



ChooseHealth
D E L A W A R E

Delaware Center for Health Innovation Board Meeting

August 13, 2014



Agenda



Topic

Introductions and recap from last meeting

CMMI Model Test grant application update

Board structure

Update from Technical Advisory Group

Recap and next steps

Public Comment

Recap from last discussion

- At July meeting, the Board discussed
 - Reflections from orientation
 - CMMI Model Test application
 - Initial Board business
- Set 2nd Wednesday of each month as meeting date
- Elected Chair

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CMMI Model Test grant update

- Total of 12 Model Test grants to be awarded by CMMI, with 20-22¹ estimated applicants
- Up to \$700M total award, ranging from \$20-100M per state
- Governor's office designated Health Care Commission as Delaware's grant applicant and holder of funds
- Content was consistent with State Health Care Innovation Plan and incorporated stakeholder input
- Key dates
 - Letter of Intent submitted June 3rd
 - **Application submitted July 17th**
 - Oral presentation (with stakeholders) TBD
 - Notification in Fall 2014
 - Performance period is Jan. 1, 2015 – Dec. 31, 2018



¹ 19 Design states plus 1-3 additional new states (e.g., New Jersey)

Status update

Recent events

- Employer roundtable on July 9th hosted by Governor Markell and Delaware insurers
- Technical Advisory Group Meetings on July 10th, 22nd, and August 7th
- Daryl Graham nominated to DCHI Board by HCC (approved at August 7th meeting) – appointment pending final confirmation from DHIN

Upcoming

- Technical Advisory Group Meeting on August 18th
- Health Care Commission meeting on September 4th
- Innovation Center Board Meeting on September 10th
- CMMI oral presentations TBD

High-level milestones for 2015-2018 (from grant application)

2015

- Innovation Center staff in place (Q1)
- Provider education/awareness campaign (Q1/Q2)
- Launch of provider enrollment (Q2)
- Provider “shadow” performance reports available (Q2)
- Practice transformation support begins (Q3)

2016

- Performance period and care coordination fees begin
- Continue provider education and enrollment
- Pilot for Healthy Neighborhoods
- Initial patient engagement tools released
- Overall and population health scorecards published
- Workforce curriculum in place with trainings underway

2017

- First wave of practices has met all transformation milestones
- Continue provider education and enrollment
- Workforce planning capacity plan complete

2018

- 90% of providers in value-based programs
- 90% of relevant workforce has participated in training
- Healthy Neighborhoods program operating at scale



High-level focus areas for remainder of 2014

PRELIMINARY

Innovation Center

- Set up Board committees and other Board logistics (e.g., website)
- Hold monthly Board meetings
- Follow up on CMMI grant (e.g., oral presentations)
- Begin developing monitoring & evaluation strategy (overall scorecard)

Stakeholder engagement

- Develop communications strategy and launch town halls
- Continue regular discussions with key stakeholders
- Continue to report out to Health Care Commission, hold cross-committee meetings

Scorecard

- Refine common provider scorecard measures
- Design and build data collection and reporting capability for common provider scorecard
- Design data collection and reporting capability for overall scorecard

Practice transformation

- Develop practice transformation and care coordination support requirements
- Define approach for learning collaboratives



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Overview of by-laws

By-laws: Highlights

- Stated Purpose – Section 1.2
- Composition and Qualifications – Section 3.2(c)
- Committees – Sections 4.2 and 4.3 (Standing Committees, Nominating Committee, Special Committees – Technical Advisory Group)
- Officers – Section 5.1
- Annual Meeting – Section 3.5

Discussion

- Board Officers – Discuss Positions, Qualifications, Nominating Process
- Committees – Discuss Process for Appointment of Chairs and Committee Members

Committee overview

Context

- Bylaws specify six committees (Payment Model Monitoring, Clinical, Patient Advisory, Workforce & Education, Healthy Neighborhoods, Nominating)
- Governed by Sections 4.2 and 4.3 of bylaws
- Committees must have at least one member of Board and may include standing members who are not on Board (as appointed by Board)
- Board members identified initial interest in serving on specific Committees

Goals for today

- Discuss
 - Board member alignment
 - Appointing standing members
- Draft for both is proposed on following pages – for discussion purposes only



Potential alignment with committees – draft for discussion

	Potential members		Potential members
Clinical	<ul style="list-style-type: none">▪ Nancy Fan▪ Alan Greenglass▪ Traci Bolander	Workforce & Education	<ul style="list-style-type: none">▪ Bettina Riveros▪ Kathy Janvier
Healthy Neighborhoods	<ul style="list-style-type: none">▪ Lolita Lopez▪ Matt Swanson	Payment Model Monitoring	<ul style="list-style-type: none">▪ Tom Brown▪ Paul Kaplan▪ Greg Bahtiarian▪ Brenda Lakeman▪ Rita Landgraf
Patient Advisory	<ul style="list-style-type: none">▪ Rita Landgraf▪ (Daryl Graham)	Technical Advisory Group	<ul style="list-style-type: none">▪ Gary Siegelman▪ Jan Lee



Defining initial committee members

~70 recommendations received for Board's consideration

Proposed approach

- | | |
|--|-----------------------|
| ▪ Committee Chairs draft charters for review at next meeting | ▪ Now-early September |
| | |
| ▪ Potential committee members circulated to Board | ▪ September 10 |
| | |
| ▪ Sub-committee of Board meets to finalize committee alignment | ▪ Mid– end September |
| | |
| ▪ Full Board considers and makes final determination | ▪ October 8 |

For discussion today

- Define committee member approach
- Discuss role for interim clinical input



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Context for today's common scorecard vendor discussion

Context

- A common provider scorecard will aggregate quality, cost, and satisfaction metrics across payers
- Development requires the cooperation of DHIN, payers, providers, and others
- The Technical Advisory Group (TAG), with representation across all these groups, has been designing solution
- DHIN, as the organization responsible for implementation, is leading the vendor decision process
- Because of the broad use of the scorecard, the DCHI Board would like to better understand the selection process

Today's objectives

- Describe Technical Advisory Group's role
- Provide summary of vendor responsibilities
- Describe vendor selection process to date and summarize next steps

Technical Advisory Group has been vetting initial system design

Technical Advisory Group

- The Technical Advisory Group (TAG) was established to provide broad stakeholder input to help DHIN design and implement the technology systems necessary for the SIM program
- It has representatives from major payers, provider systems, independent providers, and DHIN
- The group has been meeting bi-weekly since June to problem solve and validate initial technical designs for the common provider scorecard

Current design

- In the proposed model, DHIN and the vendor would be responsible for:
 - Securely collecting data submissions from providers (e.g., practice transformation milestones)
 - Securely receiving practice metrics from payers (e.g., cost or process measures)
 - Aggregating above information (i.e., adding and dividing metrics) into a scorecard per practice
 - Securely distributing scorecard to practices and payers
- Providers and payers would have an extensive “beta” period beginning in Q2 2015 to test and refine initial system before performance period begins in 2016



Vendor selection process

- As the entity ultimately responsible for implementation, DHIN has examined a range of vendors across multiple dimensions:
 - Price
 - Ability to meet the timeline
 - Temporary launch solution vs. extensible solutions that can grow to desired end-state
 - Opportunity to leverage:
 - Existing DHIN tools and infrastructure
 - Existing DHIN vendor relationships
 - “Fit” with DHIN’s technology roadmap and other business initiatives
 - Experience with similar customers/situations
- DHIN has reviewed these criteria and the vendor selection process with the Technical Advisory Group, and the group feels comfortable with the current direction
- The procurement is still ongoing (award note yet made), and negotiation with leading vendor will commence once requirements are finalized with interim clinical working group

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Communications approach

Context

- DE approach is based on inclusive, multi-stakeholder
- Scope includes all of Delaware, across providers and payers and other health care institutions, as well as local communities – success depends upon broad awareness and participation

Requirements

- Simplified messaging about what we're trying to achieve and why, how to participate, and what it will mean for consumers, patients, providers, and other health system participants to build awareness
- Clear timeline and phases of communication (e.g., awareness, education, peer-to-peer learning)

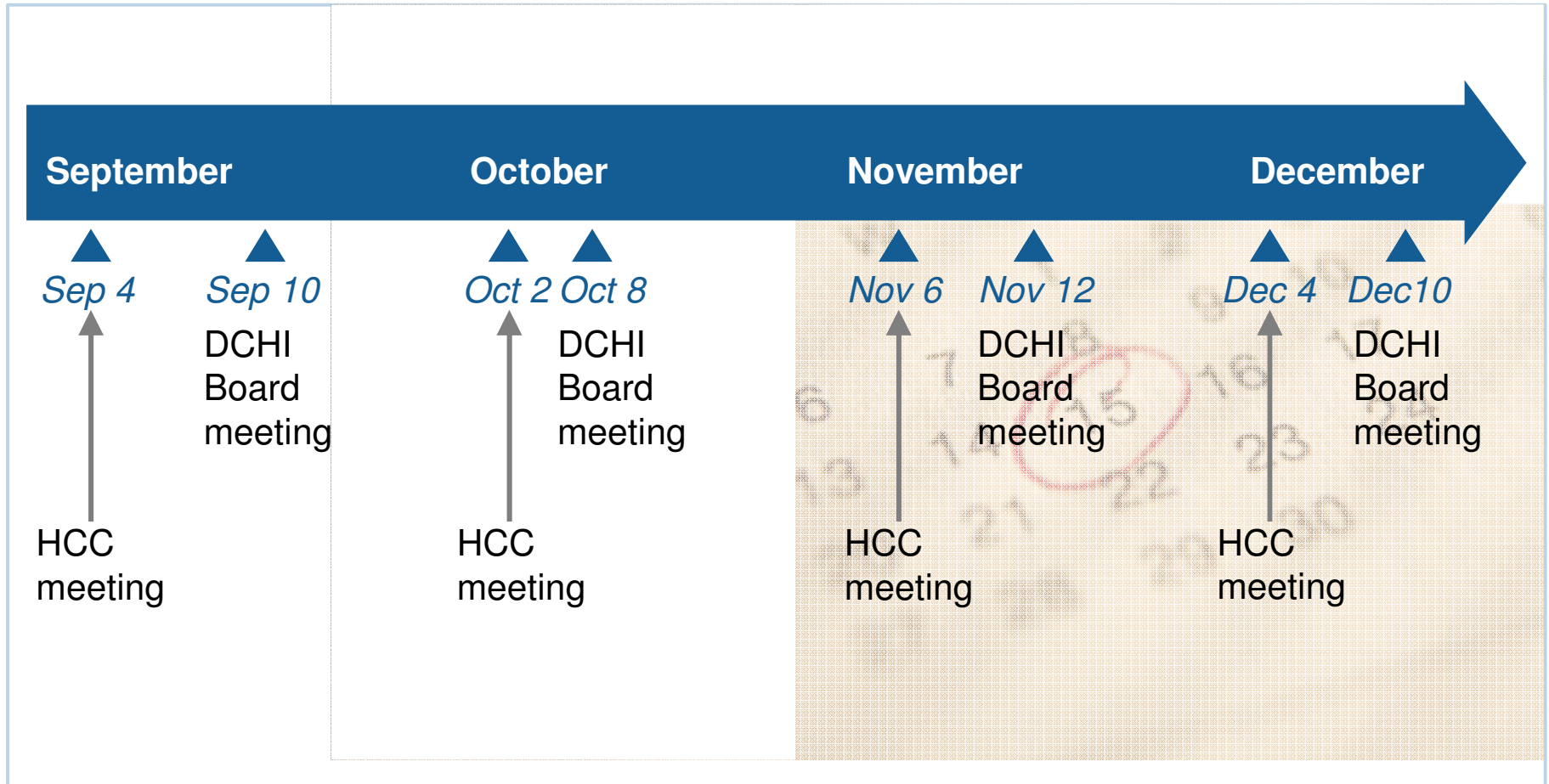
Questions for discussion

- What are the most pressing communications needs that you have observed?
- What best practices in other initiatives should DE replicate?
- What are relative roles of Board and HCC in development of Communications strategy?

Goal: draft initial ideas and materials for discussion in September



Upcoming meetings



All posted on public calendar

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