



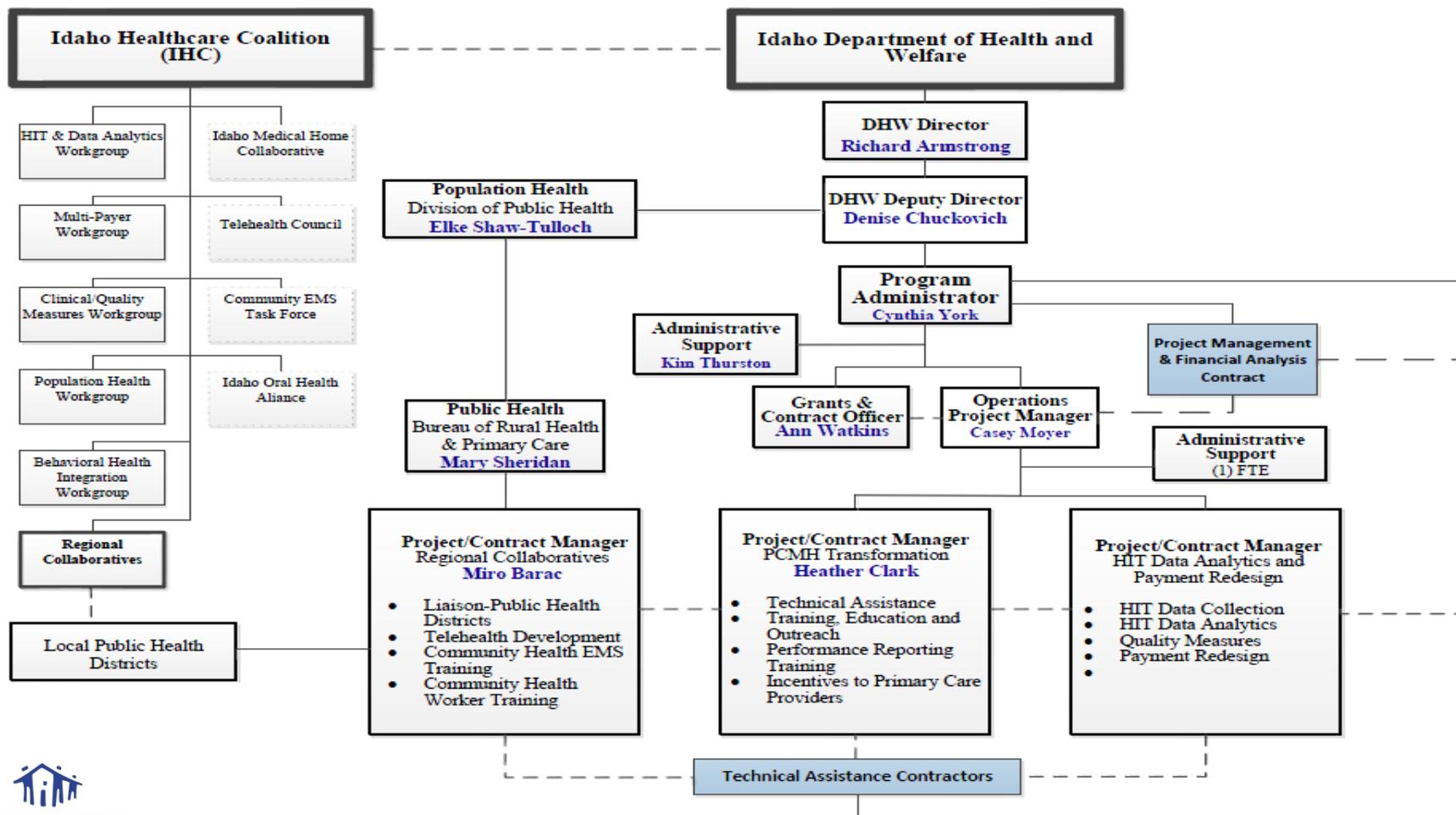
Statewide **Healthcare
Innovation** Plan

Improved health, improved healthcare, and lower cost for all Idahoans

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Idaho Department of Health and Welfare
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Model Test Proposal Organizational Structure





Oversees the development of this performance driven population management system



Idaho Healthcare Coalition

Support practices in transformation to a PCMH



RCs

Provides primary care services and coordinates care across the larger medical neighborhood of specialists, hospitals, behavioral health and long-term care services and supports

PCMH and Medical Neighborhood Care Team



Improved health by receiving all primary care services through a patient-centered approach

Patient





HEALTH DISTRICT INVOLVEMENT

- Regional Health Collaboratives
 - Convene, promote, facilitate an RHC
 - PCPs, PCMHs, medical/health neighborhood service providers, decision-makers, social services, public health
 - Provide RHC representative to the IHC
 - Identify data-driven initiatives to help improve population health by providing regional and practice-level data/analytic support through the IHC and SHIP contractors
 - Help connect patient centered medical homes with resources and integration in the regional medical/health neighborhoods and health and community services
 - Develop sustainability plans
 - It's about the relationships!





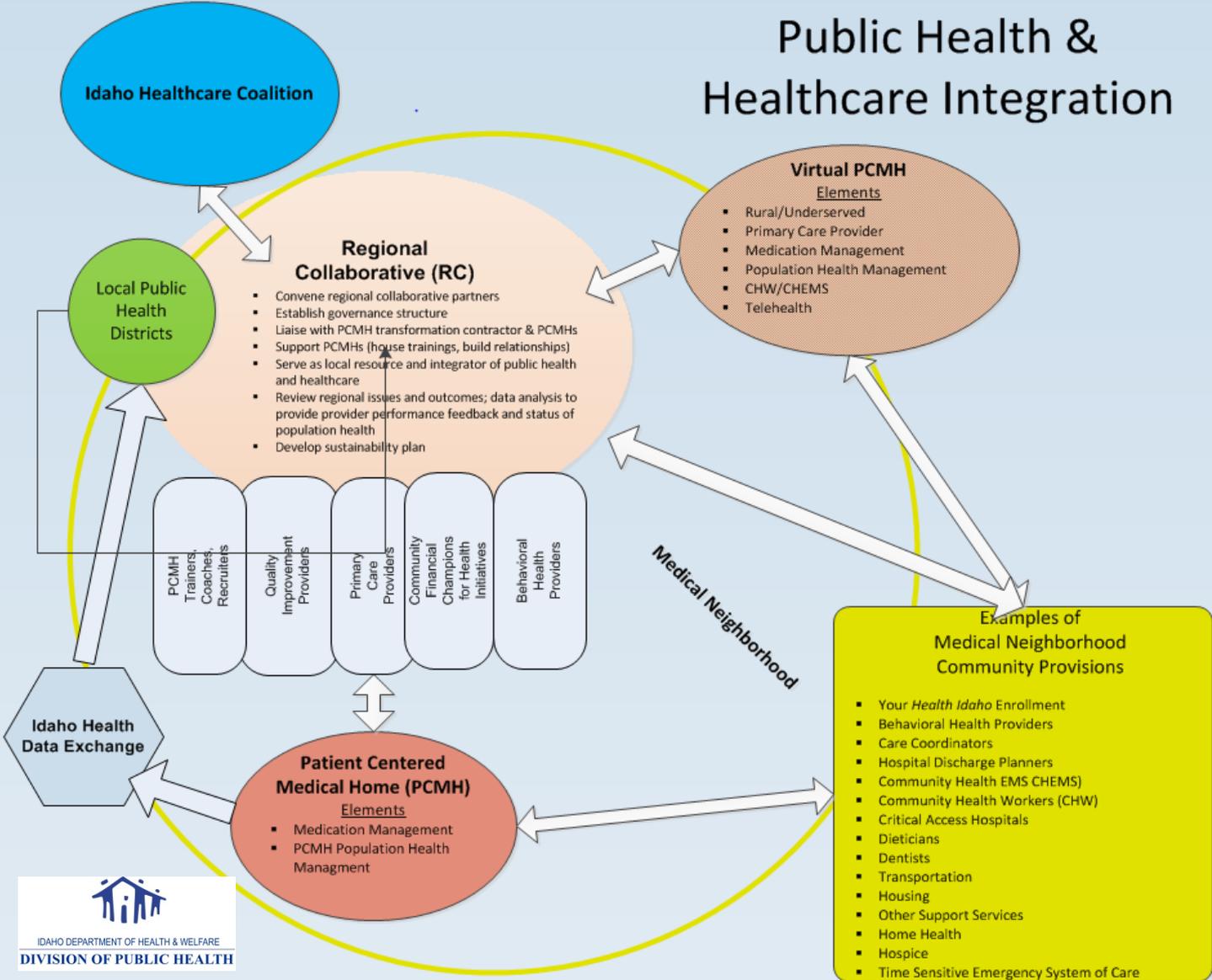
HEALTH DISTRICT INVOLVEMENT

- Patient Centered Medical Home Transformation Support
 - Hire a PCMH Transformation support staff and
 - Support the primary care provider locations after the PCMH Transformation contractor has done initial training
 - Identify technical assistance and resources to support the primary care providers as they transform
 - Support the primary care provider locations with connections to the other SHIP Model Test Grant contractors
 - Data Analytics, IHDE, etc.
 - Assess opportunity and need for Community Health Worker, Community EMS and telehealth services
 - Support behavioral health integration





Public Health & Healthcare Integration



WHAT DOES THIS REALLY LOOK LIKE?





SOME EXAMPLES.....

- Local City Ordinance: providing for physical activity, limited screen time and nutritional standards in child care settings
 - Local healthcare providers and hospital CEOs testified at city council to support changes; saw need to address childhood obesity
- Awareness and Action: pediatrician realizing that children he delivered were coming back as overweight/obese youth
 - Got involved in local efforts to provide healthy options
- Potential Scenario: Non-compliant smoker population in PCMH
 - Physician and EHR flag this stratified population, automatically connected to QuitLine that calls patient directly, supported with enrollment in local tobacco prevention classes





LEGACY/SUSTAINABILITY OF RHCs

- This is a TEST grant – testing the SHIP model
- No one has all of the answers right now
- There will be regional nuances & cross-district issues to address
- Stakeholder engagement to change population health, build camaraderie to develop and implement local policy changes, connect business/public health/healthcare
- Greatest outcome – long-lasting relationships





NEXT STEPS

- Finalize contracts with health districts
- Participate in PCMH trainings
- Participate in the RHC kickoff in late October or early November
 - Develop tools, templates, resources for all health districts to use
 - Participate in medical home collaborative learning session
 - Meet existing Medicaid Health Home/PCMH clinics
 - Meet SHIP staff and contractors and federal officers





QUESTIONS?

