Health Quality Planning Commission

Consolidated Annual Report SFY2020-22

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ACKNOWLEDGMENTS

The Health Quality Planning Commission (HQPC) wishes to thank Idaho's major healthcare stakeholders for their contributions to this effort, which include their time and staff resources. Much of the work of HQPC would not be possible without the generous staff support provided by many organizations and partners.

EXECUTIVE SUMMARY

This Consolidated Annual Report SFY2020-2022 provides an overview of the work of the Health Quality Planning Commission (HQPC) for the period July 2019-June 2022. During this period, HQPC met on the following dates: August 7, 2019; November 6, 2019; February 5, 2020; August 5, 2020; November 4, 2020; May 5, 2021; August 4, 2021; February 2, 2022; and May 4, 2022. Below are highlights of some of the initiatives supported by HQPC during this time period.

Developing and Publishing Get Healthy Idaho Data Dashboards. In early 2021 HQPC requested the Department to develop a set of health quality monitoring indicators for the state. As a result, the Department began a multi-phase process to develop the Get Healthy Idaho Index and the Idaho Health Report Card. During the period, the Department completed Phases 1 and 2 of this project, including defining the data process methodology and finalizing the metrics. The Get Healthy Idaho Index and Health Report Card were subsequently launched in 2022. These resources will be a rich source of data that combine the social determinants of health and Idaho's existing health outcomes to identify highest-risk communities and neighborhoods that need support.

Transitioning and Modernizing the Idaho Healthcare Directive Registry. The Idaho Healthcare Directive Registry was established in 2007 at the Idaho Secretary of State to create a secure repository for Idahoans to voluntarily store their healthcare Advance Directives. The Idaho Legislature transferred responsibility for the Healthcare Directive Registry from the Idaho Secretary of State to the Department of Health and Welfare on July 1, 2020. In addition, the legislature requested the registry be placed on a secure web-based platform with 24/7 access. Following the state procurement process, the new Idaho Healthcare Directive Registry was established on October 12, 2021, and all existing records were securely transferred into the system. As of January 2022, approximately 53,000 Advance Directives are housed in the registry. HQPC received several presentations about this transition and modernization process throughout and endorsed the Advance Directive registry as a means for increasing access to health services and improving care for the citizens of Idaho.

Establishing the Emergency Medical Services (EMS) Sustainability Task Force. In 2021, the Idaho Office of Performance Evaluation (OPE) published a report on volunteer EMS providers that provides several actionable recommendations. After reviewing the OPE Report, HQPC asked the Department to convene a Task Force to find policy solutions (including draft legislative language) that will help assure a reliable EMS response is available throughout the state. As a result, the Department convened the EMS Sustainability Task Force in June 2022 to seek policy solutions that provide a sustainable EMS system capable of appropriate, reliable response to medical emergencies throughout Idaho.

Monitoring the Idaho Health Data Exchange. During this time period HQPC continued to monitor the effectiveness of the Idaho Health Data Exchange (IHDE) and received regular presentations from IHDE representatives about progress and challenges. The goal of IHDE is improving the quality and coordination of healthcare in Idaho and has participating health facilities from across the state.

HQPC MEMBERS

The following individuals served as members of HQPC for all, or part of, SFY2020-2022. At the time of this publication, individuals may be serving in different roles. Asterisks denote members of HQPC as of January 2023.

- Richard "Dick" Armstrong (Governor's Health Care Advisory Panel - HCAP)*;
- Angela Beauchaine, M.D. (Primary Health Medical Group);
- Kenneth Bramwell (Exec Med Dir, Regence BlueShield of Idaho);
- Charles Davis, M.D. (DO, President, St. Alphonsus Health System);
- Tim Dunnagan (HQPC Chair - Dean, College of Health Sciences Boise State);
- Ted Epperly, M.D. (Family Medicine Residency of Idaho)*;
- Sarah Hawkins (HCA Healthcare)*;
- Margaret Henbest, RN, MSN, CPNP (Public Representative);
- Barton Hill, M.D. (VP & CQO, St. Luke's Health System)*;
- Hans Kastensmith (Director, Idaho Health Data Exchange IHDE)
- Steve Lucht (Blue Cross of Idaho)*;
- Edward McEachern (Pacific Source)*;
- Daniel Meltzer, M.D. (SR VP & CMO, Blue Cross of Idaho);
- Steven Nemerson (St. Alphonsus Health System);
- John Rusche, M.D. (Lewiston)*;
- Patricia Richesin (Kootenai Health)*; and
- Steve Smith (Thrive Pediatrics)*.

HQPC MEETING - AUGUST 7, 2019

HQPC convened on August 7, 2019, to address the following topics: Developing Standard Quality Metrics for Healthcare; Telehealth Updates and Recommendation from the Healthcare Transformation Council of Idaho; Value Based Health Care Forum, Transforming Patient Outcomes in Idaho's Rural Communities; Behavioral Health Updates; and Advanced Directives.

Tim Dunnagan presented on developing standard quality metrics for healthcare. The minutes from the session follow:

- Defining what quality is in healthcare and common metrics that could be tracked.
- Discussion regarding metrics.
- What is quality?
- What might be some metrics?
- Cost/quality?
- Narrowing it down is critical. Initial 7 for the first year. 15 metrics is fabulous. Focus helps achieve significant results.
- Definition of quality?
- Standards – basics, diabetes, cancer screening, wellness visits, immunization hypertension.
- Results reported? How would an organization find out? How do you collect data?
- CMS publishes results/self-recording.
- Internally we choose 5 to focus on and set our goal and then rotate in the others. These include hypertension, immunization rates, mammograms, etc.
- Twice per year we discuss what should be the 5.
- Track record to board/internally/incentivize.
- Visit each other, find out what they're using.
- Identified key measuring consistent outcomes/performance base.
- Need to be in agreement on the data to achieve outcome.
- Vetted quality measures to have conversation.
- What are we accountable for?

Casey Moyer and Ted Epperly presented on Telehealth Updates and Recommendation from the Healthcare Transformation Council of Idaho (HTCI). The minutes from the session follow:

- Vote to see if HTCI could have telehealth task force. Give recommendations to governor.
- What are the barriers? Broadband task force; data driven; issue access to broadband access; technology; technical assistance changing workflow; are we putting a lot of pressure on our primary care? Issue identified? What to do with it? Recommendations to come out of that study.
- Identify barriers, we need to be able to get past the goal line, deliver the highest quality of care possible.
- Quality parameters around telehealth recommendations to HQPC.
- Ninety percent of the time clinic administrators for success not able to verbalize what they were trying to establish, couldn't list goals, identify measures, gives guidance of what would make telehealth successful; provide education.
- Clear definitions for providers.
- Clear definitions around what telehealth is.
- Payer/provider on same page.
- All carriers do fund telehealth.

- Come up with standard of care.
- 5 Years ago, they passed legislation defining telehealth. Look at this bill and specifically define what's missing.
- Governor is interested in this; Next steps; group come up with recommendations ties into your quality missions. Entertain for action.

Jenni Gudapati presented on Value Based Health Care Forum, Transforming Patient Outcomes in Idaho's Rural Communities. The minutes from the session follow:

- Value Based Healthcare forum Oct 8th and 9th.
- Day 1 Outpatient/provider focus.
- Day 2 Hospital/health systems focus.
- Value-Based Healthcare Program Summary - To meet the demand of education centered around new healthcare payment models and delivery methods, as well as Governor Little's top two health initiatives, Boise State COHS is proposing a Value-Based Healthcare certificate program. The goal is to create cutting edge learning opportunities to increase knowledge and prepare students to enter workforce with ability to succeed in the emerging healthcare landscape, through instruction of providing increased care access with improved outcomes and navigating regulatory & payment changes. The program should enable Boise State University to become the state go-to resource for innovative payment model and healthcare change, advisory, and education.
- Course outline with objectives.

Ross Edmunds presented Behavioral Health Updates. The minutes from the session follow:

- Crisis centers established that operate 23 hours 59 minutes and provide short term stabilization for people experiencing a behavioral health crisis.
- Caldwell, Pocatello, Lewiston opened crisis centers and Director's goal is to have one in every region.
- Recovery centers – for people in recovery and are open 8-5; support their recovery.
- The reason these centers are important is because the placing of people on mental holds is ever growing; helps close the gap.
- Ninety-five percent of people who we see will have Medicaid.
- Building an adolescent hospital in Nampa.

Stephanie Bender-Kitz and Lynsey Juel facilitated a session on Advanced Directives. The minutes from the session follow:

- Framework for working with Idaho Nursing Homes.
- Staff & Design Training - Coordinate and provide training and technical assistance to nursing homes to adopt the Respecting Choices® Advanced Steps® ACP program "Basic Skills" Online training for support staff.
- Communicate, store & retrieve Advance Care Planning (ACP) documents.
- Tools - Develop and distribute standardized advance care planning tools and materials.
- Data - Coordinate standardized data collection and reporting.
- Advocacy - Coordinate and advocate for system changes.
- EXPECTED RESULTS:
  - o   Improve Patient/Resident Care
  - o   Improve Population Health
  - o   Decrease Unwanted Care

HQPC MEETING – NOVEMBER 6, 2019

HQPC convened on November 6, 2019, to address the following topics: Idaho Health Data Exchange (IHDE) Updates, Federal Support Funding Request for IHDE, Value Based Health Conference, Developing Quality Metric's for Health Care – HTCI.

Hans Kastensmith presented an update on the Idaho Health Data Exchange (IHDE). The minutes from the session follow:

- Chair - Introduced Hans as the new director of Idaho Health Data Exchange (IHDE).
- Working to get the company to move towards a more platform and a set of services that could support value-based care.
- Office of the executive director staffed by myself, Dr. Craig Jones, and Shaun Alfreds to build this model that's self-sustaining without grant funding.
- Provided background on previous value-based care initiatives and experiences.
- Want to change IHDE into a solutions company.
- Expand the data - to be able to put clinical data with the socioeconomic and social behavioral issue data and utilize any kinds of sources we can to look at a patient as a whole as opposed to just what makes sense clinically.
- Meet the goals of patient outcomes and lower the cost of healthcare by adopting a new approach of business and operations.
- Small rural practices, critical access to hospitals in underserved regions of Idaho provide more support.
- Changing our approach, a lot and how we interact with our customers and how we build out the solutions.
- IHDE had performed three stakeholder meetings throughout regions of the state to listen to what some of the issues were.
- Data integration and being able to deliver vaccine information out to the field in a meaningful way and something that quickly and easily accessible.
- Want to get more involved with the insurance providers here in the state.
- Go after the business reasons, the policies and agreements that really govern how the data is handled - bringing in our stakeholders and ourselves to be able to understand how to utilize the data, how we finance the operations, user support, and most importantly, learning health network which is an issue or a program we want to try to start.
- Terminology services engine which allows us to take broad data that's inside of the interface as we have in the systems that's uncoded by conventional codes and not machine readable and transform that into a machine-readable data so it's more useful out in the field.
- Data transformation – the engine is going to help us to understand what's going on with sensitive data.
- Will this new software interface with the tools you already have? It does. We have a Rhapsody Integration Engine, and this system actually hooks right up through Rhapsody.
- How are you going to fund all these? Worked with the Department of Health and Welfare and Medicaid specifically to draw down some HITECH money that's still available - The second piece of funding is around the SUPPORT Act and should be able to help us get the rest of it if we get approval.
- Willing to take base risk with providers and with clinically integrated networks and Accountable Care Organizations (ACOs) and share on the backend and help reduce a much better share and savings payment.

- How do you get to the various groups, payers, providers, etc., to provide data so that you can start aggregating data? Convening folks together to understand this - the learning health network helps that a lot and establishing that would be good. But before that ever happens, we are getting in and working with everybody to deal with the business case, the governance, policy, (legal), and financing.
- Governance is not about changing laws - bring some representatives around the insurance groups, bring some representatives from clinical, bring representatives from the smaller primary care and disadvantage groups and bring some folks from the larger health systems as a governance committee.
- IHDE would love to sit down and hear any ideas or convene, through the help of this Committee, a workgroup to explore that.
- What IHDE has been working on is so you can go into a portal and reconstruct that so that each data is more episodically as opposed to looking through all the (big lists) and try to make that more efficient.
- Discussions with Blue Cross Foundation, Idaho Primary Care Association, Independent Doctors of Idaho, St. Luke's Rehab, Idaho BMI, CATCH, Idaho Healthcare Association, Idaho Department of Corrections, and others and will continue.
- Full website redesign so that all of our stakeholders can see the progress of what we're doing (in terms) of being actual reporting engine of what we're doing, all of our programs and how they're progressing.
- We're studying Prescription Monitoring Program (PMP) or Prescription Drug Monitoring Program (PDMP) but we're looking at readiness assessments around the support.
- Participation agreements need to be redone statewide QSOA.
- Role for the director of IHDE on our (HQPC) board.
- How does data fit in, how does – how would this particular type of work in the solutions that could come from it support the work when we look at even the advance directive.
- Chair - would like to hear from you all too for the next meeting on things that we may need to bring forward with that (what) Hans presented.

Joey Vasquez presented on Federal Support Funding Request for IHDE. The minutes from the session follow:

- President Trump signed the SUPPORT Act in October of 2018.
- Medicaid is working with Public Health, Behavioral Health, Board of Pharmacy, and the Office of Drug Policy, law enforcement and paramedics to strategize on how we could maximize this funding opportunity.
- Medicaid requested $33.2MM from CMS to help fund health IT infrastructure to combat the opioid epidemic.
- CMS is in the process of approving the funding request.
- We can make changes to our funding request if we need additional functionality.
- This funding is only available until September 30, 2020.
- The SUPPORT Act is a bipartisan bill aimed at addressing the nation's opioid overdose epidemic.
- The SUPPORT Act provides funding to enable the free flow of pharmacy information to front-line clinicians, paramedics, law enforcement and public health officials through health IT infrastructure.
- One of the best tools to help detect and prevent opioid abuse is the prescription monitoring program (PMP). It connects the dots between a patient's health history and prescription data. Idaho's PMP is run by the Board of Pharmacy.

- Benefits of added health IT infrastructure:
- Medicaid is the single largest source of coverage for people with opioid use disorders, serving nearly four of 10 such individuals.
- Requested Projects for Idaho - IHDE Enhancements, Behavioral Health Integration/PDMP Integration into Primary Care Settings, Proof of Concept Implementation of an Outreach Program/ Software with Law Enforcement Planning, Julota Integration, and Idaho Board of Pharmacy – Gateway Fee Support.
- Next steps - 1) Approval from CMS and Gov's office, 2) Press Releases, 3) Initiate coordination of the projects, 4) Decide how we measure success.

Tim Dunnagan and Patt Richesin presented on a Value Based Health Conference. The minutes from the session follow:

- Convene meetings like this conference to have "think tanks" - just need a good place where we could talk about these things.
- There were some really good stories there and ways to have conversations with other folks about watching those qualitative analysis that came through and how they changed over time.
- Visited more with Patt and listened to some of the things that have taken place in the Kootenai Care Network home-based program and their outcomes.
- Chair - Introduced Patt to discuss Kootenai Care Network (KCN).
- Dave Jeppesen (IDHW Director) is currently speaking to our board about managed care through Medicaid and how he sees things fitting together.
- What is a Clinically Integrated Network? - The Federal Trade Commission and Department of Justice define a CIN as an active and ongoing program to evaluate and modify practice patterns by the network's physician participants and create a high degree of interdependence and cooperation among physicians to control costs and ensure quality.
- How Has Kootenai Care Network Become a Clinically Integrated Network? - Guiding Principles and Operational Initiatives.
- General practitioners are to lead the way in managing the health of the populations we serve, to be the "provider of choice" for the region, to be a physician-led organization, to involve employed and independent physician leaders, to maintain physician and hospital independence, to be inclusive in network membership approach, to be payer agnostic.
- OIs - Enable success with new payment and contracting methodologies emerging in our market; Provide the ability to improve the health and coordination of care for those we serve; Effectively partner with both independent and employed physicians in our community in these efforts; Expand the network as appropriate to support emerging need.
- Journey Toward Population Health Management and Value Based Care - Infrastructure - Improve Outcomes - Population Health.
- Build Infrastructure, Payor Partnerships & Covered Lives, Thought Leader Relationship, Transform Clinical Practice, Succeed Under Value Based Reimbursement, Leverage Data Analytics & Technology, Develop Network Infrastructure, Clinical Performance, Community Health, Financial Performance, Super CIN with Collaboratives.
- Imperative #1: Develop Network Infrastructure.
- Imperative #2: Leverage Data Analytics and Technology - 44 primary care and multispecialty practices with multiple locations (• 38 completed • 6 in progress • 2 new in 2019) 62 total interfaces (• 21 EMRs • 5 claims feeds).

- Imperative #3: Transform Clinical Practice - Work Groups and Standardizing Clinical Pathways.
- Imperative #4: Succeed Under Value Based Care - Network by the Numbers; Performance and Outcomes; Kootenai Accountable Care MSSP-ACO 2018 Financial Performance and Quality Performance [MIPS Quality (Pay for Performance), ACO Quality (Pay for Reporting)]; Savings/Losses & Number of Assigned Beneficiaries for 124 MSSP ACOs that Started MSSP Participation in 2018 - Spend Management.

Dave Jeppesen and Mary Sheridan presented on Developing Quality Metric's for Health Care – HTCI. The minutes from the session follow:

- Healthcare Transformation Council of Idaho (HTCI) Charge - Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.
- Goals: 1) Increase the percentage of value-based payments in Idaho to 50% by June 2023, 2) Improve healthcare quality, access, and the health of Idahoans.
- Initiatives: 1) Increase adoption of value-based models, 2) Cost drivers, 3) Increase telehealth adoption, 4) Quality metrics.
- Payer Provider Workgroup (PPW) - Assist in developing, promoting, and advancing initiatives that increase value-based payments while helping to decrease cost and increasing quality.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Recommend and promote strategies to reduce overall health care costs.
- Telehealth Task Force - Identify the barriers to telehealth adoption in Idaho and recommend strategies to increase adoption and utilization.
- Solution-focused approach and Statewide stakeholder engagement.
- New - CAH Demonstration Project - Develop a value-based payment model for Critical Access Hospitals and their outpatient clinics - Prepare for CMMI rural funding opportunity.
- Statewide Healthcare Innovation Plan - Established clinical quality measures workgroup - Merged into data governance workgroup - Report based on Medicaid claims and Division of Public Health data.
- Moving forward - Assure alignment - Opportunities to share progress and information - Consider HTCI representation.

HQPC MEETING – FEBRUARY 5, 2020

HQPC convened on February 5, 2020, to address the following topics: Suicide prevention updates and programming growth in Idaho; Update on funding for advanced care directives and Honoring Choices; Quality Metrics and State of Idaho Health Report Card; Update from the Healthcare Transformation Council of Idaho (HTCI); and IHDE, Support Act and progress to date.

Sharon Fritz and Denise Jensen presented on suicide prevention updates and programming growth in Idaho. The minutes from the session follow:

- Collaborative effort surrounding suicide prevention over the last several years.
- Good public/private partnership developing around suicide prevention.

- Suicide Prevention Timeline:
  - 2015 Legislative Session: SCR 104 2016 Legislative Session: Plan presented to both committees.
  - June 2016: Interviews began for Suicide Prevention Program Manager.
  - August 2017: Program Manager and Health Educator started employment and the work of the Program officially kicked off.
  - 2018 Legislative Session: Intent language provided by the Legislature - collaboration with various stakeholder groups.
  - 2019 Legislative Session: Department to submit a budget request for the 2019 session.
- Idaho's New Suicide Prevention Plan: May 2018 thru August 2018:
  - 9 meetings held.
  - Four phases of planning:
    - Discovery
    - Translating the Nations Strategy
    - Prioritizing Objectives
    - Development of an Action Plan
  - Themes & Challenges identified throughout the Discovery Phase.
  - 13 Goals Based on the NSSP centered on the following:
    - Healthy and Empowered Individuals, Families and Communities, Clinical and Community Prevention Services, Treatment and Support Services, Surveillance, Research and Evaluation.
- Objectives for 2019-2020: "Know what Idaho has available, expand the capacity and capability, improve the coordination, communication, enhanced metrics capture and collaborative strategies."
- Key Performance Areas:
  - Capacity Building and Infrastructure.
  - Training and Technical Assistance.
  - Communications and Outreach.
  - Suicide Care Provision and Zero Suicide.
  - Data, Evaluation and Systems Integration.
  - Advocacy.
  - Policy.
- Links to the Plan and Action Plan can be found at www.HealthandWelfare.Idaho.Gov and choose the Suicide Prevention Program.
- Idaho Suicide Prevention System: public/private partnership draft concept.
- 2019 Legislative Session budget requests.
- JFAC allocated an additional $200,000 in funding for Suicide Prevention Activities in SFY20
- Idaho Suicide Prevention Action Collective (ISPAC) activities and meetings:
  - November of 2018 – Dr Bob Polk called together all participants.
  - December 2018: First meeting.
  - February 2019: Established name of the group ISPAC and voted Dr. Bob Polk as the Chair.
  - April 2019: Voted on how the Suicide Prevention Budget, allocated by JFAC, would be spent in SFY20.
  - May 2019: Voted to begin working groups; July 2019 - Co-Chair position Created (Christina Cernansky).

- o October 2019: Collective Impact Contract awarded and Stewart Wilder Voted Co-Chair to replace Dr. Polk.
- ISPAC Next Steps:
  - o Continue to formalize structure.
    - ▪ March 10, 2020: Support Advocacy Day.
    - ▪ February 2020: Create Action Plan for SFY 20/21.
    - ▪ March 2020: Vote on Budget for SFY 20/21; Continue to expand participation; Formalize communication; Develop legislative plan for 2020.
  - o • Suicide Prevention Program:
    - ▪ Summer 2018: Funding for suicide prevention activities had been re-directed.
    - ▪ November 2018: Center for Drug Overdose and Suicide Prevention created.
    - ▪ May 2019: All 3 program positions vacated.
    - ▪ Summer 2019: Determination of skills needed for all three vacated positions.
    - ▪ September 2019: Program Manager hired (Sharon Fritz); Role of program moving forward; Continued collaboration with ISPAC.
  - o Suicide Prevention Program:
    - ▪ Summer 2018: Funding for suicide prevention activities had been re-directed.
    - ▪ November 2018: Center for Drug Overdose and Suicide Prevention created.
    - ▪ May 2019: All 3 program positions vacated.
    - ▪ Summer 2019: Determination of skills needed for all three vacated positions.
    - ▪ September 2019: Program Manager hired (Sharon Fritz); Role of program moving forward; Continued collaboration with ISPAC.
    - ▪ National Violent Death Reporting System grant.
    - ▪ Implementing a zero suicide initiative in Public Health District 6.

Lynsey Juel and Elke Shaw -Tulloch presented an update on funding for advanced care directives and Honoring Choices. The minutes from the session follow:

- ADVANCE CARE PLANNING
  - o Governor Little offered to budget $500,000.
    - ▪ Figure out how to reconstitute the work that has already been done.
    - ▪ Needed to transfer the authorities for a health care directive registry from the Secretary of State's office to the Department of Health and Welfare.
    - ▪ Reached out to Senator/Representative chair/ co-chair and agreed to be sponsors and bring forward this legislation.
    - ▪ Working with legislative services to get this legislation written.
    - ▪ Presenting that bill to House Health and Welfare tomorrow morning.
    - ▪ Vote of the legislation and the budget request are all tied together and need to go through with the package.
    - ▪ Working on how to implement the educational outreach pieces of it and then quickly develop an RFP.
    - ▪ Put this RFP out there for a vendor who doesn't do this work for us.
    - ▪ Involved with the health data exchange on what their role could be and how they can provide that conduit, either serve as the registry or provide that conduit to the vendor who can provide those services.
    - ▪ Still need to build out that public-private partnership.
    - ▪ ACP one page flyer/reference was included in presentation.

Elke Shaw -Tulloch and staff presented on quality metrics and the Idaho Health Report Card. The minutes from the session follow:

- Get Healthy Idaho (GHI): Using Idaho's leading health indicators and other data to inform the initiative.
- VISION: Healthy people living and thriving in safe, healthy and resilient communities.
- MISSION: To create the conditions that ensure all people can achieve optimal health and resiliency.
- STRATEGIES: Identify high-priority communities; Cultivate partnerships and capacity; Achieve a shared vision; Community-led approach; Invest funds upstream; Impact Social Determinants of Health.
- OUR STRATEGY: Identify by using data from high-priority communities and assess needs; Cultivate partnerships and build capacity to empower communities; Invest in partnerships, people and places through upstream policy, systems and environmental strategies.
- Idaho's Leading Health Indicators, developed by the Division of Public Health (DPH) in 2014, provided the framework for the core data.
- The Leading Health Indicators (LHIs) offer a consistent approach to assess the health of Idahoans and provide a way to determine the health status of Idahoans.
- 10 topic areas and include a total of 31 indicators of population health; tracked over time and when it's possible, estimates are developed for demographic subgroups and geographic areas; estimates can be viewed on the Get Healthy Idaho website (http://gethealthy.dhw.idaho.gov/).
- LHIs were combined with other health and social determinant of health measures to assist the DPH and participating stakeholders to identify health priority topic areas.
- Idaho's Leading Health Indicators - Overweight/Obesity; Diabetes; Unintentional Injury; Mental/Behavioral Health.
- Currently we are compiling data and developing a data dashboard to assist in the identification of priority locations in Idaho.
- Considering Social Determinants of Health - Neighborhood/environment; Economic stability; Health and health care; Education; Social and community context.
- Community selection considerations: Indicators of need; Community readiness; Filling in gaps of lacking investment and infrastructure; Existing community partnerships; Community needs, assets, and strengths.
- Aligns with why we set up the HQPC. What do we do with data?
- Take this type of data and marry it with some focused clinical data and be able to develop health service area profiles would be extremely valuable and have a lot of value for the legislature.
- HQPC next steps for this tool:
  - Figure out a way to make them closer aligned to current data.
  - Reduce the (lag) for timely data.
  - Look to what kind of decisions and services really align.
- Request from HQPC to WICHC to have a presentation on this data and to come together with their thoughts back to both HQPC and HTCI about what do we do with this.
- Could be phased as a piloted project by WICHC and these 10 counties to start.
  - Put it into the schools in a way that the kids teach the parents as exactly the strategy about how smoking cessation really started to work.

Ted Epperly presented an updated from the Healthcare Transformation Council of Idaho (HTCI). The minutes from the session follow:

- Healthcare Transformation Council of Idaho (HTCI): Where we are and where we are going?
- Background:
    o (2007): Governor Otter convenes Health Care Summit
    o (2008) - Governor Otter tasked Select Committee on Health Care
    o (2008) - IHDE established
    o (2010) - Idaho Medical Home Collaborative established
    o (2013) - Idaho awarded CMMI Planning grant to develop SHIP
    o (2014) - Governor Otter establishes Idaho Healthcare Coalition (IHC)
    o (2015) - Idaho begins 4-year CMMI Test Model Grant implementing SHIP
    o (2019) - SHIP concludes and HTCI begins
    o (2020) - HTCI Year 1
- Statewide Healthcare Innovation Plan goals:
    o Transform practices into PCMHs o Improve care coordination through EHRs and health data connections.
    o Establish 7 regional collaboratives to support integration with the medical- health neighborhood.
    o Improve rural patient access through virtual PCMHs o Build a statewide data analytics system.
    o Align payment mechanisms.
    o Reduce overall health-care costs.
- Outcomes of SHIP/IHC - 165 Practices transformed to PCMH's; IHDE supported/grown; CHW program established/training performed; Public Health Departments empowered/regional collaboratives; Project ECHO funded; Value based payments; $213 Million in avoided cost; 510% ROI; Process established to approach transformational Health Care change in Idaho.
- Aligning with Governor Little's vision.
- HTCI Mission: Convene Idaho stakeholders with a wide range of healthcare delivery system expertise to work together; Identify opportunities and barriers for change and develop strategies and activities to address obstacles; Examine how to influence environmental, cultural, and social factors that will improve people's health.
- 2019 HTCI Membership Structure (25 board members): Co-Chairs (T Epperly and D Pate); Payers, Medicaid, Self-Funded (4); Primary Care Clinicians (3); Behavioral Health Representative (1); Hospital Representatives (2); Medical/Surgical Sub-Specialist (1); Public Health District (1); Consumer Representative (1); Organizations (6); Up to 3 At-Large members (TBD).
- Blue Cross dropped out just recently.
- The Three Deliverables of the HTCI - Value Based Payment:
    o Telehealth
    o Rural & Frontier Health
    o Healthcare Solutions
- Value Based Payment - Advance percentage of payments made in non-fee-for-service arrangements (from 29% to 50%) by 2023.
- Setting up a provider-payer workgroup to help establish goals, outcomes and metrics; HCP-LAN Categories 1-4.
- Telehealth - Telehealth Committee; Identify barriers; Expert panel presentations; Recommendation to HTCI (June 2020 - Implementation, Pilot, Progress).
- Rural and Frontier Health Solutions - Committee Formed; Challenges; Actionable solutions; Federal grant; Pilots.

- In the August meeting have the Telehealth group come in and talk about this since your recommendations will be compiled in June.
- Have in our dashboard measures around value-based payment and how that's moving and where you're looking geographically.
- Invite three HTCI co-directors or representatives in the May meeting prior to June recommendations.

Hans Kastensmith and Craig Jones presented on IHDE, Support Act and progress to date. The minutes from the session follow:

- Support Act Contract Medicaid/CMS.
- Projects Under Support Act.
    - o   Project 1: Aggregating and Disseminating Data
    - o   Project 2: Connect IHDE to PDMP
    - o   Project 3: Enhance Enterprise Master Person Index
    - o   Project 4: Onboarding of Providers
    - o   Project 5: Provider Fee Waivers
    - o   Project 6: Implement PRAPARE Tool Statewide
    - o   Project 7: Expand Community Relations
- IHDE New Business & Operations Model: Focus is on Value Based Care and support of our stakeholders; special focus on FQHCs, small rural practices, critical access hospitals, underserved regions of Idaho.
- IHDE Organizational Lifecyle Strategy Process for Continuous Improvement: Stakeholder input and insights; Technical, business, and financial planning; Development and implementation; Measure and report.
- Approach to technology, shared services and data utilization.
- Key Initiatives - IRIS Data Integration, Learning Health Network.
- Integration of PDMP data and other data types; Advanced Directives Central Repository; Initial Platform Fixes and Features; Business Model Redesign; Financial Model and Management Redesign; New Product Offering Design – Value-Based Care; Data Quality Program; Insurance Provider Program Model; Grass Roots Stakeholder Engagement • Core Technologies Shared Services - Advanced Enterprise Master Person Index; Terminology Services Engine; Data Quality Analytics Platform; Advanced Clinical, Claims, Person, Geographic Analytics Platform; Telemedicine Platform; EMR "Agent" Integration Module; Alerts Platform; DHW Data Portal; Single Sign On; Advanced Portal; PRAPARE Tool – Social Determinates of Health.
- Expanded Data Types - Social Determinates of Health; Claims Data; Behavioral Health; Addiction Recovery Data; Geographic Health Data; Homeless Data; Corrections Data; Health Data for Education/Schools; Expanded DHW Data Access; Public Referential Data; Healthcare Provider Registry; Human Services & Assistance Data; Financial Data Assistance Programs; Community Programs Registry.
- Opportunities & Partnerships - Blue Cross Foundation; Idaho Primary Care Association; Independent Doctors of Idaho; Heritage Health; Heritage Post-Acute; Idaho Healthcare Association; Micron Health Clinic; Catch/City of Boise; Advanced Directives; Department of Corrections; Division of Health; Community Care of Idaho; Health West; Bonners Ferry; UHIN Partnership; St. Luke's Analytics; Comagine QIO.
- St. Marie's entire EMR went down (had a massive hardware failure) no clinical records available; our team, within hours, set both the hospital and providers licenses and got them onboarded (including feeder clinics) within hours with access to clinical records.

HQPC MEETING – AUGUST 5, 2020

HQPC convened on August 5, 2020, to address the following topics: Idaho Health Data Exchange, Healthcare Transformation Council of Idaho, Telehealth Task Force, Advanced Care Planning; and COVID-19 and Idaho.

Hans Kastensmith presented on IHDE. The minutes from the session follow:

- Steadily rebuilding engagement, restructuring business operation.
- Implementation of the end-user platforms and we did stakeholder agreements and initiate connectivity for some places.
- Put together a new two-year agreement, changed the participant per year fee structure to $1.50 a member a year.
- Aunt Bertha, nationally recognized social needs platform.
- myhELO is a free telemedicine platform.
- Contact tracing capability.
- Right now offering free access to portal to all comers during COVID.
- Looking at analytics platforms.

Ted Epperly presented an update on HTCI. The minutes from the session follow:

- Workgroup on advanced payment models and value-based payments, moving all of the commercial and private payers along the spectrum of having more value-based payments.
- Workgroup on telehealth, Telehealth Task Force is working hard on a set of Recommendations.
- Workgroup on importance of nurses, especially nursing in rural/frontier areas.

Jenni Gudapati presented on the Telehealth Task Force. The minutes from the session follow:

- Work with the Idaho workforce – Labor Department, and we were able to get 90 scholarships made available, which we will be giving to rural healthcare providers.
- Recommendations on how to extend and increase adoption of telehealth.
- Empowering providers and the patients to really make the best choice based on the needs.
- Educate the public on what telehealth is or align on our vernacular.
- Reviewing the previous Telehealth Access Act.
- Barriers in 2013 being consistent with those in 2020.
- Awareness of services like MDLive, all of those companies are now offering an e-services as a national service that you can call in at any time of day and see a doctor who's licensed in the State of Idaho and get treated and that's it. Need to make sure that we partner with our board of medicine, our board of nursing and those folks to make sure that we provide safe care.

Mary Sheridan presented on Advanced Care Planning. The minutes from the session follow:

- Requiring the registry to be accessible through a Web-based platform.
- Transfer existing health care directives housed at the Secretary of State into the new system when it becomes available.
- As soon as we receive the approval, we are prepared to release an invitation to bid and that is the competitive procurement process.

Elke Shaw-Tulloch presented on COVID-19 and Idaho. The minutes from the session follow:

- Overview of some of the data, talk about some of the timelines, background, things that are happening now.
- Stages of reopening.
- We've done different guidance documents, distribution papers in the past few months.
- We did bring in CDC partners and that helps with training long-term care facilities across the state.
- Federal government established that we should be testing approximately 2% of our population per month.
- Contact tracing, not using any technology to track people.
- Developed as quickly as we could a distribution plan to address personal protective equipment and the shortage; focus to get it to hospitals and other healthcare providers
- Supporting the health districts on what community transmission means per the Idaho Back to School Framework that the Board of Education, Department of Education put out.
- Update on testing turnaround times.

HQPC MEETING – NOVEMBER 4, 2020

HQPC convened on November 4, 2020, to address the following topics: Telehealth Task Force Recommendations; Idaho Health Data Exchange; Idaho Behavioral Health Plan Procurement; Idaho Health Score and Presentation.

Mary Sheridan presented on Telehealth Task Force Recommendations. The minutes from the session follow:

- Telehealth Task Force…what would help them?
- Increase in telehealth expertise.
- Heard from all areas where telehealth would be used; listened to subject matter experts.
- Increase access in Idaho for Telehealth.
- Learning a lot from Covid-19.
- Need to align definitions of telehealth across the state.
- Single point of contact for all boards.
- Align with the department of commerce, broadband initiative.
- Develop virtual care workforce.
- Coordinate education and outreach.
- Review and adopt specific waivers associated with the PHE (Public Health Emergency).
- Task Force recommends certain waivers and regulator flexibilities become permanent after the PHE has ended.
- Review and consider cessation of specific waivers associated with the PHE.

Hans Kastensmith presented on the Idaho Health Data Exchange. The minutes from the session follow:

- Spotlight on social needs and using the Aunt Bertha platform.
- Patient Provider Experience.
- Please see PowerPoint Presentation for explanation of Aunt Bertha and more information.

Kymberlee Schrieber presented on the Idaho Behavioral Health Plan Procurement. The minutes from the session follow:

- Inpatient is In-house.
- Outpatient is Contracted.
- Department is seeking input on procurement.
- Request for feedback.

Lillian Smith and Elke Shaw-Tulloch presented on the Idaho Health Score. The minutes from the session follow:

- Why a scorecard?
- Update on Get Healthy Idaho – options and costs.
- Developing a health score or health index for Idaho.
- Create an index using a set of health indications.

HQPC MEETING – MAY 5, 2021

HQPC convened on May 5, 2021, to address the following topics: Get Healthy Idaho; and Idaho Health Data Exchange. The minutes from the meeting follow:

HueLife presented on Get Healthy Idaho. The minutes from the session follow:

- o Summary
    - Overview of work that has been done thus far.
    - Suggested new path forward.
    - Decision to support collective impact approach.
    - The HQPC supports the development and implementation of an Idaho health report card as outlined during the May, 2021, HQPC meeting.
- o Status
    - Get Healthy Idaho Presentation.
    - Master's Degree Students are great resource.
    - Why do we need a report card?
        - Accountability/Visibility; Disparity in allocation of resources; Long-term tracking gives it credibility; priorities effort; engage our audiences; solidify connection between healthcare delivery and policy; we don't have one currently.
    - Health and Welfare to put together report card; HQPC engages with development of report card.
    - Might want to meet more than quarterly.
    - Collaboration with health policy developers at Boise State.
    - Report at each meeting the progress of the report card.
    - Motion: moved and approved. Motion passed.
    - HueLife to help us move through these actionable pieces as facilitator.
- o What have we accomplished to date?
    - Proposal presented in November - Get Healthy Idaho.
    - Healthy Idaho Places Index (HIPI) based on California model so already have a start.
    - Started Strategic Plan for DHW (plan goes into effect July 1, 2021).
        - HIPI is part of the DHW department strategic plan.

- Action plan HIPI should be in place by Oct 1st.
- HQPC will be included in action planning process (help inform and respond to indices, not to debate the various metrics).
  - HIPI is written into Health Improvement Plan.
  - Healthy Idaho is also a grand challenge within BSU strategic plan.
  - Public Health Department at BSU will be focusing on developing more data focus /analysis curriculum and program for Master's Degree students.
- o Resource/Budget Considerations:
  - Need to define skills needed and identify students/temps that can do this work. Follow up conversation with Lilian to solidify.
  - Success Indicator
    - Timeline met - launch of HIPI on target.
    - Support from HQPC and HTCI of the plan
  - Need resource/capacity for in-depth analysis and development of indicators. More than likely will require funding for that capacity as we might have to hire/pay for support.
    - Success Indicator:
      - o Development of skill set/job description needed to do analysis.
      - o Identified final indicators to be used for the Health Report Card and HIPI.
      - o Development of finalized data to be used in HIPI, Health Report Card tool (Tableau visualization).
      - o Finished Tool.
  - Align DHW with BSU Informatics grant to define the collaboration - does the grant include covering the cost of the interns for the department or do we need to secure those $$? This can support maintenance of the HIPI over time and future development as needed.
    - Success Indicator:
      - o Adequate staffing and funding to carry out project.
      - o Data internship opportunities established, placements, funding to support ongoing.
  - Project Manager: .25-.5 FTE support. Community Relations: .25-50% FTE support. Develop a "funding cheat-sheet" that lists potential funding (and staffing?) sources and amounts, location/housing of the positions.
    - Success Indicator:
      - o Other organizations and agencies use the resource to identify and report on health issues.
      - o Commonly used as part of decision making a reporting of health across the state.
- o KEY ACTIONS
  - Work Area: Planning & Organizing
    - Follow up with Joe and Mary after today.
    - Invite Mary and team to the next planning call.
    - Set up meeting with Mary and Joe to discuss/review Action Plan framework by July 16. Define the phases make assignments.

- Assist in the development of an Action Plan. (w/ Traci, Elke, Mary, RHPC staff).
- Identify Staffing for key elements of the rapport card
- Identify job descriptions and any additional staffing, e.g., grad student(s).
- Develop visual for the HIPI and the report card - what is the big picture and where does the report card fit.
- Develop an internal project tracker to hit all timelines.
- Hire project manager to work across university and external partners with DHW.

- Work Area: Content
  - Include all of the things Joe is listing.
  - Meet with DHW leadership to get confirmation of metrics prior to August meeting.
  - Develop a list of measures for HIPI and Report Card. (To be completed prior to Aug. HQPC mtg.)
  - Build out enhanced (calif. reporting) through existing software.
  - Identify all analysis steps as part of methodology.
  - Participate in dialogue between DHW and HQPC.
  - Finalize data to be used in HIPI and State Health Report Card.
  - Develop HIPI tool (Tableau).

- Work Area: Resources (Internal & External)
  - Secure resources - talk with James and Aimee to ensure we have the funds and at what level.
  - Identify responsibility and roles for completing each of the analysis steps.
  - After needs are determined (by first of August, hopefully) craft job descriptions and hire students (department or other).
  - Write HIPI into Workforce Development grant as a placement site.
  - Identify faculty interested in working on this (community, policy, data analysis, etc).
  - Identify a grants team to scale this work and provide significant funding to embed the use of the report card across the state (H & W, payers, providers).

- Work Area: Adopt, Uptake & Use
  - Identify approach and resources needed to generate stakeholder buy-in and help identify how the report card is embedded into organizations business practices.
  - Community relations person to work with the legislature so they see this use of the report card in evaluating efficacy of interventions, decision making and resource allocation.
  - Create another effort that engages the citizens of the state to use the report card.
  - Build into my Community Assessment course.
  - Build into my Community Assessment course.
  - Connect with strategic plan.

- Develop dissemination and implementation plans to include strategies to integrate into funding opportunities, courses.

Hans Kastensmith gave an update on the Idaho Health Data Exchange. The minutes from the session follow:

- o IHDE has closed long term partnership with Ethos.
- o Ethos is a private project financing provider with global operations in 72 countries and 6 continents.
- o Grant $8 Million – 2021.
- o Creates long-term financial sustainability.
- o Approved for additional funding of $16 Million in 2022.

HQPC MEETING – AUGUST 4, 2021

HQPC convened on August 4, 2021, to address the following topics: Idaho Health Data Exchange; and the Idaho Health Score Card Workplan.

Hans Kastensmith presented on the Idaho Health Data Exchange. The minutes from the session follow:

- Beyond HIE – New Joint Venture.
- List of Key IHDE Initiatives:
  - o Beyond HIE
  - o Advanced Data Quality Program
  - o Aunt Bertha Adoption Program
  - o Connect America Adoption Program
  - o Point Care Coverage Management Program
  - o Prior Authorization
  - o MyhEW HIPPA Complaint telehealth services
  - o ADT alerts and notifications
  - o Dynamic IRIS data
  - o Payer-Provider Summit
- More participant engagement with our providers.
- Overall goal is to improve population level health outcomes by leveraging relationships between health and providers and community-based services.
- Great networks build trust over time.
- 572 Idahoans participating in programs.
- Number of programs has gone up and up since May.
- 2,271 total users; 469 distinct users, 1,802 anonymous users, 923 connections made.
- Next steps 1. Sign up for IHDE and/or Aunt Bertha. 2. Claim your program if you haven't already. 3. Reach out to IHDE for trainings and demos.

HQPC received a presentation on the Idaho Health Score Card Workplan. The minutes from the session follow:

- Launch date of June 2022.
- A Health Report Card is beneficial for accountability, visibility, measurability, data used to drive policy.
- Report at each meeting the progress of the report card.

- Meet more frequently than quarterly meetings.
- IDHW, BSU, HueLife partnership.
- Action Plan - Phase 1: Planning and Resource Gathering. Phase 2: Build and Publicize. Phase 3: Adopt, Uptake, and Use.
- The following items need to be considered to help with the effective uptake, adoption and use of HIPI and the State Health Report Card
  - We need to work closer with payers around prevention issues. How do we create value-based care with this group?
  - The report card cannot be used in a way that demonizes individuals, geographical areas or groups by making them feel shameful about their health status, behaviors or practices. The report card needs to create health and hope. Hans from IHDE shared some helpful insights to avoid this shortfall based on his experience in Vermont.
  - The system should be used to meet people where they are and measure any change from the communities' baseline.
  - We need a robust standard dictionary of health measures that will be used in the report card. These measures need to be understandable, refined, justified and flexibly applied.
  - It would be helpful to have significant funding tied to the report card measures.
  - We need to make the HIPI system accessible to citizens.
  - To financially support this effort, HQPC needs to advocate to the legislature for ongoing funding for H & W through OHPI especially as it relates to adoption, uptake and use.
  - We need to celebrate wins across communities using this system to keep the ball rolling.
  - We need to be mindful of how the system can effectively work in frontier and rural communities of Idaho.

HQPC MEETING - FEBRUARY 2, 2022

HQPC convened on February 2, 2022, to address the following topics: Update on the successful launch of the Idaho Advance Directive Registry; Refresher on Open Meeting Laws; and the Idaho Health Score Card Updates.

Brian Kane presented a refresher on open public meeting laws. The minutes from the session follow:

- Open Meeting Law – Public's right to observe governments in action.
- Doesn't guarantee participation.
- Public comment period – allow all comers and limit to 2-3 minutes.
- How to gauge if a meeting is an open meeting
  - if there is a road to making a decision it is considered an open meeting.
- Quorum of Board.
- Deliberating/Making a decision.
- Have to have a physical place for the public location of the meeting.
- Minutes must be kept and made available.

- Agenda, notice, and minutes should be online and easy to find.
- Pandemic issues – provide notice, social distance, masks, and capacity. Include what measures have to be taken in the notice and on the agenda.
- Remote testimony should be available.
- Make sure everything is working; pause the meeting and stop and fix anything necessary. Double check notice is accurate. Double check the meeting link works.
- Identify all probable discussion items.
- Identify all action items.
- Executive sessions are action items.
- Roll call vote; no catch all executive sessions; amend the agenda after the meeting began to add an exec.
- Session; motion to amend; give good faith reason; take notes.
- Board determines who comes in an exec. Session – stay on topic; take minutes.
- Time stamp entry in and out of exec. Session.
- Keep sessions short, small, and focused.

Mary Sheridan presented an update on the successful launch of the Idaho Advance Directive Registry. The minutes from the session follow:

- In 2018 DHW and HQPC identified infrastructure for web-based registry; consumers would mail secretary of state – login and see information but no one else could access registry.
- Registry – web-based platform from Secretary of State to Department of Health and Welfare.
- Effective July 1, 2020.
- New registry accessible via online or hard copy 24/7 access.
- Competitive bid – April 7, 2021; Live on October 12, 2021.
- Created new Idaho Advance Directive form online.
- Idaho Advance Directive – 2 parts; Durable Power of Attorney for healthcare; Living Will. Aligns with Idaho Code; Digital and hard copies; Living Will allows for own text; only the individual signs documents.
- New pregnancy options – unconstitutional to say it is void if woman is pregnant; optional tab;
- New Registry – Idaho Healthcare Registry; IDHR@dhw.idaho.gov
- Call 208-334-5501.
- User friendly; able to electronically share with loved ones via "My Shared Circle".
- Clinicians can send invites.
- In the registry, once you hit submit it generates a pdf version that you're able to download a hard copy and print/save.
- Resources on website for consumers, one -page worksheet.
- Challenge of ongoing funding.

Traci Berreth presented an update on the Idaho Health Report Card. The minutes from the session follow:

- Benefits – accountability/visibility; ability to address disparities; single source of truth; prioritize efforts; engage and align multiple audiences; solidify connection between healthcare delivery and policy.
- 1) Idaho Health Report Card; 2) Healthy Idaho Places Index; 3) Contributing Indicators; 4) Other population health data; 5) Action.
- We want to make the data as user friendly as possible.
- Get Healthy Idaho – Strategy – Identify (use data to identify high priority communities and assess needs); Cultivate (Cultivate partnerships and build capacity to empower communities to drive and lead health initiatives); Invest (Invest in partnerships, people, and places to improve health where we live, learn, work, and play).
- Project Status – IDHW & Boise State Phase One is completed. Phase Two Build and Publicize – January – May 2022. Phase Three Adopt, Uptake, and Use –
- June – September 2022.
- Contact information for project leads: Traci.berreth@dhw.idaho.gov; joseph.pollard@dhw.idaho.gov; lilliansmith@boisestate.edu
- A big need is line item in budget so team of facilitators can pull plan together.
- Critical Capacity piece – reach out to local governments and school districts.
- Role has to fall to the state government
- Hospitals – need to do a community needs assessment; this tool will give them the framework to start.
- Start with IHA – Idaho Hospital Association.
- How do we socialize this? Health Departments engagement for putting this in strategic plan?
- Routine Conversations with health districts.
- Partner with communities and local health district.
- Real issue of adequate healthcare professionals in our state and in rural areas.
- Risks/Challenges: marketing, engagement, funding source,
- Update at next meeting.

HQPC MEETING - MAY 4, 2022

HQPC convened on May 4, 2022, to address the following topics: Idaho Health Report Card and Office of Performance Evaluation Report on EMS.

HQPC received a presentation on the Idaho Health Report Card. The minutes from the session follow:

- Flexibility in funding communities for Get Healthy Idaho and address health concerns in their communities.
- Healthy Idaho Places Index – Conversation piece for data decisions; identifies what's going on. Action – Review and discuss the data for shared understanding. Alignment on needs and priorities will drive policy and actions to address Idaho's health concerns collectively.

- HQPC can re-evaluate the data and zero in on most important aspects. Clarity for Legislative season. Opportunity to work with H&W payers and providers.
- Get Healthy Idaho data piece as standing agenda item.
- Health Care access is an issue across Idaho.
- Phase One – Complete; Phase Two – Build and Publicize (Jan.-June 2022); Health Report Card – Ready to Launch; Build Healthy Idaho Places Index.
- Phase Three – Adopt, Uptake, and Use (July 2022 and beyond).
- The Health Report Card Metrics – Cancer deaths, drug overdoses, heart disease, suicide deaths, unintentional injury deaths, etc.
- Ted says our data we should be looking into is depression instead of suicides; Traci claims our data doesn't measure depression; not a lot of data county wide or hospital discharge data. Prudence said IDHE is happy to help with this data and set up a separate meeting.
- Steve Smith disagrees with Ted and says suicide is the best data to lead to change.
- Tim thinks Ted is right in wanting to look at depression.

Wayne Denny presented on the Office of Performance Evaluation report on Emergency Medical Services (EMS). The minutes from the session follow:

- OPE Office of Performance Evaluation – publishes governance of EMS agencies in Idaho.
- Key issues – no consistent stable funding for local EMS; Idaho Code doesn't identify EMS as an essential service.
- Rural communities have a great need for EMS care.
- EMS needs are identified but we need support and funding from policy makers.
- Classify EMS as an essential service.
- Lack of consistent reliable funding.
- Reimbursement – inadequate to sustain operations.
- Not enough EMS personnel numbers in rural areas.
- Legislature could support agency recruitment.
- Presented to Board of H&W and JLOC.
- Discussion of interim committee.
- Wayne's recommendation is that HQPC forms a subcommittee similar to the work done for the Trauma Response Team.
- EMS – Essential Service – Governance, Baseline service, Service areas.
- Funding – local, state, sources.
- Personnel – compensation, benefits, education and training.
- Ted Epperly shared funding model – 1/3 state; 1/3 country; 1/3 local communities.
- Get this ready for legislation next session.
- Follow up with DAG regarding clarification for Wayne's recommendation of a separate meeting?
- Keep as standing agenda item.