

EASTERN HEALTH COLLABORATIVE EXECUTIVE TEAM MEETING

3/9/2016
7:00AM TO 8:00AM
FAMILY FIRST MEDICAL

ATTENDEES: Boyd Southwick, DO, George Groberg, MD, Geri Rackow, James Corbett, and Corinne Bird

MINUTES

AGENDA ITEM:	Learning Collaborative (LC)
PRESENTER:	Boyd Southwick, DO

DISCUSSION:

We reviewed the 1 page write-up recap of the Learning Collaborative. Dr. Southwick mentioned there was great value in attending the LC. Receiving additional information on the care coordination piece was especially beneficial. There is still a concern about payment methods moving forward. Other clinics also share in that concern.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> ▪ Reach out to Jeff Crouch (Blue Cross of Idaho) and Meg Hall (Medicaid) for additional clarification on payment moving forward 	James	4/6/2016

AGENDA ITEM:	Idaho Health Data Exchange (IHDE)
PRESENTER:	James Corbett

DISCUSSION:

SHIP Cohort 1 clinics will be connected to the IHDE in 3 waves. The waves will be Mar-May, Jun-Aug, and Sep-Nov 2016. We will also need hospitals to get connected. Moving forward, the Executive Committee can work on getting regional players to the table for IHDE.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> ▪ Contact Madison Memorial Hospital and EIRMC to see about their plan for connection to IHDE. 	James	4/6/2016
<ul style="list-style-type: none"> ▪ 		

AGENDA ITEM:	Eastern Health Collaborative Mission and Vision Statement
PRESENTER:	James Corbett

DISCUSSION:

The Mission and Vision Statement drafts were reviewed and discussed. The three main focuses for the RC are: 1) PCMH Transformation 2) Promote and build out Medical-Health Neighborhood and 3) Population Health.

CONCLUSION

We will continue discussion on these statements at a future meeting.

AGENDA ITEM:	Eastern Health Collaborative Charter
PRESENTER:	James Corbett

DISCUSSION:

Deliverable 1: Eastern Health Collaborative- The Idaho Healthcare Coalition (IHC) would like a status report on our Health Collaborative during their monthly meeting. Dr. Southwick included that it would be good to

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be able to share information with other Health Collaboratives so we don't have to repeat things that have already been done. James asked what the Health Collaborative can do for clinics working on the PCMH transformation. Dr. Southwick suggested obtaining policy templates/skeletons that clinics can cater to their individual needs and then comply with their written policies. The group discussed that resource sharing between clinics on the Health Collaborative would be beneficial. It was suggested that we have time set aside during our meetings for open resource sharing and to discuss what is and isn't working for each clinic. Geri suggested having each clinic submit questions before the meeting. Corinne mentioned that based on those responses we can also bring in resources or have clinics present for specific meetings.

Deliverable 2: PCMH transformation support- This is provided by the PHD SHIP staff

Deliverable 3: Communication Plan- Eastern Health Collaborative will help provide PCMH support by helping facilitate networking, resource sharing, and gathering clinical quality measures for the region. It was noted that communication was needed to avoid duplication of efforts.

Deliverable 4: Community Health Neighborhood development- James led off the discussion with asking who we want on the neighborhood, how they can help us, and how to approach them about joining. A discussion about what the neighborhood will look like followed. The group discussed the name of the neighborhood to assure that it reflects the complete scope and purpose of the group. It was determined to name it the "Medical-Health Neighborhood". Dr. Groberg mentioned that we should decide who to have on it based on what our community needs. The purpose of the neighborhood will be to bring together all of the groups who have been working separately in order to benefit our community. James mentioned it could be a year before we get region specific data from SHIP central, but we can also pull data from other reliable sources to look at factors that affect our region's improvement. Dr. Southwick reminded the group that we need to do more than "check boxes." We need to show that we have met the triple and also the quadruple aim, which includes provider satisfaction as the additional aim. It would be valuable to keep going back to the triple aim during our Eastern Health Collaborative meetings.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
▪ Look for policy templates/skeletons for clinics	James and Corinne	4/6/2016
▪ Create a template for clinics to submit things that are working/not working well for them in preparation for resource sharing portion of Health Collaborative meeting	Corinne	3/10/2016
▪ Add Triple Aim to Health Collaborative agenda	James	3/9/2016
▪ Revisit Medical-Health Neighborhood on a regular basis during Health Collaborative Executive Team Meeting	Group	

AGENDA ITEM:	Eastern Health Collaborative Agenda
PRESENTER:	James Corbett

DISCUSSION:

There was a brief overview of items on the Eastern Health Collaborative agenda. Geri suggested we find out what the SHIP clinics need from the Medical-Health Neighborhood during that agenda item discussion. Once needs are identified, we can decide who to invite and how to communicate with them. The neighborhood will not be Bonneville County exclusive. It will encompass the region and surrounding areas based on the needs of the population.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
▪ Highlight Triple Aim on Health Collaborative agenda	James	3/9/2016
▪ Add "Resource Sharing" time to Health Collaborative agenda	James	3/9/2016

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AGENDA ITEM:	Eastern Health Collaborative report during IHC meeting and next meeting
PRESENTER:	Group Discussion

DISCUSSION:

James will give the Eastern Health Collaborative report during the IHC meeting. He will reference our Executive Team meeting we had today. We do not have any concerns to report at this time.

Meeting frequency: For right now, the group will meet monthly. The frequency will be re-evaluated down the road. Wednesday at 7:00am works well for the group. We would like to schedule a reoccurring meeting for the first or second Wednesday of every month depending on what works best with the timing of other previously scheduled meetings like the Idaho Healthcare Coalition and the Eastern Health Collaborative.

FUTURE AGENDA ITEM:	How do we support both local Medical-Health Neighborhoods i.e. Teton Valley, Salmon, Upper Valley AND the larger Regional Medical-Health Neighborhood?
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NEXT MEETING

DATE: 4/6/2016(Tentative)

TIME: 7:00 to 7:45AM

LOCATION: Family First Medical