



Delaware Center for
Health Innovation

Board Meeting

December 9, 2015

Agenda



Topic

Call to order

Nominating Committee update

Status updates

Cross-Committee debrief

Board business

Behavioral health integration

Overall program dashboard

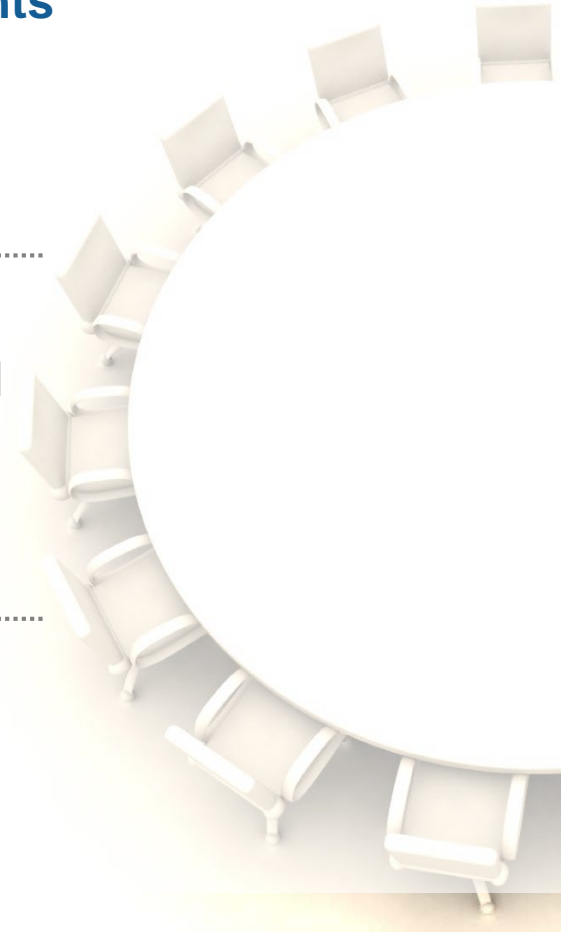
Public comment

Summary of November DCHI Board meeting

- DCHI Executive Director **updated Board on progress made towards DCHI startup and infrastructure requirements**
- Board voted to **renew all existing Committee chairs**
- Board **approved Consensus paper on Health Care Workforce Learning and Re-Learning Curriculum**

- Discussed **2016 milestones** and **Health IT roadmap**
 - Board asked to **review the milestones for 2016** and provide feedback
 - Board reviewed **emerging proposal for Health IT priorities and areas of focus**

- Reviewed overall **program dashboard**
 - Board asked to provide feedback on metrics for **overall outcomes** and **progress in DCHI program areas**
 - Board discussion of **final program dashboard** to occur in December



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Mary Kate Mouser, Operational Vice President of Nemours Health & Prevention Services



Mary Kate Mouser is the **Operational Vice President of Nemours Health and Prevention Services (NHPS)**

- **20 years of leadership experience** in the fields of health care, nonprofits, advocacy, marketing, communications, government affairs and community relations
- Under her leadership, NHPS received **CMS and CDC award for improving the health of children and families** through system, policy, and environment changes

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Committee updates (1/2)

Committee	Update	Path forward
Clinical	<ul style="list-style-type: none"> ▪ Discussed Practice Transformation roll-out and vendor outreach ▪ Reviewed timelines and next steps for future releases of the Scorecard, including: <ul style="list-style-type: none"> – Approaches for including PT milestones – Options for implementing patient experience survey ▪ Discussed progress of the behavioral health integration working group ▪ Discussed alternative approaches for care coordination support for PCPs 	<ul style="list-style-type: none"> ▪ Work to finalize a patient experience survey ▪ Discuss with Healthy Neighborhoods alternative approaches to care coordination
Payment	<ul style="list-style-type: none"> ▪ Reviewed updates on practice transformation vendor outreach ▪ Revisited ideas for accelerating the shift to value-based payment ▪ Discussed payers' current progress towards availability and adoption goals 	<ul style="list-style-type: none"> ▪ Assess new payment models as payers make details available ▪ Provide input into ways to catalyze greater adoption ▪ Continue engagement with emerging ACOs and CINs
TAG	<ul style="list-style-type: none"> ▪ Reviewed status of Q4-2015 release of Scorecard V1.0 and reviewed feedback from testing practices ▪ Agreed on approach to work with practices and assess quality of scorecard data ▪ Discussed options for adding clinical data to populate Scorecard metrics ▪ Reviewed high level HIT roadmap 	<ul style="list-style-type: none"> ▪ Next release of Scorecard v1.0 with 2015 YTD data to testing practices ▪ Continue to review options for capturing data on practice participation in VBP

Committee updates (2/2)

Details on next page

Committee

Update

Path forward

Workforce

- Reviewed first draft of the consensus paper on recommendations for credentialing health care providers
- Discussed procurement for Graduate Health Professionals Consortium and Learning/Re-Learning curriculum. Will secure vendor(s) in Q1 2016.
- Reviewed outline of the Workforce Capacity Planning Consensus Paper
- Agreed to establish a Community Health Worker sub-committee with representatives from Healthy Neighborhoods and Clinical

- Prepare to finalize the Graduate Health Professional and Learning/Re-Learning RFP
- Conduct additional research on licensing and include findings in credentialing consensus paper

Consumer (update from 11/5)

- Reviewed and provided feedback on concepts for broader patient outreach plan
- Discussed audiences and tactics for outreach, including best practices

- Continue to refine outreach materials and plan

Healthy Neighborhoods

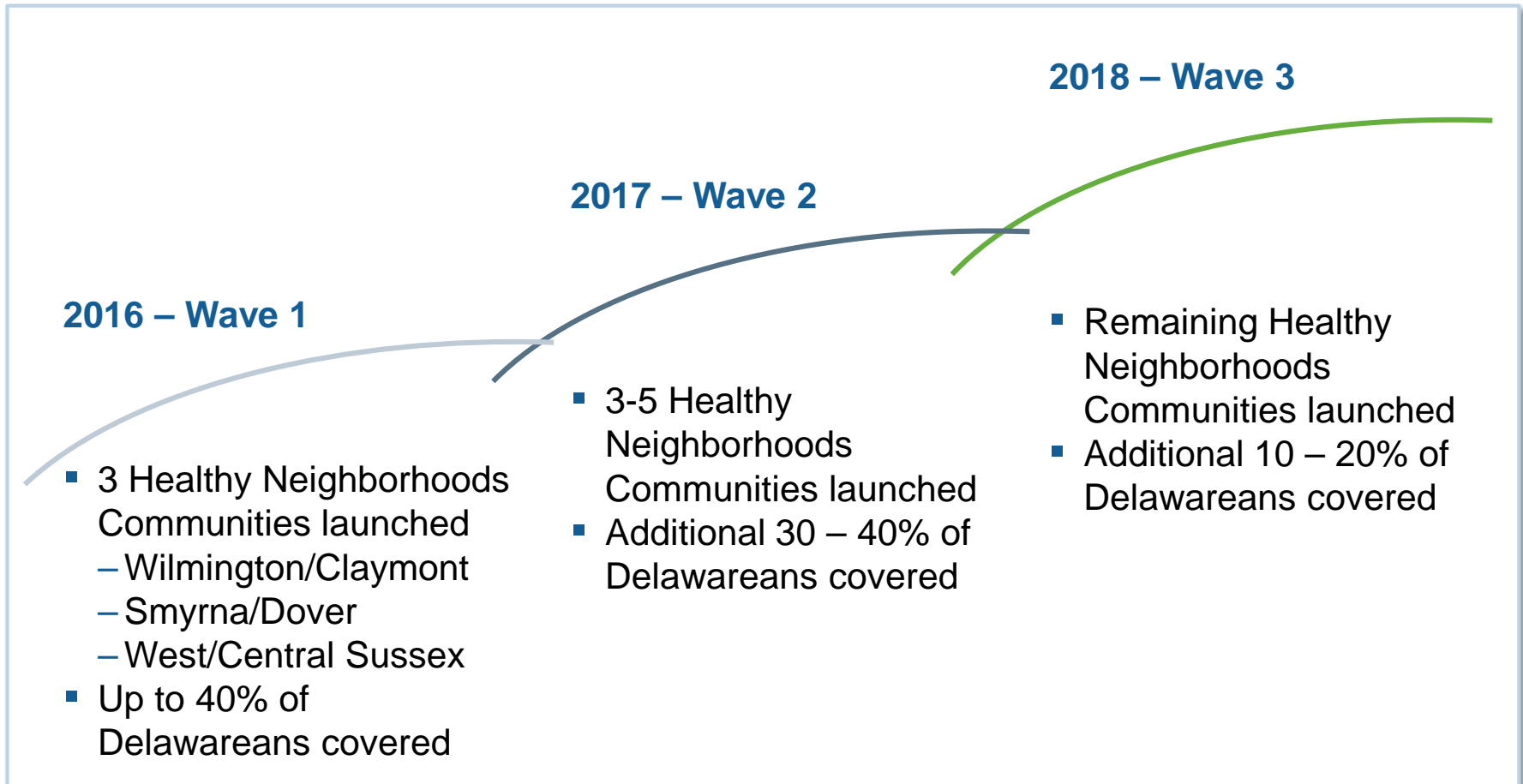
- Discussed on following pages

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Healthy Neighborhoods update – current working approach from the Committee

- In the short term, the **Healthy Neighborhoods Committee will finalize the DCHI Healthy Neighborhoods rollout paper**, including:
 - Approach to rollout (e.g., structure of waves, how to test readiness of any community)
 - Process for setting up each Community
 - Implementation plan (including for developing resources to support communities)
- Current proposal is for 3 waves of Healthy Neighborhoods Communities over the next 3 years with the aim of covering at least 80% of the population by 2018
 - Communities will be **prioritized based on relative level of need and readiness to launch**
 - Plan to launch **3 Healthy Neighborhoods Communities** in 2016 (Wave 1) focusing on **Wilmington/Claymont, Smyrna/Dover, West/Central Sussex**
- Committee will bring final approach **on Healthy Neighborhoods rollout** for consideration by the Board in January 2016

Approach for Healthy Neighborhoods rollout

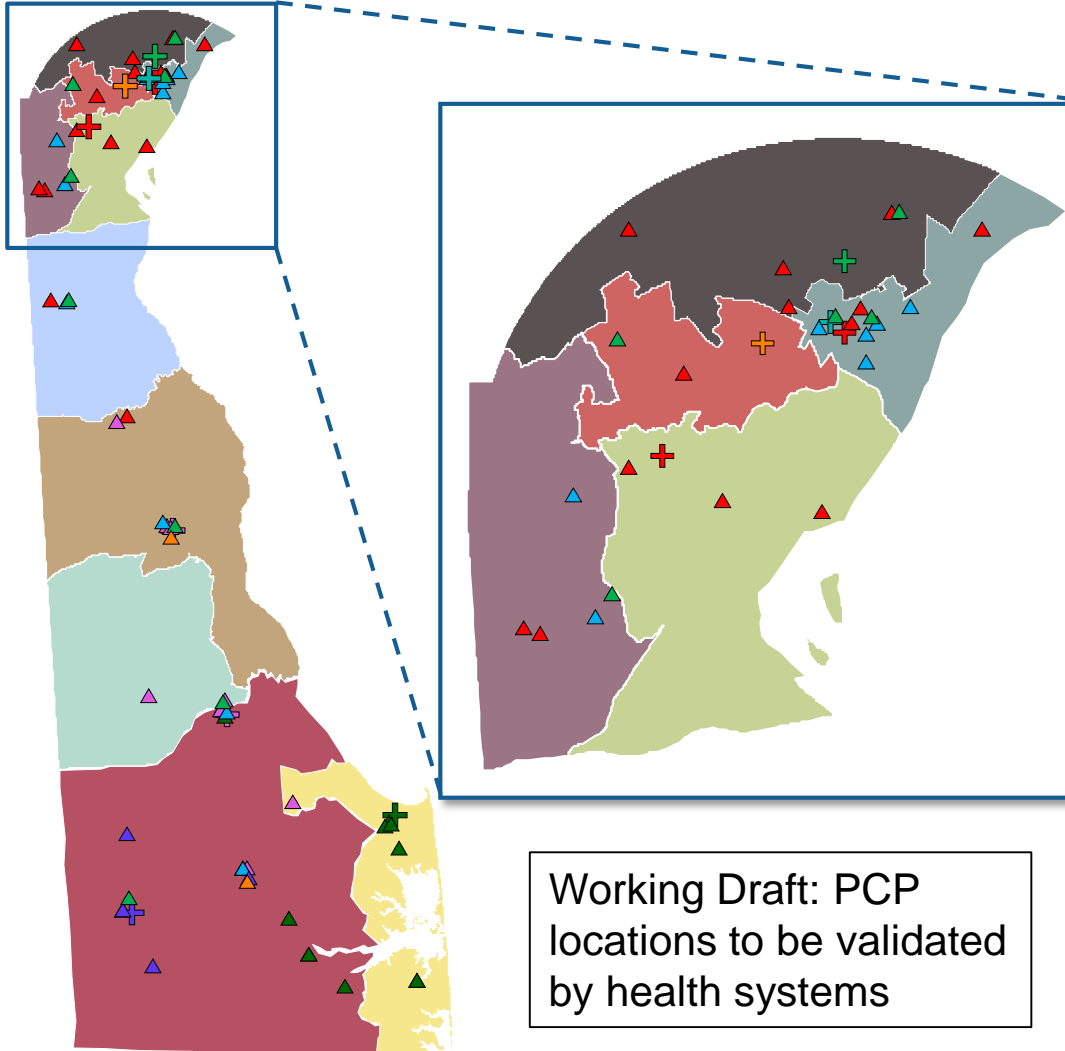


Updated Healthy Neighborhoods Community Map

⊕ Hospital
 △ PCP

Affiliation

■ CCHS
 ■ St Francis
 ■ Nanticoke
 ■ Nemours
■ Beebe
 ■ Bayhealth
 ■ FQHCs
 ■ Veterans Affairs



	Communities	Popu-lation ¹	Health systems ²	FQHC(s) ³
1	Wilmington/Claymont	99,000	CCHS (Wilmington), St. Francis, Nemours	WFH, HJMC
2	Brandywine/Hockessin	77,000	CCHS (Christiana), St. Francis, Nemours	WFH, HJMC
3	Newark/Bear/Glasgow	109,000	CCHS (Christiana), St. Francis, Nemours	WFH
4	Christiana/Pike Creek	103,000	CCHS (Christiana), St. Francis, Nemours, VA	WFH, HJMC
5	New Castle/Red Lion	97,000	CCHS (Christiana), St. Francis	WFH, HJMC
6	Middletown/Odessa/Townsend	49,000	CCHS (Christiana), Bayhealth (Kent), Nemours	WFH
7	Smyrna/Dover	103,000	Bayhealth (Kent), CCHS (Christiana) Nemours, VA	WFH
8	Lower Kent	57,000	Bayhealth (Milford), Nemours	LRHC
9	West/Central Sussex	130,000	Nanticoke, Beebe, Nemours, VA	LRHC, WFH,
10	Eastern Sussex	68,000	Beebe	LRHC

Working Draft: PCP locations to be validated by health systems

1 Rounded to nearest thousand

2 Locations of hospitals and primary care centers shown on map; CCHS = Christiana Care Health System; VA = Veterans Administration

3 HJMC= Henrietta Johnson Medical Center; WFH= Westside Family Healthcare; LRHC= La Red Health Center

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Cross-Committee meeting overview

- **Agenda:** Progress update on Board activities, Committee updates through gallery walk interactive sessions, and deep-dives on Health IT and behavioral health integration
- **Attendance: More than 70 attendees** across Board, Committees, broader set of SIM contributors and public
- **Feedback:** Overwhelmingly positive feedback on the structure and content of the Cross-Committee (e.g., interactive gallery walk, deep dives with Q&A)
- **Next meeting tentatively planned for March 2016**



PRELIMINARY PREDECISIONAL WORKING DOCUMENT: SUBJECT TO CHANGE

Your input: Healthy Neighborhood rollout

Question: What would be the most appealing reason for your community to participate in the Healthy Neighborhood program?
Instructions: Place 1 dot on your preferred option, use post-it notes to identify any other options not listed or existing resources that would be useful for the community

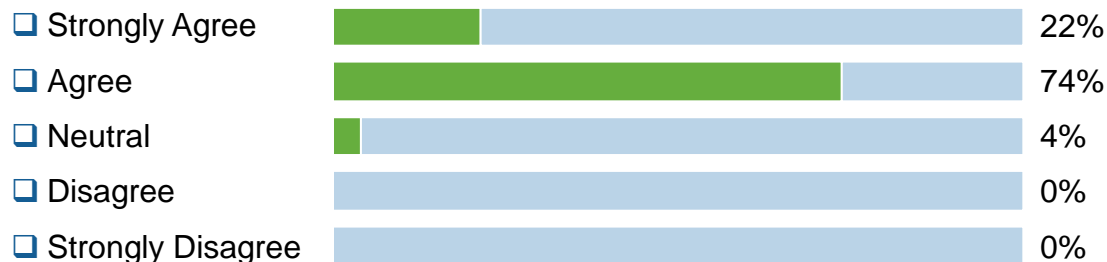
Possible options	Your feedback
<ul style="list-style-type: none"> Ability to align with care delivery innovation (e.g., care coordination, practice transformation) 	
<ul style="list-style-type: none"> Potential to get to sustainable funding 	
<ul style="list-style-type: none"> Opportunity to have everyone at the table 	
<ul style="list-style-type: none"> Dedicated staff and technical assistance 	
<ul style="list-style-type: none"> Coordination of resources (e.g., from state agencies) 	
<ul style="list-style-type: none"> Other 	

Handwritten notes on sticky papers include:

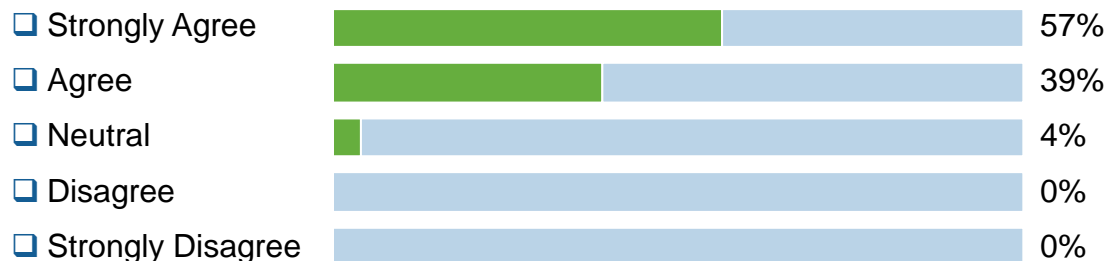
- Healthcare services for the community
- Public health services for the community
- Healthcare services for the community
- Healthcare services for the community
- Healthcare services for the community
- Healthcare services for the community
- Healthcare services for the community
- Healthcare services for the community

Feedback on the meeting overall

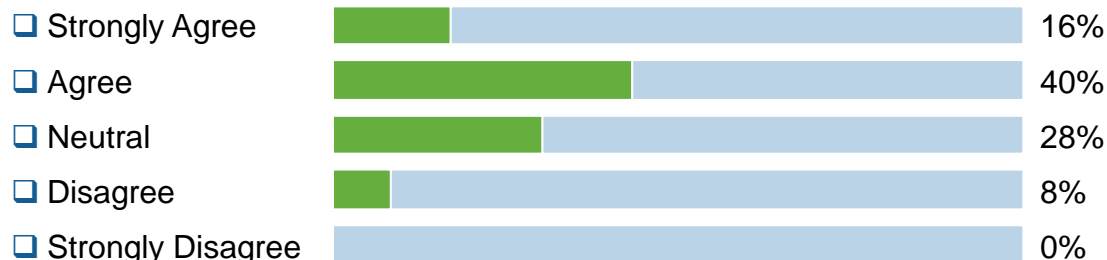
Overall: The Cross-Committee meeting was a valuable use of time



Overall: The Cross-Committee meeting was a valuable opportunity to learn more about the work of the DCHI and its Committees



Overall: The Cross-Committee meeting was a valuable opportunity to contribute feedback about the work being done by the DCHI and its committees

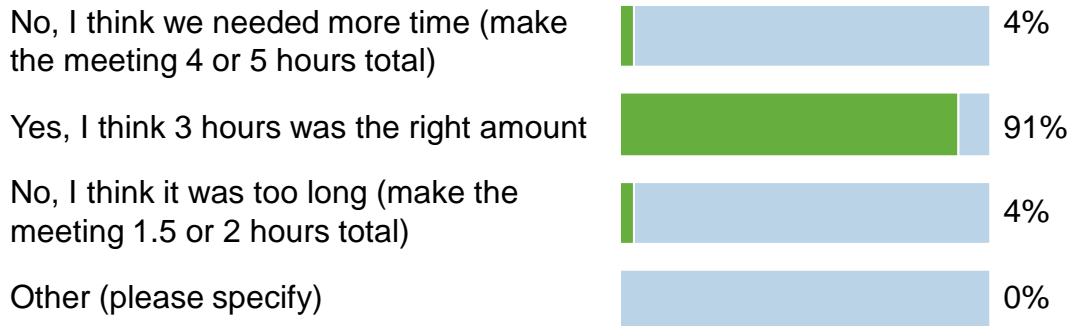


“Need frequent touch from DCHI to stakeholders as to what is going on. Please continue the transparency. Great job.”

“Big picture overview and current status of each committee was very helpful as well as the opportunity to hear feedback from participants on areas of concern and suggestions.”

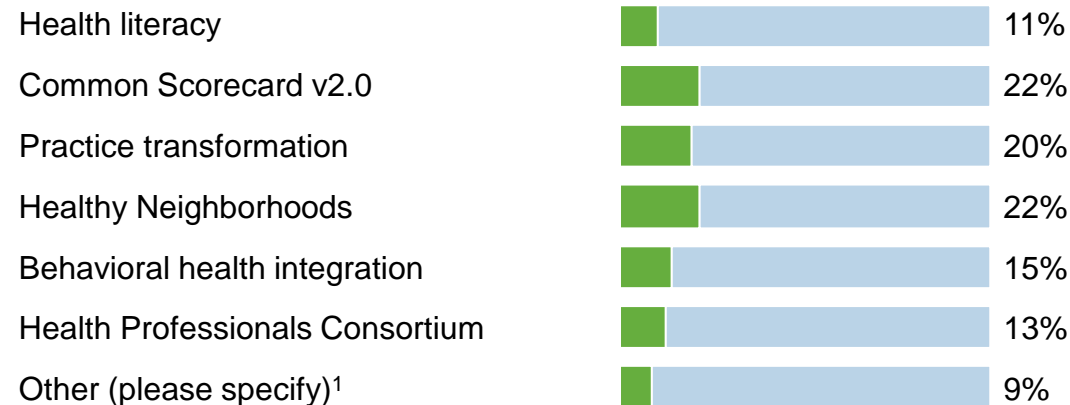
Length and topics covered

Overall: Was the meeting the right length?



“Gallery walk was right amount of time. Liked the **opportunity to both select priorities, and give comments.**”

Overall: What topics would you like to hear more about next time?



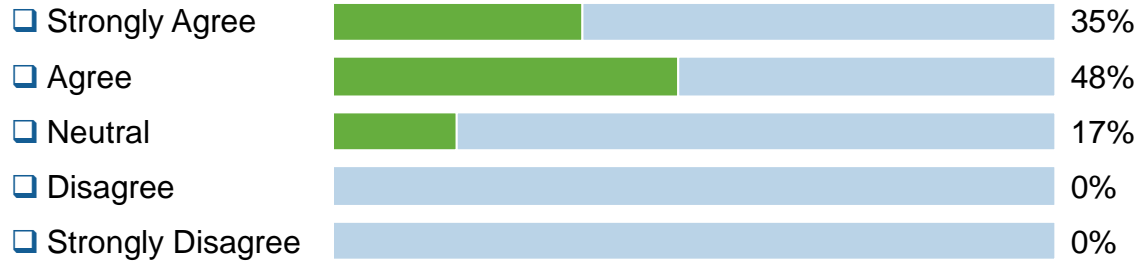
“I think the next meeting might be a good time to **step away from the committee details and focus on the bigger picture.**

- **How will this initiative connect and change the current system of care during the coming year?**
- **What will it actually look like for a patient in a transforming practice?**”

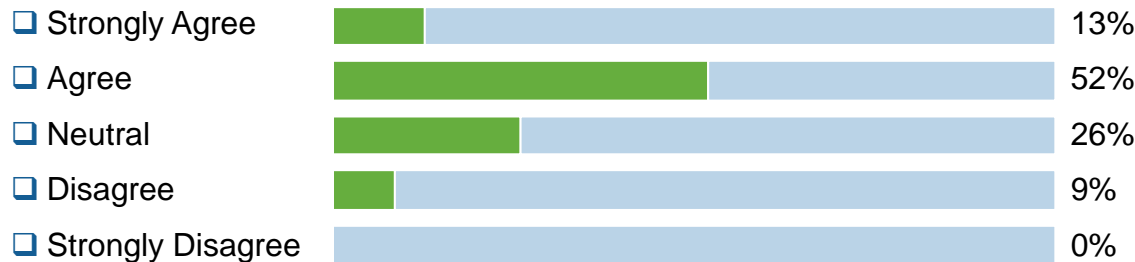
¹ 1 Respondents did not identify additional topics

Feedback on Gallery walk and deep dive topics

Gallery walk: The Committee updates (6 stations with posters with short talk by co-chairs) were a valuable opportunity to better understand the work of each Committee and how the Committees fit together



Deep dive on Health IT: The format of the deep dive (presentation followed by Q&A) was an effective way to share details and get input on Health IT



Deep dive on Behavioral health integration: The format of the deep dive (presentation followed by Q&A) was an effective way to share details and get input on BHI



The deep dives seem like an effective way to get into more depth on a topic and provide another opportunity to ask questions and provide feedback.

The deep dive presentations are helpful, especially the question and answer portions as they provide another opportunity to provide feedback.

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Category	Item
ED report	<ul style="list-style-type: none">▪ Update on DCHI startup and infrastructure
DCHI Committees	<hr/> <ul style="list-style-type: none">▪ Approval of 2016 Committee rosters▪ Update of Committee charters▪ Committee meeting working approach

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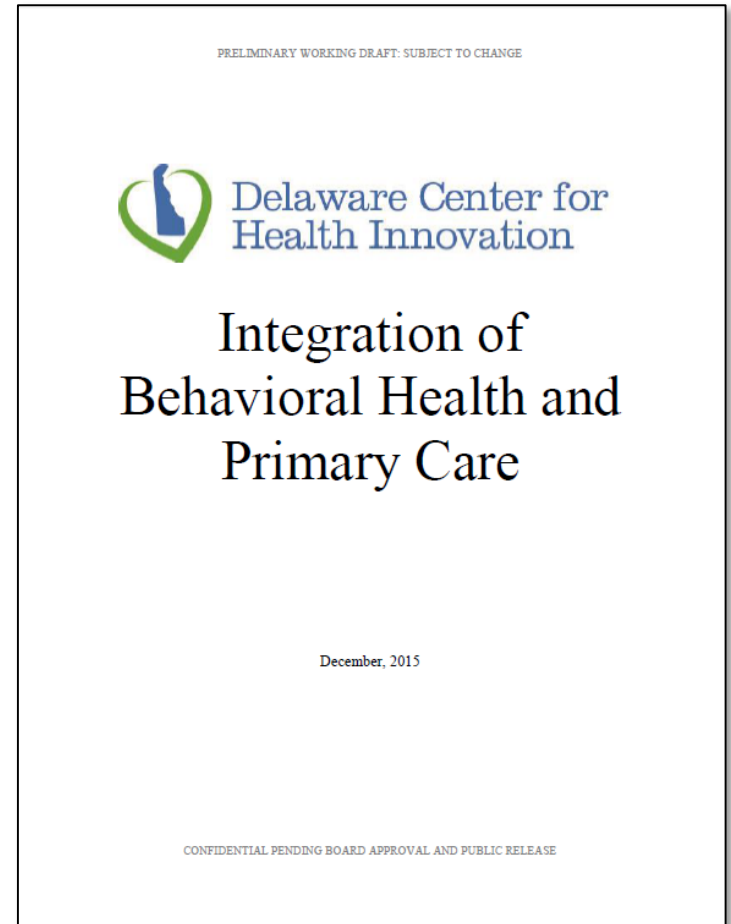
Public comment

Consensus Paper on Behavioral Health Integration

Paper for approval

Contents

- The case for behavioral health and primary care integration in Delaware
- Vision for behavioral health integration
- Strategy for achieving this vision (including potential resources and support to be provided by DCHI)
- Performance and evaluation measures
- Timeline for implementation



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Revised: Draft overall program dashboard

■ For discussion today

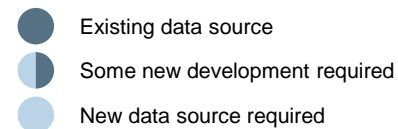
		Metric
Overall Outcomes	Overall health	Overall health ranking
	Cost	Total medical and pharmacy expenditures
	Quality	Quality and efficiency of medical care provided to patients
	Provider satisfaction	Provider satisfaction as a leading indicator of participation in market
	Patient experience	Patient satisfaction with provider care and payers
Progress in DCHI program areas	Care delivery	Provider implementation of innovative care techniques
	Payment innovation	Availability and adoption of value-based payment models by payers and providers
	Healthy Neighborhoods	Coverage levels throughout the state
	Workforce	Provider workforce availability against market needs
	Consumer	Consumer engagement in their healthcare

Revised: Overall outcomes

-  Existing data source
-  Some new development required
-  New data source required

	Metric	Methodology	Source	Frequency of update	Current data availability
Overall health	<ul style="list-style-type: none"> Overall health ranking 	<ul style="list-style-type: none"> Combines behaviors, community conditions, policies, and clinical care data to provide a holistic analysis 	<ul style="list-style-type: none"> America's Health Rankings 	<ul style="list-style-type: none"> Annual 	
Cost	<ul style="list-style-type: none"> Total medical and pharmacy expenditures 	<ul style="list-style-type: none"> Compares total cost of care to GDP and per capita cost goals 	<ul style="list-style-type: none"> Common Scorecard 	<ul style="list-style-type: none"> Annual 	
Quality	<ul style="list-style-type: none"> Quality and efficiency of medical care provided to patients 	<ul style="list-style-type: none"> % of PCPs meeting 75% or more of DCHI goals 	<ul style="list-style-type: none"> Common Scorecard 	<ul style="list-style-type: none"> Annual 	
Provider satisfaction	<ul style="list-style-type: none"> Provider Satisfaction as a leading indicator of participation in market 	<i>For discussion today</i>			
Patient experience	<ul style="list-style-type: none"> Patient satisfaction with provider care and payers 	<ul style="list-style-type: none"> Aggregated global patient satisfaction rating from patient survey 	<ul style="list-style-type: none"> Patient survey 	<ul style="list-style-type: none"> Annual 	

Revised: Progress in DCHI program areas



	Metric	Methodology	Source	Frequency of update	Current data availability
Care delivery	<ul style="list-style-type: none"> Provider implementation of innovative care techniques 	<ul style="list-style-type: none"> Average % of practice transformation milestones achieved across all practices in the scorecard 	<ul style="list-style-type: none"> PT vendor reports; Scorecard 	<ul style="list-style-type: none"> Quarterly 	
Payment innovation	<ul style="list-style-type: none"> Availability and adoption of value-based payment (VBP) models by payers and providers 	<ul style="list-style-type: none"> % of Delawareans covered by VBP models 	<ul style="list-style-type: none"> Payer data 	<ul style="list-style-type: none"> Quarterly 	
Healthy Neighborhoods	<ul style="list-style-type: none"> Coverage levels throughout the state 	<ul style="list-style-type: none"> % of Delawareans part of a Healthy Neighborhoods Community 	<ul style="list-style-type: none"> Census track data; HN reports 	<ul style="list-style-type: none"> Quarterly 	
Workforce	<ul style="list-style-type: none"> Provider workforce availability against market needs 	<i>For discussion today</i>			
Consumer	<ul style="list-style-type: none"> Consumer engagement in their healthcare 	<i>For discussion today</i>			

Provider satisfaction: Options for measurement

Original metric description: Provider Satisfaction as a leading indicator of participation in market

What do we want to measure?

Potential options

- A Overall provider satisfaction with the practice of medicine**, to serve as a leading indicator for future provider participation in the market
- B Provider satisfaction with DE SIM / DCHI**, to gauge perceptions around the impact of healthcare innovation on providers
- C Satisfaction with specific elements of DE SIM / DCHI** (e.g., practice transformation), to test impact of specific initiatives at the provider level

How do we want to measure it?

Potential approaches

- 1 Conduct a statewide provider satisfaction survey**, allowing maximum flexibility but with cost and effort depending on modality chosen
- 2 Utilize and/or build upon existing national or local provider surveys** (e.g. Physician Foundation, UD, MSD), limiting flexibility and frequency with some potential costs
- 3 Use existing touchpoints with providers** (e.g., practice transformation vendor assessments) to track satisfaction, limiting providers in-scope but at little cost and effort

Workforce: Options for measurement

Original: metric description: Provider workforce availability against market needs

What do we want to measure?

Potential options

- A Overall workforce availability** (e.g., physicians per 100,000 population), to track strength of the health care sector
- B Provider perceptions of availability of health workforce** (e.g., ability to hire for their practice or to make referrals) as a proxy for overall strength of the sector
- C Uptake of specific DCHI workforce activities / resources** to measure DCHI's impact

How do we want to measure it?

Potential approaches

- 1 Add question(s) to a potential new provider satisfaction survey** to capture provider perceptions on workforce, with greater flexibility and limited incremental cost
- 2 Leverage metrics from existing national or local reports** (e.g., AAMC, HRSA, UD/HCC), capturing high-level view but potentially limiting flexibility and frequency
- 3 Track attendance at DCHI-endorsed workforce learning events**, with least incremental cost but also least direct link to actual workforce strength

Consumer: Options for measurement

Original metric description: Consumer engagement in their healthcare

What do we want to measure?

Potential options

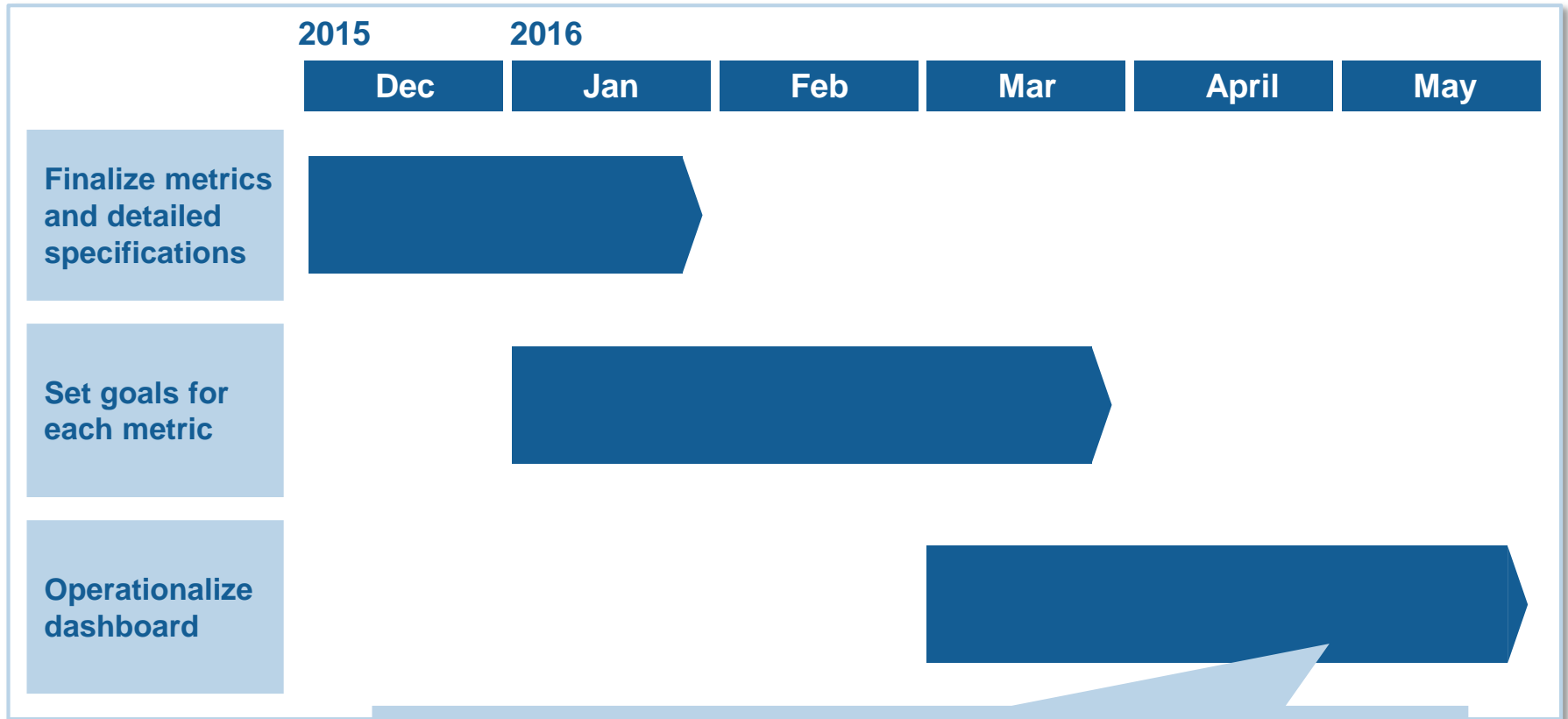
- A Self-reported consumer ratings of engagement in their healthcare**, to broadly track progress outside context of specific providers or encounters
- B Consumer engagement ratings as a component of patient experience** with specific providers and encounters
- C Uptake of specific DCHI consumer activities / resources** to measure DCHI's impact

How do we want to measure it?

Potential approaches

- 1 Launch statewide healthcare consumer survey** focused on engagement and health literacy, maximizing insights but at potentially high cost and effort
- 2 Add consumer engagement question(s) to patient experience survey** to be launched for Scorecard, limiting scope to specific patient encounters but at little incremental cost
- 3 Track traffic to DCHI web site's consumer resources**, with least cost but also least direct link to actual consumer engagement

Next steps and timeline for operationalizing the Dashboard



- Launch of overall program dashboard can be **synchronized with statewide rollout of Scorecard v2.0**
- **Initial launch will likely be partial** as patient experience survey and other elements come online over time

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Upcoming DCHI Committee Meetings



Workforce and Education

- December 10, 1:00pm
- UD STAR Campus



Healthy Neighborhoods

- December 10, 3:15pm
- UD STAR Campus



Patient and consumer advisory

- January 7, 1:00pm
- Edgehill Shopping Center



Payment Model Monitoring

- January 13, 5:00pm
- UD STAR Campus



Clinical

- January 19, 5:00pm
- UD STAR Campus

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