



ChooseHealth
DELAWARE

Delaware's State Innovation Model (SIM) Update

July 3, 2014

Topics for today's discussion



- Provide update on CMMI Model Test grant application
- Share highlights from grant narrative

Reminder - application timeline and approach

Timeline

- Letter of Intent sent June 3rd
- Application due July 21
 - We plan to submit July 14 to ensure full compliance
- Notification in Fall 2014
- Performance period begins January 1, 2015

Approach / current status

- Application will be submitted by Governor's office to CMMI, as required
- HCC designated as potential grant recipient and holder of funds
- Content is consistent with State Health Care Innovation Plan
- Innovation Center Board has been providing feedback and will discuss at their July 8th meeting

Reminder - grant application contents

Standard Forms

Project Abstract

Governor's Letter of Endorsement

Letters of support and participation from major stakeholders

i. Project Narrative (addressing the following subject areas)

1. Population Health Plan
2. Health Care Delivery System Transformation Plan
3. Payment and or Service Delivery Model
4. Leveraging Regulatory Authority
5. Health Information Technology
6. Stakeholder Engagement
7. Quality Measure Alignment
8. Monitoring and Evaluation Plan
9. Alignment with State and Federal Innovation

ii. Budget Narrative

iii. Financial Analysis

iv. Operational Plan (incl. Key Personnel)



1 Population Health Plan

Summary and goals

Delaware's plan for population health is to promote the development of "Healthy Neighborhoods" – local communities that come together to form a multi-stakeholder coalition to address of Delaware's pressing health needs.

Delaware's plan supports Healthy Neighborhoods that address the specific priorities and interventions described below:

- **Obesity**
- **Tobacco**
- **Diabetes**
- **Behavioral Health**
- **Dental**
- **Infant feeding**

How it will work

- Neighborhoods self-organize into communities of 50,000-100,000 individuals.
- Each community must bring together schools, employers, community organizations, clinicians, an FQHC, and at least one health system.
- They must also bring together the workforce responsible for coordinating care, including care coordinators and community health workers.
- The boundaries of Healthy Neighborhoods may be defined around communities with basic readiness and clear health needs.
- Neighborhoods then establish a Healthy Neighborhood Council of leaders from across these organizations that must meet at least quarterly to assess existing resources and propose 1-2 priority multi-stakeholder interventions to address at least one of Delaware's health needs.

2 Context for delivery system transformation

Providers are currently adopting four general models of innovative care delivery...

- 1) Co-location of services (e.g., Nemours Behavioral Health, UD STAR campus, Project ECHO)
- 2) Population-specific care coordination (e.g., Beebe CARES, Christiana Care Ischemic Heart Disease CMMI)
- 3) Patient Centered Medical Homes (PCMH) (e.g., Westside FQHC, MSD-Highmark, Nanticoke PCMH)
- 4) Accountable Care Organizations, including physician-led ACOs and clinically-integrated health systems (e.g., MSD-Highmark, Beebe MSSP, Christiana Care Quality Partners, Bayhealth)

...with common features

- 1) Voluntary participation (although expanding, this model is new to many)
- 2) Focus on integrating and coordinating care for high risk individuals (often but not always with dedicated care coordinators)
- 3) Payment linked to value (providers generally have limited experience with new models, but most providers in new programs have payment linked to value)
- 4) Investments in practice transformation, recognizing that success requires real change to care delivery
- 5) Using data to improve performance

2 Proposed model for delivery system transformation (1/2)

- **Voluntary participation**
- **All payers co-fund practice transformation**
- **Care coordination funding will be paid by payers to primary care practices**
- **Expansion of Learning Collaboratives**
- **Transition to value-based payment**

2 Proposed model for delivery system transformation (2/2)

- **Improved access to information.**
- **Engaging clinical leaders around clinical best practice.**
- **Engaging patients** in improving their health.



2 Workforce transformation

Core of Delaware’s workforce strategy will focus on retraining the current workforce, building sustainable workforce planning capabilities, and training the future workforce for the skills needed to deliver team-based, integrated care. Over the following two years, Delaware’s academic community will collaborate on a multi-year curriculum that includes the following core elements:

- **Simulation-based learning modules**
- **Local facilitated workshops on “team-based care,”**
- **Development of core competencies for new roles**
- **Symposia**

3 Common principles for payment

Core technical details will continue to be defined between payers and providers (e.g., level of shared savings, minimum panel size), however all payers will support the following common principles to simplify participation for providers:

- **Attribution of all Delawareans to primary care practices**
- **At least one P4V and one TCC model available from each payer**
- **Payment tied to common scorecard**
- **Commitment by all payers to work with providers to achieve 80% of population**



4 Leveraging regulatory authority

- **Medicaid Managed Care Organizations**
- **State Employees**
- **Qualified Health Plans (QHPs)**
- **Certificate of Need (CON)**
- **Health Care Commission (HCC)**
- **Insurance Regulations**
- **Education**



5 Health IT approach

- Build on existing investments
- DHIN will be the central hub, hosting:
 - Provider tools
 - A multi-payer claims and clinical database
 - Patient tools to enable consumer access to health and provider information
- Expanding HIT adoption in the state
- Model test activities will focus on all geographic regions of the state, taking advantage of the existence of both urban health centers and rural providers.

5 Health IT capabilities to support transformation

- 1) Provider tools**
- 2) Expansion of the Community Health Record**
- 3) Multi-payer claims and clinical information data store**
- 4) Patient engagement and transparency solutions**