Delaware State Innovation Model (DE SIM)
State-Led Evaluation for AY2

Full Report

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Prepared By:
DE SIM State-led Evaluation Team
Concept Systems, Inc.
University of Delaware's Center for Community Research and Service

Evaluation Team

Concept Systems, Inc. is under contract with the Delaware Health Care Commission to conduct the state-led evaluation of Delaware's State Innovation Model (SIM) initiative. The University of Delaware team is participating under a subcontract with CSI. This report was prepared by the following team members at Concept Systems, Inc. (CSI): Scott Rosas, PhD; Justin Kessler, M.A.; Rida Zahid, B.A.; Sofia Olofsson, and the following team members at the University of Delaware's Center for Community Research & Service (CCRS): Erin Knight, PhD; Mary Joan McDuffie, M.A.; Hira Rashid, M.S., and Kelly Duran, M.A.

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Table of Contents

Delaware State Innovation Model (DE SIM)
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Introduction

Purpose

The purpose of this report is to summarize the activities and results of the state-led evaluation of the first-year implementation (AY2) for the Delaware State Innovation Model (DE SIM). DE SIM is a broad-based health system transformation effort funded by the Centers for Medicare and Medicaid Innovation (CMMI) currently being implemented across 38 states and territories. As an expectation of the overall DE SIM plan, the state-led evaluation is intended to engage stakeholders in a continuous improvement approach to examining the processes and outcomes of DE SIM. In collaboration with DE SIM stakeholders, the state-led evaluation is expected to provide input on, track, and inform stakeholders of progress towards unique, state-specific implementation milestones and model outcomes. In doing so, a feedback loop will be created for Delaware to track implementation, make mid-course corrections, and meet program goals.

Healthcare Transformation

DE SIM includes several interconnected components coordinated to improve health outcomes, facilitating change at multiple levels, and emphasizing transformation of the healthcare system. Healthcare is a complex industry with high societal and personal expectations from users, payers and practitioners. Transformative healthcare refers to a comprehensive system-wide ongoing approach to deliver excellent value with measurable improvements in quality and service and reduce costs through effective alignment of people, technologies, and processes.[1] Transformative healthcare includes structural reconstructions and changes to the processes of providing clinical care and necessitates changes to the inherent culture and values of healthcare organizations, often seen through redefinitions of roles and relationships between agents.[2]

[1] Institute of Medicine (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press.

[2] NHS Institute for Innovation and Improvement (2007). *NHS Institute for Innovation and Improvement annual report and accounts 2006 to 2007*, retrieved 3/17/2017.

These changes require human input and qualities such as energy, commitment and a sense of responsibility to organization-wide goals over an extended period of time.[3] People need to have a full understanding of the process and a clear vison using appropriate technology to create value for the organization, and the people for whom it provides care. Recent research suggests an extended time horizon to fully realize systems change and successful transformation may take a decade or more to achieve.[4] Evaluation of such efforts have become increasingly important and those that operationalize the structure, process, and outcome elements in the context of key elements such as essential services, quality of care, and determinants of health are critical to promoting sustainable healthcare services and their impact on community health outcomes.[5]

Delaware's State Innovation Model (DE SIM)

The State Innovation Model (SIM) Program is sponsored by the Centers for Medicare and Medicaid Services (CMS) and administered by CMS's Center for Medicare and Medicaid Innovation (CMMI). The SIM program is one of several initiatives developed and administered through CMMI to test and refine innovation around healthcare payment and delivery models with the goal of improving the health of state populations. Through SIM, CMMI provides funding and support to states to transform their public and private healthcare payment and service delivery systems with the aims of lowering health system costs, maintaining or improving healthcare quality, and improving population health. The **DE State Innovation Model (DE SIM)** is designed to support changes in healthcare delivery that will create more than $1 billion in value through 2020.[6] Under the auspices of the Delaware Health Care Commission (HCC) Delaware's robust, multi-sector plan seeks to improve on each dimension of the Triple Aim, plus one. Delaware aspires to be one of the five healthiest states in the nation, as measured by its performance on core dimensions of Centers for Disease Control and Prevention's (CDC) Healthy

[3] Best, A., Greenhalgh, T., Lewis, S., Saul, J. E., Carroll, S., & Bitz, J. (2012). Large-system transformation in health care: a realist review. *Milbank Quarterly, 90*(3), 421-456.

[4] Lukas, C. (2009). Transformational change in health care systems: An organizational model. *Health Care Management Review*, *32*(4), 309-320.

[5] Reeve, C., Humphreys, J., & Wakeman, J. (2015). A comprehensive health service evaluation and monitoring framework. *Evaluation and Program Planning, 53*, 91-98.

[6] Delaware's Department of Health & Social Services (2014). *Delaware Receives $35 Million for Plan to Improve Health Care Quality and Lower Costs*. Retrieved 2/24/2017. http://news.delaware.gov/2014/12/16/delaware-receives-35-million-for-plan-to-improve-health-care-quality-and-lower-costs/

People 2020 goals. Despite Delaware's strong public health, community, and healthcare programs, as well as a track record of success on specific initiatives, the state spends 25% more per capita on healthcare than the U.S. average and outcomes remain average or below in many areas.[7] Delaware also has a goal to be in the top 10% of states on healthcare quality and patient experience within five years by focusing on more person-centered, team-based care. Delaware seeks to prioritize integrated care (including with behavioral health) for high-risk individuals (i.e., the top 5-15% that account for 50% of costs) and more effective diagnosis and treatment for all patients. Finally, Delaware seeks to leverage these changes as an avenue to improving provider experience.

The DE SIM initiative supports this vision by seeking to catalyze provider participation in value-based payment models. Through the consensus of stakeholders from across the state, DE SIM outlined principles for value-based payments that have been incorporated into the state's Medicaid Managed Care Organizations (MCOs) and the State Employees Benefits Plan Request for Proposals (RFP). In addition, the rise of Accountable Care Organizations (ACOs) and Clinically Integrated Networks (CINs) in Delaware and the continued engagement of the state and stakeholder leadership with commercial payers is expected to be critical to moving the majority of Delawareans to care that is paid for through value-based payment models. Delaware's plan emphasizes population health efforts through the SIM initiative, investing resources in the planning and development of Healthy Neighborhoods, which aims to coordinate community health initiatives with the efforts and resources of health systems for collective impact.

The SIM initiative in Delaware also aims to improve Health Information Technology (HIT) in the state by creating a Common Scorecard for providers that is aligned with at least three-quarters of the measures used by the major payers in their value-based payment models. The passage of legislation enabling a Healthcare Claims Database has increased transparency and enabled providers to take on greater risk. The availability of this technology coupled with the SIM-funded educational resources – practice transformation, learning/re-learning curriculum is expected to

[7] http://dhss.delaware.gov/dhss/dhcc/cmmi/files/choosehealthplan.pdf

prepare providers to practice in coordinated care teams and achieve greater health outcomes for all Delawareans.

Delaware's SIM plan emphasizes a highly collaborative, participatory, and consensus-based approach to facilitating healthcare transformation for the state. The Delaware Center for Health Innovation (DCHI) was established as a nonprofit, public-private organization to work with the Health Care Commission (HCC) to carry forward Delaware's consensus-based process. The multi-stakeholder structure has been created to ensure broad representation across the healthcare community. Providers from across Delaware - including physicians, behavioral-health providers, community-based and long-term care providers, every hospital and FQHC, provider organizations (specifically the Medical Society of Delaware and the Delaware Healthcare Association), other providers, and the state health systems leaders – have collaborated on the planning and implementation of this initiative. Through this engagement, DE SIM looks to incorporate provider clinical and operational expertise into the ongoing implementation of the plan, as well as share information to encourage participation in new payment, delivery, and population health models.

Evaluation of SIM

CMMI is requiring and supporting two levels of evaluation of the SIM initiative: (1) a federal multi-state evaluation, and (2) individual state-led evaluations. CMMI has contracted with RTI International to conduct the federal evaluation of the SIM initiative. This federal evaluation is being conducted for CMS and its partners to assess the success and sustainability of the models being tested and identify cross-state themes and findings that may have broader implications for all states, including states that have not been awarded SIM funding. The individual state-led evaluations are intended by CMMI to be a more formative evaluation for each respective state and its in-state stakeholders, allowing for internal review and continuous improvement of state activities along the way. The DE SIM state-led evaluation is being facilitated by a collaborative team lead by Concept Systems, Inc. and supported by the University of Delaware's Center for Community Research and Service. In developing the approach for the evaluation, our evaluation team engaged an initial group of key stakeholders in the articulation and refinement of a logic model to guide the inquiry. The DE SIM logic model is presented in Figure 1. In general, a logic

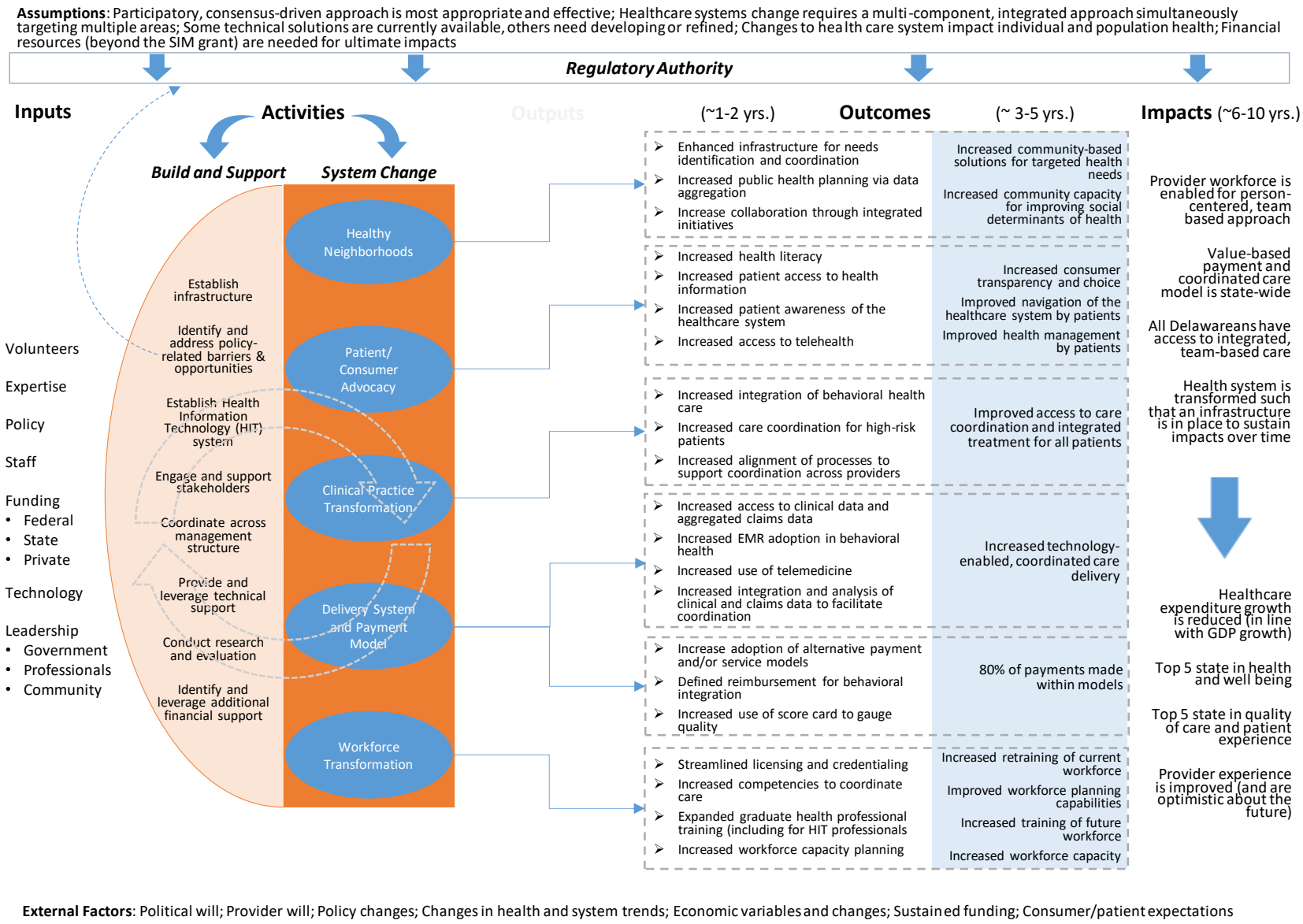

Figure 1. DE SIM logic model.

model captures stakeholders' assumptions about how the different resources and activities lead to the desired outcomes and ultimate impact. It describes the presumed program or initiative theory and conveys the sequence of expected processes and outcomes. The logic model maps out and represents the linear sequence that shows how the logic of the program leads from inputs, activities, and outputs to the short-term, intermediate and long-term outcomes. In this regard, the DE SIM logic model produced in collaboration with key stakeholders enabled the evaluation team to articulate specific, detailed, measurable and objective program evaluation questions.

DE SIM State-led Evaluation Focus and Questions for AY2

In this initial phase of the evaluation, our primary objectives were to (1) design and facilitate an implementation/process evaluation that comprehensively describes the development of a system for transforming healthcare as DE SIM is being implemented; and (2) gather qualitative and quantitative data from providers, consumers, and health systems to assess perceptions, identify challenges and inform the development of strategies for success. In the context of these two objectives we describe the progress of DE SIM in the first full year of implementation (AY2), and from the perspective of stakeholders, articulate the development of a system that supports healthcare transformation efforts across the state.

To meet these objectives, a set of evaluation questions were crafted to frame the initial inquiry and produce findings that will enable the DE SIM stakeholders to consider the application of new information to the ongoing assessment of implementation quality. As shown in Figure 2, the focus of the evaluation was primarily on the connection between what the DE SIM was designed to do, and the extent to which this occurred.

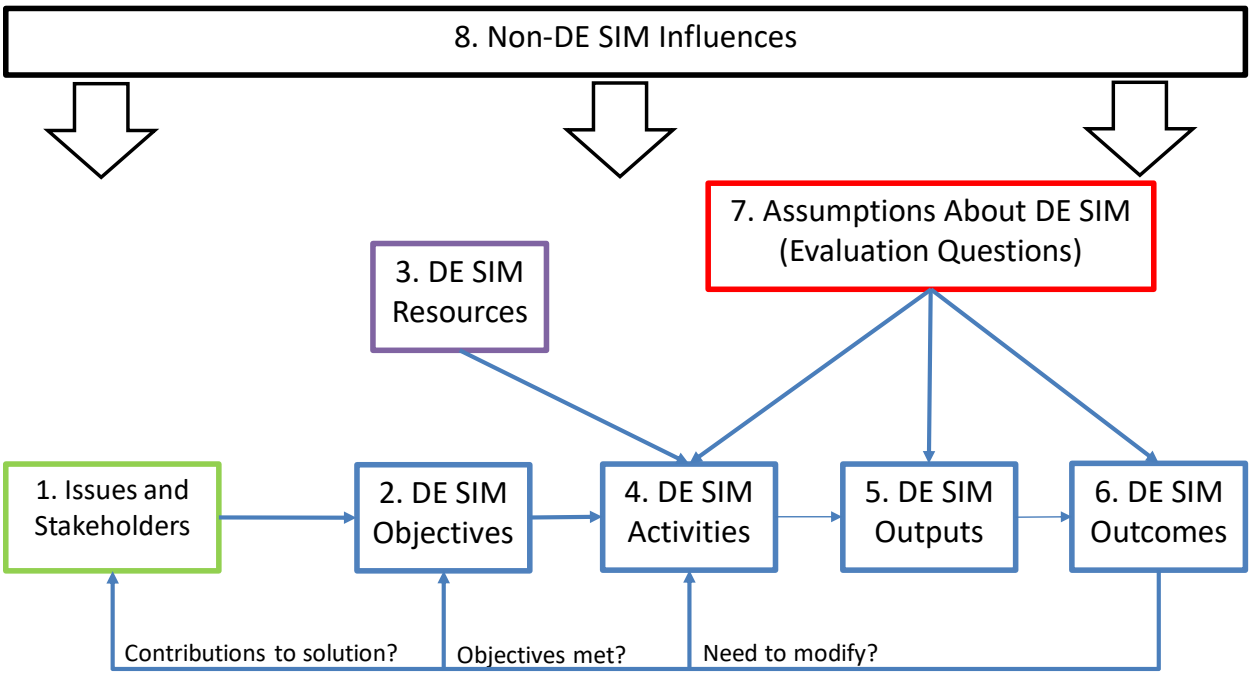

Figure 2. Focus of the state-led evaluation of DE SIM.

The evaluation questions focused on the activities, outputs and results of DE SIM, generating information that would facilitate planning and implementation, and enable stakeholders to raise questions as to the need to modify the activities or whether objectives of the model have been met. Evaluation data collection, analysis, and utilization processes focused on examining the assumptions of DE SIM about the relationship between the model activities, outputs, and outcomes to frame learning about what is working, or not, and what needs to be adjusted. The priority evaluation questions for year 1 of the state-led evaluation (AY2 of the SIM grant), created in congruence with the Delaware Health Care Commission, are listed below:

1. How has the infrastructure been developed to enable the stakeholder to plan and implement the DE SIM initiative?
    a. In what ways are supports provided to the stakeholders committing time to the development of DE SIM?
    b. To what extent do the supports provided to stakeholder groups meet their specified needs?
2. How have stakeholders been engaged in the design and development of DE SIM?

    a. How do DE SIM stakeholders understand and apply learnings generated from monitoring and evaluation processes?
3. What the activities of DE SIM have been coordinated across the management structure?
    a. How is information exchanged across the DE SIM management structure?
    b. How do decisions related to activities comport with the desired impact of DE SIM?
4. To what extent are the resources allocated to DE SIM being used as planned?
    a. How do the resources allocated to DE SIM reflect stakeholder priorities?
    b. Are the resources allocated to DE SIM being used efficiently?
    c. Have the resources been allocated in a manner corresponding to the desired impact?
5. In what ways have additional resources and supports (beyond those funded through the SIM grant) been identified and leveraged?
6. How have policy (and other environmental?) related barriers and opportunities been identified and addressed?
7. Have the work streams made progress toward meeting the stated objectives for their respective areas? If not, why?
    a. Are work stream purposes/objectives/activities aligned with the desired impact of DE SIM?
8. Do DE SIM stakeholders receive information on progress in meeting objectives, overall and by work stream? If not, why?
9. Has the sustainability (i.e., durability) of DE SIM infrastructure and activities been addressed? If not, why?

Collectively, these questions were used to frame several concepts pertinent to the formation of a systems change initiative like DE SIM. Embedded within these questions were topics that invite inquiry into what they mean to people in the setting(s) being studied. Specifically, the concepts of ***communication, information exchange, engagement, decision-making, supports, alignment, leadership, direction, sustainability, leveraging, and transaction*** were thought to be relevant to the implementation of DE SIM. These concepts provided insight into stakeholder's worldview,

and prompt us to further inquire, “What does this concept mean in this context to these people?” and “What are the variations in meaning and the implications of those variations?” Focusing on these concepts in the initial phase of the evaluation provided an opportunity for stakeholders to understand the dynamics of the system during implementation and how the inner workings are producing the results expected.

Evaluation Approach

Design and Rationale

Early in AY2, the evaluation team worked with HCC to develop an approach to evaluation for the state to use for self-improvement and to share among in-state stakeholders and is focused on the DE SIM goals. Three interrelated perspectives were viewed as important to the development of an evaluation system for DE SIM. These perspectives provided a foundation for both the design of the evaluation and its related activities, as well as the role of stakeholders in the evaluation process. First, the design and approach for this evaluation embraces a systems perspective. DE SIM is viewed as a complex systems change initiative designed to address health determinants that purposefully alter system-wide patterns by changing underlying system dynamics, structures, and conditions. The evaluation is designed to identify and examine underlying patterns and structures that influenced system-wide behaviors, as well as the complex and dynamic patterns of component parts, adapting, and coevolving with each other and the environment. The evaluation was designed to identify and examine underlying patterns and structures that influenced system-wide behaviors, as well as the complex and dynamic patterns of component parts, adapting, and coevolving with each other and the environment.

Second, the design and approach for this evaluation emphasizes a participant-oriented model of engagement. In designing and implementing the evaluation of DE SIM, direct and active participant involvement over time in evaluation planning and implementation was a priority. Purposeful engagement of participants in the evaluation processes is expected to enhance the ability to provide meaningful data for decision-making, increasing in the likelihood of use, and

ultimately leading to improved practice.[8] Third, the design and approach for this evaluation focused on utilization. Utilization-focused evaluation is concerned with how real people in the real world apply evaluation findings and experience the evaluation process. To that end, the evaluation process engaged DE SIM leadership and representatives from various work stream committees to plan for and inform system on use of evaluation findings. Working with intended users to meet their evaluation information needs through rapid assessment of systems change initiatives helps provide ongoing feedback to program implementers to support continuous quality improvement. [9,10] Frequent and ongoing engagement of system stakeholders in the utilization processes is focused on DE SIM specifically, with an emphasis on how the information generated can be used to adjust the initiative as needed and improve the chances of success.

To meet the purpose of the evaluation our plan included a mixed-methods approach that was participant-oriented and utilization-focused. Given our emphasis on continuous improvement, our evaluation approach was flexible and responsive to stakeholders' needs for information to make course adjustments to implementation of DE SIM. Similarly, because of the nature of DE SIM as a systems change initiative with several interconnected components, our approach sought to account for complexity of these dynamics, relying on multiple perspectives and sources of data collected at multiple points in time. With this in mind, our evaluation team looked to establish an evaluation process for the DE SIM initiative that is flexible, modifiable, generates timely feedback, and emphasizes efficiency.

[8] Weaver, L., & Cousins, J. B. (2007). Unpacking the participatory process. *Journal of Multidisciplinary Evaluation*, 1(1), 19-40.

[9] Patton, M. Q. (1997). *Utilization-focused evaluation*. Thousand Oaks, CA: Sage.

[10] Shrank, W. (2013). The Center for Medicare and Medicaid Innovation's blueprint for rapid-cycle evaluation of new care and payment models. *Health Affairs, 32*, 807-812.

Methods

Mixed Methods

In order to meet the state-led evaluation needs of DE SIM, we designed and implemented an integrated, mixed-methods evaluation approach that employed qualitative and quantitative techniques for data collection and analyses. Mixing methods enabled the evaluation team to a) enhance the validity or credibility of evaluation findings through results from the different methods that converge and agree, b) extend the comprehensiveness of evaluation findings through results from different methods that broaden or deepen the understandings reached, c) potentially generate new insights in evaluation findings through results from different methods that diverge, and d) incorporate a greater diversity of values related to success in light of the internal and external challenges. For each of the broad evaluation questions stated previously, multiple qualitative and quantitative data points were used to yield answers. Integration involved subjective and objective sources of information and occurred at several levels, including data collection, analysis, and reporting. The focus of our initial phase of inquiry was on understanding how DE SIM was being implemented for the purposes of continuous improvement and to inform possible changes to the plan. Our approach sought to meet evaluative standards set forth by the evaluation field related to accuracy, propriety, feasibility, and utility.

Target Sample for AY2 Implementation

DE SIM stakeholders were the target sample for the state-led evaluation for the AY2 implementation year. As stakeholders, they had an interest in the successful implementation of DE SIM, which was expected to be enhanced through the information gathered as part of the state-led evaluation. We recognized that there are different types of stakeholders connected to the initiative, each with a different set of expectations related to their interest in and influence on DE SIM. As shown in Figure 3, stakeholders in DE SIM were anticipated to be connected to the initiative in different ways, exhibiting interest and influence in the initiative in different ways and ultimately shaping the type and level of information they were able to provide over the course of the evaluation. The four categories in created by the intersection of interest and influence enabled the evaluation team to better account for the variation among stakeholders

tied to DE SIM. Their connection to and engagement in the DE SIM shaped their perspective and required sensitivity to their recruitment. Given the DE SIM initiative is expected to expand over time, we anticipate several subsequently identified groups of stakeholders will be engaged in future evaluation activities, facilitating the need to sample from a growing number of individuals to capture the variety of new perspectives. Nevertheless, in this initial phase of the evaluation the target were those stakeholders most directly connected to the DE SIM implementation in AY2. These participants voluntarily agreed to participate in the SIM initiative, either through their appointment on a work stream committee, staff, or Board that is affiliated with DE SIM. By extension, they also consented to participate in the DE SIM evaluation, which is integral to the CMMI testing grant funding mechanism. Committee and Board members are listed on a publicly available website associated with DE SIM.

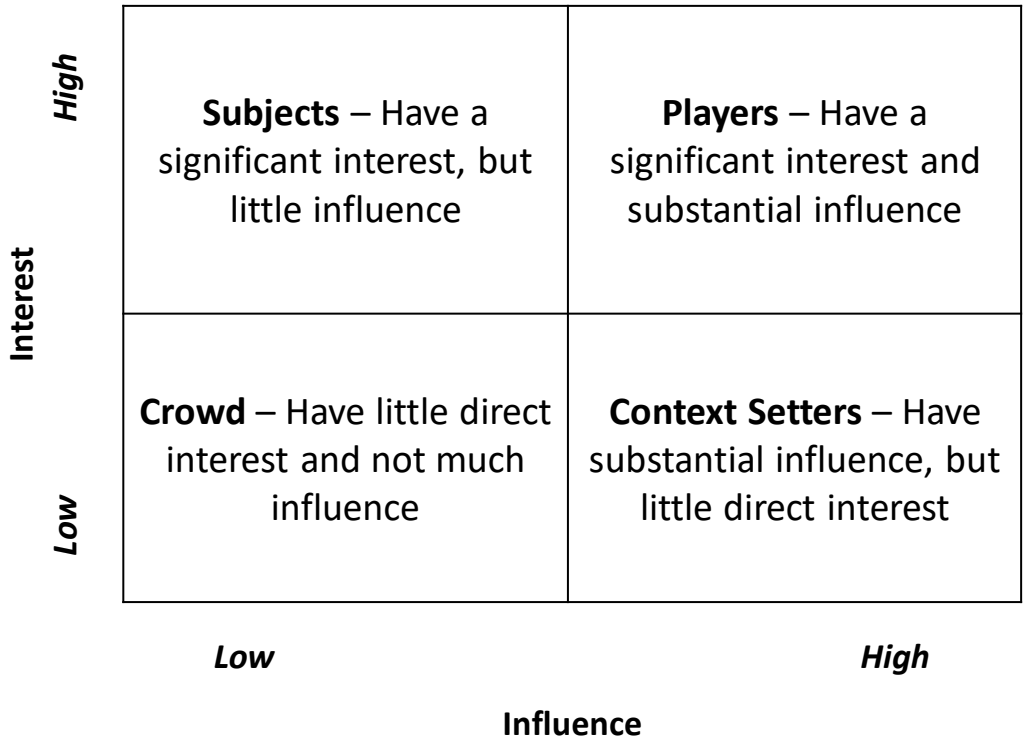

Figure 3. Stakeholder interest by influence matrix.

A stakeholder database was developed to capture and organize the various sets of stakeholders who are connected to DE SIM in various ways. Participants were purposefully selected from this database in order to obtain information-rich perspectives on the DE SIM implementation. As

multiple iterations of data collection and reporting are planned over the course of DE SIM implementation, the evaluation team will seek to minimize the burden on participants at the same time maximizing the utility of the information collected. Thus, the stakeholder database enables the team to account for the frequency of stakeholder engagement in specific data collection activities over the course of the evaluation.

Participants were recruited for specific data collection activities based on their role and perspective on the DE SIM implementation, as highlighted in Figure 4 below. Engagement in these activities was voluntary, although strongly recommended, given the emphasis on utilization of results in guiding decisions for enhancing implementation processes. Although participants were known to the evaluation team, all information collected from participants remained confidential and specific information was not shared.

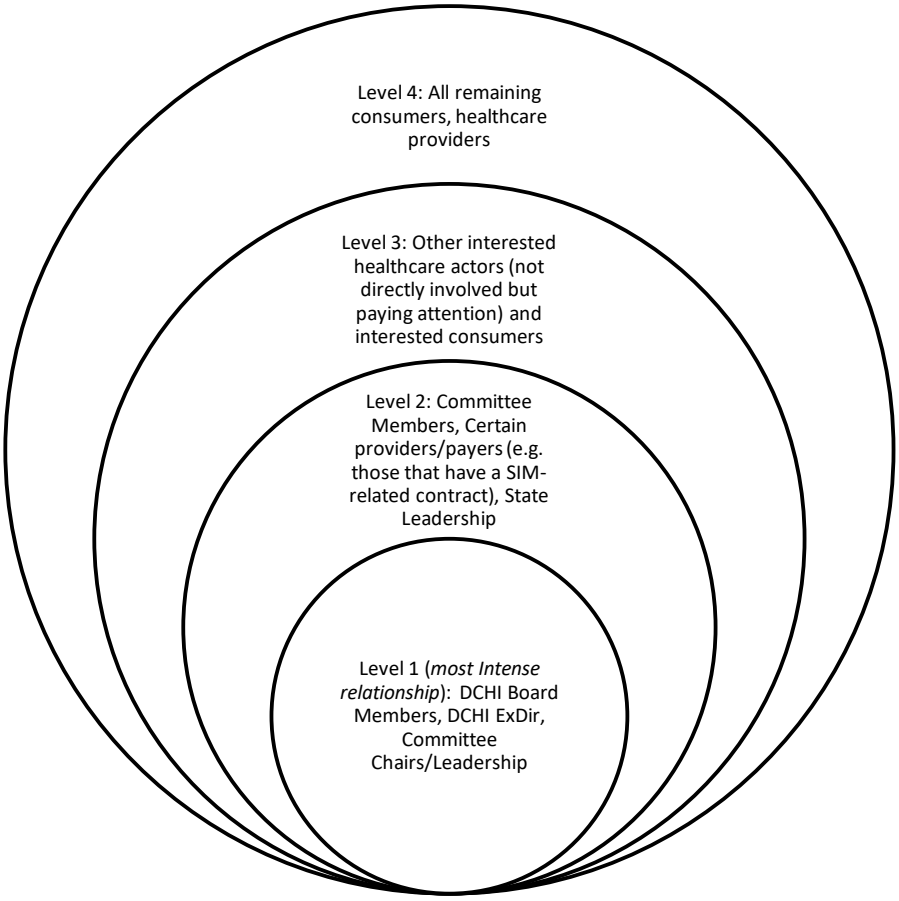

Figure 4. Locus of relationship of stakeholders to DE SIM.

Data Collection Tools

The instruments and methods for collecting the needed information to address the evaluation questions included a combination of surveys, document review, observations and key informant interviews. The University of Delaware's Institutional Review Board (IRB) determined this evaluation to be exempted from human subjects review and confirmed that our methods involved no more than minimal risk to human subjects participating in the evaluation (see Appendix X). Table 1 below outlines the specific data collection methods and key measures, and copies of the observation guide, stakeholder survey, key informant interview guide, pulse check interview guide, and committee self-assessment are included as attachments. Given the utilization-focused evaluation emphasis of this evaluation, finalization of the instruments was sought in collaboration with Utilization Committee. It should be noted that information related to the current performance measurement activities as per the DE SIM Program Dashboard were treated as a secondary data source. Thus, this source of information was analyzed and summarized in the context of the other data collection outlined in this plan to more fully inform the evaluation questions. In this regard, we intended to not replicate other monitoring activities already in place, instead viewing this information as adding value to the overall evaluation approach.

We fully managed the implementation of surveys and employed both paper-based and electronic means for collecting survey data. We managed all the communications to stakeholders and supported the collection process. All of the survey data was housed electronically, enabling us to easily produce copies of the survey responses in standard spreadsheet formats. Data from the stakeholder surveys was summarized and reported in aggregate, based on both descriptive and inferential analyses where appropriate.

Data from the key informant interviews was analyzed thematically, as described below, and reported in aggregate. Data from meeting observation and committee self-assessment was summarized and analyzed thematically where appropriate. The analysis of the qualitative data followed an iterative multi-step process employing traditional data reduction and coding techniques. First, the data was reviewed, organized into groups of text representing similar

Method	Description	To measure	Who or What
Meeting observation	Observer participates and interacts in ongoing activities, recording observations using a formal protocol	Dynamics and processes for decision-making; communication patterns; Presence and influent of stakeholders; Interactions among stakeholders	Meetings and public forums
Stakeholder survey	A structured, multi-item electronic survey completed by system stakeholders at multiple levels; contains both qualitative and quantitative elements.	Perceptions of stakeholders related to progress, engagement, satisfaction, quality, sufficiency of approach, etc.	Various DE SIM stakeholders (target population ~100)
Key informant interviews	In depth, semi-structured interviews (f2f & virtual), designed to be conducted with specific individuals occupying different roles in the system.	Perceptions and insights on progress, changes in strategy, success, limitations barriers, etc.	Purposeful sample of DE SIM stakeholders (target ~8-10 individuals)
Pulse-check interviews	Brief interviews focused on a few prompts to gather quick responses from individuals with some knowledge of the system, but not the in-depth level as the key informants	Perceptions and insights on progress, changes in strategy, success, limitations, barriers, awareness of activities, sufficiency of approach etc.	Purposeful sample of DE SIM stakeholders (target ~15-18 individuals)
Document review	Coding and analysis of existing documents produced by the initiative	Documented progress, changes in strategy, success, limitations barriers, etc.	Existing documents generated at public meetings and publicly available reports
Committee member survey	A brief electronic survey completed by the Committee members from the 5 respective work stream committees; contains both qualitative and quantitative elements.	Agreement on progress toward meeting objectives; supports; integration, committee progress and success; description of committee work	Committee members (target ~60)

Table 1. Data collection methods for state-led DE SIM evaluation.

information. Next, the segmented groups of text were coded, using multiple code words to further distinguish ideas within the segmented groups of information. The overlap and redundancy of codes then was reduced by refining the code word labels. Finally, the coded segments were collapsed into broader themes to describe stakeholder feedback related to the DE SIM. Findings were reported in aggregate, and were also described at the committee level. No individual level data was reported. However, direct quotations were excerpted from interviews, surveys or other data sources to represent a theme or highlight a unique finding, but were not attributed or linked to individuals. It is through the application of this process that the

qualitative data was analyzed, and the thematic results interpreted in the context of the broad evaluation questions.

In terms of reporting, we employed multiple iterations with members of the evaluation team to draft, review, edit, and finalize. The evaluation team endeavored to ensure that the multiple reports meet the expectations and needs of the evaluation and stakeholders by certifying that reports are accurate, communicate complex information clearly, and meet accessibility requirements.

Contribution Analysis

Given the unique nature of the DE SIM and the challenges of finding a reasonable comparator, we required an analytical framework that sought to answer the global question of, "What difference did the initiative make"? To describe and assess the cumulative success of the DE SIM required:

- A logical explanation for why the investment can be expected to have led to the observed outcomes.
- A reasonable time sequence of the investment that occurred and the observed change relative to an appropriate starting point.
- Compelling evidence that the investment/actions are the partial or full cause of the change when competing explanations are taken into account.

We employed contribution analysis[11], an approach to aid in constructing a credible explanation of what occurred in the program has actually lead to the intended outcomes. A multi-step process, contribution analysis is often used in complex, multi-level scenarios to examine context, mechanisms, and outcomes to see what worked under what circumstances, and the role the program played in the larger system. We believed it was an approach consistent with the broad evaluation purpose for DE SIM, embraced "plausible association" perspective, and relied upon multiple sources of evidence. Specifically, we anticipated that adhering to such an approach would guide the evaluation in:

[11] Mayne, J. (2012). Contribution analysis: Coming of age? *Evaluation, 18*(3), 270-280.

- Providing a well-articulated presentation of the context of the DE SIM and its general goals, objectives and activities to achieve those ends
- Presenting a credible theory of the strategy leading to meeting the overall goals of the program
- Describing the activities and outputs produced by the DE SIM
- Highlighting the results of DE SIM indicating there is an association between what the strategy has done and the outcomes observed
- Illuminating the main alternative explanations for the outcomes occurring have been ruled out, or clearly had limited influence.

Quality Assurance

Over the course of the evaluation, we initiated strict quality controls to ensure that that evaluation met standards of accuracy, feasibility, propriety, and utility. Methodologically, formal quality control procedures were instituted to ensure data integrity, security, and confidentiality through all phases of the evaluation project. The quality control plan was coordinated and managed by the evaluation team across the following five areas: internal and external communication, standard operating procedure (SOPs), guidance documents, internal documentation, audit protocols, and computer security. First, we maintained consistent communication with the HCC regarding progress on a bi-weekly basis and ensure the contract manager is alerted to any problems encountered as soon as possible. Internal evaluation team meetings occurred weekly to review project tracking, deliverable status and problem-solving as necessary.

Second, clear, written expectations for the collection, processing, maintenance, storage, and delivery of data were established and maintained internally. The evaluation team articulated and documented the utilization of systematic procedures and processes for initial quantitative and qualitative data collection, as well as verification and validation of data compilation and entry. Routine written updates regarding the application of quality control procedures were forwarded to the contract manager at the HCC. Third, detailed SOPs and associated guidance documents were developed to direct the quantitative data collection and the qualitative data reduction

procedures. The guidance documents for each of the data collection tasks included specific instructions for the data compilation, entry, and management processes. As a verification step, draft data summaries were prepared and reviewed with the HCC and Utilization Committee. Any deviation from the SOPs and guidance documents triggered an internal process for revising and editing the databases accordingly. The internal process included an internal evaluation team meeting to review and edit the SOP. All revisions and edits were submitted to the contract manager as necessary.

Audits for the qualitative interview data were handled in two phases. First, audits were conducted by a senior evaluator at the time of the interviews to ensure that specific expectations regarding the implementation of the semi-structured interviews were being met. The audits followed the completion of a specific checklist to review the interview output. In order to gauge the comprehensiveness of the interview in relation to the guide, the checklist detailed the presence (or absence) of specific contextual information, content and responses to the questions, and clarifying comments or notes generated by the interviewer. The checklist was completed on every third interview during the initial stages of the process for each respective interviewer, separately. Interview output that did not meet specific elements on the checklist was flagged and submitted for review by the internal evaluation team for follow up to correct information or fill in missing data. The review process enabled the onsite interviewers to make adjustments during the early stages of the process of interviewing with the expectation that improvements and refinements to the process as it unfolds. The second set of audits for the qualitative interview data were conducted by different team members to ensure the quality of transcription by comparing the transcribed interviews against the actual recording. This was critical given the extensive scientific language and widespread use of jargon and acronyms. The reviewer reviewed every transcribed interview and a summary report was provided to the internal evaluation team for review. The internal evaluation team reviewed the summary report during the designated weekly check-in meeting to tabulate frequent or systematic mistakes in the transcription process for feedback, and remedial training as necessary. This enabled the team to catch and correct problems early in the transcription process.

Audit procedures for the quantitative data included an external evaluation professional to review the compilation procedures to ensure that the quantitative database was being populated consistently with the expectations outlined in the SOPs. A missing data audit was conducted by the external evaluation professional periodically to identify any issues regarding completeness and accuracy of data elements; a summary report was provided to the internal evaluation team for review. The evaluation team reviewed the summary report during the designated weekly check-in meeting to address any quality or management issues identified for remediation.

Finally, all digital records were stored on password protected computers. Any sensitive files shared between members of the research team (i.e. UD researchers and CSI researchers) was stored as encrypted files on a shared, password-protected website (i.e. Sharepoint, which is part of the Office 365 suite), that is only accessible to team members. Paper copies of any research documents were securely stored on the UD campus or at the office of CSI. Access to files was restricted to key research personnel and was supervised by the principal investigators of the study. Specifically, research documents were stored in locked file cabinets in locked offices of the principal investigators.

Utilization Process and Procedures

A Utilization-Focused Evaluation begins with the premise that evaluations should be judged by their utility and actual use. In the case of the DE SIM State-Led evaluation, it was critical that intended users of the evaluation were involved in ways they found meaningful, felt ownership of the evaluation, found the questions relevant, and cared about the findings. The primary intended users are people who have a direct, identifiable stake in the evaluation.

To help ensure the DE SIM State-Led evaluation met the intended uses, a Utilization Committee was established and supported over the life of the evaluation. In collaboration with the evaluation team, the Utilization Committee:

1. Considered how the evaluation could contribute to initiative improvement and efficiencies.

2. Considered how evaluation judgments could contribute to making major decisions about the merit or worth of the initiative.
3. Considered how evaluation could contribute by generating knowledge, lessons learned, and evidence-based practices.

It was expected that the Utilization Committee would have broad representation of the DE SIM system, including members from the different work streams and leadership groups. Furthermore, Utilization Committee members

- Had an interest in and commitment to using evaluation findings, either because they were making decisions using the findings, or were closely connected to those likely to use the evaluation findings.
- Were available and interested; making time to participate in evaluation decision-making as part of the primary intended users group.
- Had the capacity to contribute to the evaluation in a way to made the evaluation credible and relevant as well as useful.
- Brought a perspective that contributed to the diversity of perspectives that surrounded the evaluation.
- Were willing to effectively participate in the group process to deliberate; sought agreement related to evaluation uses.

The principal role of individual Utilization Committee members was to engage in a collaborative process to plan the evaluation and negotiate key issues that would affect the evaluation's credibility and use. Members were instrumental in helping to prioritize evaluation questions, making good design decisions, interpreting data, and following through to get findings used. As facilitators, the evaluation team sought to maximize Utilization Committee engagement while in parallel minimizing the burden placed on members. Over the evaluation period, the Utilization Committee convened as determined by the group. An initial planning task of the Utilization Committee was to decide on the frequency and manner in which the Utilization Committee would interact. We anticipated that face-to-face meetings would be held every other month

(approximately 2 hours) with preparatory time of about 2-3 hours over the course of the year. A schedule was communicated to all Utilization Committee members based on the results of the initial planning. The project manager for the evaluation served as the primary point of contact for Utilization Committee members and functioned as the Chair of the committee, managing all procedures from initial communication through follow-up and individual support as needed. The senior evaluators, Dr. Knight of UD and Dr. Rosas of CSI facilitated the utilization processes, managing the technical discussions where the input of members is instrumental in the design and conduct of the evaluation. Routine updates as to the outputs and outcomes of the Utilization Committee were made to the broader system stakeholders and leadership.

Results

Our effort in this initial year of implementation (AY2) was to understand the critical process of how change is occurring within the DE SIM system. In doing so, we considered the implementation of DE SIM in relation to systems change. In that sense, we were interested in providing feedback about how major systems changes were unfolding, where it might be delayed or expedited, or how the innovation may need to be changed and adapted as it is scaled. In our approach to document the perceived effect of implementation of DE SIM upon the emerging system, methods and questions needed to be sensitive to understanding the initial conditions and how the initiative is evolving as it is taking shape. Consistent with the purpose of the state-led evaluation, the results provide feedback about what is emerging, and enable us to follow the incremental actions and decisions that affect the paths taken and not taken. In this regard, we approached our inquiry of DE SIM sensitive to the ever-changing nature of the development of the initiative, and the inherent challenges consummate with this approach.

Consistent with its theory of change, DE SIM includes several interconnected components coordinated to improve health outcomes, facilitating change at multiple levels, and emphasizing transformation of the healthcare system. We found that DE SIM possesses characteristics that are both complicated (i.e., changes at multiple levels and in multiple locations) and complex (unpredictable or emergent outcomes). Since both of these aspects are associated with complex systems change initiatives, we sought to better account for when we were describing a

complicated element, and when something was better characterized as complex. Figure 5 below can be used to further distinguish between DE SIM elements that are complicated versus those that are complex. There are two aspects to this complexity: those aspects that are socially complicated and those technically complicated. Socially complicated situations require the building of relationships to establish common ground and understanding. Socially complicated situations pose the challenge of coordinating and integrating many players where there may be some differences of opinion about the problem and what to do. A good example of a socially

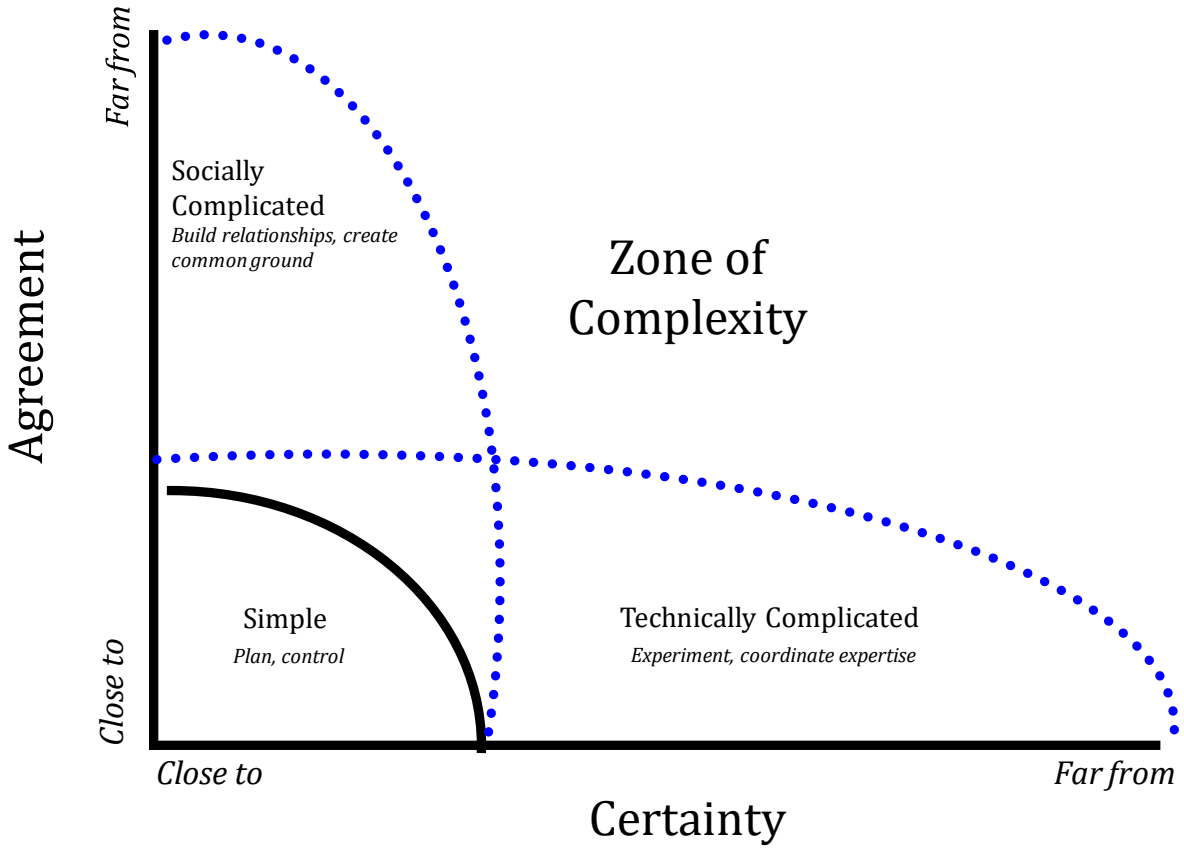

Figure 5. Zone of Complexity.

complicated situation within the DE SIM implementation is the Healthy Neighborhood strategy where DCHI is focused on developing local community capacity and building formal partnerships across organizations, bringing together community based organizations within geographically defined areas to achieve meaningful change through collective impact on the health of the community. Emphasizing the complication of relationship building across diverse perspectives,

DCHI is bringing organizations and leaders together across sectors and areas of focus to work together in new ways. As these partnerships coalesce, healthcare providers and systems will integrate with community organizations to both identify problems, and create and execute shared solutions.

In contrast, technically complicated aspects reflect the need to coordinate expertise in order to develop a solution. Technically complicated situations pose the challenge of finding the right solution and the accessing the appropriate expertise. As the solutions to technical problems are less than certain, complications may arise that are difficult to predict and remedy. A good example of a technically complicated situation within the DE SIM implementation is the Common Scorecard development. As a Health Information Technology (HIT) infrastructure strategy, the creation of Version 2.0 of the Common Scorecard is viewed as a needed resource for providers to access better information about their performance and for consumers to engage in their own health. The HIT team worked with technical experts (vendors) to address the functional requirements of the scorecard as they encountered technical problems. Receiving accurate data files, lack of a common identifier and imperfect proxies challenged alignment across payers resulting in delays. Complications also arose when uncertainty as to the capacity of the technical experts to deliver the technical solution came into question. Re-engagement and clearer expectations of the technical experts were necessary to reduce this uncertainty, troubleshoot the complicating factors, and deliver on the functionality of the scorecard.

Complexity is at its highest as one balances the socially and technically complicated aspects of change and moves further away from agreement and certainty. In general, our observations of DE SIM reinforce the presence of elements that reside in the zone of complexity, in that they involve both social and technical complications. This makes intuitive sense, since transformation is most often associated with complexity. The necessity of coordinating many areas of technical expertise and many actors introduces uncertainty about attaining desired outcomes. A good example within the DE SIM implementation of a complex scenario can be found as the state looks to align the measures of quality. Delaware aspires to have at least 80% of payments to providers from all payers to be in fee-for-service alternatives that link payment to value. Delaware expects

payers to introduce a pay-for-value model (with payment linked to quality and management of utilization) and a total cost of care model (with payment linked to quality and management of total cost) for primary care providers. Delaware intends for these new payment models to link quality to payment through a Common Scorecard across all payers. Delaware expects its payers to structure their value-based payment models so that the incentives in these models are based on performance on at least 75% of the measures on Delaware's scorecard (recognizing that some payers may have additional measures that need to be used to align with their national programs). As the state moves forward with this strategy, it has needed to contend with the socially complicated aspects of relationship-building and agreement among providers and payers, as well as the technically complicated aspects – the functionality of the Common Scorecard.

The view of DE SIM as both complicated and complex is an important backdrop to the review of key findings and what we learned about the intricate and dynamic implementation of DE SIM as a system change initiative. High uncertainty about how to produce desired results and great disagreement among diverse stakeholders about the nature of the problem and what, if anything, to do adds considerably to the complexity found in systems. Thus, as we consider the progress and accomplishments, as well as the challenges and delays in AY2, we are mindful of the context that frames how change is occurring based on DE SIM implementation.

Data Collection and Analyses

In order to meet the needs of the state-led evaluation, a mixed methods approach was designed and implemented that enabled collection from multiple data sources over an extended period of time to enhance the validity and credibility of findings. These methods were complementary in order to inform the evaluation questions. The response rates for the both surveys was around 50%, with 54 out 101 completing the stakeholder survey and 28 out of 59 completing the committee survey. Multiple email reminders were sent out to the invitees over a several week period to increase responses. We also found the responses to the request for interviews to be overwhelmingly positive and interviewees provided ample time to discuss their perspective.

As illustrated in Figure 6, we worked deliberately to integrate our analysis and results of the data collected. From our analysis, the descriptive results of the more quantitative sources (i.e., surveys to Committee members and the broader group of stakeholders) were aligned with the

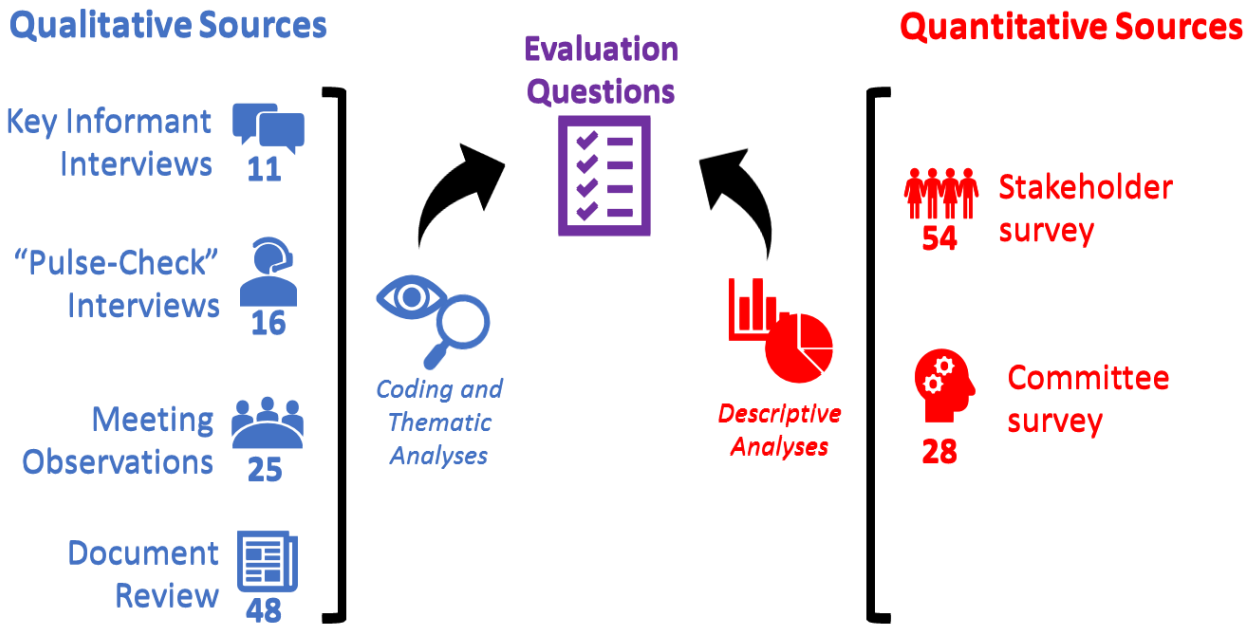

Figure 6. Evaluation methods and integration.

pre-determined evaluation questions. For the qualitative sources (i.e., observations, interviews, documents) an extensive codebook was created and used across sources and analysts. This codebook enabled the evaluation team to code sources in a manner consistent with the concepts outlined on page 87 in the Appendices. Across these sources, over 1700 passages were coded and organized to address the evaluation questions. In addition, specific examples of progress and performance from DE SIM progress reports submitted to CMMI were used to illustrate and confirm perceptions of system stakeholders. Collectively, these sources contributed information that enabled us to describe the perceptions of stakeholders, activities and strategies, and results of implementation of DE SIM operational plan in AY2.

Key Findings and Learnings

During the implementation of DE SIM's model test year 1 (AY2), Delaware launched several initiatives aimed at supporting the core elements of the approved operational plan, including:

Practice transformation support for primary care practice sites, a statewide common provider scorecard, a learning/re-learning curriculum for primary care providers, financial assistance for behavioral health providers' electronic medical records adoption, and the first wave of communities for the Healthy Neighborhoods rollout. DE SIM also maintained significant stakeholder engagement with monthly meetings of the DCHI Board which are open to the public, monthly meetings of each of the five standing committees and the Technical Advisory Group and periodic cross-committee meetings. DE SIM also expanded communications efforts to reach out to the general public with six Community Forums conducted throughout the state over several months.

Based on the questions outlined above on pages 12-13, we sought to cover 9 key areas in the first year of this evaluation. The evaluation questions were primarily focused on the processes of DE SIM as it was being implemented. The degree to which outcomes and objectives are being met will be a part of the evaluation for AY3. As a result of the data collected and analyses, we present a summary of results, supplemented by specific data representations to support the findings across the 9 key areas.

Infrastructure development. We found that DE SIM system leadership is both designated and distributed, a key element found in other healthcare transformation efforts. This means that leadership of DE SIM is easily recognized, and major leadership positions are formally identified and occupied (e.g. committee chairs). It is also the case that people from across the system assume key roles on committees and work groups such that leadership responsibility for DE SIM is shared across organizations and disciplines. Given the stakeholder driven approach to DE SIM, such distributed leadership appears to be consistent with the overall approach and important for ongoing stakeholder engagement. However, distributed leadership can present challenges to decision-making and efficiency of implementation particularly when disagreements arise or when responsibility for implementation is not clearly defined. Fortunately, the leadership of the system appears to be aligned at highest levels, as we found consistency in the way leaders described their role and responsibilities, as well as the goals and purpose of DE SIM.

Stakeholders generally recognized that health care transformation in Delaware, as operationalized through DE SIM, is a public-private partnership driven by the premise that the state cannot own healthcare, and by extension, transformation of the system. Although Delaware's approach is framed as voluntary and consensus-based, the State leverages its purchasing and regulatory authority to support the planned changes, including through its requirements for Medicaid Managed Care Organizations and Qualified Health Plans on the Health Insurance Marketplace. State government, as well as other public and private-sector leaders from across the state remain committed to the success of this initiative.

The authority for system transformation is transitioning from the Health Care Commission (HCC) to the Delaware Center for Health Innovation (DCHI) as outlined in the operational plan. It is understood by stakeholders that HCC is the state government entity accountable for the DE SIM grant and the expectations for the plan to transform healthcare in Delaware. It is also understood that DCHI is the non-governmental entity serving as the home for making the elements of the plan happen. DCHI is a non-profit entity with representatives from the public and private sectors that formalizes and sustains the deep involvement of stakeholders in the implementation of the State Health Care Innovation Plan. Within the SIM initiative, DCHI serves as the convener of stakeholder groups, provides thought-leadership for all aspects of SIM related initiatives, provides a sustainable structure for the work beyond the grant award, and implements the Healthy Neighborhoods strategy.

Establishment of DCHI is part of the infrastructure development outlined in the operational plan. Thus, its presence and emerging status can be viewed as an important accomplishment in leading the healthcare transformation efforts in the state, both now and in the future. Nevertheless, as the transition of authority and leadership has been occurring, ambiguity as to who holds primary responsibility and who has the power to make decisions (e.g., HCC – DCHI) is also recognized by stakeholders. Despite this confusion, the credibility of DCHI is slowly emerging as it assumes greater responsibility and fully manages the activities presumed to lead to transformation of the healthcare system. The HCC remains active in establishing and communicating a role in the healthcare transformation effort as the purveyors of the resources through State Innovation

Model Cooperative Agreement with CMMI and ultimate authority for ensuring the operational plan is implemented accordingly. HCC functions as an independent authority and as the primary health policy forum in the state, with the goal of ensuring quality, affordable access to care. Within the SIM initiative, HCC manages the federal funds for all grant-related activities, contracts with vendors for specific grant-related services, provides regular updates to the Governor and the public regarding the status of the initiative and liaises with other state agencies to promote and leverage resources in support of the SIM.

The viability of system for transforming healthcare is slowly emerging as both structural and functional roles are being established and/or transitioned. There is a consistent view among stakeholders that the infrastructure being developed for healthcare transformation should transcend state government leadership and support. In other words, there is agreement that the viability of the infrastructure needed to support and sustain healthcare transformation should not be dependent upon any one administration or their agendas. In that regard, stakeholders expressed that state government should maintain a separate but active partnership role in helping to shape the healthcare system in the future. As DCHI assumes greater responsibility for the sustainability of the transformation effort, it will be important for stakeholders at HCC and DCHI to continue to negotiate and articulate their respective roles and responsibilities, such that there is clarity among the broader group of stakeholders regarding authority, resource allocation and accountability.

Transition from external support and expertise (i.e., consultants) to internal (staff) is a primary development that is ongoing. Concerns remain on the over-reliance on external consultant supports with regards to the sustainability of the processes that are being implemented. For instance, consultants appear to serve an important umbrella function monitoring inter-dependent activities and communicating and facilitating progress across committees. As this responsibility transitions to staff there is concern that resources will not allow for the same level of support. Stakeholders view the effort to balance a community-driven structure that is open and engaging with a centralized organizational structure to get things done, separate from external supports as a challenge. Those actively involved with the committees identify constant

tension in how much capacity there is in terms of how much work active stakeholders are trying to undertake. Most members of the committees report receiving the support required to remain engaged and move the work of the committees forward. For instance, in Figure 7 below, committee members' average ratings indicate the support mechanisms put in place for committees are adequate. However, there is room to improve, such as the accessibility of data or information for decision-making. Furthermore, committee members indicate that the activities are aligned with the goals of DE SIM, reinforcing their continued engagement and commitment.

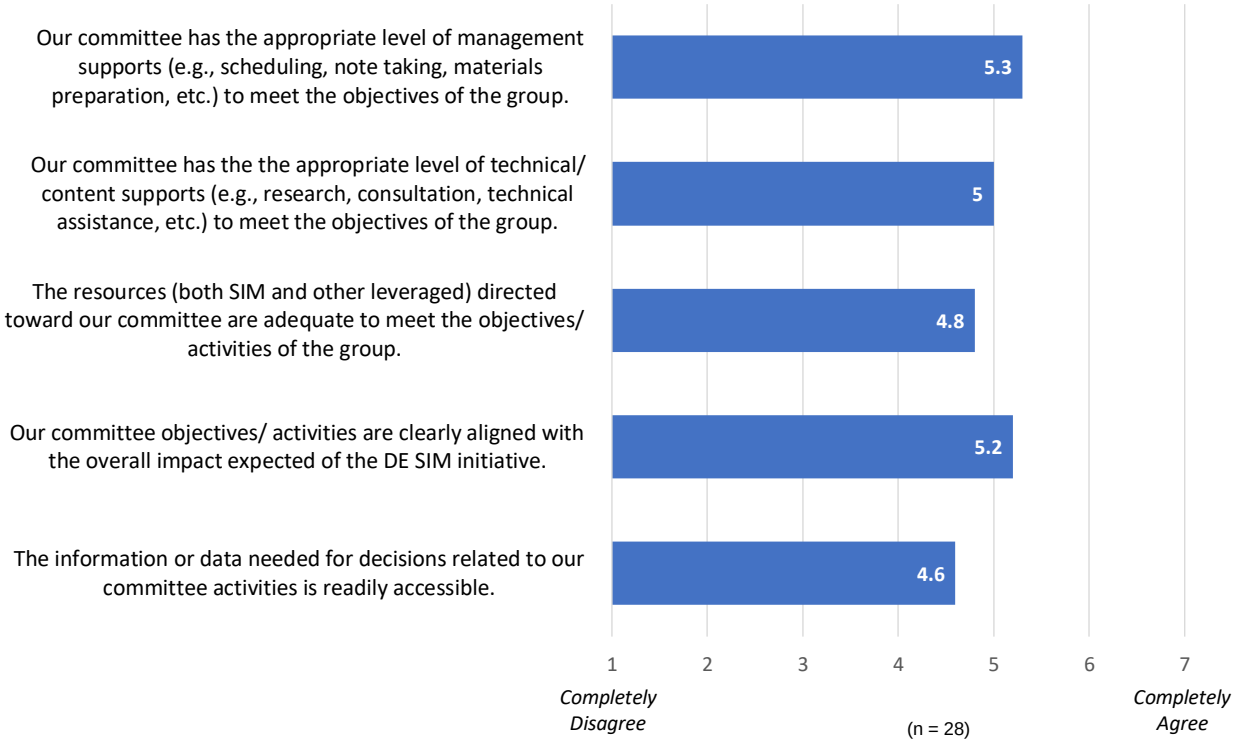

Figure 7. Supports to committees.

Stakeholder engagement. DE SIM maintained a high level of stakeholder engagement through monthly meetings of the DCHI Board, monthly meetings of each of the five standing committees and the Technical Advisory Group and periodic cross-committee meetings. DE SIM also expanded its communications efforts to reach out to the broader public with six Community Forums conducted throughout the state over several months. Over the course of AY2, participants in DE SIM have included senior leaders of the state's hospital systems, the state's two major commercial payers (Highmark and United Healthcare), professional societies/associations, and

consumer advocates; many individuals from these groups serve on the volunteer Board of Directors of the DCHI. Several more individuals from these organizations serve on Committees. Still others are active and regular participants in public meetings, periodic touchpoint meetings, and as vendors of the services provided to the community through SIM funds. Finally, leaders from State government are also actively involved, including the Governor's Office, the Delaware Health Care Commission, the General Assembly, Department of Health and Social Services, Office of Management and Budget, Department of Insurance, and the Department of State.

DCHI has led this stakeholder engagement since its formation and functions as the convener of most of the public meetings supporting the functional work of the plan. The DCHI was established in early 2014 under the auspices of the Delaware Health Information Network (DHIN) to work with the HCC and to guide DE SIM and track its progress. Stakeholder engagement was a major undertaking in the early stages of implementation of DE SIM. While stakeholder engagement remained high through AY2, recruiting of primary care physicians (PCPs) to participate in practice transformation was slower than anticipated. Throughout the year, those within DE SIM realized the extent to which "change fatigue" was impacting providers across the state. Overall, current stakeholders expressed **s**ensitivity to the challenges to engaging potential DE SIM stakeholders. Indeed, several raised concerns about how to get other voices (consumers, residents, physicians) to the table, prompting the need for more attention to what various stakeholder value related to health and healthcare. It is clear the DE SIM resources are influencing the development of a "learning system" through the establishment of formal and informal "stakeholder-informed" feedback mechanisms. The primary concerns regarding stakeholder engagement revolve around the sustainability of the effort expended by primary actors within such a system and the need to engage additional individuals who can share the burden (and benefits) of this voluntary effort. Concerns such as how long DE SIM can be driven by a core group of stakeholders, the engagement and interest of this core while the system is being developed, and the increasing demands being placed upon them are consistently raised.

"There are a lot of linkages that need to be occurring out in the community, information awareness, education, and potential collaboration that needs to be formed. That's not taking place. It's taking place in between people's full time jobs. So, it takes much longer than if there was dedicated staffing working towards each one of those goals."

Further concerns on consumer engagement, and assessing current consumer engagement also are prominent challenges being considered by stakeholders.

Stakeholders indicated that the pace of change is linked to momentum and fatigue, in that the longer it takes to observe changes, the more difficult it is to keep engaged. Stakeholders expressed a variety reasons why system actors are engaged, including interest, professionalism, altruism, reputation, colleagueship, obligation, self-protection, and ambition. Stakeholders lauded the consensus-oriented approach that frames the DE SIM work and placed a high value on the public-private partnership. Stakeholders identified several strengths of the consensus-oriented approach for DE SIM, including enhanced collaboration and cross-discipline conversations. However, they also identified limitations of the approach, namely accountability and focus.

An overarching belief was present among stakeholders that engagement presupposes agreement. In other words, those engaged agree with approach and conversely those who are not engaged, but should be may not necessarily agree with the tenets of DE SIM. Stakeholders were concerned that lower engagement was evident from those with the most in the game, primarily payers and providers. They further explained some of the reasons for the challenges imposed upon these two groups that affect their level of engagement. For example, payers were seen as tentative and cautionary in their willingness to commit, whereas physicians in many cases are in agreement with the direction of the DE SIM, but lack the time to be fully involved. Stakeholders also recognized that engagement is tied to sustainability, in that engagement and investment today translates to the building of capacity to do more work in the future.

Because engagement is an umbrella term which encompasses a variety of definitions and meaning, it is a difficult concept to measure. Drawing from specific ways engagement is described in the literature to help understand the variety of influence and interest of stakeholders within DE SIM, a framework was developed and used as a part of a survey to measure the perception of stakeholder interest and influence within the initiative. Figure 8 below presents two primary groups of stakeholders: one group that indicated high interest in DE SIM and yet also reported

having a low level of influence, and another group that indicated both high interest and significant influence. A small number of stakeholders surveyed reported having little direct interest and a corresponding low level of influence in DE SIM. By definition, those individuals with little interest were unlikely to be part of our survey, so it is not surprising that there were few respondents in the "low interest" part of the matrix. However, it may be useful to identify potential "context setters" and engage them more fully as DE SIM rolls out. For instance, policymakers have been identified as a group with little interest but high influence that may be important stakeholders for driving sustainable change.

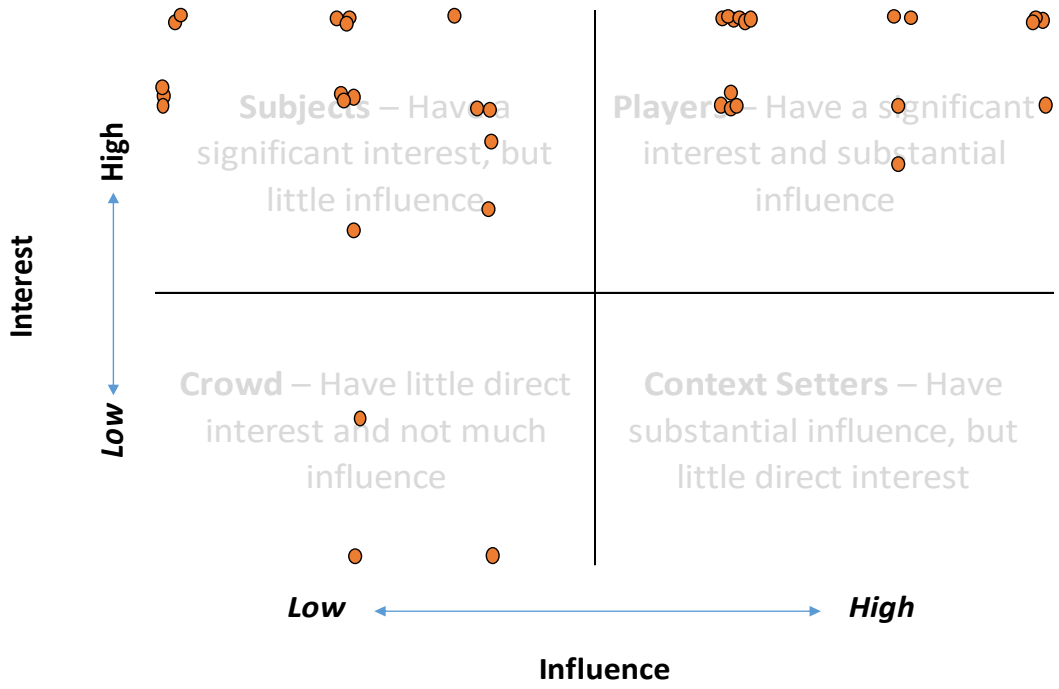

Figure 8. Interest by influence plot, with markers indicating stakeholder position based on ratings of influence and interest.

We also sought to measure engagement by understanding the degree to which people not only receive information but have the opportunity to participate; their ability to influence and make decisions. We wanted to measure this type of engagement among two different groups of stakeholders as a part of our survey. One group was the fully engaged instrumental core of committee chairs and board members who are critical in shaping DE SIM. Second, we wanted to understand engagement from the perspective of committee members and stakeholders which are a part of the process, but removed from the core group, and slightly less critical to the

implementation of DE SIM. Figure 9 below demonstrates the varying levels of engagement across stakeholders within these two groups. As one moves down the list, the level of engagement increases. Thus, being informed is considered the minimum level of being engaged and having the opportunity to decide on options the highest. Nearly all respondent stakeholders report that their input is considered relating to DE SIM. Slightly below a quarter feel that their input is either specifically sought after in formulating options, or their input is incorporated to the greatest possible extent. Over a quarter of stakeholders feel they have the opportunity to decide on items relating to DE SIM. However, several stakeholders indicated that their level of engagement as 'none of the above', which may hint lack of engagement within the system. It is possible stakeholders conceptualize engagement differently. Nonetheless, in terms of measurement, the findings detailed below help create a standard in terms of stakeholder engagement going forward, particularly as broad-based engagement of various kinds of stakeholders is viewed as an underlying critical component of DE SIM implementation and sustainability.

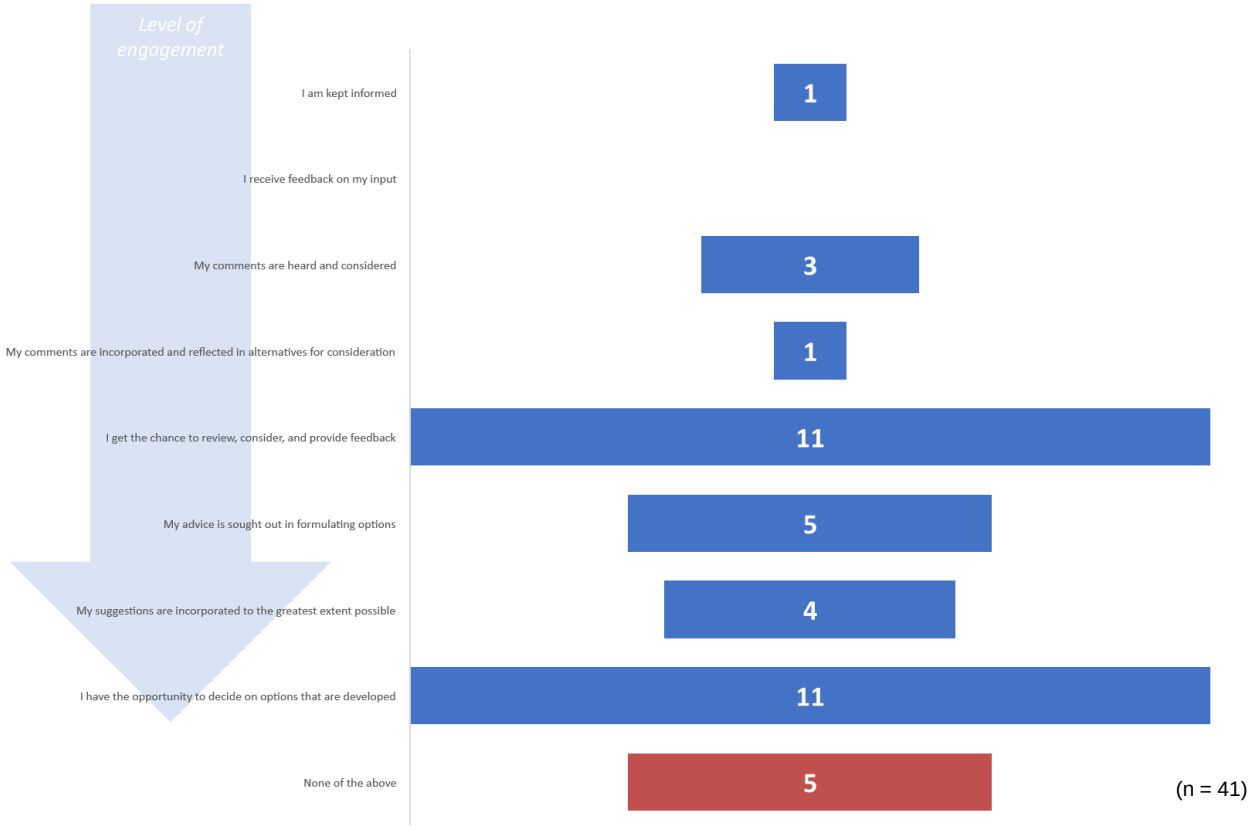

Figure 9. Levels of Engagement

As represented in Figure 10, the majority of stakeholders report consistent monthly effort, with a minority reporting that they are currently 'not engaged' with DE SIM. Of those who are engaged, slightly fewer than half reported their engagement having stayed the same, with four of ten respondents reporting an increase in their participation over time. Slightly fewer than half of stakeholders reported spending 1-4 hours of their time on DE SIM activities, with nearly 20% reporting more than 10 hours.

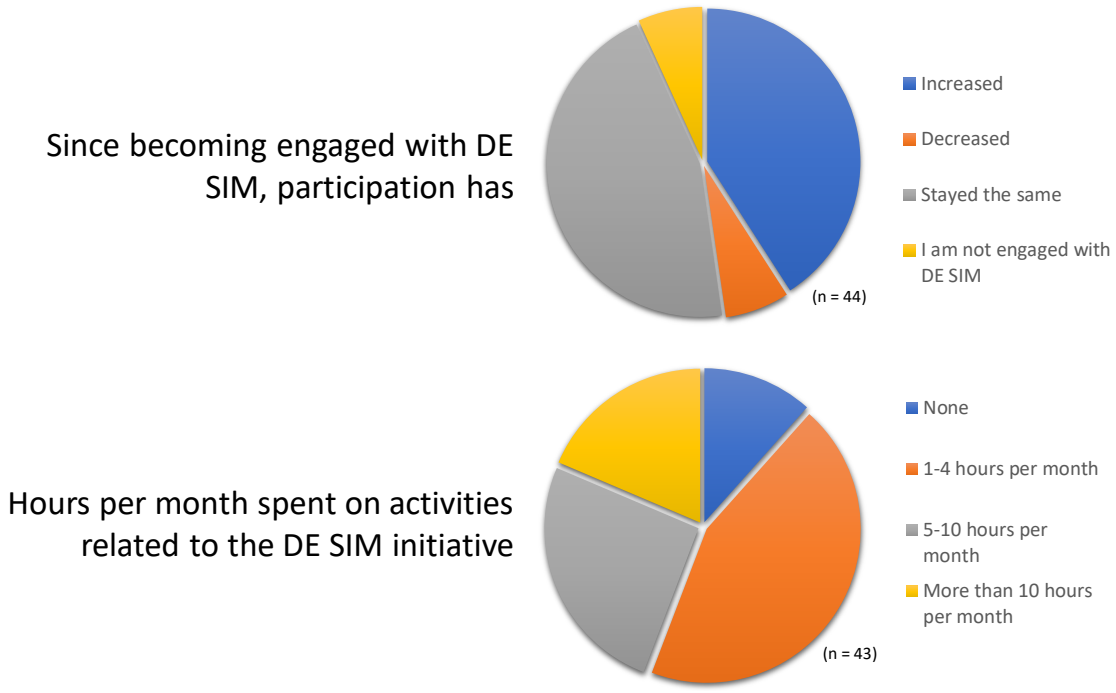

Figure 10. DE SIM stakeholder effort.

Figure 11 below shows a majority of respondent committee members reported a high level of committee activity, further emphasizing that a core group of people are very heavily involved in all aspects of DE SIM.

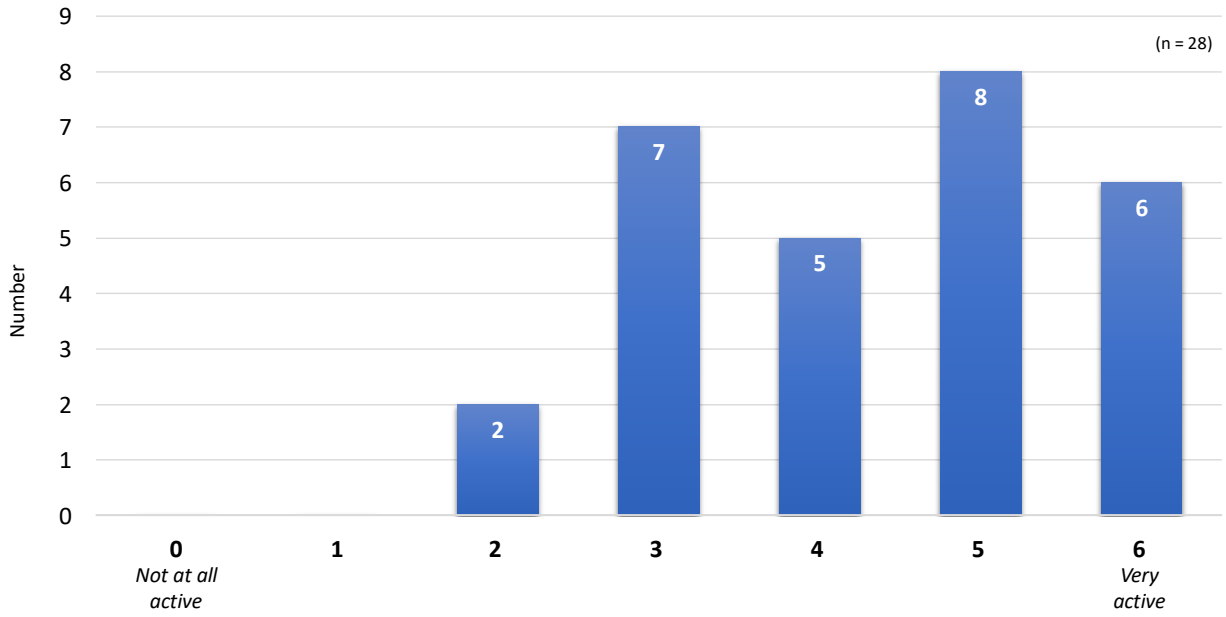

Figure 11. Level of committee activity.

Activities coordination. There was a universal acknowledgement of the consensus-oriented approach prominently featured as a strength of DE SIM. Often lauded as the "Delaware way", the consensus orientation was seen to benefit alignment and support efforts to ensure coordination and buy-in. However, stakeholders also acknowledged that the approach may have some effect of slowing decision-making and problem solving, thereby limiting progress and/or efficiency.

Several specific areas were identified where coordination across committees was deemed critical. For example, the coordination between the practice transformation efforts in order for practices to deliver more integrated and coordinated care (supported by the Clinical Committee) and the curriculum development and training efforts to address issues in the healthcare workforce (supported by the Workforce & Education Committee). Both committees recognized the need to coordinate and align their focus, strategies, and expertise in pursuit of a common goal. Across the multiple activities, transactional friction appeared to be greatest in the boundary space where committee responsibilities or activities are viewed to be closely related. Nevertheless, within committees less friction was found where there seemed to be much more consensus about what was being done. From a coordination standpoint, consultants were

viewed as a value-added resource as they provided glue between committees and work. They held responsibility for managing the workflow of the committees and maintaining consistency in communication from one meeting to the next.

This consensus approach forces stakeholders to face difficult choices when designing and implementing their committee's activities. Predominantly, there is little communication between committee members outside of meetings, forcing stakeholders to make difficult choices within these meetings in terms of allocating time spent towards the design and implementation of specific activities. Further, stakeholders expressed concerns about the lack of time committed on reflection upon the process of attaining committee goals, or the successful implementation of an activity. This lack of critical reflection creates a gap of knowledge in how the committee connects the goals and processes for which the committee is responsible.

> ***"So, my interest in understanding better what's happening in those committees comes from simply my understanding of the fact that this work is all connected and that it's not gonna be successful unless there's appropriate strategies that both elicit those connections as well as strengthen the ones that are reinforcing and perhaps diminish the ones that aren't."***

Additionally, the mechanisms for transferring information among committee members, and between committees, is a concern for stakeholders. Most consider meeting attendance as the primary mechanism for information and knowledge transfer, and have expressed concerns on how committee members and stakeholders are to acquire information outside of this process. In terms of characteristics related to the consensus oriented approach, Figure 12 below indicates the majority of respondent committee members have few concerns with regards to transparency, sharing workload, or reaching a consensus. Furthermore, those reporting concerns regarding sharing workload equitably and transparency in decision-making, rate these as primarily minor to moderate.

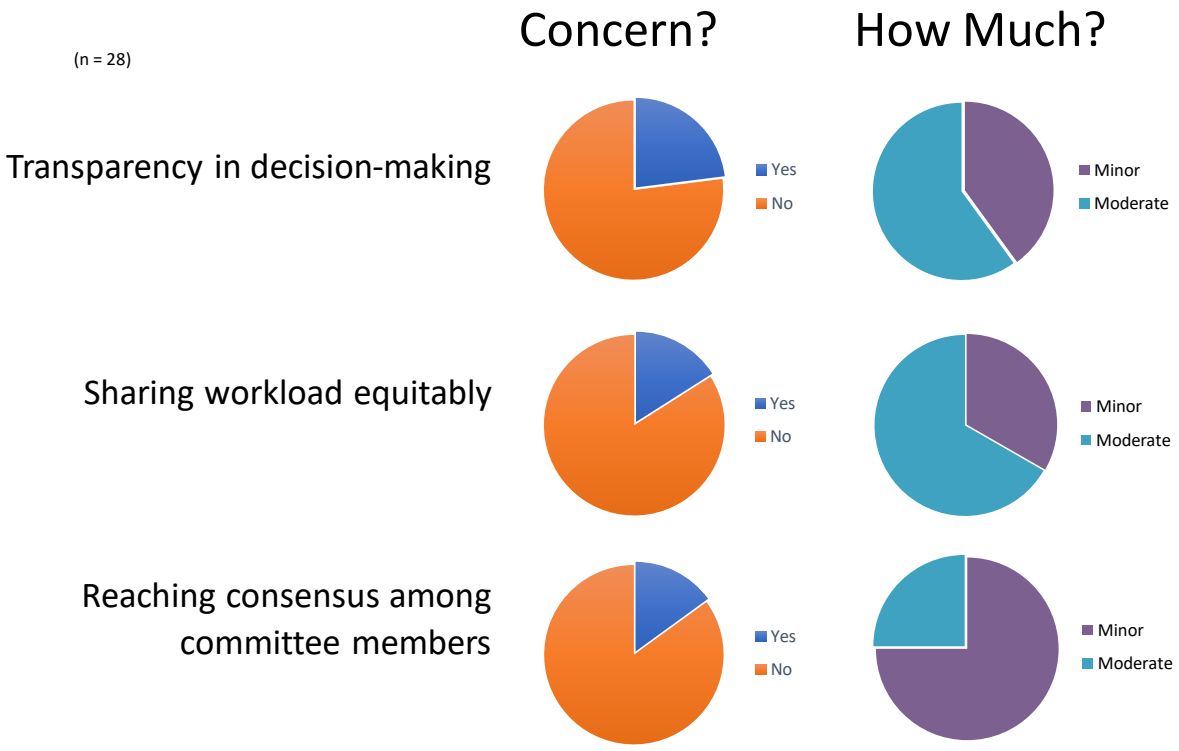

Figure 12. Concerns Regarding Characteristics of the Consensus Orientation.

Resources allocation and utilization. Stakeholders reported a limited understanding of how decisions on resources are made by those accountable for the grant. As referenced by the leadership of DE SIM, a clear plan and rationale is required for how the resources are to allocated and once approved, there is little flexibility in how SIM resources can be reallocated. There is an assumption among many that there is greater flexibility in the resources and opportunity to decide on what should be done and at what level. Thus, the ambiguity in the funding model has led to some confusion about what can or should be done and who has authority for making those decisions.

A common perception among system stakeholders is that there is lots of money being spent on consultants. This level of investment on consultants has raised concerns of over-reliance on external expertise and knowledge. Although stakeholders appear to value the contributions of consultants, consultant spending is not seen as infrastructure development in that it is viewed as a temporary resource to the system. Indeed, many believe that continued spending of resources on consultants is counter to sustainability and that there is a need for a concerted effort to

transition some to the expertise found in the consultant base to more of the infrastructure at DCHI.

Some indicated that the lack of resources for operational support may have limited the pace of progress and runs somewhat counter to sustainability. Specific concerns regard the lack of money for operational support, and the use of resources as a mechanism to change perspective and stakeholder behavior. For example, several raised the question as to why resources were not being used to incentivize participation or offset the costs of engagement. In addition, some stakeholders lamented the unpredictability of appropriately resourcing what is needed to drive healthcare transformation into the future. In essence, some felt the more progress could be made if resource needs were better anticipated.

Leveraging of resources. It was widely accepted and reported by stakeholders that the notion of leveraging resources was an important part of the sustainability of the healthcare transformation efforts. Nevertheless, there was some ambiguity about what constituted leveraged resources, in terms of what is meant by "leveraging", as well as what might be included as leveraged resources. Some leveraged resources were easily recognizable, such as the financial commitments made by partners toward funding DCHI. Other leveraged resources were not so clear, as was the case with the in-kind hours spent volunteering.

Core stakeholders acknowledged the challenge inherent in leveraging operational resources beyond what is allocated by the DE SIM grant. Originally, partner commitments were seen as the source for supporting the operational components of DCHI. However, over time economic limitations faced by partners affected the commitments, straining the ability of DCHI to plan to meet operational goals. Coupled with a lack of clarity regarding the grant resource allocations, the lack of transparency in resource commitments in relation to model components has left many stakeholders wondering who is providing what and how much? Potential shortages in the resource commitments outside of the DE SIM grant have driven questions as to who has additional expertise, program, or technical resources that can be brought to bear in advancing healthcare transformation?

Policy and environmental barriers. Rapidly developing shifts external to DE SIM impinged upon progress, requiring actors to adjust. While many of the initiatives originally outlined during the design process maintained relevance and continued, there have been significant changes in the health care landscape in just the first two years of DE SIM planning and implementation. For instance, the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has created an additional incentive for providers to explore Practice Transformation and understand the payers' current value-based payment models.

Stakeholders noted that changes external to DE SIM in the health care industry were rapidly occurring, and the efforts of initiative to keep up was somewhat challenging. Moreover, as with any large-scale systems change initiative, there exist multiple perspectives on what needs to be done. The view of what problems are present and the solutions to address those problems are heavily influenced by the role and position stakeholders occupy in the system. Among stakeholders we discovered some disagreement between the policy frame (what we should do) and the operational frame (what is being done). Although system actors, particularly those core stakeholders, have accepted and agreed with the planned approach going forward, there remains some disagreement in terms of what they think needs to be done, drawing some distinction between alignment or agreement.

> ***"…because of the consensus-building favorability, the consensus is often closer to the status quo than not. So when it comes to being able to really put forth transformative initiatives or recommendations for transformative policy change, that's really what's been, I think, holding that back."***

The objectives of the DE SIM grant are highly dependent, in that they are sequenced in a way where a delay in one area causes delays in other areas. To illustrate, there were challenges related to the technical aspects of implementing a statewide common scorecard. Delaware strived for at least 75% alignment of measures with its major payers, which DE SIM achieved (75% or more of quality measures used in payers pay for value programs are drawn from the Common Scorecard). But, receiving accurate data files, achieving alignment across payers on how sites and patients are identified proved to be more complicated and complex than originally thought, leading to delays in the release dates and a significant amount of troubleshooting to correct issues and solve problems as they arose. Another challenge that impacted the timing and pacing

of DE SIM work was the complexity of state contracting and the process for categorizing funds as unrestricted. State contracting and procurement procedures require months from initiation to completion. With this timeline plus the additional time needed for the process to un-restrict funds with CMMI, the system experienced delays in deploying several programs in AY2 such as the Learning/Re-learning curriculum, Healthy Neighborhoods, and Behavioral Health Integration.

DE SIM planners were successful in developing plans to pilot projects that were anticipated to be a larger strategy for initiating system change in a particular area. Used in this manner, implementation issues could be accounted for at a smaller scale, prior to a more formal, widespread rollout. However, many stakeholders noted the challenges of bringing small shifts to scale and that even in situations where a pilot has been successfully introduced, expansion across the system was difficult.

Stakeholders noted that some areas lack resources to fully "transform", for example, small or single providers (>5 provider practices the norm). Some stakeholders expressed concern that there was what appeared to be limited government influence, while acknowledging this effort as a community-led healthcare transformation initiative in partnership and shared responsibility with state government. Some stakeholders lamented the lack of legislative levers to drive change and an expressed desire to see more influence exerted upon the system by state entities. Stakeholders were also sensitive to challenges associated with time-limited resources and potentially unrealistic expectations regarding the time needed to establish the infrastructure for sustainable change, as well as the time needed to see real impact

> ***"I think that the other wild card is that we've got so many small practices that it's very challenging to get them engaged. They like practicing the way they want to practice, they don't really see a need for change, and change is really hard and expensive. And so, again, if there's not a big enough carrot, particularly financially, to make them want to change or to force them to change, we're not going to get there statewide. We may be able to get there in the more urban areas, but I don't know that we'll get there in the rural areas if there's not more incentive."***

Stakeholders also acknowledged limitations based on what resources and change levers are available and accessible (i.e., providers) within DE SIM. Figure 13 below demonstrates the

majority of stakeholders report buy-in/commitment from payers and funding for sustained efforts as the most likely potential barriers for DE SIM implementation. Buy-in/commitment from providers and consumers rates highly as well.

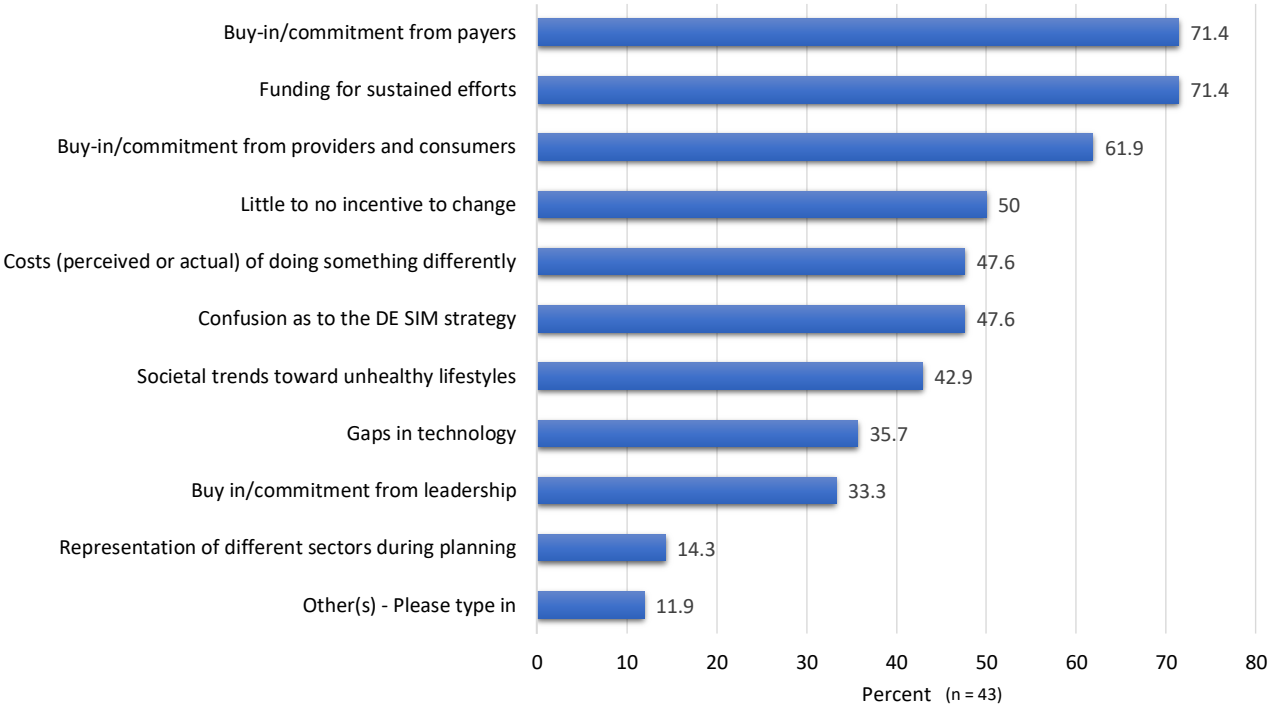

Figure 13. Potential obstacles to the implementation of DE SIM

Progress toward objectives. In general, stakeholders indicated that DE SIM was making progress and that the initiative was headed in the right direction. A majority of milestones across all areas were achieved in AY2. From a stakeholder perspective, however, stakeholders indicated there was incremental, limited, disjointed progress in some areas that affected the achievement of specific milestones. This perspective appeared to concur with the achievements listed in Table 2 below. The perception of uneven progress was believed to inhibit a full vision of "transformation", and created uncertainty as to how the overall DE SIM effort will result in the meeting the Triple AIM plus one. Nevertheless, there was broad agreement on DCHI strategic priorities and the assumption that the strategic course would lead to successful transformation of the health care system.

"I think that we are making progress. I think there probably are individuals that think we ought to be making faster progress, but you know, using the Delaware way and consensus and bring stakeholders to the table or at least giving them the opportunity, it takes time. And it's change. And you know change theory takes time."

Several variables perceived to moderate progress in DE SIM were surfaced by stakeholders. Specifically, tension or conflict, transparency in decision-making, risk or anticipated loss, the timeframe needed to observe change, resources available to facilitate change, and the unanticipated complexity inherent in the system were aspects that affected how well progress was made on meeting the prescribed objectives outlined for DE SIM. Our observations, viewed through a systems lens, comport with the perceptions of stakeholders. We found that more rapid adjustment and change was occurring on less complex elements. As expected the more complex the activity the longer the timeframe and greater likelihood for delays. Nevertheless, stakeholders characterized the DE SIM initiative as active and forward looking, and embraced a paradigm that emphasizes learning. From this perspective stakeholders felt that, as a system, DE SIM and its actors were learning from their successes and setbacks, with the notion that ultimately the effort will result in a future positive state.

Stakeholders did critically question some of the proposed change mechanisms and progress, as well as the feasibility of some goals and targets. For instance, the Healthy Neighborhoods work was viewed as critically important for achieving DE SIM goals, yet also one of the most difficult, time-consuming and resource-intensive elements of the plan. Moreover, a few challenged the applicability and usefulness of some of the tools being developed. They also emphasized the need for coherence in planning and the action among some of the model elements. They highlighted the need to address many unanticipated or unknown motivating factors of engagement, to better understand why others are not involved or as engaged as anticipated in DE SIM, and how limited engagement has impacted progress.

Progress in SIM Component/Project Area	Q1	Q2	Q3	Q4	Explanation
Establishing Infrastructure					
State evaluation contractor secured and active					
Scorecard dashboard developed and running					
Quarterly reports and annual operations plan developed and delivered					
Healthy Neighborhoods program director, HN Council lead and Executive Assistant hired					
Remaining board seats filled					
Cross Committee Meetings held (approx 1x/qtr)					
Health IT					
Multi payer claims database design delayed					Due to regulation development
Behavioral Health EHR guidelines developed; payments delayed					Contracting and unrestriction delays
Population Health					
Pilot for Healthy Neighborhood developed and launched					
Two of three Healthy Neighborhood sites developed and launched					
Healthy Neighborhood dashboard developed and launched					
Workforce					
Residency program establishment extended					Vendor selection delays; effort to carry over
Consensus approach for credentialing developed					
Curriculum launch delayed					Additional input to align PT program and module development
Capacity planning analysis completed					
Payment					
Medicaid P4V pilot launched; TCC pilot delayed?					TCC pilot did not occur
Commercial P4V model launched					
Clinical					
Practice Transformation not rolled out to target number (50%) of practices					Approximately 1/3 of practices
Recommendations on standardized care coordination tools not developed					Committee de-prioritized; Needs further assessment
Behavioral Health integration implementation planning complete					
Effective diagnosis and treatment strategy not completed					Committee de-prioritized; Needs further assessment
Version 2.0 of Scorecard launched and available statewide					
Additional functionality to scorecard for goal setting provided					
Patient and Consumer					
Website with health literacy materials rolled out					
Lab and clinical information from community health record available to consumers (phase 1)					

Table 2. DE SIM Progress AY2; with green shading indicating milestone achieved, yellow indicating milestone delayed, and red indicating milestone shifted or de-prioritized.

We sought to gauge stakeholders' perceptions and alignment regarding elements of DE SIM likely to have the greatest impact on transforming the health care system in DE. Below, Figure 14 demonstrates the perceived impact of DE SIM aspects on healthcare transformation according to DE SIM stakeholders. The question prompted stakeholders to select five items that will likely have the greatest impact on transforming healthcare in the state. Over half of respondents chose the inclusion of behavioral health as part of primary care and along with making care coordination a priority. Slightly fewer than half choose tying provider payments to health outcomes. These findings may be worth exploring in more detail in that determining priorities of stakeholders may help leaders to better understand where engagement is most important and where more effort may be needed to stimulate activity needed to reach SIM goals.

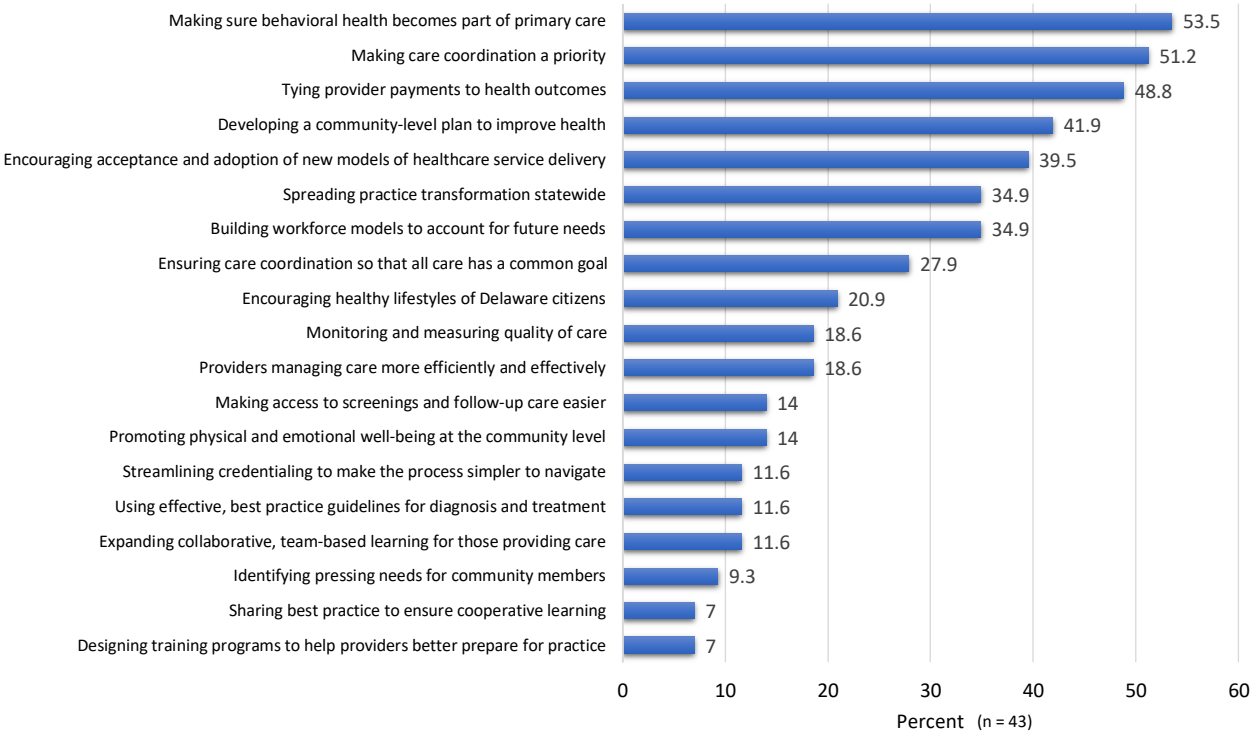

Figure 14. Stakeholder perceived impact on healthcare transformation.

Figure 15 visualizes the characteristics committee members would use when describing their work within DE SIM. Committee members characterized their work as both major and complex. In this regard, the work of the committees is viewed as sophisticated systems change efforts that invariably requires expertise, coordination, effective communication, time and resources,

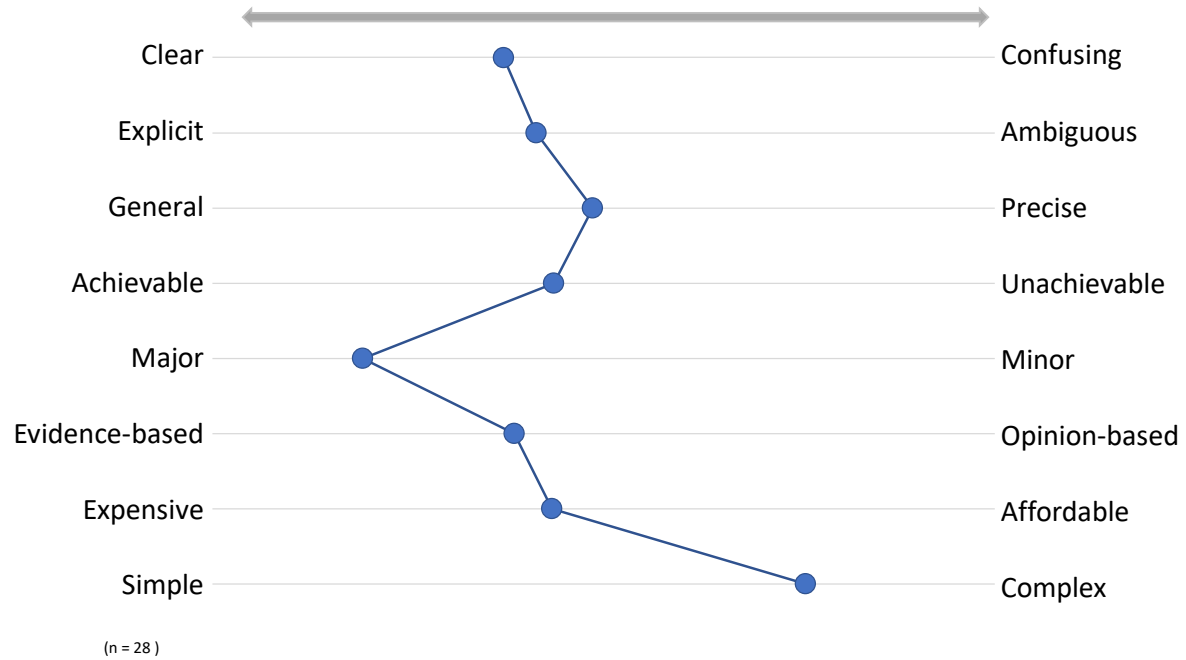

Figure 15. Committee members' perceptions in describing the characteristics of their work.

continuous learning, as well as attention to systems change principles. While such a complex systems change effort can be perceived as quite daunting, respondent committee members overwhelmingly report high satisfaction with their work, and low tension as seen in Figure 16.

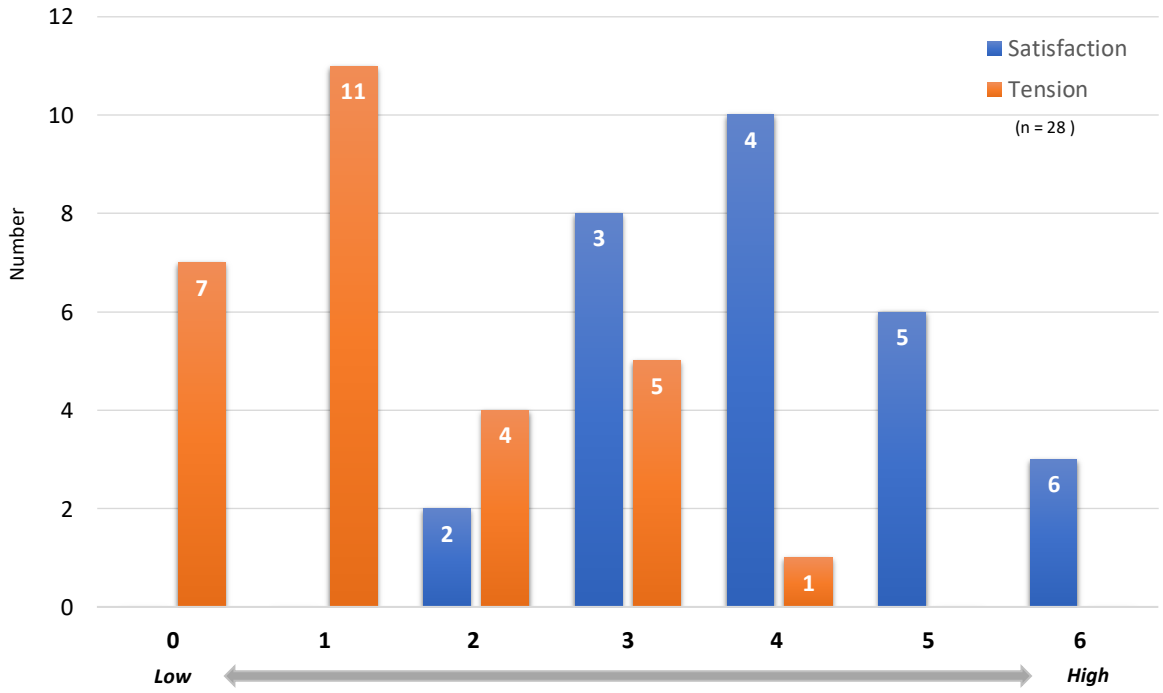

Figure 16. Committee members' perception of satisfaction with and tension among committee.

Further, the findings detailed in Figure 17 indicate committee members feel that there are positive processes in place for their committee's work. They feel that the leadership, diversity, and the follow-up mechanisms on activities are in place. Planning for sustaining membership and cross-committee information exchange on progress may be of concern, but offers a concrete task for AY3.

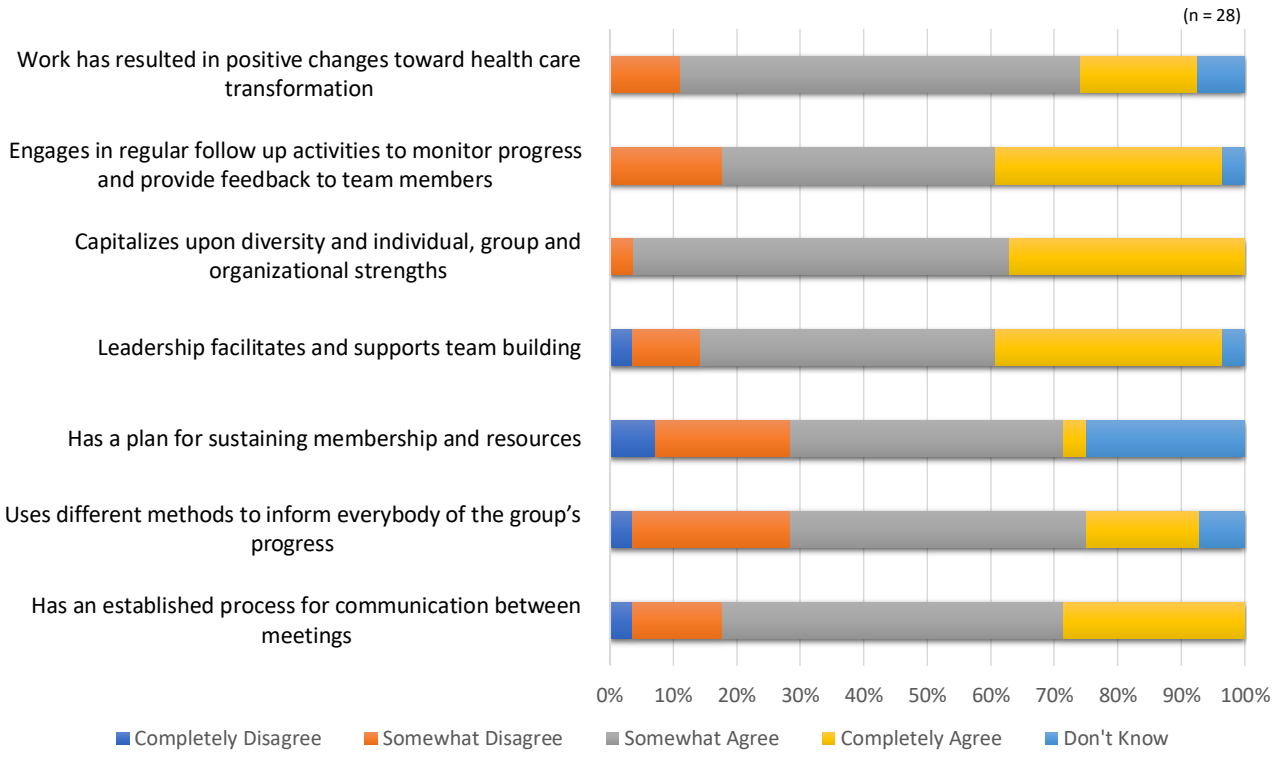

Figure 17. Committee members' perception of committee processes.

While Figure 17 clearly demonstrates most committee members agree that key committee processes and characteristics are in place, Figure 18 illustrates that nearly a quarter of respondent committee members either completely or somewhat disagree that they are aware of what other committees are trying to accomplish. Similarly, a quarter don't know if their committee represents the work of fellow committee members in a positive manner or in other settings. While this gap in knowledge remains a concern, committee members are actively trying to understand the work of other committees.

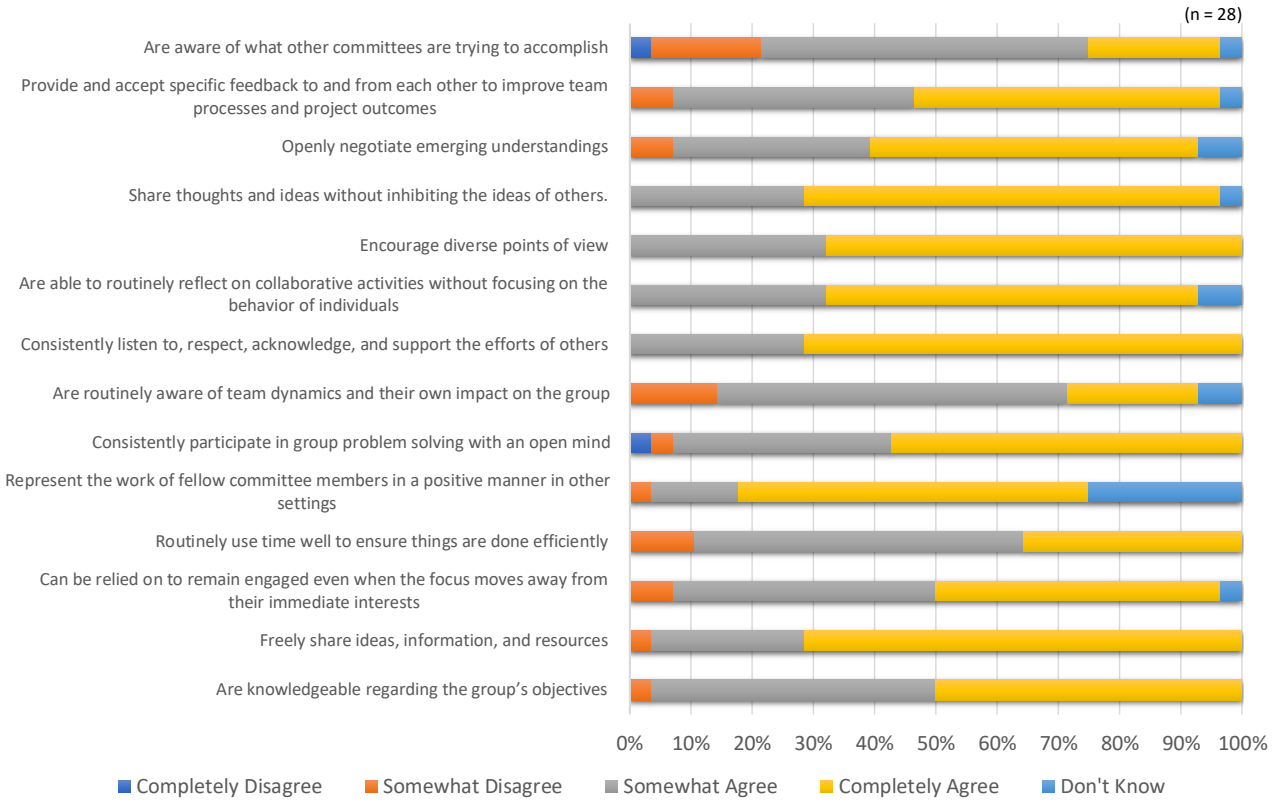

Figure 18. Committee members' perception of committee interactions.

A majority of respondent committee members report that they perceive their committee work making some to moderate progress (5-7 rating) towards their objectives, as shown in Figure 19. This is related but distinct from the findings presented early regarding progress toward objectives and Table 2 on page 48. Specifically, this finding relates to the function of committees and how the committee structure and processes promotes progress towards committee-specific objectives.

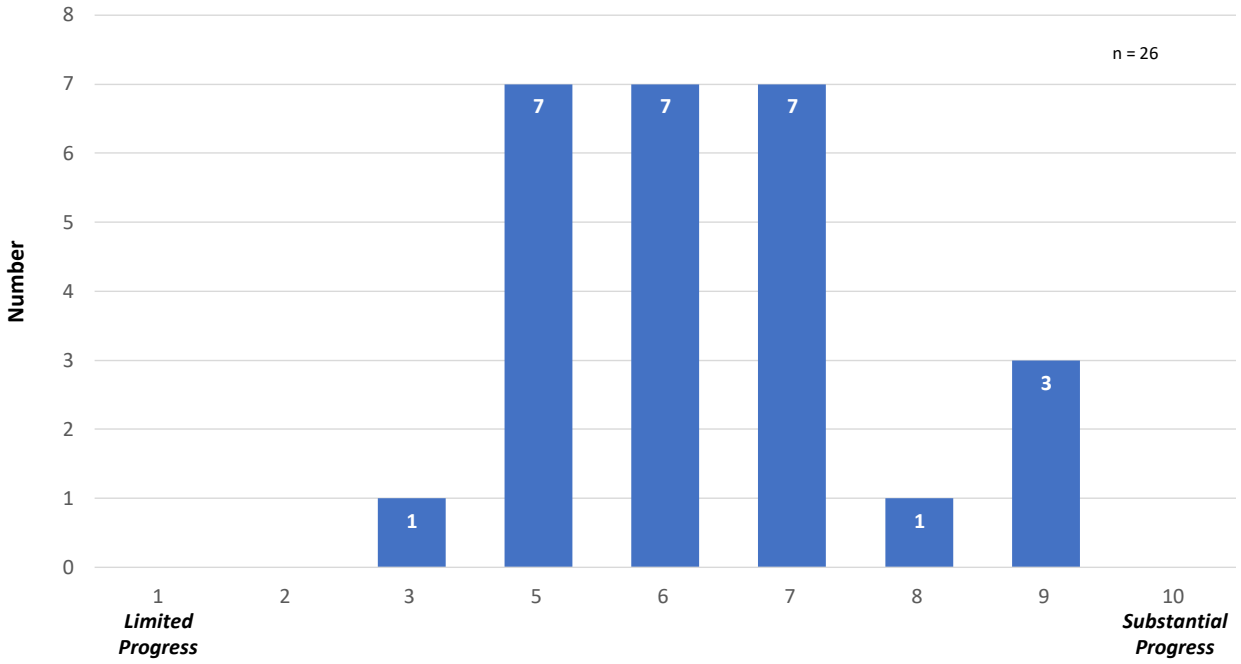

Figure 19. Committee members' perception of progress toward meeting the committee objectives.

Information sharing and receipt. Through our ongoing observations of meetings and discussions with stakeholders, it is apparent that there are mechanisms in place and space for feedback from those with interest in the initiative. However, these communication processes are not always looped in a way where people know whether or how their input is used. Stakeholders are quick to point out the complexity of the situation DE SIM is seeking to address, and given the scale of challenges that emerge, the lack of timely information inhibits implementation. Stakeholders expressed the need for clarity in the information they receive regarding DE SIM activities and progress. Interestingly, stakeholder posited that clarity fuels commitment, whereas uncertainty leads to tentativeness and hesitation toward acting. There was a real sense that it was not always clear as to how the various pieces fit together and interact, and there was an expressed need to connect the dots, especially for consumers. Generally, it was not clear who receives or has information required to remain engaged. Stakeholders indicated there is a need to improve communications directly from DCHI. Moreover, it was viewed as important to understand different information requirements of

> ***"The information that's shared is a snapshot of deliverables which is great. However, it doesn't talk about the intricacy of how those deliverables can be interconnected in meaningful ways within the work that we're doing. You don't want this siloed effect."***

stakeholder segments (community, vendors, providers) in that different segments of stakeholders need different kinds of information to act or respond in expected ways.

A common theme that surfaced among stakeholders was a sense of information overload that inhibits parts of the system to act. For example, with new payment models, understanding and preparing for MACRA, and a multitude of communications from well-intentioned sources, providers expressed feelings of being overwhelmed with limited time to take on new programs. Many described the challenge of processing a large volume of information that frequently resulted in everything sounding as if it is new, but is just described in a different way. It was clear that stakeholders understood the need to consider how internal vs external messages are framed and that different purposes regarding how information is packaged and framed presents some translational challenges. For example, translating of messages for consumer related events is an important consideration, especially as DE SIM moves toward broader consumer engagement. The complexity of the DE SIM effort needs to be simplified in order for consumers to understand and support. Finally, it was evident there was some concern with respect to sharing information between committee members. Over half of respondent committee members reported sharing across other SIM-related committees or activities as a concern, with over half of those rating it as either a moderate or substantial concern, as detailed in Figure 20 below. Nevertheless, there is a need to address the challenge of how coordination is occurring across the committees.

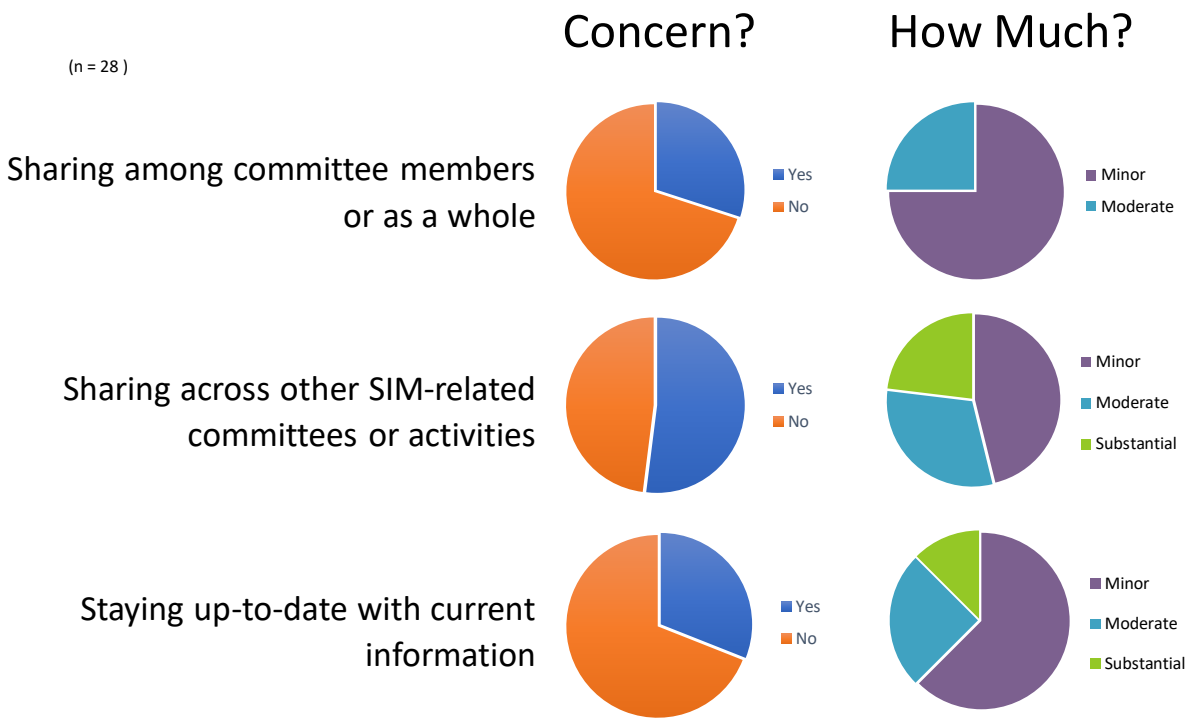

Figure 20. Committee members' perception of information/knowledge challenges.

Sustainability of infrastructure and activities. DCHI was created to be financially independent, relying on in-kind and financial support from a variety of stakeholders. Although some SIM funds have been used to enable DCHI to manage specific projects, the majority of the organization's staffing, administration and general infrastructure is financed through the contributions it receives. DCHI undertook a strategic planning effort in AY2, underscoring the need to project the organization's future goals and imperatives considering the changing landscape (i.e. changing state administration, tapering and eventual end of federal SIM support, questions about the future of Affordable Care Act) and with an eye toward sustainability. Across the system, stakeholders indicated the presence of some concrete plans regarding sustainability of DE SIM activities, which were related but distinct from the sustainability of DCHI. However, most acknowledged these were somewhat ideational and aspirational, emphasizing the need to formally plan for and operationalize sustainability for major model components.

Several stakeholders raised concerns about the underestimating of costs for the larger system changes and enhancements, such as what would be potentially required to maintain support of health transformation infrastructure or statewide community programs. Overall, stakeholders

reported low confidence in the sustainability of some parts of the model. They recognized that that not everything is going to be sustainable in the future, yet there are efforts that need attention given their significance to facilitating systems change. For example, as stakeholders survey the range of system changes brought about by DE SIM, sustaining the Healthy Neighborhood efforts is acknowledged as a primary concern for practical, political and philosophical reasons. Moreover, elements such as the Health Care Claims Database was created through legislation in 2016 without specifying a financing mechanism, yet is viewed as an important part of health care transformation technology. Strategies and resources for long-term financial stability are needed with substantial input from partners with a stake in its longevity. Similarly, the Scorecard is currently an integral part of Delaware's SIM plan. However, financing the ongoing functionality of the Scorecard post-SIM funding is unclear and serious efforts are needed to determine potential funding strategies and sources.

Stakeholders recognized sustainability of efforts were dependent upon collaboration and commitment from actors within the system. There was little concern about commitment from those forming the core of the initiative, especially those involved as committee members or leadership. However, there were concerns raised as to the perception of sustained commitment from people external to the central committed structure. Figure 21 below shows over half of respondent committee members report that commitment from other stakeholders, external to the work of the committee is a concern, with a strong indication this is this as a moderate to substantial concern.

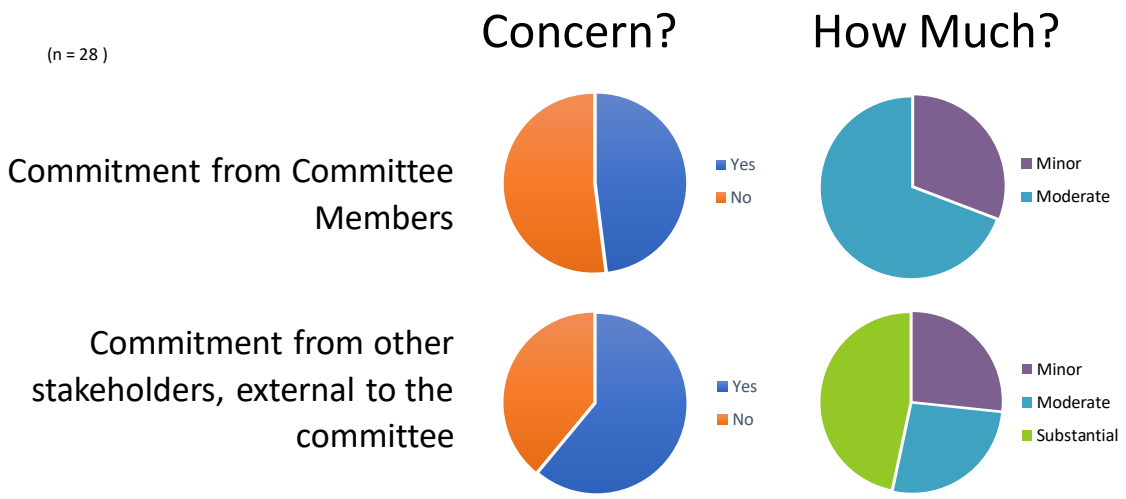

Figure 21. Committee members' perception of commitment.

When stakeholders were queried further about their perceptions related to sustainability, it appears that there were multiple ways in which they think about the term. More specifically, addressing sustainability of DE SIM is viewed more than simply the acquisition of resources to support efforts into the future. Rather, stakeholders pointed out that there several other factors that are relevant beyond additional financial resource commitments. Stakeholders indicated the sustainability of infrastructure and activities includes thoughts of what is important (cognitive elements), demonstrable behaviors on the part of stakeholders (behavioral or action elements), addressing gaps or adjusting demand (technical elements), parts that are situated within or linked to existing systems (embedded elements), and who says how healthcare dollars are to be used (power and voice elements). These ideas about sustainability, beyond simply thinking about financial resources, may offer important opportunities for SIM leaders to engage stakeholders in conversations regarding the future of DE SIM and promote enduring change. For example, a common vision (cognitive element) and commitment to specific kinds of behavior change among payers and providers (action elements)

> ***"I think the significance (of the consensus-orientation) to me is if people are invested and if they're engaged, then there's probably more of a likelihood of sustainability of the effort and maintaining the momentum than if they're not a part of the change or if they don't have, as I say, a nickel and dime in terms of the planning or what the outcomes are intended to be. So I think it just develops more engagement. It develops more of a sense of ownership of the process in the outcomes."***

support transformation and can encourage leveraging of resources needed for healthcare transformation.

Summary and Conclusions

In this section, we summarize the major findings of the evaluation of DE SIM, and provide recommendations and conclusions designed to help advance the implementation of the initiative. This section also outlines next steps for the evaluation for AY3, as the initiative continues to progress and evolve.

The evaluation indicates that infrastructure for facilitating healthcare transformation is being built and tasks outlined in the operational plan are progressing as expected given the complexity of the system. Processes are being established at the committee level that are enabling stakeholders to carry out activities necessary to drive transformation of the health care system in Delaware. As the work of committees and stakeholders moves forward, refinement and clarification of roles and responsibilities will be a continuous process.

The sustainability of DE SIM remains a foremost concern for stakeholders, and must be considered a central imperative in terms of building and maintaining DE SIM mechanisms and activities moving forward. Although some consideration of sustainability was referenced, expedited attention is required to ensure proper mechanisms are in place to promote the continuity of DE SIM beyond the life of the grant. In particular, laying the groundwork for transitioning expertise and guidance provided by external consultants to groups operating within DE SIM remains a priority for stakeholders.

Conversations with stakeholders suggested the presence of tension within DE SIM. Tension is a natural product of the interaction of actors within the system, and in turn, acts as the fuel that leads to change. While tension may be considered a negative characteristic, of which requires monitoring, it should not be extinguished nor dissuaded entirely. Tension denotes engagement within the system, and between system actors. DE SIM stakeholders acknowledge DE SIM is a complex process that requires the input of multiple diverse actors to progress the

implementation of the initiative, and should accept or even welcome tension as a lever for change. No one described the work as something easy to do – they recognize it as quite a challenge and are not surprised that some things are slower than others. However, there may be a need to examine positions taken by stakeholders that have a negative impact on progress and search for solutions that result in a mutual gain.

While most current stakeholders remain engaged within DE SIM, there are concerns of potential burnout among the core group of individuals driving DE SIM, and providing a more robust stakeholder group to ensure DE SIM's success going forward. Recruitment of additional stakeholders, and managing the workload of current stakeholders will be of critical importance in promoting the sustainability of DE SIM going forward. Outside of the core group, there remains an opportunity for increased engagement with current stakeholders and committee members who remain on the periphery of the system. This is a point of particular importance, as it will further engagement of an existing stakeholder group, and help to ease the burden on those already highly involved, and are at risk of "change fatigue". Furthering the recruitment of key groups within Delaware, such as payers and consumers, will remain of significant importance moving forward, as their lack of inclusion may inhibit the progress of DE SIM.

Considering specific mechanisms of information feedback, updates, and efforts to foster system-wide understanding will be vital in engaging these stakeholders, and helping to build momentum towards unified progress. Several stakeholders have identified the cross-committee meeting as an important mechanism in understanding what is happening with DE SIM, and receiving information with regards to the initiative. Cross-committee communication is vital to fostering the engagement of stakeholders that remain on the periphery within DE SIM. Fostering cross-committee communication, and system-wide communication, can help build opportunities for mutual gains, in which committees and stakeholders can identify ways to work together in achieving their goals. Specific thought as to how knowledge is to be managed and communicated across the system would help expedite engagement across the system, and help create a more unified understanding as to the goals, progress, and processes of DE SIM.

Policy can help provide powerful levers for enacting system wide change, and help to ensure the sustainability of DE SIM beyond the life of the grant. Lack of legislative engagement was viewed as a barrier to the implementation and development of DE SIM stakeholders, and a valuable avenue to explore moving forward. Expanding engagement to policymakers can help create further ownership within a group that can leverage policy into a mechanism to provide sustainability for the initiative. DE SIM must look forward beyond the life of the grant to ensure that funds are available to maintain the infrastructure and mechanisms built to propel healthcare transformation within the state. Engagement with policymakers may open avenues to funds, providing DE SIM a powerful lever for enacting further system changes, and a powerful tool for accessing funds to ensure the sustainability of DE SIM programs. Leveraging policy can become a powerful tool, while still maintaining the DE SIM effort as a community-led transformation, with shared responsibility with state government.

Finally, the criticisms offered by stakeholders were offered and interpreted as input for how to improve what is already a highly-valued initiative. A clear majority of stakeholders view DE SIM as an important and meaningful endeavor and one that the system should work to get right. As the healthcare system in Delaware moves from the transactional changes (i.e., doing things better) prescribed in the operational plan to more transformational changes (i.e., doing better things) to culture and values associated with health care, it may be useful to take stock of stakeholders' perceptions of what changes are likely to make the most impact in light of the allocation of resources.

Utilization Review and Recommendations

As per the design of the DE SIM State-led evaluation, the evaluation team facilitated a review of the AY2 evaluation findings with a Utilization Committee (UC). In addition, we thought it was important to include the Health Care Commission (HCC) in this review, as purveyors of the operational plan and associated resources. The UC was comprised of key members representing HCC, DCHI, DE SIM's Board of Directors, the Clinical Committee, the Payment Models Committee, and the Workforce & Education Committees. The purpose of engaging the UC and the HCC leadership in a review of the results was to ensure that intended users of the evaluation helped

prioritize evaluation questions, make good design decisions, interpret data, and follow through to get findings used. As facilitators, the evaluation team sought to maximize UC and HCC engagement while in parallel minimizing the burden placed on members. Ultimately, the goal was to get leaders to think about how the findings could be used during the implementation, determine what areas more information is needed, and what adjustments need to be made to the evaluation in terms of design or data collection to accommodate those needs. The evaluation team facilitated separate and joint discussions with both entities.

Processing the Findings

In processing the results, the UC and HCC were first asked to consider the results of the evaluation and generate a list of findings that were surprising or new information that they perhaps did not anticipate. Alternatively, UC members and HCC leadership were asked to consider what results, if any, were confirming. Based on their consideration of the results the following list of key findings was produced:

- Different levels of engagement across the system; Some sharing of ideas and suggestions by stakeholder, but not clear how that input influences the work
- Uncertainty about how committees move from content to action and who is supposed to take the next steps.
- Identified tension between people who have ideas and pitch strategies for transformation and other parts - payers, legislators, and health system.
- Multiple factors as to the meaning of sustainability and the need to communicate efforts more clearly.
- Limited understanding of the initiative from those not included in the core group.
- Stakeholders not so interested in every committee detail, not sure about how it all connects.
- Generally positive results and satisfaction with committees may suggest not enough challenge/disagreement that would drive action.

- Limited tension, and lack of controversy is positive, but may affect progress or achievements.
- The consensus building approach established from the beginning has been important - impacts implementation as owners of the process stakeholders are optimistic and enthusiastic.

Next, the UC members and HCC leadership were asked to develop a list of recommendations based on the list of key findings that from their perspective could be used and incorporated in AY3. Each member was asked to think about 3-5 recommendations the DCHI Board might consider as mid-course corrections. Based on this query, the following was generated:

- Improve communications and feedback to stakeholders; Attend to mechanisms (how) and content (what)
- Strengthen stakeholder engagement; Target those who consider themselves as outliers/not yet engaged
- Enhance efforts to recruit where needed
- Understand and adjust to attrition at committee level
- Focus on helping stakeholders "see the big picture"; Sharpen messages about how components fit together to drive transformation
- Concentrate on sustainability plan; Distinguish what parts of the model have high probability of sustainability.

Finally, the UC members and HCC leadership were asked to consider how the state-led evaluation can be better used to inform implementation of DE SIM. In this regard, the UC was directed to consider what information might need to be collected that is particularly relevant and meaningful to the implementation. They were asked to think about what might the AY3 evaluation need to focus on in terms of questions that should be answered or people that should be targeted to help us answer some of these questions. Based on the discussion with UC members and HCC leaders the following suggestions for the AY3 state-led evaluation questions were noted:

- What components have primarily moved the initiative forward?
- What is being sustained or building toward being sustained? How does that comport with other trends nationally?
- What are the perceptions of stakeholders about the impact of model elements upon the Triple Aim+1 as well as funding allocation/priorities?
- What is the pattern of turnover of stakeholders amongst various committees?

When asked about what areas or groups of people might need to be included in the AY3 evaluation, that have not been so far, the following examples were referenced;

- CEO's of hospitals and broader inclusion of payers
- State policy makers with influence to facilitate change and influence sustainability
- Large employers and business people who would ideally be interested looking at health care transformation

Finally, the HCC as the primary client for the evaluation expressed an interest in expediting feedback on progress and performance through a more rapid evaluation process. To that end we discussed with the leadership the plan to provide results-based feedback on performance on a quarterly basis to accommodate the need for rapid cycle utilization of findings. As we consider how the evaluation can be used to inform implementation, our focus next will be to incorporate feedback from stakeholders within the system to provide robust evaluation questions and methods to address their needs as the initiative progresses. With these considerations in mind, the AY3 evaluation will:

- Identify data points relevant to the implementation of DE SIM activities
- Work with stakeholders to revise evaluation questions and focus moving forward
- Begin to monitor DE SIM activity performance and results in accordance to stated goals and objectives

- Prepare mechanisms to ensuring rapid cycle turnaround of evaluation findings to facilitate DE SIM's implementation
- Investigate and evaluate the sustainability of DE SIM activities
- Continue to evaluate stakeholder perceptions of DE SIM activities and processes

Appendix A

Data Collection Tools

Delaware State Innovation Model (SIM) Evaluation
Key Informant Interviews Guide (highly/moderately-engaged group)

Interview Information

Interviewee:		
Title:		
Date:	Start time:	End time:
Interviewer:		

Introduction/Script

- Thank you for taking the time to participate in this interview.
- My name is Erin Knight, and I am from the University of Delaware. We have been contracted to conduct an evaluation of the Delaware SIM initiative.
- Our purpose is to better understand how the SIM initiative is rolling out, the extent to which it is meeting its goals, and gain insights into ways in which activities and plans may be modified to enhance the likelihood for success.
- This interview is part of larger evaluation effort in which we are collecting data from a number of different sources. Given the size of DE and your role with SIM, you may be involved in other components of the evaluation and that's okay.
- We will be consolidating information we collect from these various sources and will not be reporting any individual level responses; however, due to the nature of your role with SIM as a committee member we cannot guarantee anonymity.
- This interview should take about 45 minutes.
- Your participation is voluntary – can skip questions or stop at any time.

With that said, are you willing to continue with the interview? [YES/NO].
And is it okay if I audio record the interview? [YES/NO]

Background/engagement Questions

1. Verify title and organizational affiliation

2. Please describe your role with SIM.
    a. How long you have been involved with DE SIM?
    b. What made you first decide to get involved with DE SIM?
    b. In what ways, if at all, has your role with respect to SIM changed over time?

3. The Delaware SIM initiative has been described to me as a participatory and consensus-oriented approach to transforming health care in our state. What would you add?
    a. What is the significance of this kind of approach? (i.e. can you elaborate?)

b. How involved were different stakeholders in the planning and design of SIM?
c. In what ways has the engagement of these various stakeholders changed as SIM has shifted from planning to implementation?
d. Prompt re: DCHI?

4. How would you describe the major goals of DE SIM?
a. If DE SIM is successful, how will the healthcare system look different 5 or 10 years from now? *(perhaps not critical to our evaluation, but I'm curious if there is a common vision)*

5. How would you describe the progress that is being made towards reaching the SIM goals?
a. In other words, to what extent do you feel like the initiative is moving forward as planned?

6. In your opinion, what factors, if any, have constrained or hindered the progress of SIM implementation? What factors, if any, have helped the progress of SIM implementation?

Resources/Sustainability Questions:

7. Tell me about how are decisions made regarding the allocation of SIM-related resources?
a. To what extent do you believe that SIM resources are being used as planned?
a. To what extent do you believe the current allocation of resources is appropriate to meet the SIM objectives?
b. How, if at all, would you re-prioritize the allocation of SIM funds?

8. I understand that the SIM plan referenced the need to identify and leverage additional sources of funding. In your opinion, in what specific areas of SIM work is this most important?
a. To what extent are stakeholders working to identify additional sources of funding for SIM-related efforts and how successful have they been?
b. What are your expectations regarding the ability of SIM stakeholders to identify and leverage additional resources?

Infrastructure/coordination Questions:

9. I understand there are many work streams and various activities being undertaken by different groups working under the SIM umbrella. How, if at all, does coordination happen across SIM efforts?
a. Please describe any specific communication mechanisms that are being used to share information across SIM efforts. Which of these is most useful to you?
b. What, if any, challenges do you experience with respect to coordination and/or communication?
c. In what ways, if at all, do you receive feedback on the progress of your efforts?
d. In what ways, if at all, do you receive feedback or reports on the progress of other SIM related efforts?

10. In thinking about your role with SIM, what types of support have been needed to carry out your work?
a. To what extent do you have the support you need to make the changes that are expected of you in regards to SIM? *(perhaps need set-up question related to expectations??)*
b. What additional kinds of support would help you to make changes more quickly and/or more effectively?
c. To what extent do you feel additional support is available if you need it?

d. To what extent do you feel that others have the support they need to carry out their work related to SIM? Are there particular areas/efforts that need more support than they currently have?

External barriers/opportunities Question:

11. Understanding that SIM work is not occurring in a vacuum, are there specific factors outside of the control of DE SIM stakeholders that are constraining or hindering progress in system transformation? Are there opportunities in the external environment that may help move SIM forward?

Wrap-up Question:

12. Is there anything about the SIM initiative, or your work related to SIM, that you feel is important for us to know that I didn't ask you about?

INTERVIEWER NOTES

Methodological Comments

How did the process go? What worked well? What didn't?

Observations on the questions/guide (e.g. redundancy, flow, specificity/generality of questions):

Other?

Analytical Comments

Thoughts/observations on the content of the interview:

Themes or connections:

Demeanor of interviewee:

Key new information:

Other?

Delaware State Innovation Model (SIM) Evaluation
Key Informant (PULSE CHECK) Interview Guide

Interview Information

Interviewee:		
Title:		
Date:	Start time:	End time:
Interviewer:		

Introduction/Script

- Thank you for taking the time to participate in this interview.
- My name is X, and I am from Y. We have been contracted to conduct an evaluation of the Delaware SIM initiative.
- Our purpose is to better understand how the SIM initiative is rolling out, the extent to which it is meeting its goals, and gain insights into ways in which activities and plans may be modified to enhance the likelihood for success.
- This brief interview is part of larger evaluation effort in which we are collecting data from a number of different sources. Given the size of DE and your role with SIM, you may be involved in other components of the evaluation and that's okay.
- We will be consolidating information we collect from these various sources and will not be reporting any individual level responses; however, due to the nature of your role with SIM we cannot guarantee anonymity.
- This interview should only take about 15-20 minutes.
- Your participation is voluntary – can skip questions or stop at any time.

With that said, are you willing to continue with the interview? [YES/NO].
And is it okay if I audio record the interview? [YES/NO]

Interview Questions/prompts

1. Verify title and organizational affiliation

2. Briefly describe your role with DE SIM.
    a. How long you have been involved with DE SIM?
    b. What made you first decide to get involved with DE SIM?
    c. Based on your current understanding of DE SIM, what appeals most to you in terms of your involvement?

3. Briefly describe the major activities currently underway within X area (e.g. practice transformation, healthy neighborhoods, etc. consistent with their area of involvement).

4. How do you stay informed about what is happening within X (same as above) area of SIM activity?

a. How do you learn about/know what is happening across other SIM-related work streams/areas?

5. In what ways are you invited/encouraged to participate in SIM-related discussions or activities?

a. What ways, if any, could your involvement be better supported?

6. DE SIM is often described as consensus-oriented approach to transform Delaware's healthcare system with the goals of reducing healthcare spending, improving quality of care, improving the experience of providers, and ultimately improving the health of Delawareans. On a scale of 1 through 10, with 1 being "no confidence" and 10 being "extremely confident", how confident are you that DE SIM will accomplish its goals?

a. (As time allows) Explain why you feel this way.

7. Please complete the following sentence: If DE SIM is not successful, it will be because _____.

8.Understanding that our purpose is to gather insights that will help stakeholders improve the implementation of DE SIM, is there anything else that you think we should be aware of?

INTERVIEWER NOTES

Methodological Comments

How did the process go? What worked well? What didn't?

Observations on the questions/guide (e.g. redundancy, flow, specificity/generality of questions):

Other?

Analytical Comments

Thoughts/observations on the content of the interview:

Themes or connections:

Demeanor of interviewee:

Key new information:

Other?

DE SIM Work Stream Assessment and Review

Instructions: As a member of one of the DE SIM committees, we are interested in your perspective related to your committee's strategic focus and activities during the past year. In responding to the following questions, please consider the focus and execution of the committee's strategy over the course of the past calendar year.

Q1. Please select from the list below, the appropriate committee to which you belong:

- ☐ *Clinical*
- ☐ *Healthy Neighborhood*
- ☐ *Workforce and Education*
- ☐ *Payment Model Monitoring*
- ☐ *Patient/Consumer Advocacy*

Q2. Our committee has the appropriate level of management supports (e.g., scheduling, note taking, materials preparation, etc.) to meet the objectives of the group.

-3	-2	-1	0	1	2	3	DK	NA
☐	☐	☐	☐	☐	☐	☐	☐	☐
Strongly Disagree						Strongly Agree		

Q3. Our committee has the appropriate level of technical/content supports (e.g., research, consultation, technical assistance, etc.) to meet the objectives of the group.

-3	-2	-1	0	1	2	3	DK	NA
☐	☐	☐	☐	☐	☐	☐	☐	☐
Strongly Disagree						Strongly Agree		

Q4. The resources (both SIM and other leveraged) directed toward our committee are adequate to meet the objectives/activities of the group.

-3	-2	-1	0	1	2	3	DK	NA
☐	☐	☐	☐	☐	☐	☐	☐	☐
Strongly Disagree						Strongly Agree		

Q5. Our committee objectives/activities are clearly aligned with the overall impact expected of the DE SIM initiative.

-3	-2	-1	0	1	2	3	DK	NA
☐	☐	☐	☐	☐	☐	☐	☐	☐
Strongly Disagree						Strongly Agree		

Q6. The information or data needed for decisions related to our committee activities is readily accessible.

-3	-2	-1	0	1	2	3	DK	NA
Strongly Disagree						*Strongly Agree*		

*Q7. Indicate the challenges or constraints your committee is **currently** experiencing.*

		Challenge/Constraint for your Committee? 1= Yes 0 = No	*If yes, how much? 1= Minor 2= Moderate 3 = Substantial*
Time to meet objectives			
Commitment from committee members			
Commitment from other stakeholders, external to the committee			
Information/knowledge sharing among committee members (or within the committee)			
Information/knowledge sharing across other SIM-related committees or activities			
Travel to meeting location			
Sharing workload equitably			
Reaching consensus among committee members			
Maintaining currency of information			
Transparency in decision-making			
Meeting frequency			

Q8. For each pair of adjectives click the button between them that reflects the extent to which you, as committee member, believe the adjectives reflect the committee's strategic objectives/activities over the past year.

"Our committee's strategic work can be described as…"

Clear	●	●	●	●	●	●	●	***Confusing***
Explicit	●	●	●	●	●	●	●	***Ambiguous***
General	●	●	●	●	●	●	●	***Precise***
Achievable	●	●	●	●	●	●	●	***Unachievable***
Major	●	●	●	●	●	●	●	***Minor***
Evidence-based	●	●	●	●	●	●	●	***Opinion-based***
Expensive	●	●	●	●	●	●	●	***Affordable***
Difficult	●	●	●	●	●	●	●	***Easy***
Simple	●	●	●	●	●	●	●	***Complex***

Q9. On a scale from 1 – 10 please rate your committee's progress on meeting its overall strategic objectives during the past year.

Limited progress *Substantial progress*
1 *10*
Additional Comments:

DE SIM Stakeholder Survey

Introduction

Thank you for taking the time to complete this survey.

The Delaware State Innovation Model (DE-SIM) Initiative is a federally funded effort designed to accelerate statewide health care transformation. Delaware's SIM plan represents a state strategy to use all available levers to transform the state health care delivery system through multi-payer payment reform and other state-led initiatives and include strategies to enable health care system transformation.

The purpose of this survey is to gather information that will enable stakeholders to better understand how the SIM initiative is rolling out, the extent to which it is meeting its goals, and gain insights into ways in which activities and plans may be modified to enhance the likelihood for success.

This survey is part of larger evaluation effort in which we are collecting data from a number of different sources. Given the size of Delaware and your role with DE SIM, you may be involved in other components of the evaluation and that's okay. Information collected on this survey will be consolidated with other sources. We will not be reporting any individual level responses and your confidentiality will be maintained.

This survey should take between 5-15 minutes of your time. Your participation is voluntary – you can skip questions or stop at any time. If you agree to participate, please click the button below to continue with the survey.

Q1. Please select the item that best describes your level of familiarity:

- ☐ I am unfamiliar with the purpose and goals of DE SIM
- ☐ I have heard a bit of the purpose and goals of DE SIM, but not in great detail
- ☐ I am familiar with several details of the purpose and goals of DE SIM
- ☐ I am completely familiar with the purpose and goals of DE SIM

Q2: Stakeholders are seen as individuals who have some stake in the outcomes of an initiative. There are several ways to describe stakeholders. Please select the response that best describes your role:

- ☐ I have decision authority over the initiative (i.e., policy makers, funders, and advisors)
- ☐ I have direct responsibility for carrying out the initiative (i.e., developers, administrators, implementers, managers, and staff)
- ☐ I am a health care consumer who may benefit from the initiative.
- ☐ I am a health care provider who may benefit from the initiative
- ☐ I am part of the general public that are not intended beneficiaries, but have some interest in the initiative.

Q3. Please rate how much **interest** you have in DE SIM activities

No Interest						*Significant Interest*
1	*2*	*3*	*4*	*5*	*6*	*7*

Q4. Please rate how much **influence** you believe you have on DE SIM activities

No Influence						*Substantial Influence*
1	*2*	*3*	*4*	*5*	*6*	*7*

Q5. From the following list, please select the item(s) that <u>best describes</u> your experience with DE SIM. Please mark all that apply.

- ☐ I am kept informed
- ☐ I receive feedback on my input
- ☐ My concerns and hopes are heard and considered
- ☐ My concerns and hopes are incorporated and reflected in alternatives for consideration
- ☐ I get the chance to review, consider, and provide feedback
- ☐ My advice is sought out in formulating options
- ☐ My advice and suggestions are incorporated to the greatest extent possible
- ☐ I have the opportunity to decide on options
- ☐ None of the above

Q6. On average, how many hours per month do you spend on <u>activities related to the DE SIM initiative</u>?

- ☐ None
- ☐ 1-4 hours per month
- ☐ 5-10 hours per month
- ☐ More than 10 hours per month

Q7. Since you first became involved with DE SIM, your participation has:

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same
- ☐ I am not involved in DE SIM

Q8. From the list below, select **up to 5** of the model elements that <u>you believe,</u> if done well, will have the **greatest** impact on transforming the health care system in Delaware.

- ☐ Providers managing care more efficiently and effectively
- ☐ Monitoring and measuring quality of care
- ☐ Ensuring care coordination so that all care has a common goal
- ☐ Expanding collaborative, team-based learning for those providing care
- ☐ Using effective, best practice guidelines for diagnosis and treatment
- ☐ Making sure behavioral health becomes part of primary care

- ☐ Promoting physical and emotional well-being at the community level
- ☐ Identifying pressing needs for community members
- ☐ Encouraging healthy lifestyles of DE citizens
- ☐ Making access to screenings and healthcare easier
- ☐ Developing a community-level plan to improve health
- ☐ Retraining the current health care workforce
- ☐ Streamlining credentialing to make the process simpler to navigate
- ☐ Building workforce models to account for future needs
- ☐ Designing training programs to help providers better prepare for practice
- ☐ Sharing best practice to ensure cooperative learning
- ☐ Facilitating practice transformation statewide
- ☐ Making care coordination a priority
- ☐ Tying payments to health outcomes
- ☐ Encouraging acceptance and adoption of new models of healthcare service delivery

Q9. From the following list of potential barriers to successful adoption of DE SIM strategy, please mark all of those that <u>you feel</u> apply:

- ☐ Buy in/commitment from leadership
- ☐ Buy in/commitment from providers and consumers
- ☐ Representation of different sectors during planning
- ☐ Funding for sustained efforts
- ☐ Buy in/commitment from payers
- ☐ Gaps in technology
- ☐ Societal trends toward unhealthy lifestyles
- ☐ Confusion as to the DE SIM strategy
- ☐ Little to no incentive to change
- ☐ Costs (perceived or actual) of doing something differently
- ☐ Other(s): _____

Q10. Are you currently a member of one of the five Work Stream Committees (i.e. Clinical; Healthy Neighborhoods; Workforce & Education; Payment Model Monitoring; Patient/Consumer Advisory)?

- ☐ Yes [If yes, go to Q12]
- ☐ No [If no, go to Q11]

Q11. What other questions or issues, if any, should have been addressed on this survey?

Q12. Please rate how <u>active you believe you are</u> in your committee (including subcommittee work if applicable).

Not at all active						*Very active*
1	*2*	*3*	*4*	*5*	*6*	*7*

Q13. How often do you **attend** committee meetings?

- ☐ More than 75% of the time
- ☐ 50% to 75% of the time
- ☐ Less than 50% of the time

Q14. Committee meetings are held:

- ☐ Too often
- ☐ As often as needed
- ☐ Not often enough

Q15. Please rate, from your perspective, the following items related to Committee interactions.

Committee members…		**Completely Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Completely Agree**
are knowledgeable regarding the group's objectives					
freely share ideas, information, and resources					
can be relied on to remain engaged even when the focus moves away from their immediate interests					
routinely use time well to ensure things are done efficiently					
represent the work of fellow committee members in a positive manner in other settings					
consistently participate in group problem solving with an open mind					
are routinely aware of team dynamics and their own impact on the group					
consistently listen to, respect, acknowledge, and support the efforts of others					
are able to routinely reflect on collaborative activities without focusing on the behavior of individuals					
encourage diverse points of view					
share thoughts and ideas without inhibiting the ideas of others.					

openly negotiate emerging understandings						
provide and accept specific feedback to and from each other to improve team processes and project outcomes						
are aware of what other Committees are trying to accomplish						

Q16. Please rate your level of satisfaction with the work of your committee up to now.

Not at all satisfied						*Very satisfied*
1	*2*	*3*	*4*	*5*	*6*	*7*

Q17. Please rate, from your perspective, the following items related to Committee processes.

Our Committee..		**Completely Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Completely Agree**
has an established process for communication between meetings					
uses different methods to inform everybody of the group's progress					
has a plan for sustaining membership and resources					
leadership facilitates and supports team building					
capitalizes upon diversity and individual, group and organizational strengths					
engages in regular follow up activities to monitor progress and provide feedback to team members					
The work of my committee has resulted in positive changes toward health care transformation					

Q18. Tension within committees can be caused by differences of opinion, personality clashes, hidden agendas, or other sources. Please rate the level of tension you have noticed on your committee.

No tension						*A lot of tension*
1	*2*	*3*	*4*	*5*	*6*	*7*

Q19. In general, how have the benefits of participating in your committee compared to the drawbacks?

- ☐ Benefits greatly exceed the drawbacks
- ☐ Benefits exceed the drawbacks
- ☐ Benefits and drawbacks are about equal
- ☐ Drawbacks exceed the benefits
- ☐ Drawbacks greatly exceed the benefits

Q20. What, if any, improvement would you like to see made to the committee(s)?

Q21. What other questions or issues, if any, should have been addressed on this survey?

Delaware State Innovation Model (SIM) Evaluation
Participant Observation Guide

Name of Observer:		Date and Time:	
Meeting Location:		Meeting Purpose/Title:	

INSTRUCTIONS FOR PARTICIPANTS:

Please review the minutes of the last meeting held by this committee prior to attending. It may be helpful to note some of the action items or issues identified in the minutes to facilitate tracking follow up by the committee.

Please attach a list of the original members of committee listed the committee charter appendices, as well as a list of the members in attendance at the last meeting from the minutes of the meeting. This will help identify regular attendees and potential key informants.

Please also review the last presentation of the board of directors meeting as well as the minutes of the meeting. BoD meetings are important because a number of committee agenda items emerge through discussions amongst board members.

LOGISTICS		
# of Participants: _____ Panel: _____ Audience: _____	Names and designations of Committee Members	Notable names or individual profiles in the audience (This may include members of externally contracted organizations, community members, providers and health care administrators).
Note meeting materials (e.g. agenda, PowerPoint presentation, reports, etc.) – attach if available, specify if unavailable:		

ENGAGEMENT	
Real Time Engagement: Record observations related to level of participation and/or interest of committee members	*Prompts:* • Is the meeting interactive? Is everyone involved in discussion? • Role of the chair; relationship with committee members? Encouragement of full participation? • Role of staff? How is the audience involved? • Members appeared prepared for meeting? *Behaviors that may signify engagement or lack thereof:* • facial expressions, posture, gestures • statements about commitments, values • attitudes towards subject, others and self
ALLIGNMENT: Observations related to the level of engagement in the broader SIM design and implementation	• Do members appear to be aware of the key actors and stakeholders in DE SIM? • To what extent are members aware of the progress and barriers faced by other committees? • To what extent are committee members aware of the interdependencies with other committees?

	• To what extent are committee members aware of the overall progress of DE SIM and its components? • What, if any, discussion are committee members engaged in with respect to contingency plans?
PROCESS FOR MONITORING PROGRESS IN IMPLEMENTATION	
	Prompts: • How do the members of the board/committee monitor their overall progress? • Is implementation proceeding as expected? Were assigned tasks completed? Follow up from previous/other meetings? • To what extent is there follow up on issues raised in previous meetings • To what extent is there follow up on issues raised in board meetings • To what extent are issues related to the external environment (policies/funding) discussed and overcome?

DECISION-MAKING/PROBLEM-SOLVING	
Record observations related to group dynamics, decision-making, conflict resolution, leadership and power relationships	*Prompts:* • Interactions among committee members, with the chair, with the audience? • How are decisions made? • Are there areas of tension? • What is the general tone/climate of the discussion? • To what extent are different opinions expressed, valued, reconciled? • To what extent are barriers identified? • Are strategies to overcome identified barriers discussed? • To what extent are issues resolved? *Types of interactions that may be observed:* • cooperation, mutual support, validation • flexibility, adaptability • discord, discomfort, lack or resolution • imbalances in power, influence

INFORMATION EXCHANGE	
Record observations related to the ways in which information is delivered, received and utilized	*Prompts:* • Is new information shared? How much redundancy? • Are committee members interested in information? Do they ask questions; appear to understand? • Types of information being shared? • Discussion of dissemination beyond meeting? • Evidence of feedback loop? Is new information integrated in planning and implementation? • Evidence of information exchange outside meetings? *Types of behaviors/interactions that may be observed:* • general climate of learning • skills and knowledge level • clarity of communication • use of aids and other teaching/learning techniques

ADDITIONAL NOTES

Methodological Comments – (After observation has concluded)
How did the process go? How useful was this guide? Suggested Improvements: Themes or connection with the evaluation questions Any important dynamics of the program that the evaluation questions may not capture? Any relevant information obtained during personal interaction with the participants? Any specific individuals who may be approached for key informant interviews?

Appendix B

Codebook

DE SIM STATE-LED EVALUATION
CODEBOOK

Initiative Evaluated		
0101	Description of initiative	General description or reference to DE SIM; not specific to activities
0102	Relationship to government	Description of the connection or relationship of DE SIM to state government
0103	Funding source	Description of funding source, general – Federal or specific - CMMI
0104	Purpose of the initiative, initiation	Description of DE SIM purpose and why it was initiated
0105	History of the initiative	Description of the historical development of DE SIM
0106	Perceived effectiveness of initiative	Description of the overall effect/impact DE SIM will have on health care
0107	Appeal of the initiative	Description of the appeal of DE SIM as a means for addressing issues in health care
0108	Specific activities	Description of specific activities of DE SIM, esp. those emanating from committees
0109	Funding allocation	Description of funding allocation across DE SIM, includes how and what
0110	Role confusion	Description of a lack of clarity in the roles of major players in DE SIM
0111	Consensus-orientation	Description of the general consensus-oriented approach framing DE SIM
0112	Accountability for deliverables	Description of the overall accountability to the funders of the DE Sim approach
0113	Progress on deliverables	Description of the view that overall progress is being made on plan deliverables; general & specific
0114	Challenges to success	Description of barriers and challenges that are seen to mitigate the success of DE SIM

0115	Rationale for initiative	Description of the underpinning that bolsters why DE SIM was designed the way it was
Stakeholders		
0201	Value added to initiative	Description of the value that stakeholders add/bring to DE SIM
0202	Types of stakeholders	Description of the different stakeholders types involved in DE SIM
0203	Representativeness	Description of the stakeholder representations in DE SIM; both positive and negative
0204	Commitment	Description of the pledge or agreement to be a part of stakeholders in DE SIM
0205	Accountability for actions	Description of the ways DE SIM stakeholders are held accountable for what they agree to do
0206	Investment of stakeholders	Description of the contributions made by DE SIM stakeholders
Context		
0301	Contextual issue or concern	Description of issue or concern that will affect DE SIM, but that is external to the evaluation
0302	Effects upon initiative	Description of the effect the contextual issue or concern will have on DE SIM
Alignment		
0401	Perceived alignment	Description of the how aligned people, activities, plans, etc. are with the intent of DE SIM
0402	Lack of alignment	Description of instances where there is a lack of alignment in DE SIM
0403	Effects of alignment on initiative	Description of the consequences of alignment in DE SIM, both positive and negative
0404	Efforts to influence alignment	Description of ways and means to improve/increase alignment in DE SIM

Communication		
0501	Quality of communication	Description of a positive or negative attribute of what is being written or said in DE SIM
0502	Effective communication	Description of instances when what is written or verbalized has been effective/impactful
0503	Effects of communication	Description of how communication (or lack thereof) helps (or hinders) the success of DE SIM
0504	Broad sharing	Description of sharing, written or verbal, beyond the immediate DE SIM players
Decision-making		
0601	Access to information for decision-making	Description of ways and means information is acquired to inform decision-making
0602	Alternatives proposed, no action	Description of instances/situations where options were presented, but no action taken
0603	Alternatives proposed, action	Description of instances/situations where options were presented and action taken
0604	Process of decision-making	Description of how decision-making occurs within DE SIM
Direction		
0701	Shifts/changes in direction	Description of the adjustment in direction of either strategy or tactics
0702	Evaluation of current direction	Description of the process of reviewing and assessing current strategy or tactics
0703	Accounting for shifts/changes	Description of how the DE SIM actors (individuals or groups) handled adjustments to strategy or tactics
Engagement		

0801	Types of engagement	Description of the ways engagement of stakeholders manifest
0802	Shifts/changes in engagement	Description of the adjustment in engagement of DE SIM stakeholders
0803	Facilitators of engagement	Description of aspects that promote or encourage engagement.
0804	Barriers to engagement	Description of aspects that inhibit or discourage engagement.
0805	Effects of full engagement	Description of the effects or impacts from those fully engaged in DE SIM activities
0806	Effects of limited engagement	Description of the effects or impacts from those not fully engaged in DE SIM activities
0807	Low engagement	Description of instances or situations where there was low engagement of stakeholders
0809	High engagement	Description of instances or situations where there was high engagement of stakeholders
Information exchange		
0901	Consultants to group	Description of the ways and means of exchange from the DE Sim consultants to stakeholder groups
0902	Quality of information	Description of a positive or negative attribute of what is being exchanged in DE SIM
0903	Quality of mechanism for exchange	Description of a positive or negative attribute of the way information is being exchanged within DE SIM
0904	Mechanism for exchange	Description of structures or processes intended to facilitate information exchange within DE SIM
Issue resolution		
1001	Issue raised, no plan	Description of an issue raised that has relevance or significance to DE SIM, but not plan to address it
1002	Issue raised, plan	Description of an issue raised that has relevance or significance to DE SIM and plan to address it

Leadership		
1101	External to initiative	Description of leadership that is external to or outside of DE SIM
1102	Internal to initiative	Description of leadership that is internal to or within DE SIM
Leveraging		
1201	Example of leveraging	Description of an instance where resources have been leveraged (maximized) by other means
1202	Rationale for leveraging	Description of a reason or rationale for why leveraging resources is necessary or makes sense
Supports		
1301	Types of support	Description of the means and ways that support is provided to carrying out the operational plan
1302	Limitations of support	Description of the barriers or limits imposed on the supports provides in carry out the operational plan
1303	Adequacy of support	Description of the quality or the ability of the supports to meet expectations of DE SIM
Sustainability		
1401	Efforts toward sustainability	Description of the actions DE SIM stakeholders are taking to sustain activities
1402	Critical element of sustainability	Description of specific requirement or what is needed to sustain DE SIM activities
Transaction		
1501	Cross-committee/group presentations	Description of examples where presentations were made to other groups or committees

1502	Exchange during cross-committee meetings	Description of instances where discussion/updating occurred in other groups or committees
Coordination		
1601	Attention to coordination	Description where specific attention has been paid to the coordination of activities of DE SIM
1602	Facilitators of coordination	Description of the ways and means that promote coordination
1603	Occurrence of coordination	Description of specific instance when coordination occurred

Appendix C

IRB Exemption Notification

RESEARCH OFFICE

210 Hullihen Hall
University of Delaware
Newark, Delaware 19716-1551
Ph: 302/831-2136
Fax: 302/831-2828

DATE: July 29, 2016

TO: Erin Knight
FROM: University of Delaware IRB

STUDY TITLE: [929326-1] Delaware State Innovation Model (SIM) Evaluation

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: July 29, 2016

REVIEW CATEGORY: Exemption category # *(5)*

Thank you for your submission of New Project materials for this research study. The University of Delaware IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will put a copy of this correspondence on file in our office. Please remember to notify us if you make any substantial changes to the project.

If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.