

Health Quality Planning Commission Annual Report

Creating a Healthy Idaho

June 2014

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Acknowledgments

The Health Quality Planning Commission (Commission) wishes to thank Idaho's Legislature for its unwavering support of the Commission and its efforts. The Commission would also like to thank Idaho's major health care stakeholders for their selfless contributions to this effort, which include their time and staff resources. Much of the work of the Commission would not be possible without the generous staff support provided by the Department of Health and Welfare, Regence Blue Shield, Blue Cross of Idaho, Saint Luke's Health System, Saint Alphonsus Regional Medical Center, Kootenai Health, Boise State University, several physicians, and others.

Foreword

This document is submitted to the Department of Health and Welfare's Director Richard Armstrong, the Legislative Health Care Task Force, the Idaho Senate Health and Welfare Committee, and the Idaho House Health and Welfare Committee to meet the requirements set out in House Bill 494, passed by the 2010 Legislature.

Health Quality Planning Commission Members

Chair

Dr. J. Robert Polk Vice President, Chief Quality & Patient Safety Officer, Saint Alphonsus Health System, Boise, Idaho

Vice Chair

Dr. Julie Foote
(currently vacant) Treasure Valley Endocrinology, Boise, Idaho
Resigned from the Commission as of May 7, 2014

Committee Members

Scott Carrell Executive Director, Idaho Health Data Exchange

Dr. David Pate President and CEO, Saint Luke's Health System, Boise, Idaho

Zelda Geyer-Sylvia President and CEO, Blue Cross of Idaho, Meridian, Idaho

Tim Dunnigan Dean of the College of Health Sciences, Boise State University

Dr. Ted Epperly Program Director and Chief Executive Officer
Family Medicine Residency of Idaho, Boise, Idaho

Dr. Rich Rainey Medical Director, Regence BlueShield of Idaho, Boise, Idaho

Representative John
Rusche Idaho House of Representatives, Minority Leader

Lorraine Olsheski
(currently vacant) Executive Director of Quality and Risk Management, Kootenai Health,
Coeur d'Alene, Idaho
Resigned from the Commission as of May 7, 2014

Note: Currently there are three vacancies on the Commission. Recommendations to the Governor to fill those vacancies will be forthcoming.

Committee Staff

Michele Turbert Program Research and Development Analyst, Department of Health and Welfare, Boise, Idaho

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Background

The Health Quality Planning Commission (Commission) was established by House Bill 738 during the 2006 legislative session, extended with House Bill 238 in the 2007 legislative session, and extended again in 2008 with House Bill 489. The purpose of the Commission is to “...promote improved quality of care and improved health outcomes through investment in health information technology and in patient safety and quality initiatives in the state of Idaho.”¹

The Commission is a committee of eleven individuals selected by the Governor’s office and led by Dr. J. Robert Polk. These eleven members all share an interest in investment in health information technology. They come to the Commission having experiences with the health care system at many different levels, and represent a broad sweep of the Idaho health care system. Members include hospital CEOs, providers, private payers, educators, and an Idaho Legislator. The Director of the Department of Health and Welfare, Richard Armstrong, attends all meetings. The Commission also has the support of a staff liaison from the Department of Health and Welfare.

During the first two years of its work, the Commission focused on establishing a plan to implement a health information exchange for Idaho. A 501(c)(6) not-for-profit corporation, the Idaho Health Data Exchange, was established. Its status as an independent, legally established entity that is responsible to a board of directors with members from a broad base of stakeholders will help ensure that its primary commitment is to the common good.

In 2010, with the passage of House Bill 494, the duties of the Commission were slightly modified. That legislation removed the sunset date for the Commission, maintained the emphasis on promoting health and patient safety planning, and added responsibility for monitoring the effectiveness of the Idaho Health Data Exchange. House Bill 494 restates the Commission’s responsibility for making recommendations to the Legislature about opportunities to improve health information technology in the state, as well as recommending “...a mechanism to promote public understanding of provider achievement of clinical quality and patient safety measures.”²

House Concurrent Resolution No. 39 was also passed during the 2010 legislative session. That resolution encouraged the Commission to study stroke systems of care in Idaho and develop a plan to address stroke identification and management. As a result of the investigations that followed, the Commission sent a recommendation to the Legislature in October 2011 to empower Health and Welfare to develop a plan to establish a stroke system of care.

Attention then shifted to examining other time sensitive health issues such as trauma and heart attack. This revived what have been ongoing discussions of how Idaho could access data to better understand the true scope and cost of various health issues in Idaho.

¹ The fifty-eighth Legislature of the State of Idaho, House Bill No. 738, as presented by the State Affairs Committee

² The sixtieth Legislature of the State of Idaho, House Bill No. 494, as presented by the Health and Welfare Committee

In December 2012 the Commission recommended that the Legislature adopt a concurrent resolution on time sensitive emergencies in Idaho. This recommendation was introduced during the 2013 legislative session. In support of that recommendation, House Concurrent Resolution No. 10 was passed. It empowered the Department of Health and Welfare to convene a workgroup to create an implementation plan and framework for a statewide system of care to address trauma, stroke, and heart attack.

Finally, after much discussion, in March 2013 the Commission recommended that the Idaho Legislature authorize the Department of Health and Welfare to investigate creating both a hospital discharge database and an all-payer claims database.

Areas of Focus for the Commission This Year

The Commission is continually working to stay informed about changes that are occurring within the health care environment in Idaho and nationally. This information is necessary to understand potential impacts to quality of care and to direct the Commission as it continues to pursue opportunities to promote improved quality of care and improved health outcomes.

Idaho's Time Sensitive Emergency System

The Commission heard quarterly updates from the workgroup that resulted from House Concurrent Resolution No. 10 during the 2013 legislative session. Their work culminated with the introduction and passage of Senate Bill No. 1329 during the 2014 legislative session creating the Idaho Time Sensitive Emergency System. The Commission remains supportive of this effort and available to assist as needed.

Developing a Roadmap for Transformation of Behavioral Health Care

The Commission heard four presentations this year on Behavioral Health services and needs from Ross Edmunds, Administrator for the Division of Behavioral Health. Mr. Edmunds discussed the work that has been underway to develop a roadmap for behavioral health care in Idaho. This work includes an analysis of what we have today, where we would like to be and the gaps that exist. He discussed some of the challenges that exist in Idaho today in providing quality care in the right place at the right time. Those challenges include; not having an effective behavioral health crisis response system, the need for more effective community-based treatment, the need for recovery support services in Idaho, as well as a current lack of a qualified work force to support these services. Mr. Edmunds reviewed a proposed strategy to redesign the public behavioral health system in Idaho and begin to address these challenges. The strategy includes the following recommendations:

- Development of Community Crisis Centers in Idaho. The first step in this effort is to secure funding. These will be 23-hour facilities individuals can self-check into or where law enforcement can bring a person having a behavioral health crisis. Staff at the centers will support the person in de-escalating and connecting the person to on-going support and a treatment plan. The model is mirrored after a model from Montana. There will be no medication administered. Staffs to be utilized include mental health clinicians, nursing staff, and certified peer specialists (someone who has experience with behavioral health problems and who has completed an extensive

training program on being a peer specialist). Use of certified peer specialists is an emerging best practice in behavioral health.

- Creation of Regional Behavioral Health Boards across the state by combining the existing substance use disorder boards with existing mental health boards, which are currently advisory in nature.

Mr. Edmunds emphasized the importance of integrating behavioral health with physical health. He also stressed the need that this population has for recovery support services such as housing, transportation, and employment. Mr. Edmunds is working with the team involved with the State Healthcare Innovation Plan (SHIP) on strengthening plans in the SHIP to improve care coordination across the state for this population.

Finally, Mr. Edmunds gave an update on legislative actions this session related to behavioral health initiatives. Senate Bill No. 1224 was passed. This legislation designates the establishment of regional behavioral health centers to provide the delivery of services. Those services, when combined with community, family support, and recovery support services provided through the regional behavioral health boards, Medicaid, and a private provider network, will lead to the establishment of a comprehensive, regional behavioral health system of care. That system of care incorporates patient choice and family involvement to the extent reasonably practicable and medically and professionally appropriate. Funding appropriated will allow for establishment of one or, possibly, two crisis centers in Idaho. The Idaho Department of Health and Welfare released three requests for information (RFI): one for Boise, one for Idaho Falls, and one for Coeur d'Alene. The RFI asks the respondent to identify: 1) What the community need is, 2) if the community is ready, 3) what the community contribution would be, either in-kind or financial, 4) what outcomes/data they would use to demonstrate effectiveness, and 5) what the cost of doing business would be. Mr. Edmunds expects to receive those responses soon. Focus now is also on how to provide a system for identifying qualified staff to fill positions such as recovery coach, family support specialist, or peer specialist, as the demand for this skill set in Idaho is likely to increase going forward.

The Idaho State Healthcare Innovation Plan (SHIP)

The Commission has stayed well informed about the work and direction of the SHIP. They have been updated quarterly by Denise Chuckovich, Deputy Director of the Idaho Department of Health and Welfare and Paul Leary, Division Administrator for Medicaid. The updates have included information about the Idaho State Innovation Grant awarded to the Idaho Department of Health and Welfare in April 2013 and the healthcare innovation plan which resulted from that grant award. The state healthcare innovation plan, or SHIP, will serve as a blueprint for system transformation in Idaho. It is, in essence, a strategic plan to transform health care to an integrated community care model. It articulates the vision of Idaho's health care leaders, providers, and residents. The model is network based, supports the needs of primary care practices, and enhances communication and coordination of care.

This transformation plan will also serve as the framework for a second grant application to be made by the Idaho Department of Health and Welfare later this year for a Model

Testing Grant proposal. Deputy Director Chuckovich will be providing updates to the Commission as this work moves forward over the next several months.

Idaho's Need for a Statewide Healthcare Database

Once again, the Commission noted that over the past several years the HQPC has examined a range of health issues that affect Idahoans, but efforts have been continually hampered because the data that is necessary to understand the scope and cost of these health issues in Idaho is not available. The HQPC believes that collecting and distributing complete, uniform information would give policymakers the information they need to make informed decisions and target investments for state dollars; provide transparency of data in order to identify and make needed improvements; provide the information necessary to assess quality improvement initiatives at the community level; help the public understand provider performance, clinical quality, and patient safety standards; support provider efforts to design targeted quality improvement initiatives at the community level; and enable providers to compare their own performance with those of their peers.

Based on the HQPC's recommendation to develop an identified health information collection system, House Concurrent Resolution 49 was passed. This resolution instructs the Idaho Department of Health and Welfare (IDHW) to investigate creating both a hospital discharge database and a multifaceted system of healthcare data, including a distributed model of healthcare data collection. It further directs the IDHW to establish an advisory committee that would create a phased development and implementation plan and to present the proposed plan to the Idaho Legislature within one year of the commission date. Such a plan would include a recommendation about the framework needed for the data system, describe how it would be governed, estimate costs and propose options for funding.

Evaluating the Effectiveness of the Idaho Health Data Exchange

In 2010, House Bill 494 added monitoring the effectiveness of the Idaho Health Data Exchange (IHDE) to the Commission's responsibilities. To that end, the Commission received a presentation from Scott Carrell, the Executive Director of the IHDE, on its current goals, utilization, and long-term plans. A written report was also submitted to the Commission and is attached here for your reference.

Since the last Commission annual report to the Legislature, the IHDE has responsibly spent down the full \$5.9 million grant award it received under the American Recovery and Reinvestment Act (ARRA). This award was utilized to support numerous electronic medical record connections, to purchase valued added functionality (e.g., image exchange, VA connection) and to transition to a new vendor, Orion Health. As of May 1, 2014 there were 438 licensed providers, three payers, 15 hospital data sources, seven Federally Qualified Health Care Centers, as well as 2,402 authorized users (cumulative) participating in the IHDE. The total number of authorized users, as well as the number of times patient records are being accessed, continues to rise.

The IHDE continues to participate in several statewide health care initiatives in order to broaden IHDE's exposure in Idaho. The IHDE has been involved in the health IT component of the SHIP. It has also engaged in the Telehealth Task Force Initiative, time-sensitive emergencies, and the patient-centered medical home efforts in Idaho.

The IHDE contracted with Boise State University to complete an independent evaluation of the exchange. This evaluation was completed in two parts. The first part included a client satisfaction survey to assess the usability of the virtual health record (VHR). That work was reported in last year's annual report. They went on to measure the positive and negative impact of the use of the VHR. The second part, completed this year, involved looking at claims data. Medicaid claims data was utilized to assess the impacts of use of the VHR on the prevalence of ordering duplicate lab and radiology tests. Findings indicate that IHDE use did reduce duplicative tests in several areas. There was a statistically significant association ($p < .01$) pre and post IHDE enrollment on duplicate test results for the 15-28 day block. Fewer duplicate tests were done post IHDE enrollment. More data is needed, but there are early indications that IHDE use benefits users and reduces the use of unnecessary testing.

Finally this year strategic/operational plans have been revised with specific executable objectives to go after each year. These plans look more broadly at Idaho's future needs/changes and focus on creating the flexibility and quickness IHDE needs to pursue new interests in Idaho as they arise.

Next Steps

Immediate specific objectives for the IHDE include:

- Complete a Security Audit/Assessment
- Focus on the 2014 transition to Orion Health
- Build an Immunization Gateway (with IRIS)
- Continue to pursue hospital and provider EMR connections
- Broaden the scope of geographic presence
- Establish a stronger presence in Eastern Idaho
- Improve/create interstate connections (i.e., State of Washington)
- Seek opportunities to offer greater functionality (e.g., "Direct", Reporting, Patient Portal) to support Meaningful Use objectives.

The Commission and the IHDE recognize the importance of measuring its effectiveness and intend to continue developing effectiveness reports as more data becomes available and provider participation increases.

Conclusion

The health care environment nationwide remains in flux. Change is happening at many levels for health care providers, employers, health insurance providers, and patients. Health information technology is changing the way business is done in hospitals and

providers' offices. The Commission members are committed to maintaining a focus on this changing environment as it moves forward with its work. Commission members are dedicated to their work and are determined to achieve outcomes that result in improved health for Idahoans. They will continue to examine ways to best use the expertise and authority they hold to promote health and patient safety planning and improved quality of care and health outcomes.