Delaware Center for Health Innovation Board Meeting

January 14, 2015

Agenda

Topic

- **Call to order**
- Board operations
- Committee status updates
- CMMI grant award
- Public comment

Summary of December DCHI Board meeting

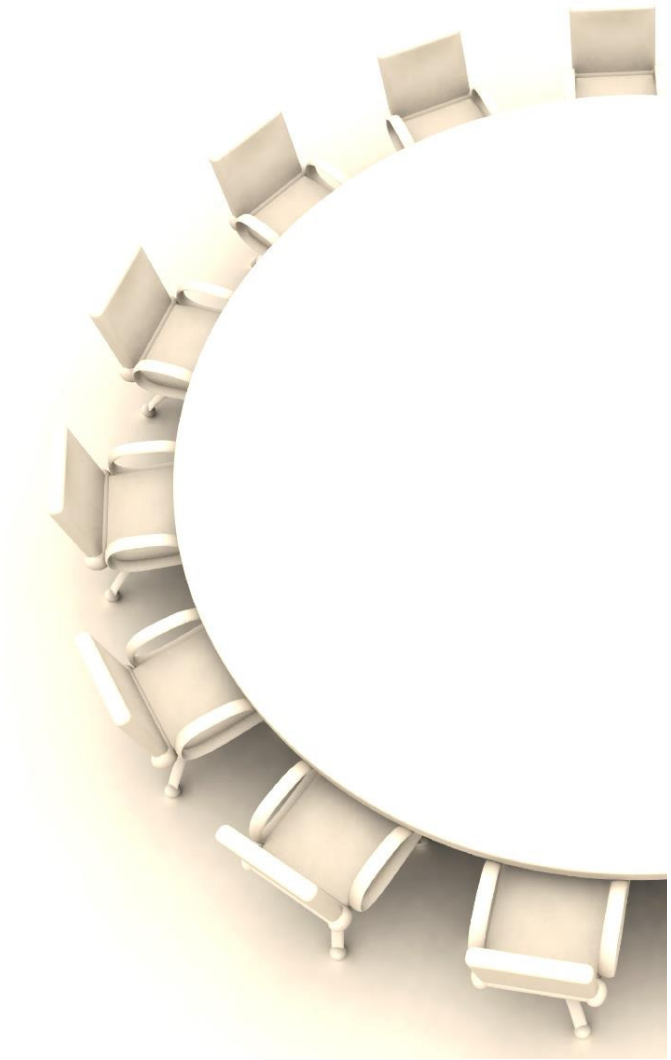
Reviewed recent committee progress

Reviewed SIM grant application funding sources and uses

Discussed needs for practice transformation and care coordination and RFI/RFP process

Amended bylaws and updated committee membership

Draft minutes for the December meeting are available at your seats



Status updates

Recent highlights

Health Care Commission	▪ Monthly HCC meeting held on 1/8/15 ▪ RFI for Practice Transformation and Care Coordination to be issued
Speaking engagements	▪ SIM award press conference on December 17
CMMI grant application	▪ Award testing grant for $35M from CMMI

Agenda

Topic

- Call to order
- **Board operations**
- Committee status updates
- CMMI grant award
- Public comment

Board operations discussion topics

- DHIN vote on approving changes to DCHI bylaws will occur on Jan 28
- Treasurer and Secretary for DCHI Board
- Search Committee for Executive Director and staff
- Need for DCHI startup activities

Board officers

Position	Role	Volunteers
Secretary	▪ Maintains records of Board proceedings ▪ Oversees preparation and approval of minutes of the Board and committees ▪ May have additional responsibilities as assigned by the Chair and the Board	▪ Bettina Riveros
Treasurer	▪ Oversees receipt and deposit of funding for DCHI ▪ Ensures accurate accountings of assets, business transactions, and financial condition of DCHI; delivers reports to Board ▪ Signs checks or orders for funds in the name of the Corporation (along with the Executive Director) ▪ May have additional responsibilities as assigned by the Chair and the Board	▪ Tom Brown

Search committee description

- Committee composed of ~5 DCHI Board members
- Provides input into the job description and proposed compensation
- Screens candidate resumes
- Conducts first round of interviews (~3 interviews per candidate)
- Forms a recommendation to the Board of one or more finalists to be interviewed by the full Board for approval to extend an offer to hire
- Estimated to represent an anticipated 8-12 hour time commitment over the coming 60 days

Volunteers to date:
- Paul Kaplan
- Bettina Riveros
- Matt Swanson

Reminder: ED proposed hiring process

	Description
Committee formation	▪ Search Committee established to oversee hiring process for Executive Director
Definition of job requirements	▪ Job description finalized, with input from Board members ▪ Application requirements finalized
Application period	▪ Job description released and publicized ▪ Applications gathered
Initial review	▪ Search Committee reviews candidate applications ▪ Candidates identified for interviews
Interviews	▪ Initial interviews conducted with Board members ▪ Final interviews conducted with full Board participation
Final approval	▪ Board approves candidate ▪ DHIN approves candidate

Sample activities to start up DCHI

- Establish bank account
- Obtain D&O insurance
- Apply for 501(c)(3) status
- Purchase domain name
- Establish web presence and email addresses
- Obtain conference dial services and online collaboration tools (e.g., document storage and sharing) - could be free / low-cost
- Purchase computers for DCHI staff
- Find office space (perhaps donated)

Agenda

Topic

- Call to order
- Board operations
- **Committee status updates**
- CMMI grant award
- Public comment

Committee updates

Committee	Update	Path forward
Clinical	▪ Subgroups provided Practice Trans and Care Coordination needs ▪ Clarified scorecard (see next page)	▪ Continue clarifying questions from TAG and Payment Committees
Neighbor-hoods	▪ Discussed types of metrics for population health scorecard ▪ Weighed relative focus between health and social determinants	▪ Consider Country Rankings as v1.0 of Population Health Scorecard ▪ Consider operating model: role of the Committee vis-à-vis Neighborhoods
Patient and Consumer	▪ Next meeting first Thursday in February	▪ Provide feedback on patient and consumer engagement, committee goals, and information sheet
Payment	▪ Second meeting held on 12/10 ▪ Framed payment design decisions ▪ Discussed attribution methodologies	▪ Further discuss attribution, minimum panel size, options for aggregation
Workforce	▪ Met earlier today	▪ Met earlier today
TAG	▪ Vendor and payers met to begin collaboration ▪ Initial program plan submitted for review	▪ Formal kickoff with payers and vendor ▪ Begin coding and integration work ▪ Answer outstanding questions

Clinical, Payment, TAG scorecard meeting summary

- Assembled co-chairs from Clinical and Payment Committee, TAG, and DHIN on January 5 to discuss next steps on scorecard

- Conclusions regarding v1.0 scorecard to be published this spring
  - Include measures for which definitions can be finalized prior to February DCHI Board meeting; other measures to be part of subsequent versions.
  - Include historical performance; DO NOT include targets or weights/points (those to be deferred to future iterations)
  - Include historical data for as many Commercial and Medicaid payers as possible, Medicare data to be pursued for future iterations. Note: Highmark will not have historical Medicaid data that is meaningful for most measures until 2016, although possible to begin to test data integrity in the second half of 2015
  - Base on attribution methods that each payer is already using within their payment models and existing analytic capabilities, acknowledging potential for variation
  - Anticipate differences in inclusions/exclusions as well as risk adjustment for TCC and Utilization measures, which may confound blending into multi-payer totals
  - Suggestion that Transformation milestones will be "pencil not pen" until after practice transformation vendor is selected

Reminder: Draft of Common Provider Scorecard

Accountable
Informational

Category		Measures[1]	Measure type	Data source	Status[2]
Quality of care – outcomes	1	Diabetes care: HbA1c control[3]	HEDIS (CDC)	Claims[4]	Informational
	2	Controlling high blood pressure[3]	HEDIS (CBP)	Claims[4]	Informational
Quality of care – process	3	Use of appropriate medications for people with asthma	HEDIS (ASM)	Claims	Accountable
	4	Avoidance of antibiotic treatment in adults with acute bronchitis	HEDIS (AAB)	Claims	Accountable
	5	Appropriate treatment for children with URI	HEDIS (URI)	Claims	Accountable
	6	Adherence to statin therapy for individuals with coronary artery disease	NQF #543	Claims	Accountable
	7	Screening for clinical depression[3]	NQF #418	Claims	Informational
	8	Tobacco use: screening and cessation intervention	NQF #28	Claims[4]	Informational
	9	Colorectal cancer screening	HEDIS (COL)	Claims	Accountable
	10	BMI assessment	HEDIS (ABA)	Claims	Accountable
	11	Adolescent well-care visits	HEDIS (AWC)	Claims	Accountable
	12	Influenza immunization	NQF #41	Claims[4]	Informational
	13	Childhood immunization status	HEDIS (CIS)	Claims	Accountable
	14	Hemoglobin A1c (HbA1c) testing for pediatric patients	NQF #60	Claims	Accountable
Transformation	15	Transformation milestones over the initial years of the program	n/a	Self-attestation	Accountable
Patient experience	16	Measures on patient experience/access[5]	n/a	Survey	Accountable
Total cost of care	17	Total cost of care per patient[5]	n/a	Claims	Accountable
Utilization	18	Inpatient admissions per 1000 patients[5]	n/a	Claims	Accountable
	19	ED visits per 1000 patients[5]	n/a	Claims	Accountable
	20	Hospital-wide all-cause unplanned readmission[5]	NQF #1789	Claims	Accountable

1 Measures 17-20 are risk-adjusted 2 Measures to be used as accountable vs. informational are to be confirmed. Providers may be accountable for reporting the "informational" measures; e.g., receipt of care coordination fees may be contingent on reporting of informational measures
3 Proposed measure differs slightly from official definition 4 May require use of CPTII or G codes 5 Exact definitions are still being refined

Reminder: Draft of priority transformation milestones

Category	Measure	Time in program
Panel Management	▪ Identify top X% of high-priority patients and submit list	3 months
Access improvement	▪ Document approach to same-day appointments and/or afterhours access to care	6 months
	▪ Supply voice-to-voice coverage to panels members 24/7 where patient speaks to licensed health professional	12 months
Care management	▪ Document MDT[1] working with X% of high risk patients to develop a care plan and process to assess/address barriers if goals are not met (i.e. care plans)	12 months[2]
Patient engagement	▪ Document approach to contact patients who did not get preventive care	18 months
Team-based care coordination	▪ Document investment in behavioral health integration (e.g., 1 hour per week coordinating with BH hub, offering new BH services (more than screenings), hiring a health coach or giving your staff health coach training), or having co-located BH specialist 3 hours per week	18 months

NOTE: Transformation milestones are intended to measure the extent to which practices are improving the way they work with other practices and patients to better coordinate care

1 Multi-disciplinary team 2 indicates milestones that would be repeated at 24 months

Scorecard measures discussion

Transformation measures

- Consider whether to create separate scorecard for these measures, linked to the Common Provider Scorecard
- Panel Management: Re-word to "Identify 5% of panel which is highest risk and highest priority for care coordination"
- Access Improvement: Consider defining 24/7 voice-to-voice coverage as meaning being able to speak with a licensed health professional
- Care Management: Define as applying to the 5% designated under Panel Management.
- Behavioral Health Integration: Practice develops a plan – "Here is our plan for patients with behavioral health needs." DCHI responsible for identifying the resources and having the care coordination process for those patients
- Other aspects of Transformation are as stated in the Draft Document

Scorecard clinical measures

- Recommend keeping measures with CPT Level-2 codes as data sources. Initially at least for informational but not for incentive purposes, until we know clinicians are the codes
- Consider adding measure for Fluoride Varnish for children as a process measure for now
- Consider whether "screening for clinical depression" measure should be included or deferred

Agenda

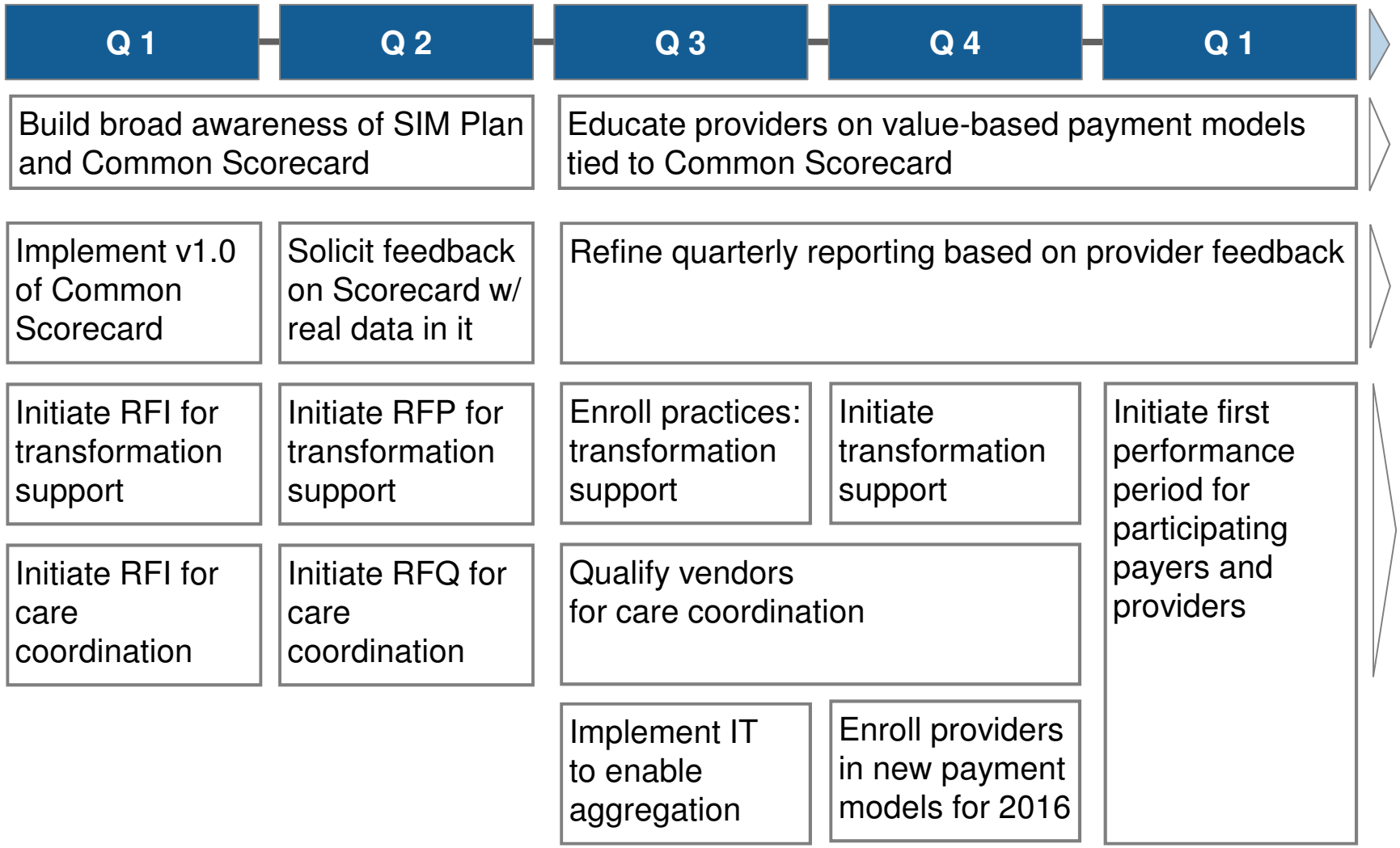
Topic

- Call to order
- Board operations
- Committee status updates
- **CMMI grant award**
- Public comment

SIM grant award

- Delaware was notified of a SIM Model Test award on December 16, 2014
- Amount of award was for $35M
- Held press conference to announce award on 12/17 with Governor Markell, Senator Carper, Representative Carney, board members, and other stakeholders in attendance at Westside
- Grant period is from Feb 1, 2015 to Jan 31, 2019
- We are awaiting details on exact timeline and process to un-restrict the funds

Timeline for implementation (Q1 2015 through Q1 2016)



NOTE: Based on target launch of new payment models 1/1/16 as reflected in SIM Testing Grant application, pending availability of funds for 1/1/15 initiation of implementation; subject to change

Agenda

Topic

- Call to order
- Board operations
- Committee status updates
- CMMI grant award
- **Public comment**

Upcoming meetings

- Payment Model Monitoring Committee meeting: Today
- HCC meeting February 5th
- DCHI Board meeting: February 11th