



Delaware Center for
Health Innovation

Board Meeting

October 12, 2016

Agenda



Topic

Call to order

Status updates

ED update

HCC update

DCHI strategic planning update

Preview of November cross-committee meeting

Public comment

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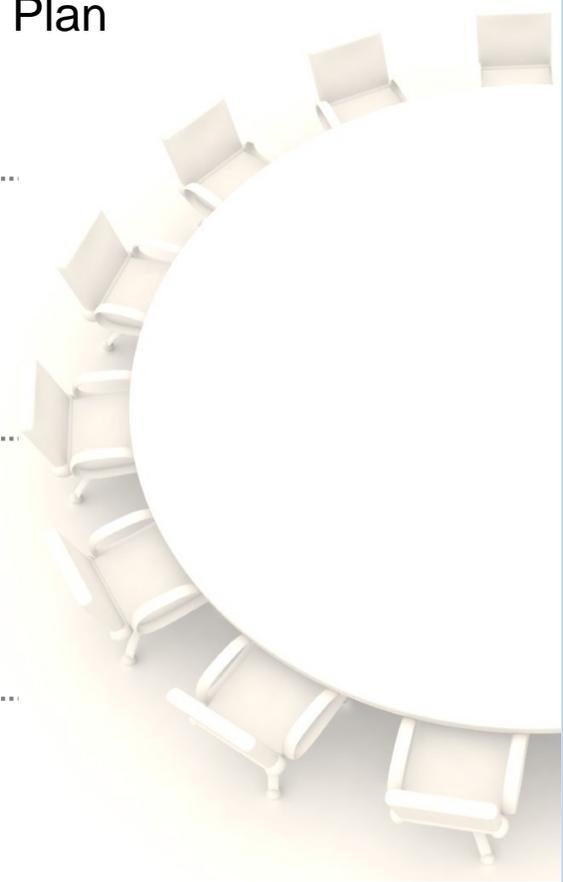
DCHI strategic planning update

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Summary of August DCHI Board meeting

- Approved new member for Healthy Neighborhoods Committee
 - Approved Licensing & Credentialing Consensus Paper
 - Approved Behavioral Health Integration Implementation Plan
 - Received update on DCHI staffing plans and strategic planning exercise
-
- Received update on and discussed plan for Common Scorecard statewide launch, status of support for practice transformation and care coordination and progress on Delaware Health Care Claims Database
-
- Received update from Clinical Committee on prioritization of near-term focus areas: practice transformation, behavioral health integration and provider engagement
-
- Received update from ab+c on outreach plan including mass media campaign launch in September, 3 remaining community forums, media relationships, partnerships and ChoosehealthDE website



DCHI success in 2016

Critical path

- 1 Common Scorecard accessible to PCPs statewide
- 2 50% providers participating in practice transformation
- 3 40% of Delawareans attributed to PCPs in value-based payment models
- 4 3 Healthy Neighborhoods launched

Supporting innovations

- 1 Behavioral health integration testing program launched
- 2 Workforce curriculum available
- 3 Health literacy materials launched on website
- 4 APCD on path to be operational in 2017

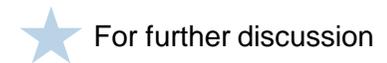
Operational sustainability

- 1 Broad base of financial contributors
- 2 Staff hired for Healthy Neighborhoods, Clinical and Payment Committees
- 3 DCHI program dashboard live

DCHI success in 2016: Critical path

Metrics

Status



Metrics	Status
<p>1 Common Scorecard accessible to PCPs statewide</p>	<ul style="list-style-type: none"> Statewide release delayed until October ★ Scorecard enrollment live; providers may enroll at any time
<p>2 50% providers participating in practice transformation</p>	<ul style="list-style-type: none"> ~35-40% providers enrolled¹ Planning for year 2 support in progress
<p>3 40% of Delawareans attributed to PCPs in value-based payment models</p>	<ul style="list-style-type: none"> ~30% Delawareans in value-based payment models² Payers continuing to enroll practices
<p>4 3 Healthy Neighborhoods launched</p>	<ul style="list-style-type: none"> HN sustainability Committee convened Selection of Healthier Sussex Task Group; HN Local Council planning process underway HN Committee consensus on design for Wilmington Committee

¹ August 2016 PT vendor report indicated 98 sites and 363 MDs, NPs, PAs; current Scorecard estimates ~1,000 full time primary care providers in Delaware; does not include TCPI participants ² Majority in Medicare Shared Savings Plans

DCHI success in 2016: Supporting innovations

Metrics

Status

 For further discussion

<p>1 Behavioral health integration testing program in development</p>	<ul style="list-style-type: none"> ▪ Not launched; accepting expressions of interest from PC and BH practices ▪ Implementation plan approved at August Board for approval; plan to launch by year end
<p>2 Workforce curriculum available</p>	<ul style="list-style-type: none"> ▪ Vendors currently developing curriculum ★ First module launching in November
<p>3 Health literacy materials launched on website</p>	<ul style="list-style-type: none"> ▪ No literacy materials are currently available ▪ ab+c developing choosehealthde.com
<p>4 HCCD on path to be operational in 2017</p>	<ul style="list-style-type: none"> ★ DHIN leading implementation of HCCD, scheduled for Fall 2017 ★ DHIN working with governor's office to publish draft regulations by Dec 1

DCHI success in 2016: Operational sustainability

Metrics

Status

 For further discussion

1 Broad base of financial contributors

 Strategic planning process to discuss goals and financial sustainability currently in process

2 Staff hired for administration, Healthy Neighborhoods, Clinical Committees

- Executive Assistant, Healthy Neighborhoods project director, and Wilmington HN community coordinator hired
- Recruitment underway for HN Program Manager and Community Coordinators

3 DCHI program dashboard live

- Initial dashboard shared at August Board; expect to update quarterly

Common Scorecard will be available Statewide

- The Common Scorecard will be available to all primary care practices in the state beginning October 18th
- This represents a Statewide pilot for the Scorecard – we will be seeking feedback from users on Scorecard functionality, overall usefulness, and areas for improvement
- In the coming months, we will evaluate options based on user feedback and make decisions on further releases

The Common Scorecard will launch Statewide to all primary care practices this October

Focused
on pay-
for-value
measures

Primary care is undergoing a transformation to focus on payment tied to value, with many payers launching new payment programs across the state in 2017. The **Common Scorecard** helps providers prepare for this transformation by focusing on key quality and utilization measures across these new programs.

Aligned
Across
Payers

The Common Scorecard **offers practices a convenient, single view of performance across payers**, although providers should continue to refer to payers' reports for determination of payment.

Continuously
Improving

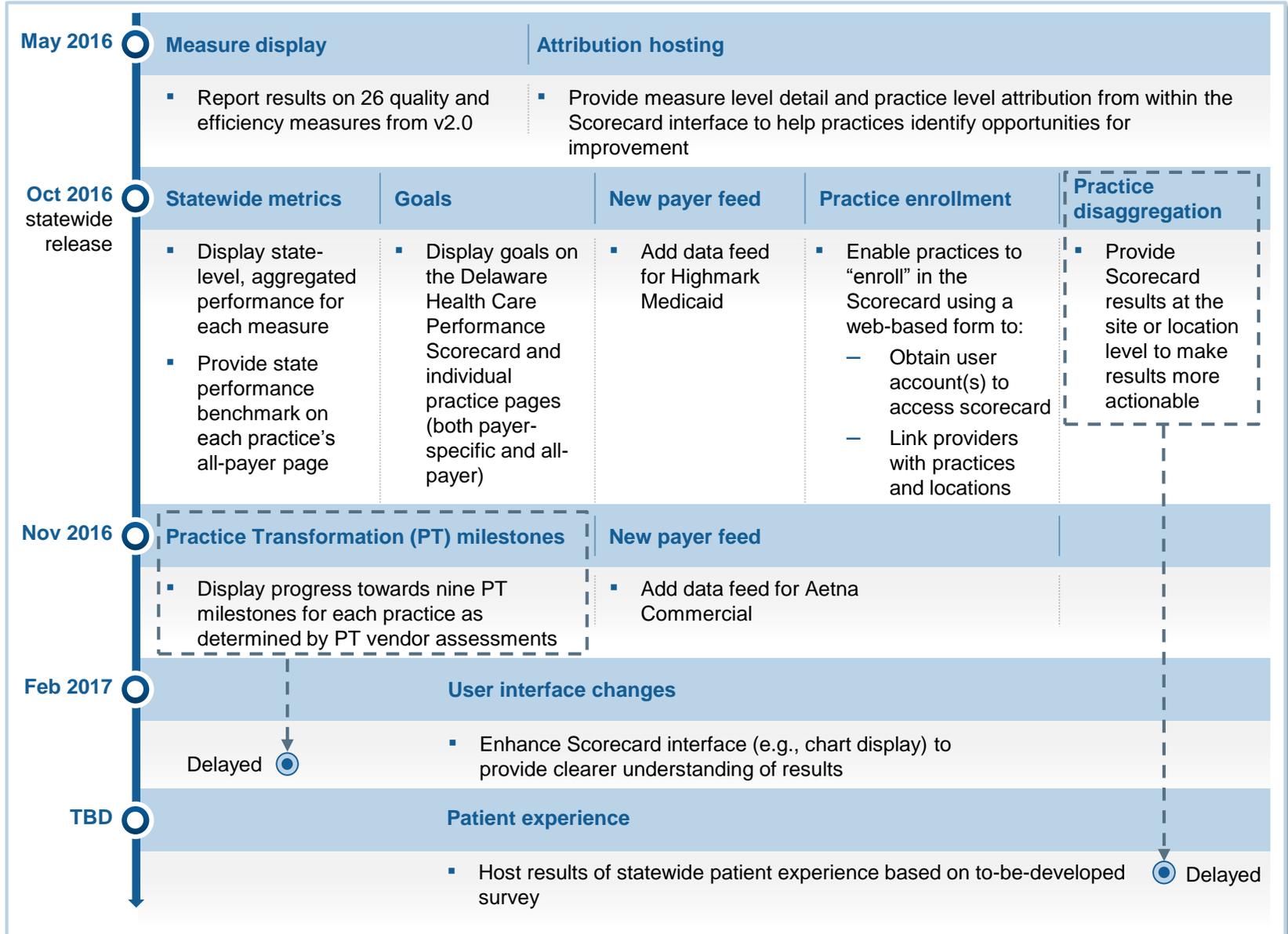
DCHI will continue to improve and innovate on the Common Scorecard beyond 2016, including new features, enhancements to existing functionality, and new data feeds from additional payers.

Open for
Enrollment

Help spread the word to primary care providers. Encourage primary care practices to obtain access today by visiting:

ChooseHealthDE.com/Providers

Summary of new Scorecard functionality in 2016



Draft timeline for the Health Care Claims Database

DRAFT

 Potential areas for DCHI to contribute input / expertise

Activity	Prepare				Launch				Expand	
	2016		2017		2017		2018		2018	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q1	Q2
 Governance	<ul style="list-style-type: none"> Define governance body, funding strategy Create and promulgate rules & regs Align on procurement strategy if needed 		<ul style="list-style-type: none"> Approve final regs 		<ul style="list-style-type: none"> Encourage self-funded employers (e.g., hospital systems) to participate 				<ul style="list-style-type: none"> Arbiter data release and data use requests Consider expanding use cases or self-funded participation 	
 Data collection	<ul style="list-style-type: none"> Establish data use/sharing agreements Define sources, format, timing of data feeds Prepare to collect Medicare data 		<ul style="list-style-type: none"> Prepare to receive data feeds from participating payers 				<ul style="list-style-type: none"> Receive data feeds from participating payers Prepare to accept other data feeds (e.g., self-funded plans, commercial plans) Refine procedures as needed 			
 Data infrastructure	<ul style="list-style-type: none"> Agree on architecture as needed Create data store and ingestion routines 		<ul style="list-style-type: none"> Refine architecture, policies and procedures as needed Modify access and/or architectural design as needed based on data received 							
 Data analytics	<ul style="list-style-type: none"> Define use cases Designate owner for requests, distribution 		<ul style="list-style-type: none"> Draft standard reports 				<ul style="list-style-type: none"> Test and run desired analytics on received data 	<ul style="list-style-type: none"> Consider expanding analytics based on demand 		
 General reporting	<ul style="list-style-type: none"> Determine how information will be shared; consider linkage to Scorecard 						<ul style="list-style-type: none"> Distribute information according to governance policies 	<ul style="list-style-type: none"> Consider adding consumer interface 		

▲ Legislation enacted
▲ Final regs published
▲ Data sharing begins¹

¹ Legislation mandates participation from Medicaid Program, the State Group Health Insurance Program, any qualified health plan in the Delaware Health Insurance Marketplace and any federal healthcare plan

Update: Workforce Curriculum development

Capabilities/ competencies from the RFP were mapped into 6 modules

- 1 Performance management
- 2 Team-based care-coordination
- 3 Population health management and IT enablement
- 4 Interprofessional practice
- 5 Patient engagement
- 6 Business process improvement

Curriculum structure consists of 3 elements

Virtual pre-work session

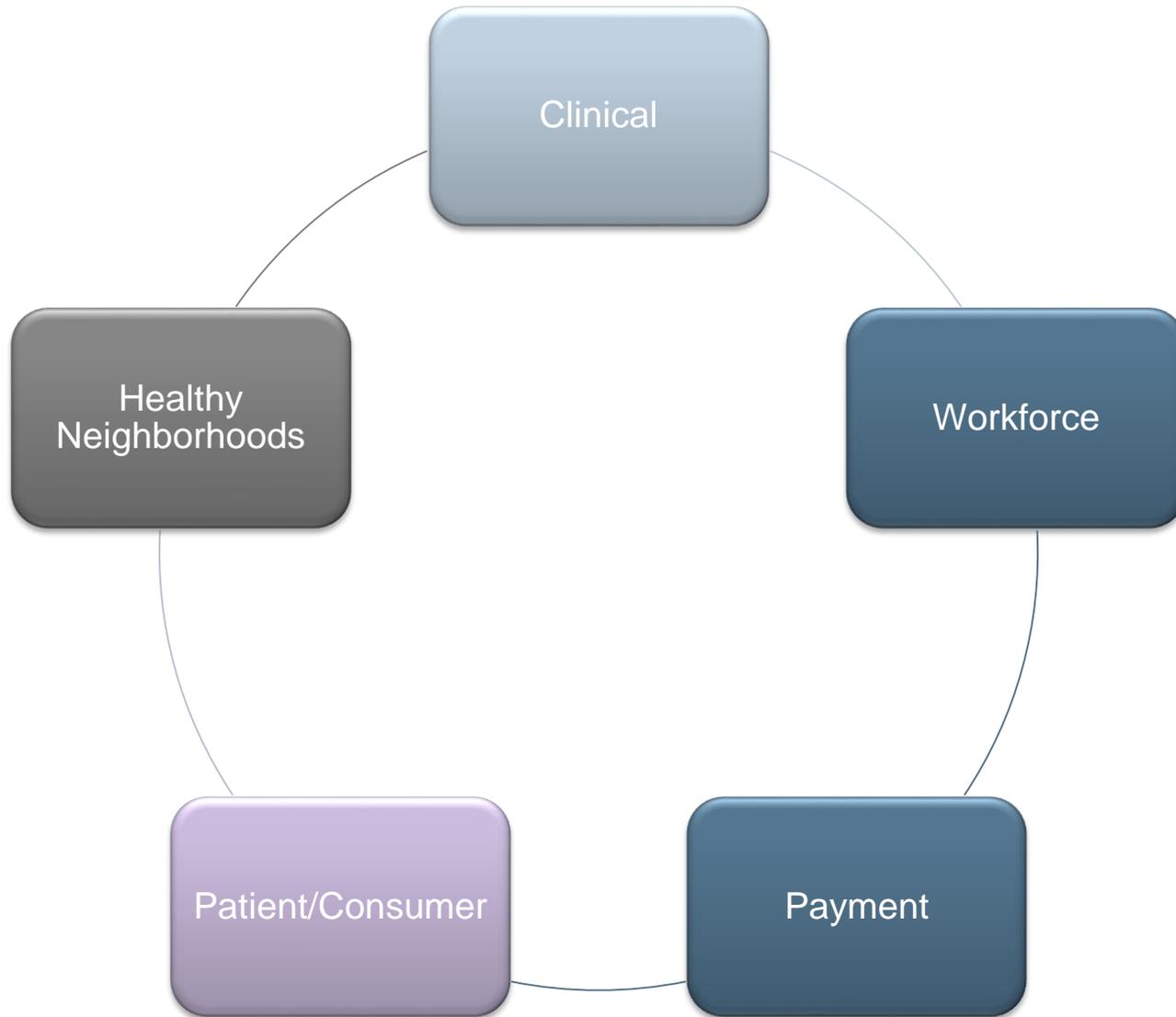
- Introduces structure and content of the module

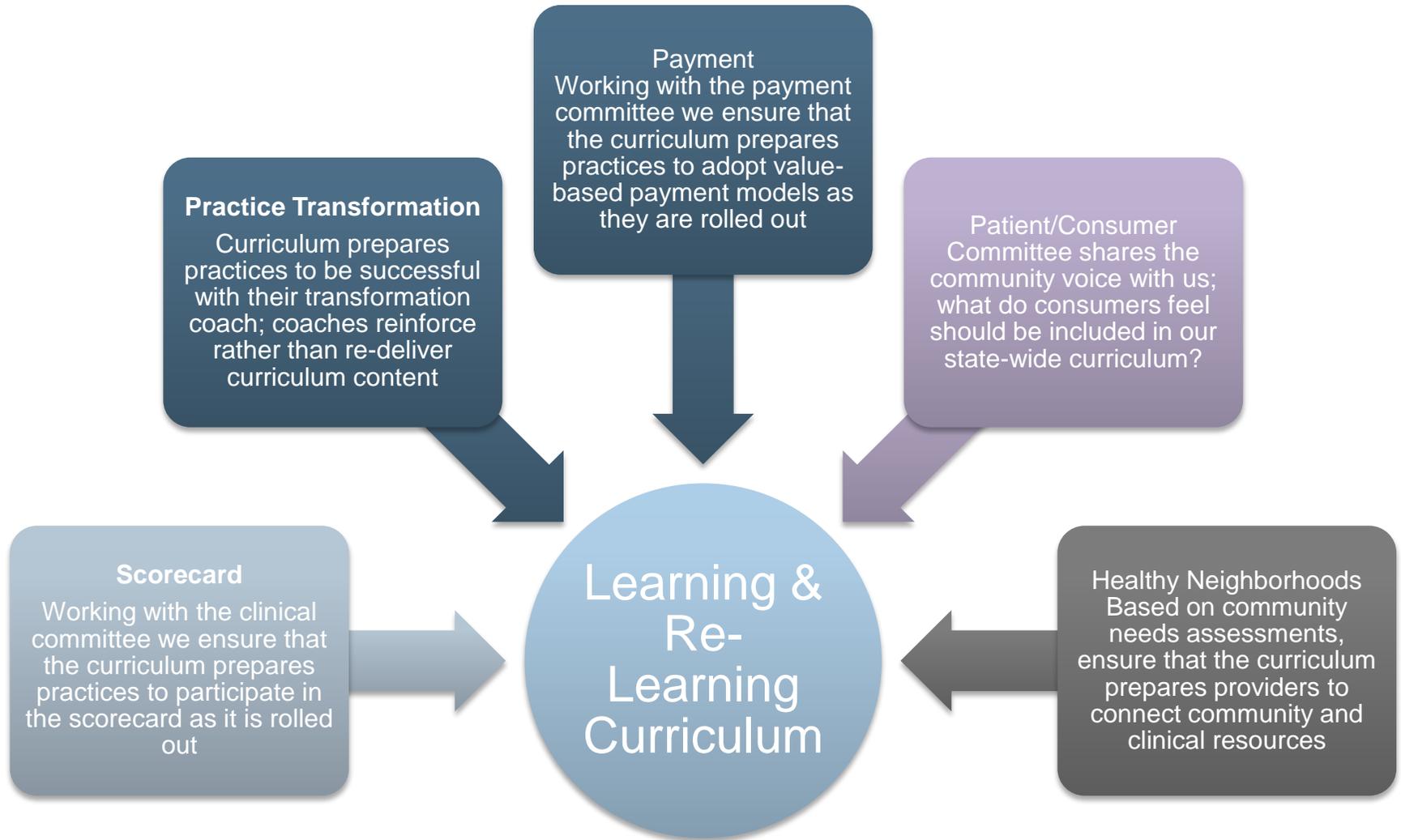
In-person Session

- Intensive live training consisting of a live simulation illustrating the “why” for a topic using Healthcare Theater actors and
- Skills-based training delivered by local and national experts

Action group webinar series

- Follow up deep dive into each practice’s chosen area; includes pre and post work





Suggested Path Forward

- Offer in-person sessions, but create high quality video content for all modules so that those who can't attend can watch online later
- Rather than PT Vendors hosting collaboratives, encourage practices to attend/view curriculum and then follow up with PT coach for implementation
- Request that all PT vendors whose contracts are renewed participate in content development/review to ensure consistency
- Solicit regular input on curriculum from all committees

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Update: DCHI Branding & Marketing Campaign

- **Goals**
 - Branding
 - Awareness
 - Engagement
 - Leverage

- **Case for Campaign**
 - Stakeholder feedback
 - Confusion regarding distinct role of DCHI
 - Limited visibility
 - Changing landscape
 - Transition in Administration

- **Proposal**
 - Professional marketing firm to develop, conduct, and manage campaign
 - Scope of Contract
 - Cost and Budget

Board business

- 1 Board renewals and Committee membership discussion to occur during today's meeting
- 2 Over the next month, Committee chairs should confirm membership of their committees
- 3 Committee chairs will be up for vote at November meeting
- 4 Committee members will be up for vote at December meeting

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HCC SIM Grant Management Update

- Currently in Year 2 of CMMI State Innovation Model Cooperative Agreement
- Must submit an **Operational Plan for Year 3** in order to be approved for continued funding
 - Operational Plan **due December 1, draft due November 1**
 - Will include operational work plans, driver diagram, monitoring and evaluation plans, sustainability plans, budget, milestones and metrics
 - HCC is **working closely with DCHI** to develop plans for Year 3
- Budget update for Grant Year 2, Q3 will be available in November
- Today, we would like to get **Board input on the Driver Diagram**
- The following draft is intended to be consistent with DCHI's direction, and has been updated to reflect current trajectory of programs and adoption of new models
- Given the short timeline, HCC asks Board members to **send any feedback to Laura Howard by Wednesday Oct 19th**

Y3 ops plan – updated driver diagram (1/3)

Objective	Aim	Primary Driver	Secondary Driver	Metric [for Board refinement]
Achieve the Triple Aim plus one of improved provider satisfaction	Be one of five healthiest states in the next 10 years, and improve ranking in America's Health Ranking by at least 3 positions by 2018	Engage patients in their health	<ul style="list-style-type: none"> Health literacy tools [should we change timelines?] 	<ul style="list-style-type: none"> Materials launched in Q3 2017 through website and other channels
			<ul style="list-style-type: none"> Patient portal and other patient engagement tools 	<ul style="list-style-type: none"> Community health record adopted by [TBD] individuals by Q2 2017
			<ul style="list-style-type: none"> Advanced care planning [What role should this have in SIM going forward?] 	<ul style="list-style-type: none"> Tools available by Q2 2017; tools adopted by Q4 2017
		Launch Healthy Neighborhoods to improve integration among community organizations and care delivery system	<ul style="list-style-type: none"> Define "waves" of neighborhoods and form local councils to lead work in each community 	<ul style="list-style-type: none"> Launch up to 5 HN by 12/30/17, 8 or more by 12/30/18
<ul style="list-style-type: none"> Provide access to data and other tools to enable neighborhoods to prioritize needs and develop strategies 	<ul style="list-style-type: none"> Community resource library available to next five neighborhoods by Q4 2017 			
			<ul style="list-style-type: none"> Population health scorecard to track progress and ensure consistency of focus 	<ul style="list-style-type: none"> Scorecard on DCHI website by Q2 2017

Y3 ops plan – updated driver diagram (2/3)

Objective	Aim	Primary Driver	Secondary Driver	Metric [for Board refinement]
Achieve the Triple Aim plus one of improved provider satisfaction	Be among the top ten percent of states in health care quality and patient experience in the next 10 years, with an average of 5% improvement in quality measures by 2018	Implement PCMHs and ACOs that take responsibility for care coordination for high risk adults/elderly and children that is person centered and team-based	<ul style="list-style-type: none"> Vendor support for practice transformation and learning collaboratives Shared tools/resources for care coordination [propose Committee revisits mid next year] Implement training and retraining programs to build the skills needed to coordinate care 	<ul style="list-style-type: none"> 50% of PCPs participating by Q2 2017 Clinical Committee update on further care coordination fees by Q2 2017 50% of providers participating by Q4 2017
		Expand access to care	<ul style="list-style-type: none"> Streamline licensing and credentialing Build sustainable workforce capacity planning infrastructure to be able to anticipate and address workforce gaps over time Implement graduate health professionals consortium to increase number of health professionals who train in and remain in Delaware 	<ul style="list-style-type: none"> Implementation of strategy launched Q1 2017 Capacity planning complete by Q2 2017 Graduate health professionals consortium operational by Q1 2018
		Promote provider engagement	<ul style="list-style-type: none"> Conduct periodic provider outreach and awareness to promote adoption of new tools, resources, and programs 	<ul style="list-style-type: none"> Broad outreach campaign launched Q1 2017
		Develop and implement strategy to promote integration of primary care and behavioral health	<ul style="list-style-type: none"> Support Behavioral Health providers to implement Electronic Health Records Test new models of integrating BH and Primary care 	<ul style="list-style-type: none"> Broad roll out to practices by end of grant period Testing program enrollment complete by Q1 2017 Findings from testing period disseminated Q2 2018

Y3 ops plan – updated driver diagram (3/3)

Objective	Aim	Primary Driver	Secondary Driver	Metric [for Board refinement]
Achieve the Triple Aim plus one of improved provider satisfaction	Bring the growth of health care costs in line with GDP growth in the next 5 years, with at least 1% reduction in cost of care trend by 2018	Promote introduction of value-based payment models across payers and monitor implementation	<ul style="list-style-type: none"> ▪ All payers make available a pay for value and a total cost of care payment model for primary care providers ▪ Enrollment by primary care providers in new payment models statewide ▪ Embed requirements in expectations for Medicaid MCOs, State Employee TPAs, and QHPs 	<ul style="list-style-type: none"> ▪ Value-based payment models available across at least 3 payers statewide by January 2017 ▪ 40% of providers in at least one model by 2017 ▪ QHP standards updated to align with SIM at Q4 2017 and Q4 2018
		Introduce common scorecard and Health Care Claims Database as convenient tools for cost and quality transparency	<ul style="list-style-type: none"> ▪ Develop scorecard (data and analytic platform) to aggregate and report scorecard measures across payers ▪ Establish Health Care Claims Database 	<ul style="list-style-type: none"> ▪ Expand HCCD integration (and thus access to clinical data) to 200 providers by 2017 ▪ Establish cost and quality transparency tools by Q2 2017 (including multi-payer claims database)

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DCHI Strategic Planning process: Update (1/2)

Goals and overview of the strategic planning process

- At the recommendation of the DCHI Board, DCHI is undertaking a **strategic planning process**
- To gather inputs into this process, we **conducted ~30 interviews** with diverse stakeholders in Delaware, including DCHI Board members
- We met in small working groups to distill takeaways from the interviews and began to **shape DCHI's strategic plan** moving forward
- Today, we will **share emerging themes** from this process
- We plan to share a **more in-depth summary** in November
- This process will result in a **document summarizing DCHI's findings**

DCHI Strategic Planning process: Update (2/2)

- 1 DCHI has created an important **forum for multi-stakeholder discussion** and more in-depth analysis of issues than commonly found in public/private venues

- 2 DCHI's portfolio largely **addresses the highest priority issues**, although our approach in some cases **needs to evolve** with changes in the market landscape

- 3 DCHI needs to **more systematically communicate** about its work and its connections with stakeholders' strategic, operational, and individual decisions

- 4 In most cases, DCHI will **need the skills and capacity to shepherd initiatives through implementation/launch** but should look to other organizations for ongoing operations

- 5 DCHI should more **proactively identify where policy solutions are necessary to support innovation** and work with policymakers to ensure those solutions are sensible

DCHI initiatives (page 1 of 2)

Initiative	Progress and challenges	2017 operational priorities
Care delivery transformation	<ul style="list-style-type: none"> ▪ Practice transformation: supporting ~35% of PCPs with SIM-funded PT support ▪ Behavioral health integration: SIM-funded EMR incentive program; pilots being formed ▪ Quality measurement: prioritized 26 metrics for Commercial/Medicaid pop'ns, increased HM/UHC alignment from 30% to 75-100% 	<ul style="list-style-type: none"> ▪ Enhance PT outreach to PCPs not in ACOs; align with other initiatives ▪ Increase participation in BH EMR incentive and BH integration pilots ▪ Monitor payer adherence to common measures in their VBP programs; continue to evolve measure set
Value-based payment & transparency	<ul style="list-style-type: none"> ▪ Value-based payment: 30% of population attributed to PCPs or health systems in VBP; no provider adoption of downside risk, to date ▪ Transparency: galvanized stakeholder consensus around need to increase access to claims data, leading to state legislation 	<ul style="list-style-type: none"> ▪ Monitor payer rollout of P4V models; work with next administration to foster provider adoption of downside risk ▪ Work with stakeholders to define constructive forms of cost transparency, as input to DHIN in their role with HCCD
Health IT	<ul style="list-style-type: none"> ▪ Common scorecard: integrated data from 3 payers; tested web-based scorecard with 20 PCP practices, to scale to all PCPs 10/18 ▪ Health Care Claims Database: conducted research into APCDs in other parts of the U.S., forming the basis for state legislation 	<ul style="list-style-type: none"> ▪ Integrate Medicare data into Scorecard; define long-term model for sustainability ▪ Provide input to DHIN on rules and regulations for data collection and access, and on needs for data warehouse/analytics platform

DCHI initiatives (page 2 of 2)

Initiative	Progress and challenges	2017 operational priorities
Workforce & education	<ul style="list-style-type: none"> ▪ Licensing: Reform white paper published ▪ Curriculum: contributed to RFP for vendor selection; curriculum under development 	<ul style="list-style-type: none"> ▪ Launch workforce modules in November, in coordination with PT
Population health	<ul style="list-style-type: none"> ▪ Population health dashboard: selected metrics for statewide and county dashboard ▪ Healthy Neighborhoods: defined HN operating model based on global best practices research; hired HN Director and community coordinator, launched Sussex HN resource library 	<ul style="list-style-type: none"> ▪ Operationalize dashboard in 2017 ▪ Launch additional HN Councils; align HN & health system priorities; build capacity to pursue grant funding
Patient & consumer	<ul style="list-style-type: none"> ▪ Consumer engagement: defined 9 key strategies based on best practices research ▪ Community engagement: held multiple forums to build awareness of health innovation initiatives 	<ul style="list-style-type: none"> ▪ Bring experts and entrepreneurs into Delaware to foster adoption of consumer technology/services ▪ Continue to build awareness via multi-channel consumer campaign
Management & infrastructure	<ul style="list-style-type: none"> ▪ Board/Committees: very high level of participation across Board and Committees ▪ Stakeholder engagement: low awareness and understanding of DCHI efforts outside Board ▪ Sustainability: Increased from 1 to 4 staff 	<ul style="list-style-type: none"> ▪ Manage thru change in administration; increase participation of independent physicians and employer purchasers ▪ Adopt a more systematic approach to stakeholder communications ▪ Develop a sustainable funding model

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November 1 cross-committee meeting

Proposed topics

Potential deep dive topics

- Healthy Neighborhoods: proposed difference in structure for Wilmington HN, integration with local healthcare system around needs assessment
- Progress on Workforce and Practice Transformation and need for alignment

Potential group breakouts on selected topics, facilitated by Committee chairs and including relevant committee members

1. Workforce and practice transformation – how can these initiatives coordinate (tactical extension of deep dive)?
2. Healthy Neighborhoods & Clinical – how should providers be interfacing with local councils?
3. Payment and consumer – what are major consumer needs related to transparency?

For discussion

- Are there other deep dives of interest?
- Are there other proposed topics for group discussions?



Cross committee

- Nov 1, 1:00pm
- Outlook at the Duncan Center

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Upcoming DCHI Meetings



Board

- Nov 9, 2:00pm
- DHSS Holloway, Chapel



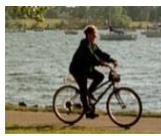
Workforce and Education

- Oct 13, 1:00pm
- DelTech Stanton



Clinical

- Oct 18, 5:00pm
- UD Star Campus



Healthy Neighborhoods

- Oct 19, 1:00pm
- Delaware Technology Park



Cross committee

- Nov 1, 1:00pm
- Outlook at the Duncan Center



Payment Model Monitoring

- Nov 9, 4:30pm
- DHSS Holloway, Chapel

Please check www.DEhealthinnovation.org for the latest information about all DCHI Board and Committee meetings