP staff are supporting transformation to all SHIP Cohort Clinics
- Project ECHO is expected to launch in 2018 and is supported by SHIP
- 27 Virtual PCMH sites have been established (from the Cohort participating clinics)
- All Regional Health Collaboratives have a strategic plan and roadmap



Challenges:

- Availability of near real time population health data to inform initiatives is lacking
- Physician are integral community leaders and are overtaxed



Payment Reform

Bucket #3

Align payment mechanisms across payers to transform payment methodology from volume to value and reduce overall healthcare costs.

Percentage of Payments (Paid or Accrued) Per Category for 2015¹

Category	Medicaid	Commercial & Medicare Adv.	Medicare	Total
Category 1: FFS – no link to quality and value. Example is FFS payments.	100%	71%	43%	76%
Category 2: FFS – link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.	0%	19%	37%	15%
Category 3: Methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.	0%	7%	20%	7%
Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.	0%	4%	0%	2%

¹<http://ship.idaho.gov/LinkClick.aspx?fileticket=uzZGGUICoc%3d&tabid=2978&portalid=93&mid=12567>



Payment Reform

Bucket #3



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Successes:

- All the payers in Idaho are at the table participating in the Multi-Payer Workgroup; all have committed to moving from fee-for-services to value-based alternatives
- Mercer (contractor) collects, aggregates and creates the reports needed for CMMI reporting
- Medicaid is rolling out a statewide payment reform initiative (launching early 2018)

Challenges:

- Data lag between designated periods of time and present
- Aggregating data categories (for safety) doesn't tell the full story
- Contract changes and new payment strategy roll outs take time





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