

AHRQ Infrastructure for Maintaining Primary Care Transformation (IMPACT) Success Stories

North Carolina IMPACT: Catalyzing Primary Care Transformation in Idaho

A key goal of AHRQ's IMPACT grants is to learn strategies for spreading successful primary care transformation programs from State to State. Each IMPACT grantee State worked with three other States to share the models they developed and to support those States in launching improvement efforts. This story describes how North Carolina (an IMPACT model State) helped Idaho (a partner State) build and sustain momentum for primary care transformation.



The story at a glance:

- Idaho applied for and received a competitive grant to work with North Carolina as an IMPACT partner State.
- Leveraging the training, support, and resources that North Carolina shared, Idaho developed a State Healthcare Innovation Plan and secured funding from the Center for Medicare & Medicaid Innovation (CMMI) State Innovation Models (SIM) program.
- Idaho's SIM planning and testing grants drew heavily from the North Carolina model—providing significant support for patient-centered medical home (PCMH) transformation through regional collaboratives, training, and practice coaching.
- Idaho's work with IMPACT helped spark, accelerate, and sustain its efforts to transform care statewide.

In February 2015, Idaho launched a historic effort to redesign how health care is delivered statewide. The vision of this project was to design a coordinated system of care that rewards improved health outcomes and is based on value instead of volume. The Idaho State Healthcare Innovation Plan focuses on supporting the transformation of primary care practices across the State into PCMHs—with an ambitious goal of implementing the model at 55 practices per year for 3 years. Funding for this work comes from a SIM grant of nearly \$40 million from CMMI.

What put Idaho in position to capitalize on this potentially transformative funding opportunity?

“North Carolina’s approach really helped shape the foundation of what we’re trying to do in Idaho—to shift the focus of health care toward prevention and primary care, and to do it in a patient-centered way.”

-Denise Chuckovich
Deputy Director, Idaho Department
of Health and Welfare

Momentum had been building from several directions—including a statewide medical home collaborative established by the Governor in 2010 and a grant from The Commonwealth Fund to develop the PCMH in community health centers. However, what Idaho learned from model State North Carolina—for example, how to enhance care coordination—was particularly pivotal on its path to success.



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How IMPaCT helped catalyze Idaho's commitment to and capacity for primary care transformation:

“Our core group of stakeholders was very familiar with the PCMH, and we believed in it,” explains Denise Chuckovich, Deputy Director of Idaho's Department of Health and Welfare. “It was easy to see how the opportunity to work with IMPaCT fit perfectly with the discussions we'd been having. We had studied the North Carolina model extensively—focusing primarily on how it had structured the PCMH and reimbursement. We thought its model was very intriguing and had a lot of aspects that would fit well in Idaho.”

When North Carolina issued a call for competitive applications for IMPaCT partnerState grants in 2012, the team in Idaho was primed for the opportunity. As Executive Director of the Idaho Primary Care Association at the time, Ms. Chuckovich and her team had been meeting regularly with a small group of stakeholders working to improve Idaho's health care system. The key players were all there—including representatives from the State Medicaid agency, hospital association, and medical association—and a groundswell of support for the PCMH was also developing. IMPaCT funding allowed the group to travel to North Carolina for 2 days of peer-to-peer learning that took their commitment to a new level.

“It was a terrific opportunity for us—not only in terms of the content, but it also allowed us to coalesce into a group that was determined to bring change to Idaho,” added Ms. Chuckovich. After the training, the group continued to receive technical assistance from the North Carolina IMPaCT team via Webinars, emails, and phone calls. Ms. Chuckovich also found the North Carolina toolkit instrumental in guiding the development of medical home team structures and a monthly member payment plan. These collective resources helped the team continue to meet, stay on track, and further refine the model.

Key goals of Idaho's State Healthcare Innovation Plan:

- Transform primary care practices across the State into PCMHs.
- Improve care coordination through the use of electronic health records and health data connections.
- Establish seven regional collaboratives to integrate the PCMHs with the broader medical neighborhood.
- Develop virtual PCMHs to improve rural patient access through community health workers and telehealth services.
- Build a statewide data analytics system to track, analyze, and report feedback to providers and regional collaboratives.
- Align payment mechanisms across payers to reward value rather than volume.
- Reduce health care costs by incentivizing improved quality of care rather than volume of care.

How Idaho leveraged its work with IMPaCT to launch a statewide transformation effort:

Another opportunity arose when CMMI released its first call for SIM grant applications, and Ms. Chuckovich and her team recognized the chance to turn the model they'd been working on through IMPaCT into a reality. Their application was successful, and they received a 6-month planning grant from CMMI in February 2013.

Soon after receipt of the planning grant, the original workgroup evolved into the State Healthcare Innovation Plan Steering Committee. The Steering Committee expanded to include large hospital systems, primary care providers, all of Idaho's payers, two key legislators, and representatives from the State Department of Health and Welfare. The Steering Committee launched an intense statewide effort to further develop the transformation plan in summer 2013, holding 60 focus groups and several town hall meetings. The Steering Committee's ongoing meetings and refinement of the Idaho model set them up to apply for the larger SIM model-testing grant from CMMI. Key elements of the North Carolina



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model that proved influential in Idaho's plan included its approach to regional collaboratives and training resources to support PCMH transformation. In spring 2014 the Steering Committee evolved again into the Idaho Health Care Coalition via a Governor's executive order.

What's next for primary care transformation in Idaho?

Idaho's SIM model-testing award from CMMI provides significant support for seven regional collaboratives based around the State's seven public health districts. This approach works well, given Idaho's many rural areas, which have sparse infrastructure to support transformation efforts. The collaboratives will focus on recruiting primary care practices and providing local support to those practices as they transform into medical homes. Another key responsibility will be to develop Idaho's medical neighborhoods—helping primary care clinics better connect with all of the other provider types in their area. The expectation is that medical neighborhoods throughout the State will get a better sense of who they are and what their referral patterns can be.

Training for the regional collaborative staff will come from a PCMH consultant organization that will also provide technical assistance and coaching to individual practices. This train-the-trainer approach will put Idaho's collaboratives in a good position to support practices throughout their year with the consultant—and in the long term, as they attain and maintain PCMH transformation.

Hopes are high that Idaho's State Healthcare Innovation Plan will bring the PCMH to scale across the State—helping realize their goal of patient-centered, value-based care.

Acknowledgements

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Ms. Chuckovich sums it up:

"The core of the plan that we were working on during our time with IMPaCT really stood the test of time. When you look at our program goals, you'll see a lot there that was under development very early on based on our work with North Carolina. That speaks to how good the model is."

