ChooseHealth
DELAWARE

Delaware Center for Health Innovation Board Meeting

September 10, 2014

Agenda

Topic

Introductions and recap from last meeting

Status updates

Board committees

Communications plan

Recap and next steps

Public comment

Summary of August DCHI Board meeting

Key highlights

- Reviewed and discussed by-laws
- Aligned Board members to committees and discussed approach to developing committee charters
- TAG provided update on approach to building scorecard infrastructure, with goal of "beta" testing in early 2015
- Discussed principles for communications strategy (e.g., simplified set of messages about overall goals, audiences to engage)

Draft minutes for July and August meetings are available at your seats

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- **Status updates**
- Board committees
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Status update

Recent events

Technical Advisory Group meetings	▪ TAG continues to meet regularly, with a current focus on: – Finalizing measures for first release of scorecard (based on input from clinical working group) – Refining data format and submission process (in collaboration with payers and providers)
Health Care Commission meeting	▪ Monthly HCC meeting held on September 4th – Provided status update on SIM program and DCHI Board – Solicited input on communication strategy
Finalizing board composition	▪ Daryl Graham's nomination to DCHI board was approved by HCC and DHIN
Engagement with CMMI	▪ Received questions from CMMI about grant application and submitted responses on September 8th

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Board committees

Progress to date

- During the last meeting, the Board:
  - Reviewed committees
  - Aligned Board members with specific committees
  - Elected committee chairs
  - Discussed approach to developing committee charters
  - Agreed on five core elements for committee charters (scope, composition, deliverables, metrics, and communication plan)
- Co-chairs were asked to draft initial charters and review candidates for initial committee membership

Goals for today's discussion

- Brief update from committee chairs on initial draft charters, with focus on Section 1 (scope and responsibilities)
- Open discussion on cross cutting issues and questions
- Discussion on approach to finalizing committee members

Charter: Payment Model Monitoring Committee (1/2)

1.1 Purpose

To enable care coordination and effective diagnosis and treatment, our goal is for most care in the state to transition to outcomes-based payments. The models will incentivize both quality and management of total medical expenditures over the next five years. Delaware's plan is for all payers to introduce at least one Pay for Value (P4V, with bonus payments tied to quality and utilization management for a panel of patients) and one Total Cost of Care (TCC, with shared savings linked to quality and total cost management for a panel of patients) payment model option to eligible PCPs beginning in July 2015. The approach will build from the different models in the system today and support the broader delivery system transformation underway (e.g., population health improvements, behavioral health access and integration). Core technical details will continue to be defined between payers and providers (e.g., shared savings level, minimum panel size), however all payers will support the following common principles to simplify participation for providers:

- **Attribution of all Delawareans to primary care physicians** (pediatrics, family medicine, general internal medicine) or advanced practice nurses working under Delaware's Collaborative Agreement requirement.
- **Flexibility to include independent primary care providers**, as well as those employed by or affiliated with a health system.
- **At least one P4V and one TCC model available from each payer,** with at least one model that has some form of funding for care coordination, whether in the form of per member per month fees or payments for non-visit based care management.
- **Payment tied to common scorecard** for all models, with a minimum percentage linked to common measures and the rest linked to performance on payer-specific measures.
- **Commitment by all payers to work with providers to achieve 80%** of payments in these models within five years.

The goal of the Payments Model Monitoring Committee ("PMMC" or "Payments Committee") is to ensure successful availability and adoption of value-based payment across the state.

Charter: Payment Model Monitoring Committee (2/2)

1.2 Core areas of focus

There are three core responsibilities for the PMMC:

- **Identifying and designing common elements of value-based payment models.** In addition, the Committee will monitor the effectiveness of these elements and make adjustments as necessary. The Committee will actively seek resolution when parties are not operating consistently with the design principles.
- **Creating awareness and understanding of new payment models.** The Committee will develop communication materials and timelines to engage practices, health systems, and provider organizations.
- **Monitoring availability and enrollment in new payment models.** The Committee will work with commercial and state payers to ensure Delaware meets its targets for value-based model penetration (as individual payers and providers negotiate agreements).

Charter: Clinical Committee

1.1 Purpose

The Clinical Committee has the following specific goals:

- Enabling broad adoption of team-based, integrated care by all primary care providers across Delaware
- Developing the common provider scorecard measures aligned with clinical best practices
- Supporting all Delawareans to have a primary care provider
- Ensuring the clinician perspective is reflected in all of the work of the Delaware Center for Health Innovation
- Ensuring that providers have the resources they need for delivery transformation

1.2 Core areas of focus

The Clinical Committee has four primary areas of focus:

- **Develop the common provider scorecard measures.** Value-based payment models will link to a common scorecard with measures commonly used across Delaware and by CMS, as well as additional payer-specific measures. This approach achieves quality measure alignment and administrative simplicity, as well as flexibility for innovation. The Committee will monitor the scorecard and be responsible for recommending changes on an ongoing basis.
- **Prequalify or certify care coordination and practice transformation organizations to support providers**. The aspiration is for practices to exercise choice as they resource care coordination so that they can establish a common solution across their patient panel, agnostic to payer. The expectation is that practices will be able to access care transformation support from a third-party vendor.
- **Expand Learning Collaboratives** across the state.
- **Engage clinical leaders around clinical best practice**. To focus on more effective diagnosis and treatment, providers expressed the need to identify a few areas where high cost, variation in care, and lack of clarity among existing guidelines (or lack of guidelines) occurs. The Committee will work with clinical leaders to identify these areas, express a consensus perspective, and suggest measures for inclusion in the next version of the common scorecard.

Charter: Healthy Neighborhoods Committee

1.1 Purpose

The Delaware Center for Health Innovation Healthy Neighborhoods Committee has overall responsibility for this program with the following goals:

- Drive progress toward the state's aspiration of being one of the healthiest states in the nation
- Implement Healthy Neighborhoods covering the entire Delaware population
- Support statewide improvements in population health priority areas (e.g., obesity, diabetes, tobacco use)
- Accelerate integration of Delaware's care delivery system into Healthy Neighborhoods and other population health initiatives
- Align stakeholders around a comprehensive Plan to Improve Population Health
- Support the integration of primary care delivery with community support services that address the social determinates of health

1.2 Core areas of focus

There are three core responsibilities for the Healthy Neighborhoods Committee:

- **Designing a population health scorecard.** The scorecard will define measures and goals, building from core measures. It will likely have commonalities with the provider scorecard to incentivize integration of care delivery. The specific metrics should reflect, and be sensitive to, the state's diverse population and practice landscape.
- **Designing and implementing Healthy Neighborhoods**. Building from the SIM work so far, the Healthy Neighborhoods Committee has responsibility for finalizing core elements of design, defining the program details, and then facilitating implementation of Healthy Neighborhoods across Delaware. The Committee will adjust design as the program scales based on best practices that are identified.
- **Developing Delaware's Plan for Improving Population Health.** Delaware will use its Healthy Neighborhoods strategy to develop a comprehensive Plan for Improving Population Health, in collaboration with the CDC and Delaware Division of Public Health. The Plan will identify the state's most pressing population health needs and prioritize potential interventions.

Charter: Patient and Consumer Advisory Committee

1.1 Purpose

The Delaware Center for Health Innovation Patient and Consumer Advisory Committee has the following goals:

- Ensuring the consumer perspective is reflected in all of the work of the Delaware Center for Health Innovation
- Promoting outreach and education to Delawareans about how Delaware's health transformation supports and empowers patients and consumers

1.2 Core areas of focus

The Patient and Consumer Advisory Committee has four primary responsibilities:

- **Gather input from patients and consumers and represent their voices:** Ensure that the perspectives of patients / consumers are leveraged to inform the design and management of DCHI initiatives and programming (i.e., gather consumer input about access to providers)
- **Lead and coordinate patient engagement programming:** Design, implement, and manage DCHI's patient engagement programming, with the goal of empowering Delawareans with information and tools to take an active role in their health and health care
- **Raise awareness:** Promote broad understanding about the State Health Care Innovation Plan and the improvements it will bring for patients / consumers
- **Empower patients / consumers through technology:** Empower patients and consumers to manage their own health and health care through the use of technology; solicit consumer input on technology-based tools

Charter: Workforce and Education Committee

1.1 Purpose

Building on the work done to date, the specific goals of the DCHI Workforce and Education Committee include:

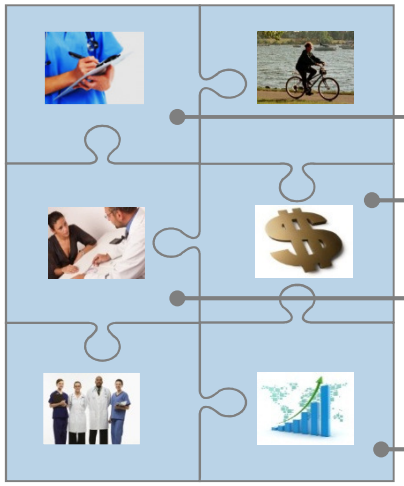
- Ensuring Delaware has the workforce capacity needed to deliver team-based, integrated care for the entire population (taking changing demographics into account)
- Taking a forward-looking approach, with an understanding of market trends, new roles, and future needs to support the evolving delivery system
- Understanding barriers to practicing and accessing care and designing programs to address them
- Creating awareness about Delaware's innovative approaches to workforce development to position Delaware as a national leader
- Ensuring continuous improvement by sharing best practices

1.2 Core areas of focus

There are three core responsibilities for the Workforce and Education Committee:

- **Retraining the current workforce**: The core concept for Delaware's approach to retraining the current workforce is to develop a two-year learning and development program. This program will build from the ideas generated at Delaware's Workforce Symposium on April 8, 2014, including developing common simulation-based learning modules, facilitating local workshops on "team-based care," developing core competencies for new roles (e.g., for care coordinators), and hosting symposia twice yearly to highlight innovative approaches to integrating care and identify cross-state retraining needs.
- **Building sustainable workforce planning capabilities**. Delaware does not currently have a model to regularly assess the state's workforce requirements. Past assessments have typically required a special one-time project to compare Delaware's current workforce with its current and future needs. The Workforce and Education Committee has responsibility for developing a sustainable model for workforce planning and identifying the organizations needed to carry forward this work over time. The Committee likely will need to collaborate with other agencies and organizations to fulfill this responsibility (e.g., Health Care Commission, Department of State, Department of Labor).
- **Training the future workforce in the skills needed to deliver integrated care**. In parallel with retraining the current workforce, Delaware also needs to ensure that Delaware is able to educate, attract, and retain new members of the workforce that have the skills and capabilities required to deliver team-based, integrated care. The Workforce and Education Committee's responsibility over the next several years is to partner with the state's and regional educational institutions to set out a comprehensive strategy for training that ensures a sustainable pipeline for Delaware health care workforce.

Key interdependencies among committees



Developing and implementing the Provider Scorecard

Metrics for the provider scorecard will be selected by the **Clinical Committee**

The **Payment Committee** will be responsible for ensuring that payers effectively link payment to scorecard measures

The **Patient and Consumer Advisory Committee** will craft consumer-facing messaging to support behavior change and compliance to improve health outcomes

The **Delaware Health Information Network (DHIN)** will operationalize the scorecard and ensure data integrity, with input from the **Technical Advisory Group**

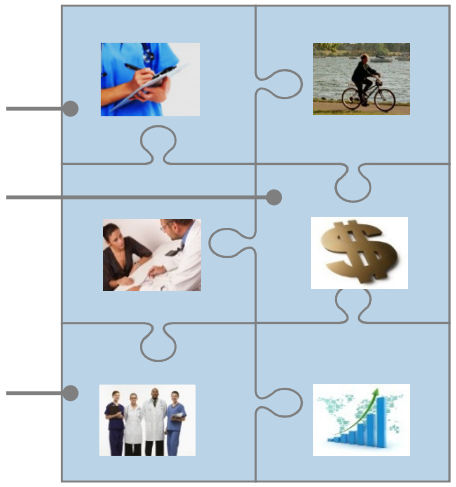
Communication with providers

- An **overall provider communication strategy** will be developed and overseen at the Board level
- **Specific messages** for providers will be developed by individual committees

The **Clinical Committee** will develop messages for providers about available resources (e.g., practice transformation support)

The **Payment Committee** will be responsible for designing communication messages about the different payment models available to providers

The **Workforce and Education Committee** will design communication messages around new workforce development opportunities (e.g., training programs)



Content of committee charters

Potential breakdown

Guiding principles

- **Charters** are intended to be formal, lasting documents that will be adopted by the Board, with changes requiring Board approval
- **Working documents** will be focused on day-to-day, near-term committee operations

Potential element	Charter	Working document
1 Scope		
▪ Purpose		
▪ Core areas of focus		
▪ Interdependencies		
2 Composition		
▪ Expertise required		
▪ List of members	1	
3 Deliverables		
▪ High level milestones by year		
▪ Schedule of deliverables		
4 Metrics		
▪ Accountability targets		
▪ Process measures of committee activity		
5 Communications plan		
▪ Audiences		*Must be integrated into overall communi-cations strategy*
▪ Core messages		
▪ Communications channels		
▪ Timing		

1 The list of committee members should be updated and approved by the Board annually; may be considered a separate category

Example expectations for committee membership

Talking points for reaching out to potential committee members

- Meetings will be held monthly
- Committee members are expected to serve for a term of at least one year
- Because continuity and engagement are important, members are expected to attend at least 75% of all meetings
- Members should not send delegates in their place
- Members are expected to spend 4-8 hours per month on committee business, in addition to meeting attendance
- The Board will confirm final committee membership in October

- **Should these expectations be formalized in committee charters?**
- **Should members make a formal commitment?**

Considerations for committee membership

- Co-chairs may want to consider how to achieve **diverse representation** on their committees, with the goal of encouraging an open and robust dialogue
- Dimensions to consider include:
  - Expertise
  - Geography
  - Racial and ethnic diversity
  - Gender
  - Consumer segments (e.g., individuals with disabilities, individuals with behavioral health needs)
  - Type of organization
  - Other?

Process for finalizing charters and committee members

Committee membership	
▪ Committee chairs confirm final list of candidates with Board Chair	▪ By 9/12
▪ Committee chairs reach out to potential members	▪ Weeks of 9/15, 9/22
▪ Final membership list to Board Chair	▪ By 10/3
Charters and working documents	
▪ Committee chairs submit formal charters and working documents	▪ By 9/29
▪ Full Board has opportunity to review charters	▪ Week of 9/29

Committee membership and charters will be considered for Board approval at 10/8 meeting

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- **Communications plan**
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Communications

Progress to date

- In the last meeting, the Board identified important principles for a communications strategy
- Committee Co-Chairs have drafted key audiences and messages in charters

Goals for today's discussion

- Align on overall framework for communications strategy (draft for discussion today)
- Discuss initial perspectives on core components of strategy, including audiences and messages
- Identify any near-term communications needs for focus this fall

Framework for communications strategy

FOR DISCUSSION

Today's focus

Questions for developing a strategy

1 Timeline	What milestones should communications align with?
2 Audience	Who needs to be addressed? Who is it important to hear from?
3 Messages	What is the desired message? Which facts will the message be built on?
4 Channel	Which format fits the audience and conveys the message best? How will feedback be collected from stakeholders?
5 Purpose	What are the goals of communication with this audience?
6 Communi-cators	Who is the most credible to deliver the message?

1 How should communications plan align with SIM timeline?

FOR DISCUSSION

Phase	Increase awareness (Q4 2014 – Q1 2015)	Support rollout (Q2 2015 – Q3 2015)	Share widely (Q4 2015 – Q1 2016)
Goals	▪ Educate providers and patients about upcoming change ▪ Provide SIM leaders with information and answers about program	▪ Facilitate provider enrollment in new payment models ▪ Ensure provider awareness and access to shared resources	▪ Promote early successes to healthcare community and public
SIM mile-stones	**Q4 2014** ▪ CMMI Model Test grant application decision released ▪ Innovation Center Committees stood up **Q1 2015** ▪ Innovation Center staff in place ▪ New Medicaid MCO contracts begin ▪ Provider education campaign launched	**Q2 2015** ▪ Care coordination and practice transformation vendors pre-certified ▪ Provider enrollment begins and "shadow" reports available **Q3 2015** ▪ Provider baseline reports released ▪ Practice transformation support begins	**Q4 2015** ▪ 2016 provider enrollment complete (goal of 60%) ▪ Healthy Neighborhoods pilots selected **Q1 2016** ▪ Performance period begins ▪ Care coordination fees begin

2 Key audiences for DCHI to reach

FOR DISCUSSION

	Audiences listed in Committee charters
Clinical	▪ Primary care providers (clinicians and practice managers) ▪ Broader provider community ▪ Payers ▪ Potential vendors for shared services (e.g., practice transformation)
Patient and Consumer Advisory	▪ Patients / consumers ▪ Provider community
Healthy Neighborhoods	▪ Providers and broader clinical community (e.g., health policy experts) ▪ Patients and consumers ▪ Community organizations ▪ Community leaders (e.g., elected officials, leaders of local organizations) ▪ Funders (e.g., community foundations) ▪ Employers
Payment Model Monitoring	▪ Commercial and state payers ▪ Provider community (e.g., health systems, private practice providers) ▪ Employers
Workforce and Education	▪ Current workforce – individual providers/clinicians ▪ Future workforce – students, potential students ▪ Educators (including administrators, faculty) ▪ Provider organizations (e.g., hospitals, practices) who employ the workforce

Where should Committees consider additions/revisions?

3 Message platform

FOR DISCUSSION

Choose Health: Make health care better for all Delawareans

Our healthcare system is confusing and increasingly unaffordable	We aspire to have a system that is organized around the needs of patients and caregivers	We need to support and reward providers, consumers, communities who contribute to this vision	To achieve this vision, we have to work together, commit to this effort for the long-run, and start making real changes now
Delaware has great clinicians, trying to do their best working in a fragmented system	When I need healthcare for myself or a loved one, let's make it simple	Organizations in my community will come together to focus on health, prevention, and better access to care	This program is for all Delawareans
As a state, we are not getting good value – we spend 25% more for average health outcomes	I want to stay independent and at home as long as possible	My providers will be supported to work in teams that integrate across disciplines	It requires all of us to work together in a collaborative effort (not a regulated one) – hospitals, health plans, clinicians, state agencies, patients, and caregivers
Health care costs are growing faster than our economy, crowding out other priorities	My healthcare providers work as a team with me - we make decisions together	My providers will be paid for focusing on high quality care, working smart, and taking a holistic view of my needs (not just appointments)	The approach is flexible and purposefully embraces many different ways of improving care. It is designed so that any provider can succeed. Our diversity is our strength
	My community supports my family and me in living a healthy lifestyle and making healthy choices	My providers and I will have clear information about quality and cost of services so we can make smart decisions together	This is a long term journey that requires immediate action. Payers, hospitals, and state agencies are already committed to introducing new payment models starting July next year (2015)

- **Which messages resonate most?**
- **Where should we collectively focus on additions/revisions?**

4 Potential communication channels

FOR DISCUSSION

Existing SIM forums	▪ HCC meetings ▪ Cross-workstream meetings
Print	▪ Press releases ▪ Op-eds ▪ Newsletters of participating organizations ▪ Newspaper/magazine pieces
Online/ social media	▪ Social media campaigns ▪ Announcements/news updates prominently displayed on state and partner websites ▪ Webinars for clinicians ▪ Healthcare blogs/podcasts
Other media advertisements	▪ TV/radio spots ▪ Billboards ▪ Public distribution of fliers
Speaking/events	▪ Speaking engagements/information distributed at relevant professional gatherings around the state (e.g., medical conferences, health fairs) ▪ Town hall meetings in local communities ▪ Speaking tour

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Reminders for committee chairs

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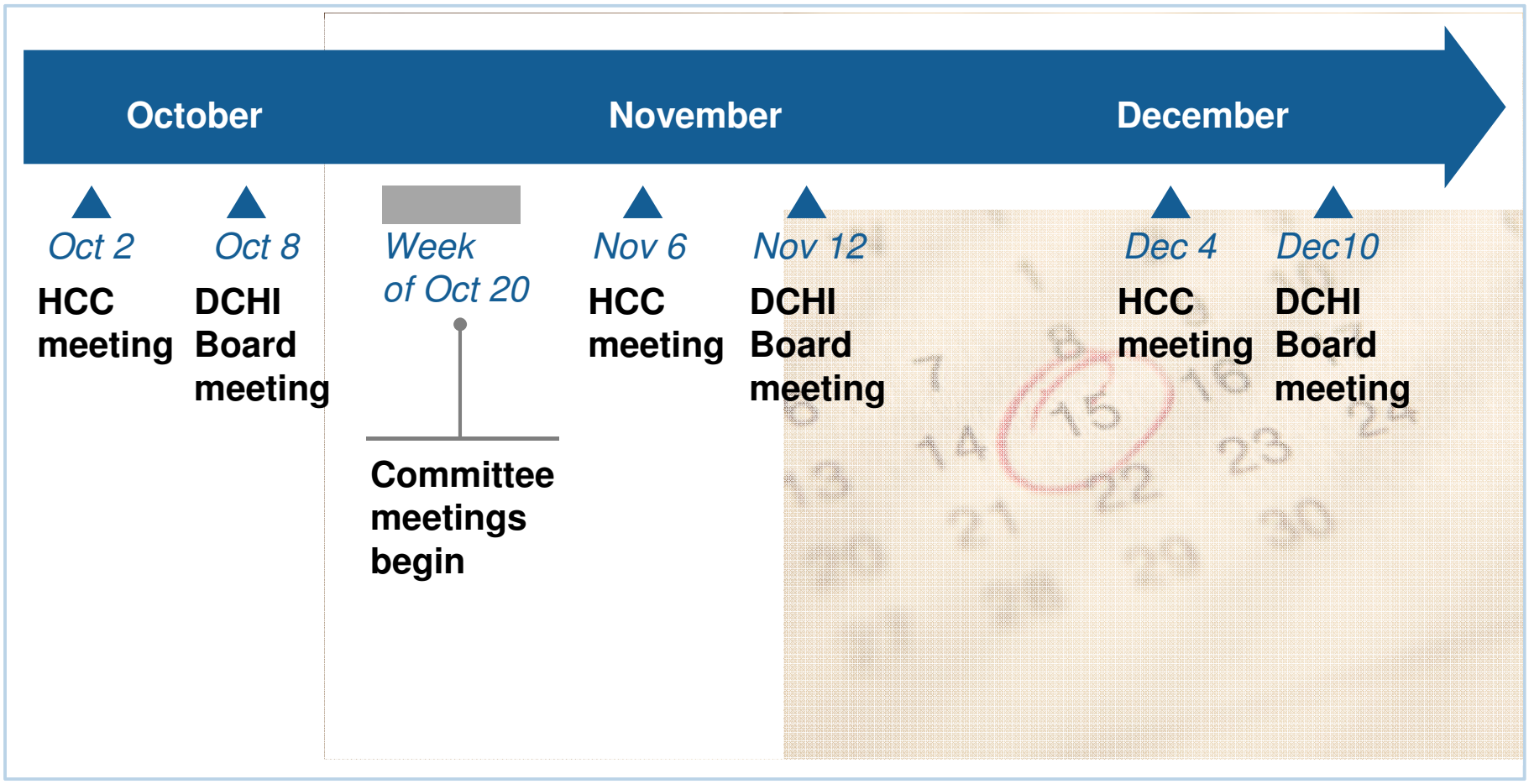
▪ Reach out to potential members	▪ Weeks of 9/15, 9/22
▪ Final membership list to Board Chair	▪ By 10/3
Charters and working documents	
▪ Submit formal charters and working documents to Board Chair	▪ By 9/29

Upcoming meetings



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