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Southeastern Health Collaborative	
10.11.2017	12:30pm
Southeastern Idaho Public Health	
Meeting called by	Executive Committee
Facilitator	Rhonda D'Amico
Note taker	Laurie Brenchley
Attendees	Rhonda D'Amico, Mark Horrocks, Chris Heatherton, Allison Palmer, Maggie Mann, Tracy McCulloch, Laurie Brenchley, Madeline Russel, Anne Watkins
PCMH NCQA Training	
Discussion	<p>Chris – Mike Ryan was there and he found it to be very informative. It was helpful to see where they are going. He feels much more motivated toward finding the biggest road blocks and care coordination. It was good to identify what NCQA is really going to look for. They are still working out the kinks of how they will roll this out.</p> <p>Rhonda – It was exciting to see how many different people from how many different areas have a growing interest in PCMH</p> <p>Symposium Report – Rhonda will be in Boise to present during the live IHC meeting. There were 195 people to complete the Columbia Suicide Severity Rating Scale and 130 people to complete the WICHE Toolkit training. Brad Baker, the Region 6 program Director for Health and Welfare is now going to be pursuing the C-SSRS training through the region. We got a joint mayoral proclamation from Chubbuck and Pocatello. We were also were able to distribute the Rock your Role materials from the state suicide prevention public awareness campaign.</p>
Healthy Connections White Paper	
Discussion	<p>The question is “what is the sustainability plan for our region”? Something we have heard is that we want to give a warm handoff from the RC to the Healthy Connections. We feel like we are receiving mixed messages on what our sustainability is supposed to be.</p> <p>Madeline – it is your choice. This is an option being presented to you. Some feel that this is a good option. You just need to pick what you think will work best in your district.</p> <p>District 3 received the (creskie) award. Along the lines of the Medicaid white paper to build the RCO's.</p> <p>District 4 is using Catholic pathways.</p> <p>District 1 doesn't have a plan yet.</p> <p>District 3 is more patterned after the Oregon model – looking at the community advocacy groups to be able to extend services to all service areas.</p> <p>Rhonda – The white paper talks about having 3 – 5 RCO's across the state. Will our region have an RCO? What concerns do we have or what do you think is good about this and how can it work?</p> <p>Mark – All community health centers are in their own ACO that becomes a state RCO. You can be members of both. This has been problematic. The PQA doesn't have enough to make it happen the way they are envisioning it. They are looking to do an RCO as well. Does it make sense to try to connect with that organization? The whole idea of the RXO is where everyone is going with value based care. They need to have enough lives to influence insurance.</p> <p>Maggie – There is a lot of work expected to come out of the administration of the RCO. Is this a contract with Health and Welfare? Will this come out of shared savings? We are just having a hard time seeing the foundation to be able to support the volume of work that is expected to come out of that structure. It is not clear how this is going to happen.</p> <p>Anne – there is a contract being developed by the department for the RCO's. Jeff Crouch is the contact person for this.</p> <p>Mark – there will be someone that needs to run it as a full time job. Typically there has to be a full time medical director to deal with the bureaucracy.</p> <p>Maggie – One of the goals is low administrative cost. It seems like a pretty big lift to create this layer that does not even exist yet.</p> <p>Chris – From the symposium, it sounded like each RCO was going to have a board and then public health members would have a secondary board. All the CEO's are planning on running it themselves. What are the big players in that region? They are going to want to run it so they have a say in where the money goes. Everyone has to be a medical home, and that is how they get the data. Each place will be responsible for showing their data. It sounded figured out.</p>

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Discussion	<p>Mark – If we want a provider in a rural area, we need more reimbursement because it is a lot of money to keep one there. The flip side of that is to close clinics and make people drive.</p> <p>Maggie – That is defeating one of the triple aims that is improved access.</p> <p>Rhonda – We wish we would have had more of a role with the development of the plan. It feels like it changes the RC as we have built it.</p> <p>Maggie – We need to be talking about our sustainability too. These goals are being communicated through an annual choice plan. Just writing an annual plan like that is pretty significant undertaking. We are just not sure that there is a realistic assessment of what is involved. We have concerns about the structure and how to get it off the ground. Every community is unique and driven by different priorities. We can't tell all different places to follow the same path.</p> <p>Rhonda – What do you all see as the next steps? We could invite Jeff Crouch to our next meeting? We could invite Dani from PQA.</p> <p>We will extend an invitation for Jeff Crouch to attend our next meeting in person.</p> <p>Mark – We need to find out what is worth sustaining.</p> <p>Maggie – our next Executive Committee meeting we can have a work group to determine what is worth sustaining, and the ease with which it can be sustained. There may be things we feel we can continue.</p>
<b>Crisis Center Update</b>	
Discussion	<p>Laurie – the county is putting out a bond election on November 7<sup>th</sup>. The 16 million dollar bond will provide 14 million for a jail facility addition and 2 million for the building that will house the transitional center and crisis center.</p> <p>Mark – What does the sustainability look like?</p> <p>Laurie – We will have the state funding for the crisis center from the legislature. After that, we have already received verbal financial commitments from several community partners, including, PMC Bingham Memorial, county indigent fund, Portneuf Health Trust, and others.</p>
<b>PCMH Nursing Day</b>	
Discussion	<p>PCMH Nursing Day is on November 14<sup>th</sup>. We will be basing it off of the 2017 standards. One of the things that we heard back from last year was that there was too much repetition. We are thinking about breaking them down and teaching them standard by standard. We are continuing to work closely with ISU. We recently went in and talked to the nurse practitioner program. If there is anyone who wants to present, please contact Rhonda.</p>
<b>Meeting Schedule for 2018</b>	
Discussion	<p>We will continue with the same basic meeting schedule next year with monthly EC meetings and quarterly Clinic and Medical Health Neighborhood meetings.</p> <p>Mark – Would like to see more feedback from the benefits of the Medical Health Neighborhood meetings.</p>
<b>Next Meetings:</b>	
Discussion	<ul style="list-style-type: none"> <li>• Executive Committee Meeting: Wednesday, November 8, 2017, 12:30-1:30 at SIPH, Boardroom</li> <li>• Clinic Committee Meeting, Thursday, November 16, 2017, 12:30-1:30, Location TBD</li> <li>• Executive Committee Meeting, Wednesday, December 13, 12:30-1:30 at SIPH, Boardroom</li> <li>• Medical Health Neighborhood Meeting, December 14, 2017 10:00 -12:00 SIPH Phoenix Room</li> </ul>