Health Quality Planning Commission
Meeting Minutes
February 1, 2023
8:45 a.m. -12:00 p.m. MDT

Physical Location:
450 W State St.
Boise, Idaho
10th Floor Conference Room

Virtual Location:
Via WebEx

Meeting Minutes:

Member Attendees:
Chair – Dr. Barton Hill (St. Luke's Hospital System), Richard Armstrong (HCAP), Tim Dunnagan (Boise State University), Dr. Ted Epperly (Family Medicine Residency of Idaho), Sara Hawkins (HCA Healthcare), Steve Lucht (Blue Cross of Idaho), Edward McEachern (Pacific Source), Dr. John Rusche, Dr. Steve Smith (Thrive Pediatrics)

Summary of Motions/Decisions:

Motion: John Rusche made a motion to adjust the order of the agenda topics to allow Gina Pannell to share her update first.
Second: Tim Dunnagan seconded the motion.
Outcome: Motion was unanimously passed.

Motion: John Rusche made a motion to approve the November 2022 minutes.
Second: Richard Armstrong seconded the motion.
Outcome: Motion was unanimously passed.

Motion: Sara Hawkins made a motion to approve the consolidated HQPC Annual Report.
Second: John Rusche seconded the motion.
Outcome: Motion was unanimously passed.

Agenda Topics:

Welcome and Opening Remarks, Agenda Review, Review of Minutes, Announcements – Dr. Barton Hill, HQPC Chair

Dr. Hill welcomed everyone to the quarterly Health Quality Planning Commission (HQPC) meeting. He asked attendees to participate in a round of gratitude. He then noted that they had a quorum and went over the agenda topics for the day. He made a motion to adjust the agenda to allow Gina Pannell to share her update on the health worker shortage first. Dr. Hill then asked for a motion to approve the November 2022 minutes. Dr Hill reviewed the consolidated HQPC Annual Report and requested a motion to approve. All three motions passed unanimously.

Health Worker Shortage in Idaho – Gina Pannell, IDHW

Gina Pannell, the Bureau Chief at IDHW, shared a slideshow about the Health Worker Shortage in Idaho. The slides are included as **Appendix A.**

There has been a health worker shortage in Idaho, especially in rural areas, that was exacerbated by the COVID-19 pandemic. The Health Professional Ecosystem is comprised of three main categories: a central public health system, a local public health system, and a healthcare delivery system. These interconnected professions are required to maintain the health of a community. Idaho ranks 50th in the nation for the ratio of active physicians per resident and 45th in the nation for the ratio of active primary care physicians per resident (2021 State Physician Workforce Data Report). Thirty percent of Idaho physicians are age 60 or older (2021 State Physician Workforce Data Report). In addition to physicians, 29% of Idaho Registered Nurses are age 55 and older and Idaho is projected to have a shortage of 106-523 nurses annually until 2024. Health care worker shortages and health care workforce mental health have been added to the ECRI list of indicators related to patient safety risks.

There is also a shortage of public health workers, mental health services and access to care. Between 2019-2021 there was a 10% reduction in the public health workforce, with 27% of public health professionals planning to leave in the next year (not due to retirement). The country needs 80,000 FTEs in state and local health departments to provide basic community services. There is an increased demand for mental health services that was exacerbated by the COVID-19 pandemic with an estimated 10% demand increase by 2026. Access to care is also reduced in Idaho due to closure of facilities, reduced hours, and extensive emergency department holds due to inability to transfer to other hospitals, skilled nursing facilities and assisted living facilities. Approximately 17% of Idahoans (243,000 adults) report not having a personal health provider.

Contributors to the Workforce Challenges

- Trauma from COVID-19 pandemic (primary and secondary trauma)
- Increased job demands
- Increased prevalence of behavioral health presenting in medical settings
- Population influx and aging population in Idaho
- Limited medical residency slots
- Shortage of faculty and clinic and preceptor sites for nursing
- Lack of certified nurse assistant programs, especially in rural areas
- Lack of access to essential supports (childcare, eldercare)
- Healthcare workers retiring at a faster rate than anticipated

Impacts on Patient Safety and Quality

- Insufficient staffing ratios
- Longer wait times
- Burnout levels that raise risk of medical errors
- Decreased staff time to focus on value-based care initiatives

- Increased reliance on temporary or new staff (rates of errors may increase)

State Support Structures to Address Shortages

- Student Loan Forgiveness Programs
  - Rural Physician Incentive Program
  - State Loan Repayment Program
- Conrad J-1 Visa and National Interest Waivers
- Telehealth
- Health Professional Shortage Area Designations
- 3RNET: a national search engine to connect providers in rural and underserved areas (https://www.3rnet.org)
- Idaho Healthcare Directive Registry: (http://www.healthandwelfare.idaho.gov/advancedirective)
- Rural Nursing Loan Repayment Program (currently on hold)
- State Board of Education Nursing Workforce Strategic Planning

Considerations for HQPC

- Challenging to track the composition and the total number of people in the Idaho health workforce ecosystem and real-time vacancies by cadres and by region
- Increase in preceptorships/internships for nursing and allied healthcare professionals
- Coordinated and comprehensive state policies
- Increased support for the existing workforce (to prevent more shortages)

Health Worker Shortage Discussion:

- Where are public health workers going when they leave the profession? At the local level they seem to be leaving the field completely because they are burnt out from the trauma of being perceived as the enemy. Healthcare is now the highest risk industry for injuries at work. Some are moving on to work in community-based health. Exit interviews show that they are also leaving for higher paying jobs with remote work as an option. The academic pipeline for public health workers is small.
- What kind of pipeline is there to recruit junior high and high school students interested in joining the public health profession? There are a few area health education centers that do the pipeline work, but they focus on primary care and medicine. There are so many partners at play that it is difficult to compile the needed data. The Bureau would like to have conversations with the Workforce Development Council, and they do have an agreement with the Department of Labor to share data.
- A focused collaboration between State Department of Education, State Board of Education, colleges, employers (hospitals, clinics, etc.), medical schools, and the Department of Labor to put pressure on the legislature might be useful since the legislature has historically focused on medical school seats.
- Pacific Source has data on who is entering the work force. They are seeing more people exit than enter.

- At BSU they had 230 qualified applications for nurses and could only take 80 in the last cohort. The limiting factor is the cost of training clinicians. The cost of educating a nurse practitioner is higher than someone in public health.
- While programs have expanded, the pool of applicants is shrinking. Where there would historically have been 8-10 applicants per slot in nursing schools, today they are seeing 3 applicants per slot. Only 41% of nurses want to work in hospitals anymore and there is something to be said about making health professions attractive again.
- Regarding traveling nurses potentially causing more errors, they often have very strong skills and actually reduce errors because of their skill set.
- The structural deficit of workers is exacerbated by demographic trends. Baby boomers are now retired, and overall employment rates are down.
- This is a multifactorial problem. Providers have seen retention and recruitment barriers due to the politics of Idaho. They need to be able to speak up about moderating the effect of our current laws on our workforce. This is not an easy thing to do but it is a factor. They should provide a consistent message when they talk about the barriers of an undermanned state with a growing population.
- Providers tend to think that a shortage exists among physicians, they don't think of all the industries that are having the same problems. Medical students play a huge part but there are barriers to getting in-patient experience.
- HQPC could encourage the players to convene and develop a state plan. As it is now, when the legislature thinks of healthcare, they think of medical school seats. They don't think about nurses and other positions. HQPC has some leverage to push that forward.
    - Tim Dunnagan shared that the Blue Cross of Idaho Foundation has had several meetings regarding the workforce shortage.
    - HQPC could convene a workforce summit with relevant stakeholders (DOL, IDHW, Governor's office, IMA, IHA, State Board of Education) and create a white paper to educate and inform. This is complicated and bigger than any one entity.
    - HQPC needs to make sure not to duplicate the efforts of Blue Cross Idaho Foundation. There are already ideas and proposals at play. May want to explore this further before taking formal action.
    - **Next Step:** Further discover the work being done by Blue Cross. Find out which stakeholders are involved since housing and childcare are important components.

Idaho Department of Health and Welfare (IDHW) Update – Jennifer Palagi, IDHW

Jennifer Palagi, the Deputy Director of IDHW, gave an update on Medicaid expansion and the unwinding of the Medicaid continuous coverage. The House Health and Welfare Committee is recommending that Medicaid expansion remain in effect in Idaho. They wrote a letter to Speaker Mike Moyle citing concerns over the sustainability of the budget request and made 6 recommendations for the program. Today (February 1, 2023) is the first day of the Medicaid protection unwinding. States can begin unenrolling people by April 1, 2023. Over the past 3 years, some states stopped sending communications, however Idaho continued to communicate with participants during the Public Health Emergency (PHE).

During the PHE, individuals were only unenrolled only if they moved out of state, were deceased, or they requested removal. Notices will be sent in batches of 30,000 until all 150,000 people are notified. They have 60 days allowed for response and IDHW anticipates completion by September 2023.

Possible Outcomes of Medicaid Re-evaluation

- Disenrolled for being over income, transitioned to state-based marketplace (Your Health Idaho)
- Disenrolled for no response
- Qualify for Medicaid

Comments:

1. If a patient has a medical experience during the 60-day grace period will Medicaid still cover them until they are officially unenrolled? Individuals are still covered during that 60-day period. If they get disenrolled, they can get that person back onto Medicaid if they qualify and will use a 90 day look back. If someone doesn't quality for reenrollment, they will still be covered during those 60 days. They are also referred to Your Health Idaho for continuous coverage.
2. Women were extended to be covered for 12 months post-partum in some states. Is that happening for the Idaho Medicaid program? Idaho Medicaid is operating under a waiver but would like to make it a permanent change. CMS may be doing this at the federal level.

Get Healthy Idaho Index – Joe Pollard, IDHW

Joe Pollard gave an update on the progress of the Get Healthy Idaho Index. There have been a few delays, but they are very close to doing the final index analysis. The index will provide census tract levels of ratings based on 120-140 measures. The last step is to bring together social determinants of health subject matter experts to discuss how to weight the 7 domains in the final index score. Once a final weight is developed, the index scores will be added to the Get Healthy Idaho dashboard.

Comments:

1. When will the dashboard be rolled out and shared with providers for feedback? Joe is not focused on promotional end, but he knows they are working with partners and have made presentations to groups like HTCI. In the original plan, phase 3 would be the promotion stage. They are working with BSU on how to promote and support the dashboard. Dr. Hill suggested that they create an incentive for case reports on how organizations use the dashboard.
2. Traci added that they are working through HQPC to directly get to staff. If anyone on HQPC is interested, they would love to start sharing it through the group and create case studies to show how the data are used. Steve Smith at Thrive Pediatrics is interested in participating.

Alzheimer's Disease and Related Dementias Program – Tiffany Robb, IDHW

Tiffany Robb, the Program Manager for the Alzheimer's Disease and Related Dementias (ADRD) Program within the Division of Public Health, shared a presentation on its progress over the last year. The slides from her presentation are included as **Appendix B**.

The ADRD program was launched in 2021 with the goal of addressing and providing solutions to Alzheimer's and related dementias. They are using an upstream approach that focuses on primary, secondary and tertiary risk reduction levels including brain health and support of family care givers. A statewide ADRD Alliance comprised of caregivers, service providers, payers, health systems, and local, state and tribal government was launched in November 2021. Their focus has been developing a 2023-2028 ADRD Strategic Plan for Idaho.

10 goals of the ADRD Program

1. Increase number of stakeholders engaging in collaboration.
2. Increase ADRD risk reduction education in program planning and priority setting.
3. Use data to inform the public health program and policy response to cognitive health, impairment, and caregiving.
4. Promote interventions and best practices.
5. Educate the public about brain health and the benefits of early diagnosis.
6. Integrate best available evidence about brain health and risk factors into existing health communications.
7. Emphasize caregiver importance
8. Educate public health professionals.
9. Provide continuing education for healthcare professionals.
10. Educate health care professionals about the importance of co-morbidities.

Future Work

- Finalize the 2023-2028 ADRD Strategic Plan for Idaho
- Quarterly alliance meetings (from monthly) to track progress
- Marketing strategic plan and talk to Idahoans
- Launching Dementia Friends USA
- Continue Project ECHO Idaho series. Five more upcoming
- Support dementia-friendly communities
- Health provider webpage for ADRD (partnering with U of W)

Types of Data to Benefit ADRD Program

- Healthcare professional training and CEUs
- ADRD diagnosis
- Caregiver data
- Payer data

Idahoans must rely on primary care providers to diagnose Alzheimer's and related dementias. However, 50% of providers do not feel prepared to care for this growing population. Primary care providers in Idaho are overwhelmed and constrained by scheduling

parameters with little to no time for cognitive assessment and care planning. The health and well-being of the family caregiver is often not incorporated into the care planning for the person with dementia.

Questions For HQPC:

- What suggestions do you have on collecting/accessing this type of data?
- What do you see your orgs making changes to improve ADRD in Idaho or fitting within the goals presented today?

Comments:

1. The BRFSSS data has a 9-month lag. For example, the 2021 data was released in 2022. Cognitive decline questions are only included in the BRFSS survey every other year.
2. Is there legislative action needed to meet the goals of the plan? Yes, there will be legislative pieces down that road that the ADRD program would appreciate help with.
3. What is the data on prevalence of ADRD in communities? Many communities don't have that data and don't realize how prevalent ADRD is in their community. In those 45 years and older, there is a significant population unable to work or perform duties.
4. On the lack of comfort providers have with dealing with families and patients with ADRD, would it be helpful if it was included in the training in schools for upcoming doctors and nurses? They could write a letter summarizing the issues and ask educational institutions to address this?
5. Dr. Epperly shared that Full Circle has a geriatric residency that does a lot with dementia. He wondered if the data showing 50% are uncomfortable could be stratified by age of physician because the younger physicians know about dementia since they are dealing with it constantly.
6. Hospitals see patients with reactive behaviors that families cannot handle. There is a lack of respite resources for family caregivers. It is difficult for staff to work with those patients. There is an opportunity to get more familiar with how we deal with those difficult behaviors.
7. What are the criteria to identify dementia friendly communities? It can be anywhere. St. Luke's, the police force of a community, or the city of Emmett, could become a dementia friendly community.
8. This is a community resource issue. There is a lack of resources, so we must rely on family member caregivers. They are likely the best possible caregiver so we should support them. When care providers are challenged, they only know to turn to the hospital or provider. How can we connect patients and caregivers to the community resources?

Statewide EMS Sustainability – Wayne Denny, IDHW

Wayne Denny gave an update on Statewide EMS Sustainability. The slides are included as **Appendix C**.

The Bureau of EMS and Preparedness has contracted with 6 EMS planners to look at current conditions across the state and conduct a county-level gap analysis. The gap-analysis will identify a reasonable EMS response time by county, the resources needed to meet that goal, and budget needed. Planners divided the state into 6 sections and are in the environmental scanning stage right now. They will be working closely with the EMS Task Force.

The Task Force has prepared a concurrent resolution that would ask for the Legislature's support and request that the Task Force work with Legislative Service Office and stakeholders to bring the proposed legislation to the 2024 session. Last week they held an EMS Day at the Capitol with 13 tables. Each table covered different topics and had stakeholders from across the state. Future work will include communication; they do not want to lose the momentum gained with legislators over the next year. Wayne welcomed members to attend the Task Force meetings and will share the details with HQPC.

Comments:

1. What is the end goal? Is there a measurable outcome? Reliable and reasonable EMS response time throughout areas of the state is the end goal. Response time will vary by location. For example, the Frank Church Wilderness may have a 5-hour response time, but most other areas would expect 20-30 minutes. Counties cannot meet those expectations with what they currently have, they need additional resources to provide that level of service.
2. When do you plan on having legislation drafted for next year? They need to have something ready by the fall (September or October).
3. This is important work and HQPC appreciates the work of the task force and planners. Please send dates and details of task force meetings to Jeff Lane so he can share with the Commission members.

Wrap-up and Next Meeting Ideas – Dr. Barton Hill

Dr. Hill asked the HQPC members to suggest topics for the next quarterly meeting in May.

Suggested May Agenda Items:

- IDHE update
- Statewide EMS Sustainability update
- Idaho Hospital Association (IHA) could share their discharge data and discuss workforce shortages.
- IHA and insurance conversations about Prior Authorizations. Edward McEachern could give an update.
- Impact of Adverse Childhood Experiences (ACES) on communities, families, children. Take a deeper look at trauma informed care. The pandemic was traumatic for everyone. If anyone knows a subject matter expert in this field, please share contact information with Dr. Hill.
- Follow-up on maternal mortality data. Ask them for an update on maternal and newborn mortality with a comparison to surrounding states.
- Workforce shortage will be revisited. HQPC would like to know what has been done so far by Blue Cross of Idaho Foundation. Information about which

stakeholders have been invited and which ones are participating in the meetings would be helpful. It's been noted that there are not a lot of providers attending the meetings. Tim Dunnagan has been attending these meetings. See if Dave Jeppesen could give an update on the Blue Cross Idaho Foundation's work so far.

Action Items:

Action Item 1:
Action Item: Share EMS Task Force Meeting Details with HQPC members
Person Responsible: Wayne Denny will send details to Jeff Lane

Action Item 2:
Action Item: Report back on whether Medicaid will continue covering post-partum care for mothers
Person Responsible: Jennifer Palagi

Action Item 3:
Action Item: Share revised RN shortage projections with Gina Pannell
Person Responsible: Tim Dunnagan

Action Item 4:
Action Item: Share data on who is entering the workforce with Gina Pannell
Person Responsible: Edward McEachern and invite Steve Lucht as well.

Action Item 5:
Action Item: Discover what work is already being done on the health worker shortage in Idaho by Blue Cross Foundation.
Person Responsible: Dr. Hill and Tim Dunnagan

Closing Remarks – Dr. Hill

Dr. Hill thanked everyone for attending the meeting. He reminded the Commission that their next meeting will be held in May. Jeff will be sending an email to the Commission members with a request that they reapply for their HQPC appointments. HQPC also needs replacements for their Regence and St. Alphonsus positions.
Meeting adjourned: 11:50am

Next meeting: Wednesday May 3rd, 2023, 8:45 a.m. – 12:00 p.m. MDT.

Appendix A

Gina Pannell Slides

Appendix B

Tiffany Robb Slides

Appendix C

Wayne Denny Slides