

Delaware State Innovation Model (DE SIM) State-Led Evaluation for Award Year 2 (AY2)

PROJECT BRIEF April 2017

The State Innovation Model (SIM) is a broad-based health system transformation effort funded by the Centers for Medicare and Medicaid Innovation (CMMI). It is currently being implemented across 38 states and territories, including Delaware. Consistent with CMMI’s intent, Delaware (DE) SIM is aimed at reducing healthcare spending, improving healthcare quality, improving health outcomes and addressing issues related to provider satisfaction. DE SIM has been described as a stakeholder-driven initiative built upon a public-private partnership. While funds were awarded to the State’s Health Care Commission (HCC), implementation happens largely through the newly established Delaware Center for Health Innovation (DCHI), a private, non-profit organization. DCHI supports the work of five standing committees of voluntary stakeholders who carry out the DE SIM plan with support from HCC, DCHI staff, and consultants.

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. The priority evaluation questions for AY2 of the state-led evaluation focused on the assumptions of DE SIM about the relationships between activities, outputs and outcomes to contribute to stakeholders’ understanding of what is working, what is not, and what needs to be adjusted.

Methodology

A mixed methods approach was designed and implemented to collect and analyze information from multiple data sources over an extended period. This approach, outlined in Figure 1 below, allowed us to integrate findings across data sources and was used to enhance the validity and credibility of findings.

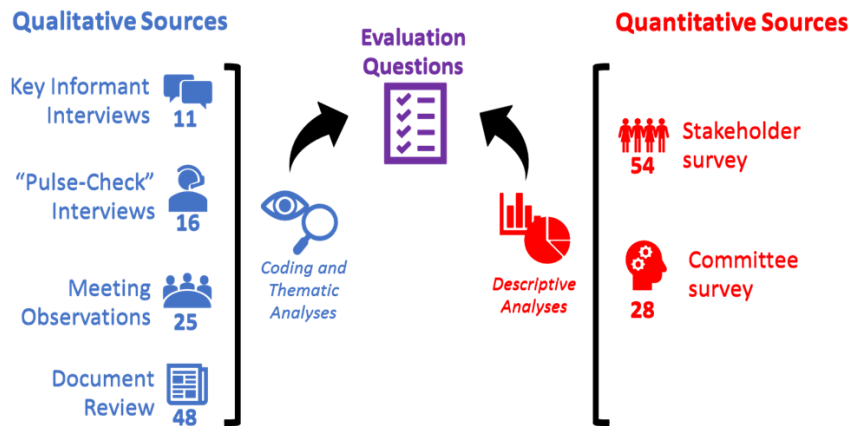


Figure 1: Award Year 2 evaluation methods and integration

As indicated above, we conducted two-types of qualitative interviews across different stakeholder groups, we observed public meetings and reviewed public documents, and we conducted two types of closed-ended, quantitative surveys. Across our qualitative sources, over 1700 passages were coded

and organized to address the evaluation questions; which speaks to the magnitude of data we were able to gather. Both our stakeholder survey, which targeted everyone in our stakeholder database, and our committee survey, sent to all current SIM Committee members, had response rates of

approximately 50%. Collectively, these sources contributed information that enabled us to describe the perceptions of stakeholders, activities and strategies, and results of implementation of the DE SIM operational plan.

Summary of results

During the implementation of DE SIM's model year 1, 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, monthly meetings of each of the five standing committees (including Clinical, Healthy Neighborhoods, Workforce and Education, Payment Model Monitoring, and Patient/Consumer Advocacy) and periodic cross-committee meetings. DE SIM also expanded communications efforts to reach out to the public with six Community Forums conducted throughout the state over several months.

We found that the infrastructure for facilitating healthcare transformation is being built and tasks outlined in the operational plan are progressing as one would expect given the complexity of the system. Stakeholders indicated that DE SIM was making progress and that the initiative was headed in the right direction. However, stakeholders indicated there was incremental, limited, disjointed progress in some areas that affected the achievement of specific milestones. 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 meeting the Triple AIM plus one. Stakeholders also 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. Further, the sustainability of DE SIM remains a foremost concern for stakeholders, including questions and concerns related to the plan to leverage additional resources to support the system transformation. Additional key findings in topical

areas important for effective systems change are highlighted below.

Infrastructure, Roles & Responsibilities. 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. 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. 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.

Stakeholders reported a limited understanding of how decisions on resources are made by those accountable for the grant. 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. However, we also found that most committee members feel as if they have the support needed to remain engaged and move the work of the committees forward. As indicated in Figure 2 below, committee members' average ratings indicate the support mechanisms put in place for committees are generally adequate. However, there is room to improve, such as the accessibility of data for decision-making. Finally, stakeholders expressed appreciation for the role of consultants in supporting the initiative and acting as "glue" across the various committees and activities; at the same time consultants were not viewed as infrastructure and stakeholders expressed concerns regarding overreliance on this resource.

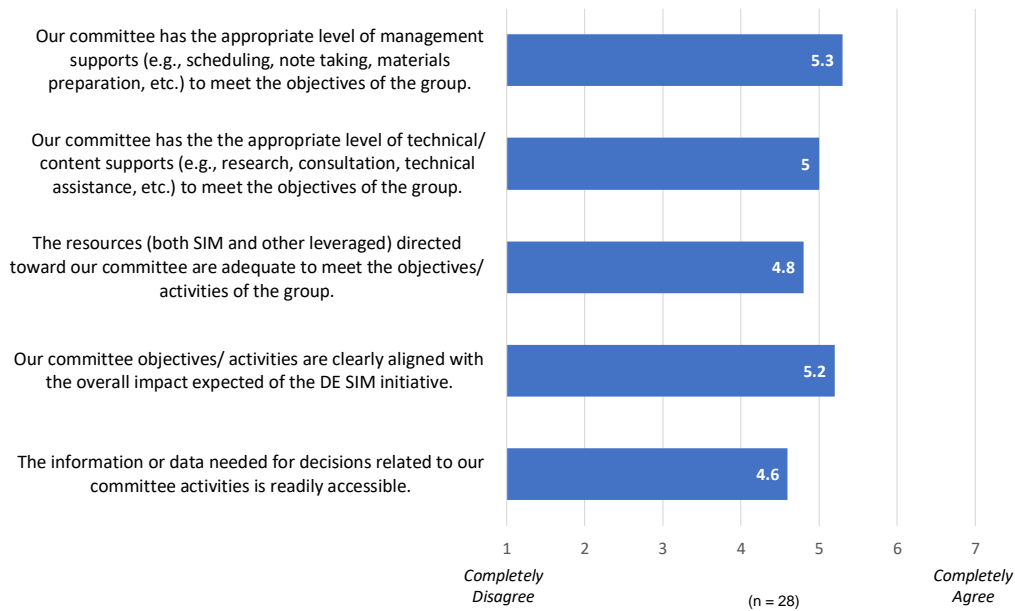


Figure 2: Supports to committees

Stakeholder engagement & communication. DE SIM maintained a high level of stakeholder engagement through its second year of implementation. Participants on standing committees and/or on the DCHI Board of Directors include representatives of the state’s hospital systems, providers, representatives of the state’s two major commercial payers: Highmark and United Healthcare, members of professional societies/associations, government leaders, and consumer advocates. Others are active participants in public meetings, and as vendors supporting SIM activities. Stakeholders lauded the consensus-oriented approach that frames the DE SIM work and placed a high value on the public-private partnership. 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.

While it is apparent that there are mechanisms in place and space for feedback from those with interest in the initiative, communication processes are not always looped in a way where people know whether or how their input is used. Stakeholders were 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. Moreover, it was viewed as important to understand different information requirements of stakeholder segments (community, vendors, providers) in that different segments of stakeholders need various kinds of information to act or respond in expected ways.

Policy and environmental barriers. Rapidly developing shifts external to DE SIM required 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. Among the most significant concerns of stakeholders in relation to the ability to realize DE SIM goals, is the buy-in or commitment of payers. Similarly, as seen in Figure 3, funding for sustained efforts is considered one of the most likely barriers for DE SIM implementation.

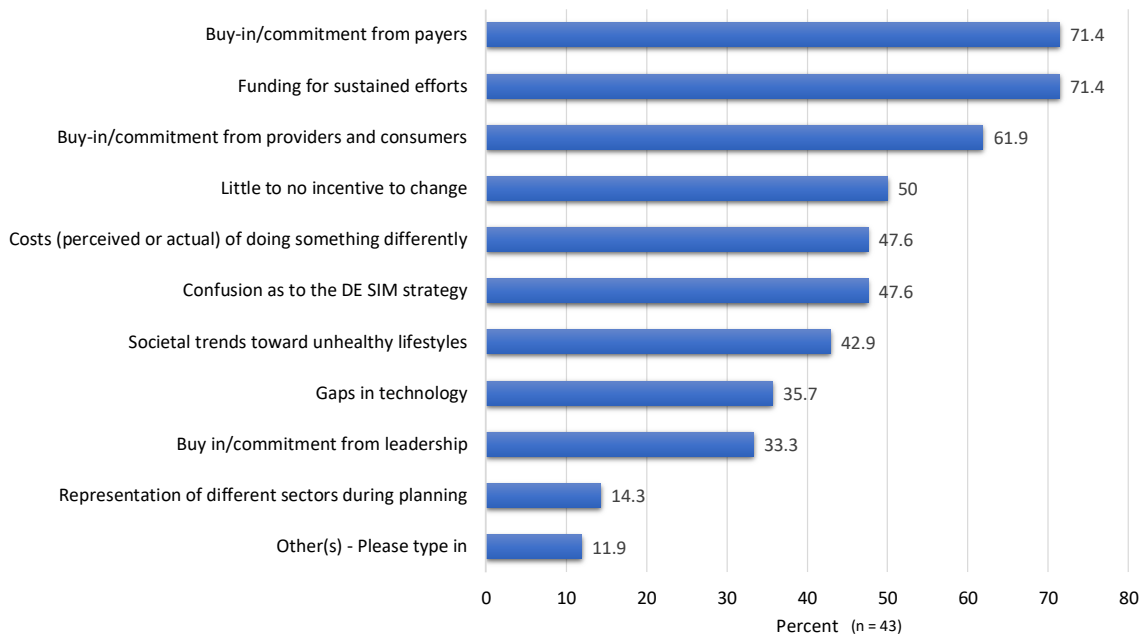


Figure 3: Potential obstacles to the implementation of DE SIM

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, most the organization’s staffing, administration and general infrastructure is financed through the contributions it receives. DCHI undertook a strategic planning effort, underscoring the need to project the organization’s future goals and imperatives considering the changing landscape (e.g., changing state administration, tapering and eventual end of federal SIM support, questions about the future of Affordable Care Act, etc.) and with an eye toward sustainability. Stakeholders recognized sustainability of efforts is dependent upon collaboration and ongoing commitment from actors within the system. In addition, sustainability was described as being largely dependent on the ability of stakeholders to follow through on plans to leverage additional resources, though there was some ambiguity on what constituted leveraged resources. Across the system, stakeholders indicated the presence of some concrete plans regarding sustainability of DE SIM activities, however, most acknowledged there were somewhat ideational and aspirational, emphasizing the need to more formally plan for and operationalize sustainability for major components of DE SIM.

Key recommendations

While the infrastructure for DE SIM is being built and tasks outlined in the operational plan are progressing, refinement and clarification of roles and responsibilities will be a continuous process. Similarly, attention to sustainability of DE SIM must be central to ongoing efforts to build and maintain mechanisms for implementation moving forward. For instance, laying the groundwork for transitioning expertise and support provided by external consultants to groups operating within DE SIM should be a priority.

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”. Similarly, 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.

A copy of the full DE SIM State-led Evaluation Report for Award Year 2 can be found at the Health Care Commission website.

Prepared for:
Delaware Health Care Commission
Delaware Department of Health and Social Services
State of Delaware

Prepared by:
DE SIM State-led Evaluation Team
Concept Systems, Inc.
Center for Community Research & Service,
University of Delaware