Delaware Center for Health Innovation

Board Meeting

April 13, 2016

Agenda

Topic

Call to order
Status updates
Executive Director update
Board business
APCD update
Healthy Neighborhoods progress
Public comment

Summary of March DCHI Board meeting

- Board voted to add **one Board member at large**
- Board approved a **Board Secretary**
- Executive director updated Board on DCHI's official **501c3 status** and initiating recruiting for **Healthy Neighborhoods Director**

- Discussed Payment Committee's investigation of the potential application of an **All Payer Claims Database** in Delaware

- Heard a **Health Care Commission update** on activities enabled in 2015 as part of "year 1" of SIM grant and previewed focus for 2016 SIM activities

- Reviewed a communications strategy proposal to increase **general public awareness of DCHI**

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Committee progress update

To supplement the standard monthly update, Committee Chairs will periodically provide a more detailed assessment of how their work is aligning with overall SIM goals. They will share:

- Progress against key 2016 goals
- Any items that are not or are at risk of being not “on track”
- Assistance needed to ensure continued progress

Select Year 2 goals

Clinical	▪ Expanding practice transformation to 50% of PCPs ▪ Developing implementation plan for behavioral health integration ▪ Launching Common Scorecard statewide by July
Payment	▪ Evaluating and monitoring launch of outcomes-based payment programs across segments
Healthy Neighbor-hoods	▪ Planning for Healthy Neighborhoods Wave 1 implementation ▪ Launching up to three Neighborhoods in Wave 1
Workforce/ Education	▪ Developing learning/re-learning curriculum ▪ Completing workforce capacity planning
Patient and consumer	▪ Creating and launching outreach campaign for consumer engagement, including website, social media, videos, etc.

March committee updates (1 of 2)

Committee	Update	Path forward
Consumer	▪ Reviewed consumer campaign concepts and focus group feedback ▪ Discussed formulation of a document to capture key themes and best practices of previous presenters ▪ Reviewed committee charter	▪ Attend Town Hall meetings and report back with consumer perspectives ▪ Develop synopsis document on best practices for consumer engagement ▪ Recruit new committee members to fill vacancies
Healthy Neighborhoods	*Discussed as a separate agenda item*	
Payment	▪ Received a presentation from Highmark on a pay-for-value program they are introducing in the Delaware market ▪ Circulated draft of all-payer claims database consensus paper	▪ Incorporate feedback into all-payer claims database consensus paper ▪ Convene the behavioral health integration working group to address implementation and financial sustainability challenges
Workforce	▪ Compiled and reviewed key findings from licensing and credentialing survey ▪ Discussed integration of key findings into consensus paper	▪ Update licensing and credentialing consensus paper ▪ Conduct survey follow up interviews

March committee updates (2 of 2)

Committee	Update	Path forward
Clinical	▪ Conducted interviews and external research to characterize barriers to scaling behavioral health integration ▪ Developed an approach to begin work on behavioral health integration	▪ Prepare v2.0 release to testing practices and determine statewide goals ▪ Convene the behavioral health integration working group to address implementation and financial sustainability challenges
TAG	▪ Reviewed an update on the Scorecard including timelines for the next release and measure and file specification changes ▪ Discussed requirements for goal setting and practice disaggregation ▪ Reviewed the helpdesk process and opportunities to improve the time to resolve issues from practices	▪ Release v2.0 with attribution to testing practices ▪ Complete data quality deep dive

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Board business

Item
1 2016 Q1 financial report
2 May 25 Cross-Committee draft agenda
3 Other

Proposed draft agenda for May 25 Cross Committee

PRELIMINARY DRAFT

Introductions & progress updates
(12:30 – 12:50pm)

Deep dive 1
(12:50 - 1:10pm)

Gallery walk: Committee updates
(1:20 - 2:30pm)

Deep dive 2
(2:40 - 3:00pm)

Path forward
(3:10 - 3:30pm)

Possible deep dive topics:

- All payer claims database
- Behavioral health integration
- Healthy Neighborhoods

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DCHI draft paper on access to claims data


Delaware Center for Health Innovation

Increasing access to claims data to support health innovation

April 5, 2016

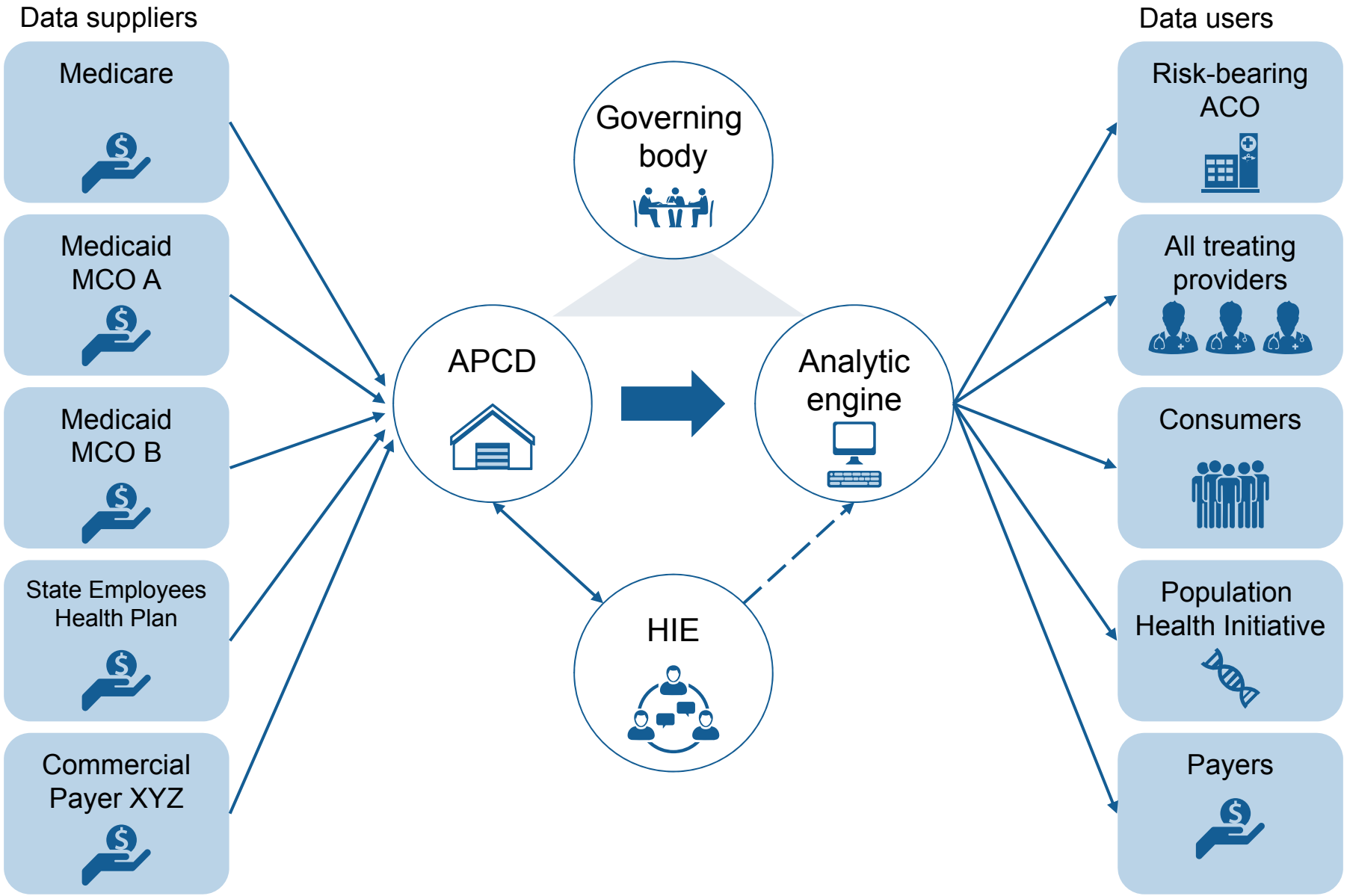
DRAFT AND PRELIMINARY PENDING FURTHER INPUT FROM DCHI BOARD
CONFIDENTIAL PENDING BOARD APPROVAL FOR PUBLIC RELEASE

Use cases

1. **Population health improvement**. Community leaders of population health and quality improvement initiatives may use claims data to understand the prevalence of illness and injury within the broader state population and specific communities
2. **Value-based purchasing.** Purchasers may benefit from analyses that provide insights into factors that contribute to cost, utilization and quality of care spanning populations
3. **Provider risk sharing**. Providers benefit from greater transparency on cost, utilization, and quality performance to identify drivers for improvement and to support entry into risk-sharing arrangements
4. **Consumer shopping for care.** Access to claims data allows consumers to determine what their share of the costs would be, often through “shopping tools” such as websites that provide information on the cost of care for a procedure

APCD data flow and operations

ILLUSTRATIVE



Potential implementation options mapped to use cases

1. Population health improvement
2. Value-based purchasing
3. Provider risk sharing
4. Consumer shopping for care

- May be fully enabled
- May be partially enabled
- Not possible to enable

	Description	Considerations	Use Cases 1	2	3	4
A APCD with contracted unit prices	▪ All payers submit **post-adjudicated claims data to central database** ▪ Centralized analysis or data extracts to 3rd parties for specific authorized uses ▪ Analysis/extract may either reflect unit prices, or regional averages depending on specific use case	▪ Access to data subject to specific authorized uses only ▪ Insights amplified by aggregation across payers and providers ▪ Affords insight into all drivers of cost variation ▪ Some use cases may allow for masking of proprietary information ▪ Consumer shopping may be better enabled by payers themselves based on ability to estimate of out-of-pocket (OOP) liability	●	●	●	◐
B APCD without contracted unit price information	▪ All payers submit **pre-adjudicated** claims data to central hub ▪ Centralized analysis or data extracts to 3rd parties for specific authorized uses ▪ Analyses use Medicare rates or RVUs in lieu of contracted unit prices	▪ Access to data subject to specific authorized uses only ▪ Insights amplified by aggregation across payers and providers ▪ Affords insight into only select drivers of cost variation	●	○	◐	○
C Centralized reporting of payer-executed analyses	▪ Payers **independently analyze** claims data to generate standardized outputs ▪ Analytic outputs are **aggregated centrally,** compiled for reporting	▪ Uses constrained to centrally defined analyses ▪ Multiple producers of data/ analytics require close monitoring and clear formats to ensure consistent reporting	◐	◐	◐	◐
D Data sharing between payers and providers	▪ Risk-bearing providers receive claims information **directly from payers** ▪ Providers conduct analyses themselves or through 3rd-party vendors	▪ Insights constrained by size of population included ▪ Requires each risk-bearing provider to operationalize data extraction, transformation, and loading separately with each payer	○	◐	●	○
E Payer-specific performance reporting	▪ Payers **independently** provide providers and/or consumers with analytic reports or performance measures for quality, utilization, and cost	▪ Consumer shopping enabled by payer estimate of OOP liability ▪ Other insights constrained by size of population included ▪ Uses constrained to analyses as defined by payers ▪ Providers may receive multiple reports from different payers complicating integration into their workflow	○	○	◐	●

Draft recommendations pending further input / discussion

1. Legislation should be considered to allow for the creation of an APCD and to mandate participation by state-regulated insurers and allow for voluntary participation by other payers and plan sponsors.
2. A governing body should be established with authority over the APCD, including representation from all key stakeholders groups
3. The existing DHIN infrastructure should be leveraged to facilitate the formation of the APCD
4. APCD start-up costs and operational costs should be funded through a combination of sources that maximize federal funding while asking institutional users to bear a reasonable share of costs to access data and reporting.
5. DCHI should work with the APCD operator to design and implement a robust standard analytics package to support the work of Healthy Neighborhoods and other population health improvement initiatives
6. Delaware's APCD should release data extracts to risk-bearing providers, with appropriate protections for patient confidentiality
7. Standard reporting on the drivers of cost and affordability, across populations should be made publicly available
8. The state should encourage payers to improve availability of consumer shopping tools and build capabilities for the future

Options for unit price disclosure through APCD

	A1 Provide for unit price info to be publicly available	A2 Authorize governing body to determine disclosure of prices	A3 Collect unit price information but restrict disclosure	B Restrict APCD to pre-adjudicated claims without unit prices[1]
Description	▪ Full unit price information is included in publicly available data extracts	▪ APCD Governing Body reviews data requests to determine if disclosure of unit price information is justified (e.g. for risk-bearing providers)	▪ APCD includes unit price information ▪ APCD-generated analyses do not disclose unit prices ▪ Claims data extracts normalize unit prices to market averages	▪ APCD is based on pre-adjudicated claims Data collection has limited fields so that claims files submitted by payers do not include full price information
What you would need to believe to select each option *For discussion which of these best reflect prevailing beliefs*	▪ Transparency into unit prices for all parties is key to improvements in cost and affordability ▪ There is strong enough stakeholder support for public transparency to allow for legislation of this option	▪ APCD should support improvements in affordability, rather than just quality and health improvement ▪ Unit price details are necessary to support select use cases ▪ APCD Governing Body will be in best position to judge the risks/benefits of unit price disclosure	▪ APCD should support improvements in affordability, rather than just quality and health improvement ▪ Unit price growth and variation are an important driver of costs, affordability ▪ Our goals can be met with high-level analysis of costs without unit price disclosure	▪ APCD only meant to advance health improvement and quality; other use cases to be supported through other means ▪ Concerns for proprietary interests trump need for full cost transparency ▪ Unlikely to win support for legislation with a greater level of transparency

1 The vast majority of states with functioning APCDs collect post-adjudicated claims data with price information. In addition to post-adjudicated claims, some APCDs also collect pre-adjudicated claims data which can provide more timely information on care delivery (e.g., gaps in care, events such as hospitalizations)

Further exploration of potential outcomes of APCD

Potential outcomes (intended or unintended)

1. Attractiveness of health insurance marketplace
   - Market entry of new payers
   - Market exit payers
2. Changes in provider pricing
   - Higher-price providers increase rates at a slower pace
   - Lower-price providers increase rates at a faster pace
3. Changes in market share
   - Risk-bearing providers refer patients to lower cost specialists and/or facilities
   - Consumers shift utilization to lower-cost providers

Next steps

Examine information available on these trends in other states that have fully implemented an APCD, e.g.,

- Maine
- Massachusetts
- New Hampshire
- Rhode Island
- Vermont

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Healthy Neighborhoods progress update

- Healthy Neighborhoods Committee is on track to launch 3 Neighborhoods in 2016
- We have begun introducing Healthy Neighborhoods through approximately 12 conversations with community leaders/organizations and interested groups. Some have expressed a high level of excitement as well as some uncertainty
- Today's update will cover three areas:
  - Progress across various areas of work
  - Feedback from initial conversations with community leaders
  - Progress on launch of 3 Neighborhoods this year

Summary of Healthy Neighborhoods work

Details to follow

Priority area	Update	Path forward
1 Develop outreach plan and resource inventory	▪ Finalized outreach presentation and reviewed with Committee ▪ Developed draft of outreach plan and resource inventory	▪ Collect expert input on resource inventory ▪ Review resource inventory with Committee on 4/20
2 Launch 1st local Council by June	▪ Initiated discussions with HN Committee members and community leaders ▪ Continue conversations with Wave 1 communities (West/Central Sussex, Wilmington/Claymont)	▪ Schedule meetings with potential Local Council members in Wave 1 communities
3 Pursue new grant funding opportunities	▪ Healthy Neighborhood Program Director will oversee identification of new funding opportunities and coordinate grant seeking efforts for HN	▪ Support Healthy Neighborhood program director in overseeing new funding opportunities upon hire
4 Develop sustainable funding approach	▪ Developed draft charter for sustainable funding working group	▪ Identify resource to lead working group ▪ Schedule work group kick-off meeting
5 Staff Healthy Neighbor-hoods program[1]	▪ Posted Healthy Neighborhoods program director job description on LinkedIn, DCHI website, and to Board and Committees ▪ Developed screening tool and interview guide for CV screen and phone interviews	▪ Expand recruitment to additional non-profit job board and HCC email distributions ▪ Develop “shortlist” of applicants and narrow to recommended hire

1 Original budget narrative identified 1 program director, 1 program manager, and 5 program coordinator to support Healthy Neighborhoods program

Feedback from initial conversations with Community leaders[1]

Receptivity and readiness:

- General positive reception from community leaders for Healthy Neighborhoods
- Variable level of community readiness in launch program

Emerging themes/challenges:

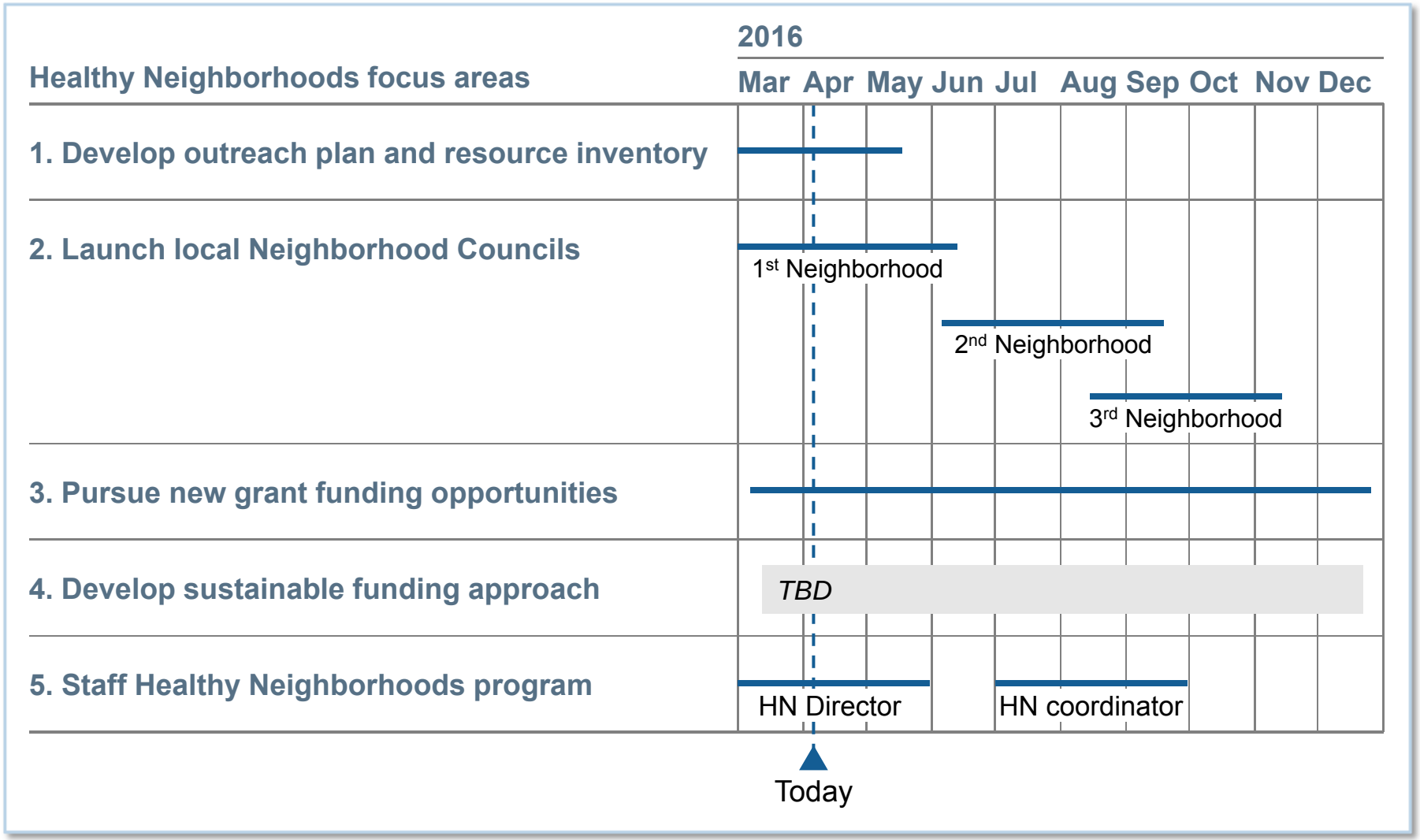
- Community contacts are identifying a need to build local capacity for program development, implementation, and evaluation (i.e. identification and development of resources, information sharing, data collection and management, etc.)
- They are also seeking money to help build upon existing programs that are reaching targeted populations and having some impact
- Local Councils should be encouraged to work with community based organizations to promote evidence based interventions and to encourage effective program evaluation
- Desire to infuse learning and information sharing early in the development of the councils and throughout to build upon best practices

Suggestions for DCHI's role:

- Act as convener, facilitator, and guide to help prepare stakeholders in a changing funding landscape
- Ensure buy-in and involvement from grassroot organizations

1 Based on meetings with ~12 community leaders from Wilmington and Sussex

Healthy Neighborhoods 2016 workplan



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Upcoming DCHI Meetings

Board	▪ May 11, 2:00pm ▪ DHSS Herman Holloway Campus, The Chapel	▪ June 8, 2:00pm ▪ UD Star Campus
 **Payment Model Monitoring**	▪ April 13, 4:30pm ▪ UD STAR Campus	▪ May 11, 4:30pm ▪ DHSS Herman Holloway Campus, The Chapel
 **Workforce and Education**	▪ April 14, 1:00pm ▪ UD STAR Campus	▪ May 12, 1:00pm ▪ UD Star Campus
 **Clinical**	▪ April 19, 5:00pm ▪ UD STAR Campus	▪ May 17, 1:00pm ▪ UD Star Campus
 **Healthy Neighborhoods**	▪ April 20, 1:00pm ▪ UD STAR Campus	▪ May 18, 1:00pm ▪ Bear Library
 **Consumer advisory**	▪ May 5, 1:00pm ▪ Edgehill Shopping Ctr	▪ June 2, 1:00pm ▪ Edgehill Shopping Ctr
Cross-committee	▪ May 25, 12:30-3:30pm ▪ Modern Maturity Center, Dover	

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