Meeting Minutes
April 5th, 2016

Mission: *To organize healthcare stakeholders by providing a structured forum for sharing valuable knowledge, finding common solutions, and identifying resources to improve health outcomes, improve quality and patient experience of care, and to lower costs of care in the region.*

Members: Dr. David Peterman, Co-Chair (by phone); Russ Duke, CDHD, Public Health District Director; Gina Pannell, SHIP Manager; Jennifer Burlage; Dr. David Gough; Matt Johnson; Deena LaJoie; Todd York; Dr. Troy Clovis; Dr. Karl Watts; Melissa Mezo; Mark Babson
Members Absent: Megan Stright; Dr. Kevin Rich, Co-Chair, Lyle Nelson; Dr. George Beauregard; Dr Michael Koenig
Guests: Carolyn Brammer; Melissa Dilley

Agenda Item	Outcome	Process	Person
Welcome and Introductions 1:00-1:10	Welcome new CHC members	Round Robin	Russ Duke
Discussion: Russ Duke, PHD Director, welcomed the attendees, and introduced CHC Co-Chairs, Dr. Rich (absent) and Dr. Peterman (by phone). Introductions of CHC Members and guests were made. *Action Items:* None			
Statewide RC Efforts 1:10-1:30	Improve understanding of other RC structures and direction	Review Handout	Gina Pannell
Discussion: Gina discussed what the other Regional Health Collaboratives are doing across the state (handout). Anticipated direction varies and the group discussed what the parameters were for the CHC since it seemed like some RC's were developing their own initiatives (educating clinics on opioid abuse/prescribing, fluoride varnish, etc.). The RC's have the freedoms to choose their own direction – the CHC wants to minimize direct impacts/requests/projects for clinics and focus on external infrastructure/medical health neighborhood support that will assist the clinics and not ask them for additional work. A second discussion included possibly having a sub-committee/workgroup with clinic-level/hands-on members that represents each clinic. This group would meet separate from the CHC and function to provide the CHC guidance, discuss concerns, communicate CHC efforts, and support clinic-level implementation/knowledge of RC efforts. *Action Items:* ***WHO*** — ***WHAT*** — ***WHEN*** *Gina* — *1. Provide updated RC efforts handouts in the CHC meeting packets* — *Monthly*			
Population Health 1:30-1:40	Improve understanding of spectrum of PH	Definition provided by PH workgroup	Gina Pannell

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Discussion: Definition created by the Population Health Workgroup (handout) was shared. PH is defined by the parameters in which an individual's works and exists on a spectrum (3 buckets: clinical approaches, innovative clinical-care/clinical-community linkages, and community wide efforts). Goal of definition is to create a common understanding and education about what population health is and encourages organizations and individuals to consider how they may expand their efforts to support each bucket.

Action Items: NONE

Cohort 1 Preliminary Priorities 1:40-2:20	Increase knowledge of Cohort 1 PCMH priorities Identify areas of CHC support	Discussion of preliminary clinic needs -Primary Care and Hospital Communication -Behavioral Health Integration -Referral Tracking/Management	All

Discussion: Clinics at the SHIP PCMH Learning Collaborative identified three needs (listed above). CHC felt all three were important, discussion of where to start and how and if we needed to measure our efforts. IHDE/Clinical data will not be available to the RC's as originally planned, and is delayed for at least 6 months. RC's will need to use the community health needs assessments and Get Health Idaho plan/leading health indicators. CHC agreed that we cannot attribute any community health needs assessment data improvements to our efforts. Dr. Watts stated that if we chose to support practices in something specific to the clinical quality measures (CQM's) (i.e. addressing gaps in diabetes care and supports) that our measurement of success would be if the clinics CQM's improved.

Discussion of our CHC direction led to a focus on improving Primary Care and Hospital communication after members shared what reports they do/do not receive. We will work on requesting ER reports (patients seen, treated, and discharged or admitted) from both St. Luke's and St. Al's to be sent to all Cohort 1 SHIP clinics. The goal is to standardize the content, frequency, and type of information shared.

WHO	***WHAT***	***WHEN***
Gina	*1. Megan Stright and Dr. Beauregard to talk to St. Luke's IT department about possibilities of collaboration between the hospitals to provide real-time data.*	
Dr. Watts	*2. Contact St. Al's IT department to inquire about possibilities of collaboration between the hospitals to provide real-time data; share de-identified example of a report that his clinic receives from St. Al's*	

Wrap-up 2:20-2:30	Identify CHC member assignments/tasks	Action Item Review	Gina

Discussion: Reviewed action items and next meeting.

Next Meeting: Tuesday, May 3rd, 2016 1:00 p.m. – 2:30 p.m.

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