Delaware Center for Health Innovation

Board Meeting

September 9, 2015

Agenda

Topic

- **Call to order**
- Status updates
- Scorecard update
- Healthy Neighborhoods operating model
- Board business
- Public comment

PROPRIETARY AND CONFIDENTIAL

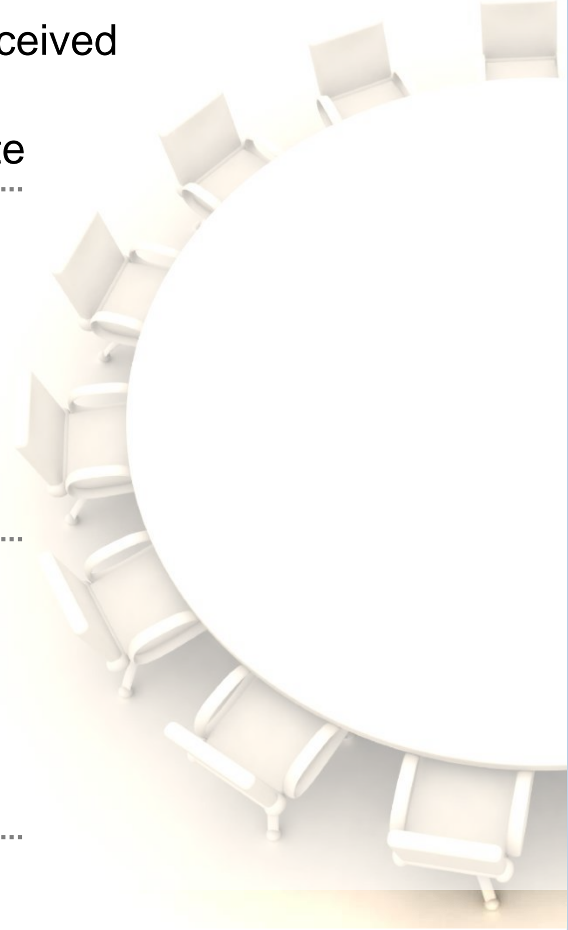
Summary of August DCHI Board meeting

- Provided updates on **recent progress**, including:
  - Committee activities for Patient & Consumer and Workforce
  - **Common Scorecard Version 1.0 testing** and feedback received with summary of potential changes
  - ED recruitment, DCHI infrastructure, and branding & website

- Discussed **Care Coordination**:
  - Reviewed delivery model changes over the past couple years in Delaware (e.g., launch of ACOs)
  - Discussed primary elements of Care Coordination consensus paper, including **common processes, cost estimates, and eligibility**

- Discussed progress for **Healthy Neighborhoods**:
  - Reviewed input received from stakeholders (including hospitals, grant makers and existing Delaware community health organizations)
  - Discussed **latest draft of boundaries**

- Covered **feedback received about the Cross-Committee meeting** and participants' requests for the focus of the next meeting in the fall



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Committee updates (1/2)

Committee	Update	Path forward
Payment	▪ Discussed long-term strategy and expectations for the Committee ▪ Reviewed high-level Scorecard rollout timeline ▪ Discussed open questions on Care Coordination consensus	▪ Understand payers' proposed P4V models ▪ Support provider education about new payment models
Clinical	▪ Provided update on the status of care coordination consensus paper ▪ Reviewed Scorecard feedback received and timelines for roll out of the Scorecard v2.0 ▪ Discussed options for increased Scorecard alignment with MSSP ▪ Discussed practice transformation support rollout timelines and communication strategy to practices	▪ Discuss approach to roll out of practice transformation ▪ Discuss transition to Common Scorecard Version 2.0 ▪ Continue discussion of behavioral health integration strategy
Healthy Neighborhoods	▪ Finalized draft operating model paper, including the following refinements: – Updated boundaries and governance model – Opportunities for Healthy Neighborhoods to partner with health systems – Approach to prioritizing high needs areas	▪ Discuss potential role of community health workers ▪ Plan awareness and education campaign ▪ Create timeline for phased rollout

Committee updates (2/2)

Committee	Update	Path forward
Workforce ***(updates from July meeting – no meeting in August)***	▪ Discussed further workforce capacity requirements based on population projections ▪ Reviewed workforce implications from Healthy Neighborhoods strategy ▪ Developed draft consensus papers on learning (curriculum for care coordination) and capacity planning ▪ Discussed updates on credentialing	▪ Align workforce learning consensus paper draft with draft of care coordination consensus paper ▪ Gather further feedback on capacity planning draft ▪ Continue follow-up on credentialing and data for capacity planning
Patient and Consumer	▪ Reviewed progress against objectives in committee charter ▪ Gathered input on patient/consumer glossary of terms & reviewed latest draft website ▪ Presentations on behavioral health integration & Family SHADE (connects families to resources)	▪ Finalize key messages and review tactics for consumer communications ▪ Provide input to and refine website content
TAG	▪ Released the DE Common Scorecard to the 21 practices enrolled in the testing pilot ▪ Beginning development of attribution lists	▪ Targeting the addition of utilization measures, additional reporting period, and attribution files for October release ▪ Determine technical implications for transition to v2.0

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Reminder: Timeline for Common Scorecard

● Target for lockdown of v2.0 metrics in September

	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
Reporting period	▪ Jan-Dec '14	▪ Jan-Dec '14 Jan-Aug '15	▪ Jan-Dec '14 Jan-Nov '15	▪ Jan-Dec '14 ▪ Jan-Dec '15 ▪ Jan-Feb '16	▪ Jan-Dec '14 ▪ Jan-Dec '15 ▪ Jan-May '16
Audience	▪ Testing practices	▪ Testing practices	▪ Testing practices	▪ All PCPs statewide	▪ All PCPs statewide
Metrics	▪ Quality ▪ Process	▪ Utilization/ TCC	▪ v2.0 metrics	▪ v2.0 metrics	▪ v2.0 metrics
New function-ality	▪ Aggregate performance ▪ Payer performance	▪ Attribution lists	▪ Additional payers ▪ Goal setting	▪ Practice enrollment ▪ Practice transformation milestones ▪ Practice aggregation	▪ Patient experience

Provider feedback on version 1.0

Sources

- Interviews with 21 testing practices
- Clinical Committee discussions
- Meetings with professional societies

Summary of feedback

- Limit reliance on CPT-II codes and redundant documentation
- Consider the implications of tying payment to measures that represent new expectations for PCPs in either practice or billing
- Ensure measures are aligned with shifting clinical guidelines
- For better balance, include more “women’s health” and “access to care” measures
- Ensure that the measures are aligned with value-based payment programs across payers

Actions steps for development of v2.0

- Add measures that broaden scope and better align with payer initiatives
- Reduce number of measures requiring additional steps to capture clinical data such as CPT-II codes
- Recommend “reporting only” for measures without baseline

Payer feedback on version 1.0

Sources

- Meetings with leaders from multiple payers in the State
- Weekly meetings with payer informatics teams

Summary of feedback

- Payers are trying to align DCHI Scorecard with existing programs, mandatory reporting and multi-state initiatives
- Claims-based measures are preferred over relying on a sample for medical review
- Custom measures are burdensome to create, so recommend use of HEDIS specifications and other industry standards when possible
- Prioritize measures that have an impact on both cost and quality of care

Action steps for development of v2.0

- Reduce the number of custom measures and replace with HEDIS measures
- Include measures that better align with payer initiatives in Delaware and nationally
- Provide flexibility for payers to utilize additional measures in their pay for value programs

Looking forward

Guiding principles for Version 2.0

- Optimize feasibility in year one using administrative / claims data
- Minimize complexity for providers by aligning across payers
- Ensure balance of measures by age and across chronic, acute, and preventive care
- Promote cost effective and quality care
- Focus attention on State-wide priorities

Limitations of Version 2.0

- Only source of data currently is from payers
  - Data does not include clinical data from providers, laboratories, or other sources
  - HEDIS specifications are most feasible for payers
- Some burden on providers to translate clinical data into claims (e.g., CPT-II codes)

Future versions

- Expand set of measures to include patient experience and practice transformation milestones
- Include Medicare data and improve alignment with MSSP
- Integrate electronic data from multiple sources (e.g., EHRs, DHIN)
  - Reduce work for providers
  - Integration of payer and practice data
- Continue to be a platform to focus attention on areas for potential improvement across Delaware

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PRELIMINARY PREDECISIONAL WORKING DOCUMENT: SUBJECT TO CHANGE

Common Scorecard comparison

Common Scorecard v1.0	Proposed changes for v2.0
1. Diabetic control: HbA1c<9%	Diabetic control: HbA1c<9%
2. Controlling high blood pressure	~~Controlling high blood pressure~~
3. Use of appropriate asthma medications	**Medical Management for asthma**[1]
4. Avoidance of antibiotics for acute bronchitis	Avoidance of antibiotics for acute bronchitis
5. Appropriate treatment for URI in children	Appropriate treatment for URI in children
6. Adherence to statins in CAD	**Adherence to statins in CAD**[1]
7. Screening for clinical depression	Screening for clinical depression
8. Tobacco use: screening and cessation intervention	~~Tobacco use: Screening and cessation intervention~~
9. Colorectal cancer screening	Colorectal cancer screening
10. Adult BMI assessment	Adult BMI assessment
11. Adolescent well care visits	Adolescent well care visits
12. Influenza immunization	~~Influenza immunization~~
13. Childhood immunizations (combo 2)	**Childhood immunizations**[2] **(combo 10)**
14. Developmental screening 0-3 years of age	Developmental screening 0-3 years of age
15. Fluoride varnish	Fluoride varnish
16. Plan all cause re-admissions	Plan all cause re-admissions
17. Inpatient utilization	Inpatient utilization
18. Emergency department utilization	Emergency department utilization
19. Total cost of care	Total cost of care

Proposed additions to v2.0

a. Breast cancer screening
b. HPV vaccination in adolescents
c. Cervical cancer screening
d. Diabetes: medical attention for nephropathy
e. High risk medications for the elderly[3]
f. Medication adherence HBP- RASAs
g. Medication adherence for diabetes
h. Well child care: 0-15 months
i. Well child care: 3-6 years
j. Follow-up within 7 days after hospital discharge

1 Substitutions in measure specifications were made due to version 1.0 specifications no longer being nationally endorsed
2 A different combination of the HEDIS measure is being used that is more aligned with CDC/ACIP guidelines
3 Included in preparation for possible addition of Medicare data into Scorecard

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Common Scorecard version 2.0- DRAFT

Category	#	Measures	Measure type	Data source	Type
Quality of care	1	Diabetes: HbA1c control	HEDIS (CDC)[1]	CPT-II	Reporting
	2	Diabetes: Medical attention for nephropathy	HEDIS (CDC)[2]	Claims	Accountable
	3	Medication adherence in diabetes	NQF #541[3]	Claims	Accountable
	4	Medication adherence in high blood pressure: RASA	NQF #541	Claims	Accountable
	5	Adherence to statin therapy for individuals with cardiovascular disease	HEDIS (SPC)	Claims	Accountable
	6	Medication management for people with asthma	HEDIS (MMA)	Claims	Accountable
	7	High risk medications in the elderly	HEDIS (DAE)	Claims	Accountable
	8	Colorectal cancer screening	HEDIS (COL)	Claims	Accountable
	9	Cervical cancer screening	HEDIS (CCS)	Claims	Accountable
	10	Breast cancer screening	HEDIS (BCS)	Claims	Accountable
	11	BMI assessment	HEDIS (ABA)	Claims	Reporting
	12	Screening and follow-up for clinical depression	NQF #418	G-code	Reporting
	13	Avoidance of antibiotic treatment in adults with acute bronchitis	HEDIS (AAB)	Claims	Accountable
	14	Appropriate treatment for children with URI	HEDIS (URI)	Claims	Accountable
	15	Childhood immunization status	HEDIS (CIS)	Claims	Accountable
	16	Developmental screening in the first three years of life	NQF #1448	Claims	Reporting
	17	Fluoride varnish application for pediatric patients	Custom	Claims	Reporting
	18	HPV vaccination in adolescents	HEDIS (HPV)	Claims	Accountable
	19	Adolescent well-care visits	HEDIS (AWC)	Claims	Accountable
	20	Well child care: 0-15 months	HEDIS (W15)	Claims	Accountable
	21	Well child care: 3-6 years	HEDIS (W34)	Claims	Accountable
Utilization	22	Follow-up within 7 days after hospital discharge	Custom	Claims	Reporting
	23	Plan all-cause readmissions	HEDIS (PCR)	Claims	Accountable
	24	Inpatient utilization	HEDIS (IHU)	Claims	Accountable
	25	Emergency department utilization	HEDIS (EDU)	Claims	Accountable
Total cost of care	26	Total cost of care per patient	Payer defined	Claims	Accountable

1 One component of the Comprehensive Diabetic Care specification; modified HEDIS definition: HbA1c < 9%

2 One component of the Comprehensive Diabetic Care specification

3 Proportion of Days Covered (PDC) specification for: diabetes, renin angiotensin system antagonists, and statins

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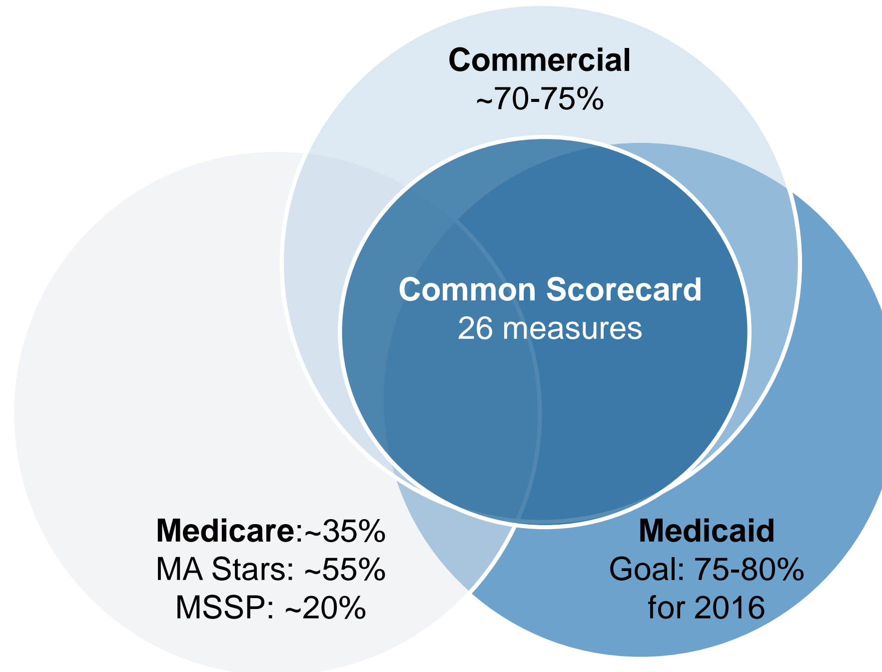
Current alignment with payers on quality measures

- **Goal: 75-80%** of measures tied to payment on payer scorecards should be aligned with the Common Scorecard
- Level of alignment with V1.0:
  - Commercial: 30-50%
  - Medicare: 25-35%
  - Medicaid: 35%



Medicare

- Commercial payer focus is on reporting for Medicare Advantage
- MSSP[1] and MA Stars[2] are not well aligned
- CMS has invited proposals from SIM grantees which could include a proposal for greater alignment on MSSP measures

Medicaid

- Developing 2016 quality performance metrics in conjunction with DMMA

1 Medicare shared savings program
2 Medicare advantage star rating program

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Healthy Neighborhoods Operating Model

Context

- The Healthy Neighborhoods Committee drafted an Operating Model paper which includes:
  - How to define a Healthy Neighborhood (e.g. governance, boundaries)
  - Support required for a Healthy Neighborhood (e.g. staff, funding)
  - Integration with other organizations (e.g. DCHI)
- This paper is presented for approval in anticipation of planning for rollout of first Neighborhoods

Areas for Board input

- Overall approach
- Draft boundaries
- Governance structure (i.e., Community Councils, Neighborhood Task Forces)
- Opportunities for integration with transformation in care delivery system

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Board business & DCHI start-up activities

Category	Item	Status
1 Operating budget	Approve proposed operating budget	Details of DCHI operating budget available at your seats
2 Board membership	Discuss Board terms & Nominating Committee	Current Board terms available at your seats
Conflict of interest	Approve conflict of interest statement	Document available at your seats
Committee membership	Approve updated roster	Roster is available at your seats for review and approval
Staff recruitment	Executive Director recruitment	Final candidates to be presented to Board

1 Proposed DCHI operating budget

Delaware Center for Health Innovation (DCHI) - Budget Summary

Updated September 2015

Expenses	Q4 2015	2016	2017	2018
DCHI Staff				
Funding source: Stakeholder contributions				
Salaries	67,500	552,500	710,000	815,000
Benefits	20,250	165,750	213,000	244,500
Total	87,750	718,250	923,000	1,059,500
Rent / Facilities				
Funding source: In-kind or stakeholder contributions				
Office space	5,750	43,700	50,600	50,600
Rented space for Board meetings	-	12,000	12,000	12,000
Total	5,750	55,700	62,600	62,600
Travel				
Funding source: SIM cooperative				
Travel	13,676	22,530	22,530	22,530
Total	13,676	22,530	22,530	22,530
Other expenses				
Funding source: SIM cooperative for select expenses in first year of operation (Q4 '15 through Q3 '16) [1]; all other expenses to be funded by stakeholder contributions				
Outreach materials and office equipment	11,044	34,506	50,520	87,310
Utilities	900	3,600	3,600	3,600
Communications	660	1,620	1,620	1,620
Other (e.g., legal, accounting, payroll)	9,325	25,465	22,895	23,095
Total	10,885	30,685	28,115	28,315
Grand Total	**129,105**	**861,671**	**1,086,765**	**1,260,255**

Note: DCHI budget is documented as a traditional calendar year (i.e., starting on January 1st)

1 As per Delaware SIM Budget Narrative, the initial purchase of laptop computers and a printer, as well as office supplies, and the installation, initiation fees, and first year of service for telephone, internet, and email services, will be funded by the SIM cooperative, totaling $22,840 in first year of operation (in the updated DCHI budget, from Q4 '15 through Q3 '16)

2 Maintaining Board membership

Context

- Candidates for initial voting Directors of the DCHI were reviewed and approved by the DHIN and HCC in 2014
- There are vacant and expiring board seats (due to staggered initial terms) that need to be filled
- Per DCHI Bylaws, the Board will have a standing Nominating Committee to submit candidates for appointment to the Board
- Candidates will then also be approved by the DHIN Board

Proposed approach

- The Nominating Committee will consist of the Chair and two other members of the Board selected by the Chair
- Nominating Committee member term shall be one year
- Committee proposes candidates to fill open positions, to be approved by the Board
- Approved voting Board members will hold their position for standard term length (i.e., three years)

2 Director and Committee member terms

Group	Process for nomination and confirmation	Term Length	Proposed timing of refresh
Board of Directors	▪ Nominating Committee proposes candidates ▪ DCHI Board votes on candidates ▪ DHIN approves candidates	▪ 3 years	▪ October 2015 (annual meeting)
Committee Chairs	▪ Vote is held by DCHI Board for Chairs	▪ 1 year	▪ November 2015
Committee members	▪ Chairs of each Committee will put forward candidates for membership ▪ DCHI Board votes on candidates	▪ 1 year	▪ December 2015
Board officers (Chair, Secretary, Treasurer)	▪ Vote is held by DCHI Board for each role	▪ 1 year	▪ January 2016[1]

1 Different timing than specified in Bylaws

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Upcoming DCHI Committee Meetings

Healthy Neighborhoods

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

Patient and Consumer Advisory

- October 1, 1:00pm
- Edgehill Shopping Center

Workforce and Education

- October 8, 1:00pm
- Edgehill Shopping Center

Payment Model Monitoring

- October 14, 4:30pm
- UD STAR Campus

Clinical

- October 20, 5:00pm
- UD STAR Campus

Please check the State's public calendar (egov.delaware.gov/pmc/) for the latest information about all DCHI Board and Committee meetings

Appendix

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Modifications for version 2.0 (1/2)

		Measure	Rationale
Deletions		Controlling High Blood Pressure	Required **CPT-II codes** on every visit; change in workflow
		Influenza vaccination	**Date ranges** of measure did not match actual dates in practice Data capture complicated by **multiple avenues** to receive flu vaccine
		Tobacco use: screening and cessation intervention	**CPT-II codes** needed to be added at each visit, duplicative documentation
Modifica-tions	5	Adherence to statins in CAD	Original **measure specification no longer endorsed**; a similar measure was selected
	6	Medication Management for asthma	**Measure specification** no longer being endorsed; a similar measure was selected
	15	Childhood Immunization Status	Change from combination 2 to **combination 10** which requires closer compliance with the ACIP/ CDC recommendations
Reporting only status	1	Diabetic control: HbA1c < 9%	**CPT-II codes** used for data capture and no baseline data available
	11	Adult BMI assessment	V-codes required for each patient which requires a workflow change for the majority of practices so **no baseline data available**
	12	Screening for Clinical Depression	**G- codes (HCPCS codes)** used for data capture at each visit **Alignment with broader SIM effort** and focus on behavioral health
	16	Developmental screening	**Not all practices have been billing** developmental screening separately from a well child check
	17	Fluoride Varnish	**New CPT-I billing code** reimbursed by Medicaid Custom specification needed to capture this

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Modifications for version 2.0 (2/2)

	Measure	Rationale
Additions	2 Diabetes: medical attention for nephropathy	▪ Added in response to feedback to have more diabetes measures ▪ Aligned with payers
	3 Medication adherence to diabetic medications	▪ Included to promote alignment with MA Stars measures
	4 Medication adherence in high blood pressure: RASAs	▪ Hypertension was an important clinical condition to maintain on the Scorecard
	7 High risk medications in the elderly	▪ Broadened scope of Scorecard to include a safety measure ▪ Aligned with MA Stars
	9 Cervical cancer screening	▪ Added in response to feedback to add more "women's health" and cancer screening measures
	10 Breast cancer screening	▪ Added in response to feedback to add more "women's health" and cancer screening measures
	18 HPV vaccination in adolescents	▪ Maintains balance in pediatric measures ▪ Aligned with payers requirements
	20 Well child check: 0-15 months	▪ Maintains balance in pediatric measures ▪ Aligned with payer requirements
	21 Well child check: 3-6 years	▪ Maintains balance in pediatric measures ▪ Aligned with payer requirements
	22 Follow-up within 7 days after hospital discharge	▪ Added in response to feedback to include access to care measures ▪ Aligned with payer efforts to reduce readmissions

- Data capture is easier for both providers and payers for these additional measures
- Administrative data is used and most measures have HEDIS specifications

17 Custom specification for Fluoride varnish

Numerator	**Definition**	▪ Fluoride varnish application by a primary care provider at least once during the reporting period
	Documentation	▪ CPT-I code: 99188
Denominator	**Definition**	▪ Children, ages 6 months to 4 years, with Medicaid insurance who have had a preventive visit encounter in the reporting period
	Documentation	▪ ICD-9 codes: v20.2 ▪ CPT-I codes: 99381, 99382, 99391, 99392

22 Custom specification for hospital follow-up within 7 days

Numerator	**Definition**	▪ Face-to-face outpatient encounter with a health care provider within 7 days of discharge
	Documentation	▪ CPT-I code: 99200-5, 99211-5, 99342-5, 99347-50, 99496 (TCM)
Denominator	**Definition**	▪ Discharges from inpatient hospitalization for patients, ages 18 years or older, with a primary diagnosis of congestive heart failure, COPD, pneumonia, or ischemic vascular disease (IVD) during the reporting period
	Documentation	▪ Inpatient hospital codes: 11x, 12x, 18x ▪ ICD-9 codes: CHF, pneumonia, COPD and IVD value sets ▪ Uniform billing (UB) discharge status: 01,04,06
	Exclusions	▪ Surgical procedures: surgical MS-DRGs ▪ Readmission ▪ Direct transfer to an acute care facility

Source: Adapted from Quality Blue Hospital Pay for value 2016

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