Delaware Center for Health Innovation

Charter for Clinical Committee

October 2014

1. SCOPE

1.1 Purpose

Delaware's goal is to be in the top 10% of states on health care quality and patient experience within five years by focusing on more person-centered, team-based care. Delaware will 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.

Delaware's market is both highly fragmented (for primary care practices in particular) and highly concentrated (i.e., six hospitals and the Veteran's Affairs hospital). Providers across the state are already actively pursuing models of integrated care. Delaware's plan supports independent providers as well as health systems. It is market-driven, and its goal is to support and accelerate adoption of existing models in the market. The plan emphasizes the role of primary care as a linchpin in the system that unites accountability for quality and cost for a defined panel of patients. Delaware's goal is for every Delawarean to have a primary care provider.

The Clinical Committee has the following specific goals:

- Enabling broad adoption of team-based, integrated care by all primary care providers across Delaware
- Developing and monitoring the common provider scorecard measures aligned with clinical best practices
- Supporting all Delawareans to have a primary care provider
- Ensuring the clinician perspective is reflected in all of the work of the Delaware Center for Health Innovation
- Ensuring that providers have the resources they need for delivery transformation

1.2 Core areas of focus

The Clinical Committee has four primary areas of focus:

1. **Develop and update the common provider scorecard measures.** Value-based payment models will link to a common scorecard with measures commonly used across Delaware and by CMS, as well as additional payer-specific measures. This approach achieves quality measure alignment and administrative simplicity, as well as flexibility for innovation. The Committee

will monitor the scorecard and be responsible for recommending changes on an ongoing basis.

2. **Prequalify or certify care coordination and practice transformation organizations to support providers**. The aspiration is for practices to exercise choice as they resource care coordination so that they can establish a common solution across their patient panel, agnostic to payer. One goal of care coordination resources will be to support primary care providers to better integrate with behavioral health. The expectation is that practices will be able to access care transformation support from a third-party vendor.
3. **Expand Learning Collaboratives** across the state.
4. **Engage clinical leaders around clinical best practice.** To focus on more effective diagnosis and treatment, providers expressed the need to identify a few areas where high cost, variation in care, and lack of clarity among existing guidelines (or lack of guidelines) occurs. The Committee will work with clinical leaders to identify these areas, express a consensus perspective, and suggest measures for inclusion in the next version of the common scorecard.
5. **Create a model where behavioral health care is integrated into primary care.**

1.3 Interdependencies

The Clinical Committee's work is highly dependent on the overall strategy and approach that will be developed by the other Committees of the Delaware Center for Health Innovation. It will work closely with the Workforce & Education Committee as well as the Payment Model Monitoring Committee (PMMC).

There will be additional interdependencies with ongoing initiatives led by providers and provider associations as well as the Division of Public Health (e.g., cancer screening).

2. COMPOSITION

2.1 Expertise / experience required for Committee members

The Clinical Committee requires a diverse clinical expertise and experience. Where possible, the Committee should consider a balance of individuals with the following backgrounds:

- Representatives from across the provider community (e.g., private practices, hospitals, health systems) and across disciplines (e.g., family practice, behavioral health)

- Individuals with expertise in quality measures and clinical guidelines
- Individuals with knowledge of care coordination, practice transformation, and clinical learning collaboratives

2.2 Expectations for Committee members

Expectations for Clinical Committee membership are as follows:

- Meetings will typically be held monthly
- Committee members are expected to serve for a term of one year
- Because continuity and engagement are important, members are expected to attend at least 75% of all meetings either in person or by phone
- Members should not send delegates in their place
- Committee membership is likely to include some additional time commitment outside of scheduled meetings

3. DELIVERABLES

3.1 High-level milestones by year

Milestone[1]	**Timing**
Certification/qualification process for vendors complete	Q2 2015
Practice transformation and provider reporting launched	Q3 2015
First learning collaboratives held	Q4 2015
Professional societies convened to identify priority areas for improving effective diagnosis and treatment	Q2 2016
First wave of participating practices has met all transformation milestones	Q3 2017
Second wave of participating practices has met all transformation milestones	Q3 2018

[1] From Delaware's CMMI SIM Model Testing Grant Application; will be updated in conjunction with HCC based on CMMI's review of the Operational Plan

4. METRICS

4.1 Accountability targets

Metric[2]	Description	Frequency	Target
Provider enrollment	Fraction of DE primary care providers enrolled in new payment models		60% by 2016, 80% by 2017, 90% by 2018

[2] From Delaware's CMMI SIM Model Testing Grant Application

APPENDIX

Committee Members: October 2014-June 2015

	Name	Organization
1	Nancy Fan (Co-Chair)	Women to Women OB/GYN; St. Francis Healthcare
2	Alan Greenglass (Co-Chair)	The Medical Group of Christiana Care; Christiana Care Quality Partners
3	David Bercaw	Christiana Care Family Medicine
4	Traci Bolander	Mid-Atlantic Behavioral Health
5	Robert Ferber	Nanticoke Health Services
6	Jo Ann Fields	Private practice
7	Cyndie Ganc	Delaware Physicians Care, Inc.
8	Jay Greenspan	Nemours/Alfred I. duPont Hospital for Children
9	Roger Kerzner	Christiana Care Health System
10	Michael Polnerow	St. Francis Healthcare
11	Joseph Rubacky	Bayhealth Medical Center; Dover Family Physicians
12	Thomas Stephens	Westside Family Healthcare
13	Doug Tynan	American Psychological Association; Nemours/Alfred I. duPont Hospital for Children; Jefferson Medical College; University of Delaware
14	Megan Williams	Beebe Medical Center