Board Meeting

July 8, 2015

Agenda

Topic

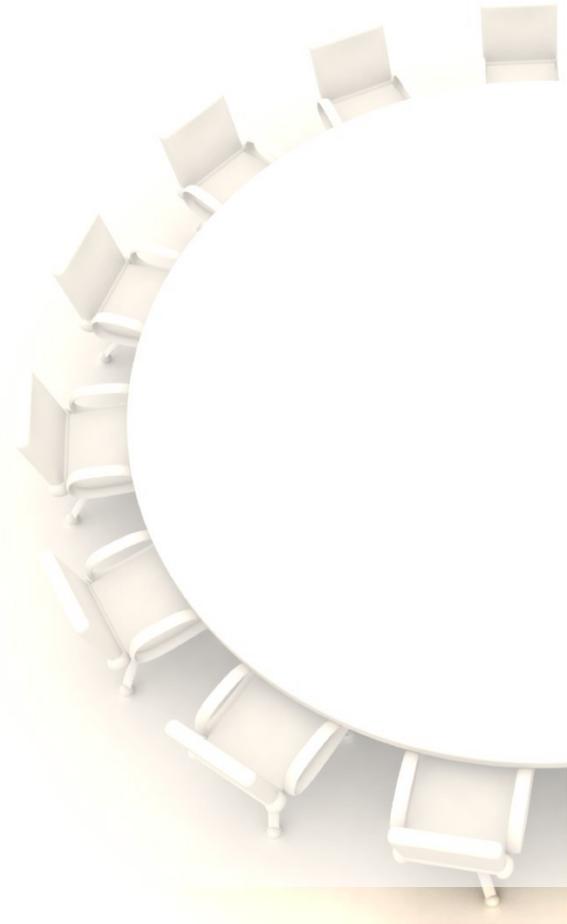| Call to order |
| --- |
| Status updates |
| Board business |
| Preview of cross-committee meeting |
| Funding and budgeting |
| Public comment |

Summary of June DCHI Board meeting

- Provided updates on **recent progress:**
  - Committee activities
  - Executive Director recruitment
  - Bank account and funding status

- Confirmed **current membership of each committee**

- Discussed ongoing **preparation for the Common Scorecard testing period**
  - Reviewed **feedback from previous Board meeting** on measures as well as process of data collection
  - Covered **path forward on soliciting input from stakeholders**, including providers testing Scorecard, and how the **feedback will be incorporated in next version**
  - Discussed **remaining data needs** to ensure successful pilot

- Previewed approach to **DCHI Cross-Committee meeting** and themes that will be addressed
  - Meeting now confirmed to be July 15, 9a-12p in Dover

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We have accomplished a lot over the past year and pace of work has accelerated

July – Nov 2014	Nov 2014 – Jan 2015	Feb 2015 – present
▪ Held first Board meeting ▪ Identified Committee members ▪ Kicked off committees ▪ Submitted SIM grant application	▪ Continued planning and setup while awaiting grant award decision and beginning of grant period of performance	▪ Finalized measures for initial version of Common Scorecard and began visits to participating pilot practices ▪ Defined milestones for practice transformation, published consensus paper, and developed input into request for proposals ▪ Aligned on priority themes for Healthy Neighborhoods and measures for Population Health Scorecard ▪ Determined elements of value-based payment models that would benefit from cross-payer standardization ▪ Finalized input for Health Professionals Consortium request for proposals ▪ Provided consumer input to other committees (e.g., Healthy Neighborhood) and helped craft consumer outreach materials

Committee updates (1/2)

Committee	Update	Path forward
Payment	▪ Discussed the elements of a total cost of care model that would benefit from multi-payer standardization ▪ Reviewed example Medicare programs and a detailed walkthrough of a shared savings calculation	▪ Finalize emerging consensus on total cost of care models ▪ Develop options for design of pay for value models and quality requirements ▪ Develop perspective on linking Scorecard to payment
Healthy Neighbor-hoods	▪ Developed initial draft of operating model approach and pilot selection approach ▪ Discussed considerations for developing sustainable funding model	▪ Finalize operating model approach and pilot selection approach consensus papers ▪ Assess landscape and begin pilot selection process
Clinical	▪ Discussed emerging consensus and outstanding design decisions on Care Coordination; launched dedicated working group with cross-committee representation ▪ Started conversation about Behavioral Health Integration with discussing common definitions and archetypes of collaboration between primary and behavioral care providers; aligned on launching dedicated working group	▪ Finalize Care Coordination design and recommend Care Coordination consensus paper for adoption to the DCHI Board in August ▪ Develop Behavioral Health Integration case examples and discuss Behavioral Health challenges in Delaware

Committee updates (2/2)

Committee	Update	Path forward
Workforce	- Drafted a consensus paper on workforce learning and development curriculum - Reviewed current data on workforce capacity projections and analyzed gaps and data needs - Continued conversations on how to streamline Credentialing processes	- HCC to release RFP for Health Professional Consortium - Finalize consensus paper on curriculum - Evaluate options for more sophisticated data about future workforce needs
Patient and Consumer	- Communications team collected feedback from committee on possible content and structure for DCHI website - Reviewed animated tools / videos as a method to engage patients - Viewed video on shortcomings of current patient experience when interacting with health system	Communications to gather further feedback on refined site (e.g., through focus group) Committee to offer input on messaging for "How will SIM affect me?"
TAG	- Discussed inclusion of non-risk adjusted utilization measures (ED, IP) for the first Scorecard release, as well as option to use HEDIS logic for risk adjusted measures in 2016 - Discussed technical challenges of applying continuous enrollment to NQF measures that do not require it	- Produce Scorecard and Attribution files in July - Conduct webinar for payer representatives on role during Testing Phase

Common Scorecard testing update

Progress to releasing Version 1

- DHIN is currently testing necessary components of the Scorecard for release:
  - Scorecard environment
  - Metrics data
  - Provider registration process
- Formalizing approval for development of attribution list functionality
- Scorecard release to providers is scheduled to occur in late July

Feedback process

- Confirmed 12 visits with participating practices; three have been conducted to date
- Engaged in active feedback process with providers in advance of visits, including addressing detailed questions raised by six practices via email
- Scheduled webinar for participating practices for July 20th

Will determine how to continue active dialogue with participating practices for continued input

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Board business & DCHI start-up activities

Category	Item	Status
Staff recruitment	▪ Executive Director recruitment	▪ Phone screenings continue ▪ Plan to begin phone interviews in next few weeks for selected candidates
Infrastructure	▪ 501(c)(3) status ▪ D&O insurance	▪ Application drafted ▪ Researching options for coverage
Branding and communications	▪ Branding & website	▪ Website under development by ab+c for initial release by July 15

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Reminder: Cross-Committee meeting, 7/15

Purpose of meeting

- Facilitate a cross-committee dialogue

- Solicit feedback from broader stakeholder community on key inputs to innovation design

- Preview next steps

Please remind members of your committees about meeting

- **9:00 am – 12:00 pm, Wednesday, July 15, 2015**
- **Outlook at the Duncan Center, 500 West Loockerman Street, Dover, DE 19904**

Draft approach for Cross-Committee meeting

Content	Time	Format	Presenter
1 Introduction: ▪ Welcome ▪ What has happened since we last met ▪ Framework for how SIM addresses all Delawareans	30 minutes	Presentation	▪ Matt and Rita
2 Committee updates: ▪ Co-chairs are at 5 different stations in the room by posters with updates, answering questions as people pass by	30 minutes	Gallery walk	▪ Committee co-chairs
3 Deep dives: **A** Advanced primary care	55 minutes	Presentation followed by Q&A	▪ Tom, Alan, Nancy, Gary
B Healthy neighborhoods	55 minutes		▪ Matt, Lolita
4 Path forward and next steps	10 minutes	Presentation	▪ Matt

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For reference: Investments and funding

Investments (4-year total 2015-2018)[1]

- $28m for detailed design, IT development, and implementation support

- $23m in operations, evaluation, and continuous improvement from DHIN, DCHI, HCC, local payers, providers, other stakeholders

- $8.5m in practice transformation support

- $60m in care coordination payments to PCPs or affiliated groups, systems

- $7m in Workforce programs and initiatives

- $3.6m in Healthy Neighborhoods programs

Sources of funding (2015-2018)

- $35m federal SIM grant

- $20m other federal (MCaid, HRSA)

- $60m Medicare, Medicaid, and Commercial payers

- $4m philanthropic foundations

- $3-4m "in kind" time of stakeholders

- $8m stakeholder contributions

Total investment of approximately *$130 million* over 4 years

1 Grant period is February 2015 – January 2019

DCHI financial roles in SIM program

Role	Description
Manager of own budget	▪ DCHI has primary accountability for the fiscal stewardship of its own budget ▪ DCHI seeks stakeholder contributions and foundation / corporate grants, sets annual budget, and manages to financial estimates ▪ Monies used for operations of DCHI organization
Advocate for DCHI position	▪ DCHI builds and publishes consensus positions on SIM issues and advises, educates, and provides insights ▪ Other stakeholders (e.g., HCC, payers, providers) have primary accountability for fiscal stewardship and take DCHI positions into account as they execute on SIM-related efforts

DCHI financial roles in SIM program: examples

ILLUSTRATIVE

Role	Examples activities	Example use case
Manager of own budget	- Set operating budget - Set organization signing authority / limits and procurement policies	DCHI board of directors determines salary of Executive Director and approves annual operating budget
Advocate for DCHI position	- Practice transformation - Care coordination - Information technology initiatives (e.g., population health management tools)	- DCHI publishes position papers on care coordination, practice transformation, and payment model - Providers and payers adopt contracts and agree to care coordination payments consistent with papers - HCC issues practice transformation RFP, choosing to incorporate elements of position paper

Process for allocation of CMMI grant funds

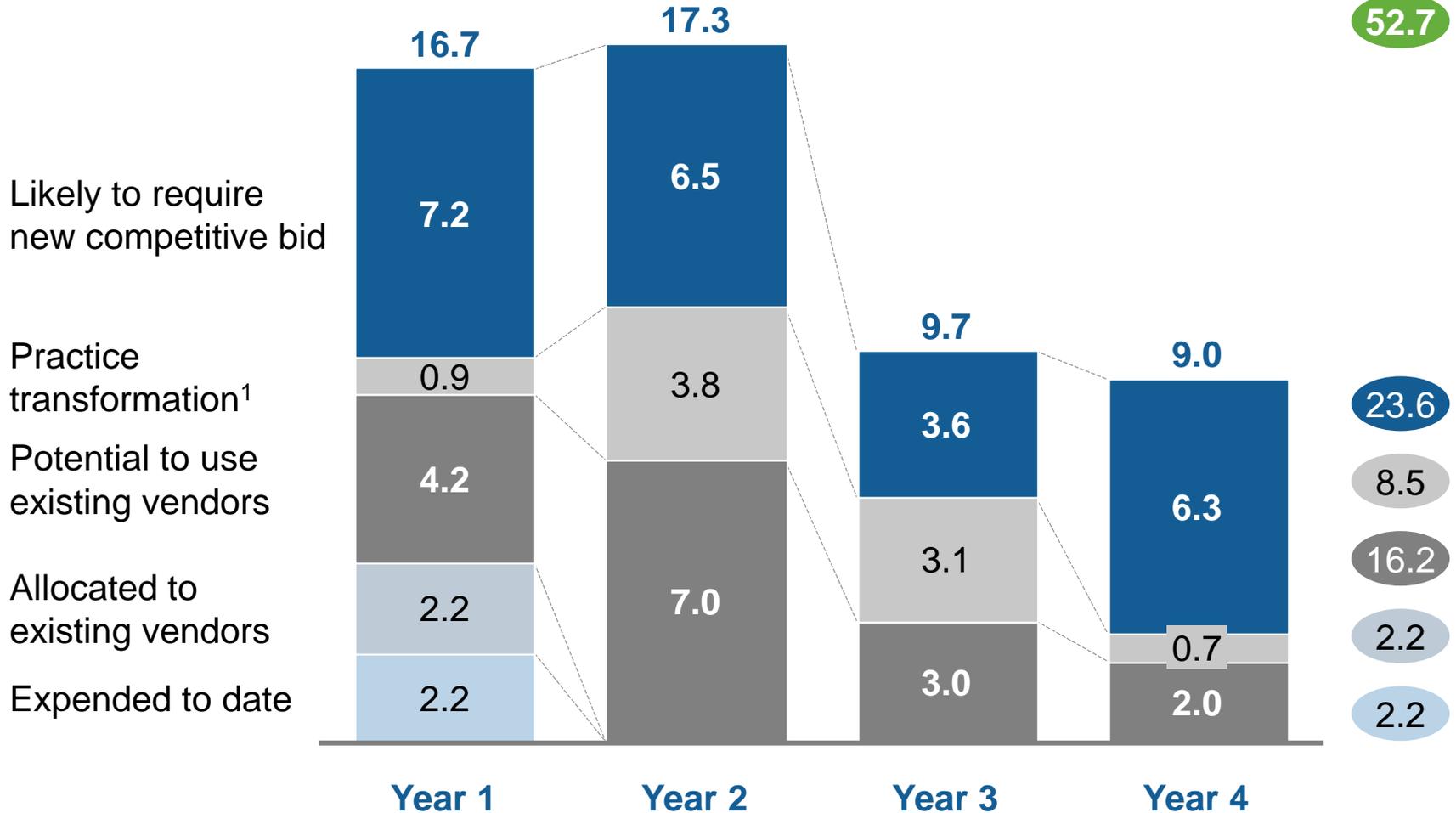|	Examples	Process
Existing HCC vendors	▪ Detailed design and implementation support ▪ Communications support	▪ HCC holds contract(s) based on previous competitive procurement ▪ DCHI provides input into needs ▪ HCC issues Statement of Work
New major HCC contracts	▪ Practice transformation ▪ Learning collaboratives ▪ Independent evaluation ▪ IT development for portal ▪ Other support not provided by existing vendors	▪ DCHI to provide input into needs ▪ HCC to run competitive procurement DCHI committee members may serve on evaluation committees (barring any conflict of interest)
Smaller HCC contracts	▪ Population health survey ▪ Other small contracts within public procurement guidelines	▪ DCHI to provide input into needs ▪ HCC to identify potential vendor(s) ▪ HCC may make contract award subject to procurement guidelines
HCC purchased services and equipment	▪ Laptops and printers ▪ Teleconference lines	▪ HCC leases/purchases equipment/services ▪ HCC makes available for use by DCHI

All contract awards and purchases subject to state procurement requirements and to review by CMS grant administrator prior to funds being unrestricted

Procurement pipeline

SIM contractor funding
Dollars, millions

Likely to require new competitive bid

Practice transformation[1]

Potential to use existing vendors

Allocated to existing vendors

Expended to date

	Year 1	Year 2	Year 3	Year 4
Total	16.7	17.3	9.7	9.0
Likely to require new competitive bid	7.2	6.5	3.6	6.3
Practice transformation	0.9	3.8	3.1	0.7
Potential to use existing vendors	4.2	7.0	—	2.0
Allocated to existing vendors	2.2	—	3.0	—
Expended to date	2.2	—	—	—

Total 52.7

23.6
8.5
16.2
2.2
2.2

1 Pending RFP

Overview of DCHI budget

Delaware Center for Health Innovation (DCHI) - Budget Summary
Updated July 2015

Expenses	Year 1 (2015)	Year 2	Year 3	Year 4
DCHI Staff				
Salaries	67,500	552,500	710,000	815,000
Benefits	20,250	165,750	213,000	244,500
Total	87,750	718,250	923,000	1,059,500
Rent / Facilities				
Office space	24,000	96,000	96,000	96,000
Rented space for Board meetings	-	12,000	12,000	12,000
Total	24,000	108,000	108,000	108,000
Other expenses				
Office supplies - from budget narrative	8,914	32,956	49,900	87,000
Office supplies - other	2,130	1,550	620	310
Utilities	600	3,600	3,600	3,600
Travel	6,740	26,960	26,960	26,960
Communications	660	1,620	1,620	1,620
Other	9,375	19,575	19,975	20,175
Total	28,419	86,261	102,675	139,665
Grand Total	**140,169**	**912,511**	**1,133,675**	**1,307,165**

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Upcoming DCHI Committee Meetings

Workforce and Education
- July 9, 1:00pm
- UD STAR Campus

Healthy Neighborhoods
- July 9, 3:15pm
- UD STAR Campus

Cross-Committee
- July 15, 9:00am
- Duncan Center (Dover)

Clinical
- July 21, 5:00pm
- UD STAR Campus

Patient and Consumer Advisory
- August 6, 1:00pm
- Edgehill Shopping Center

Please check the State's public calendar (egov.delaware.gov/pmc/) for the latest information about all DCHI Board and Committee meetings