



Delaware Center for
Health Innovation

Board Meeting

June 10, 2015

Agenda

Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment



Summary of May DCHI Board meeting

- Provided updates on **recent progress**:
 - Committee activities
 - Executive director recruitment
 - DCHI branding
 - Recent speaking engagements

- Approved **Common Scorecard for testing period**
 - Reviewed recent input and feedback from providers
 - Discussed use of (1) HEDIS metrics and use of metrics reflective of population health and (2) use of CPT-II codes and other sources for clinical data
 - Scorecard is approved for testing; will be further refined before use for payment

- Provisionally approved **Consensus Paper on practice transformation**, subject to further review of edits
 - Paper subsequently approved and published to:
<http://dhss.delaware.gov/dhss/dhcc/files/consensuspaperonracticetrans.pdf>

Draft minutes for the May meeting are available at your seats

Agenda



Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment

Committee updates (1/2)

Committee	Update	Path forward
Payment	<ul style="list-style-type: none"> ▪ Discussed “total cost of care” design decisions at a high level ▪ Discussed potential areas for standardization across payers, including definition of TCC, approach to risk adjustment, and setting of baselines and benchmark trend 	<ul style="list-style-type: none"> ▪ Further detail technical design of total cost of care models and potential specific areas for standardization ▪ Discuss design decisions related to “pay for value” payment models
Healthy Neighborhoods	<ul style="list-style-type: none"> ▪ Reviewed case studies on “operating models” for public health collaboratives ▪ Discussed initial operating model design decisions (e.g., Neighborhood definition, council formation) 	<ul style="list-style-type: none"> ▪ Develop initial draft of operating model approach ▪ Begin discussion on funding strategy
Clinical	<ul style="list-style-type: none"> ▪ Discussed Scorecard testing, including initial measures, practice participation and initial feedback received ▪ Discussed care coordination design, including payment structure and intensity and scope of services 	<ul style="list-style-type: none"> ▪ Develop recommendations on care coordination ▪ Begin discussion on behavioral health integration

Committee updates (2/2)

Committee	Update	Path forward
Workforce	<ul style="list-style-type: none"> ▪ Discussed integration of Workforce development with Clinical and Payment milestones ▪ Reviewed example care coordination curricula from around the country ▪ Continued work for Credentialing, Learning & Education and Workforce Planning subcommittees 	<ul style="list-style-type: none"> ▪ Continue to identify opportunities to streamline credentialing process ▪ Draft Workforce Learning and Re-learning Consensus paper ▪ Begin to collect and analyze baseline assessment of labor projections
Patient and Consumer	<ul style="list-style-type: none"> ▪ Reviewed feedback from other consumer groups on outreach materials ▪ Discussed videos on the vision for patient experience 	<ul style="list-style-type: none"> ▪ Provide input on strategy for Clinical, Workforce, and Payment ▪ Note: June meeting cancelled due to Beau Biden ceremony
TAG	<ul style="list-style-type: none"> ▪ Convened TAG meeting with payers regarding data preparation and submission ▪ Reviewed attribution list specifications ▪ Reviewed approach to practice assistance ▪ Checked in on file submissions 	<ul style="list-style-type: none"> ▪ Continue to engage payers on technical coding of metrics and support model for pilot practices ▪ Obtain attribution lists and methodology from payers ▪ Test scorecard with payer data feeds

Agenda



Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment

Board business & DCHI start-up activities

Category	Item	Status
Staff recruitment	<ul style="list-style-type: none"> Executive Director recruitment 	<ul style="list-style-type: none"> Applications continue to be received and reviewed Selection committee has identified five initial candidates for phone screening Initial phone screening has begun
Infrastructure	<ul style="list-style-type: none"> Bank account 501(c)(3) status Mailing address D&O insurance 	<ul style="list-style-type: none"> Bank account established Application to be initiated with legal support PO Box to be established Researching need for insurance coverage
Branding and communications	<ul style="list-style-type: none"> Branding & website 	<ul style="list-style-type: none"> Under development with AB&C
Committee membership	<ul style="list-style-type: none"> Approve current rosters 	<ul style="list-style-type: none"> Current rosters are available at your seats for review and approval

Agenda



Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment

Update on Scorecard

- **Feedback received and path forward**
- Current status of data

Summary of feedback on Scorecard from last Board meeting

Opportunities to improve

Measures

- Identified opportunity to better balance traditional quality measures with measures of population health management
- Expressed desire to ensure that measures are not just a coding exercise but really measure better delivery of health care

Process

- Noted that while claims are an imperfect source, they are available now - it will be important to test how much administrative work this involves
- Flagged importance of understanding the timeline for integration with clinical data and consider alternatives to using CPT II codes

Importance of Testing

- Clinical Committee surfaced and considered many of the concerns raised by Board members
- Testing period should focus on gathering feedback on each of these questions and areas of concern

Approach for gathering feedback on Common Scorecard

Questions to address

- What is the right balance of HEDIS / traditional measures vs. measures of Population Health Management?
- Where are the opportunities to further align with existing measures (e.g., from payers, ACOs/CINs¹)?
- How difficult is the process for providers to report on the measures?
- How easy is it to access the data?

Channels

- Meetings and feedback with professional societies
- Discussions with payers and ACOs/CINs
- **Feedback from providers testing the Scorecard including**
 - In-person visits to individual practice sites
 - Group discussion
 - Survey

¹ Accountable Care Organization (ACO); Clinically Integrated Network (CIN)

Possible approaches to incorporate feedback into Scorecard v2.0

Phased approach

- Identify certain measures that will be for “reporting only” for an initial period before they are linked to payment

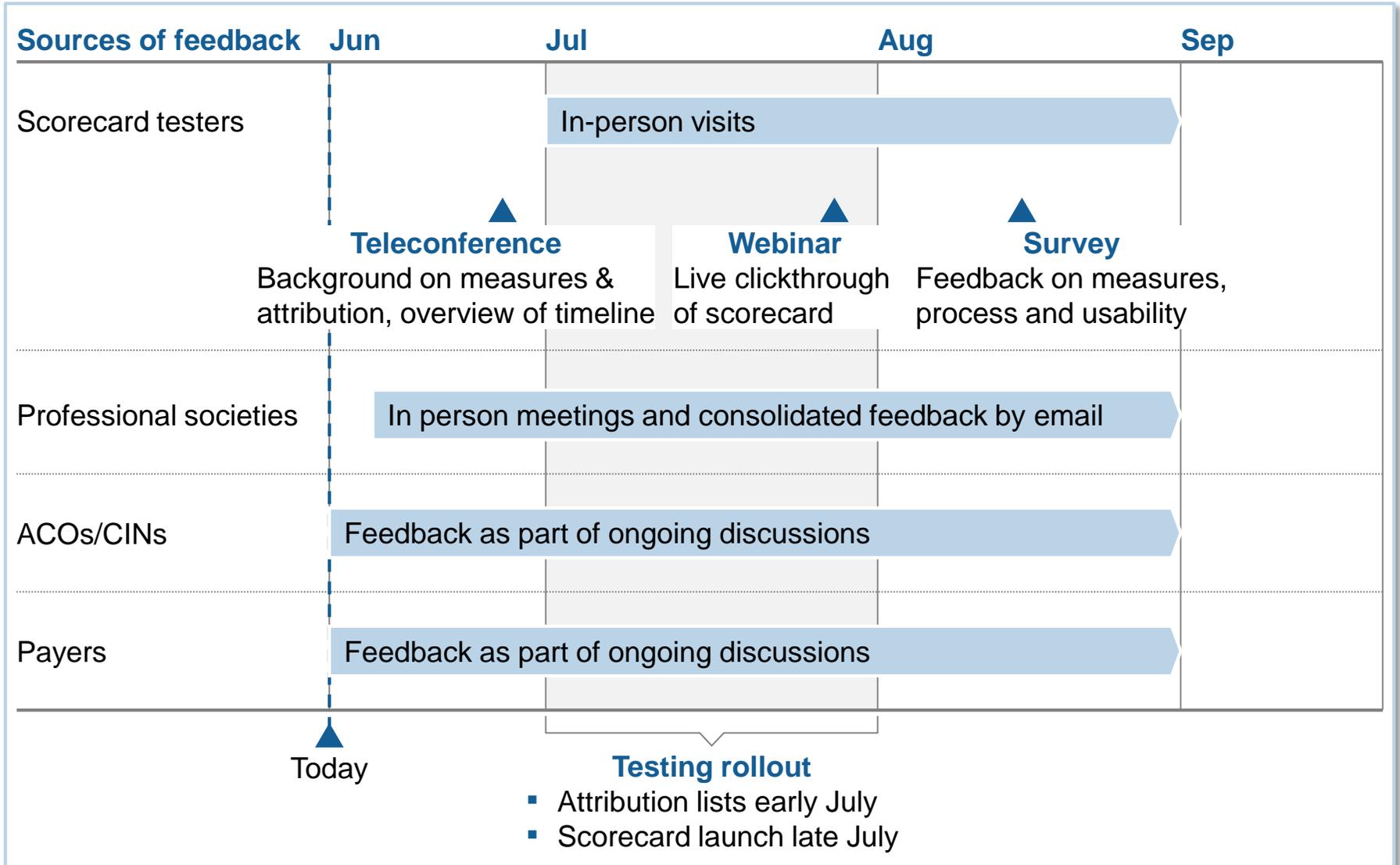
Weighting

- Adjust the weighting of measures linked to payment or structure by which providers have accountability for performance (e.g., consider performance on any 3 measures within a category of measurement)

Refinement of measure set

- Add or remove measures to further align with existing scorecards or address issues raised by stakeholders

Timeline for seeking additional feedback



Update on Scorecard

- Feedback received and path forward
- **Current status of data**

Next steps on Scorecard testing

To date, we have confirmed the participation of two payers in the Common Scorecard July pilot (3rd payer will join for October):

- Payers have committed to submit metrics and provide attribution lists for practices
- Payers represent both Medicaid and commercial populations

Data and information are still required from payers. For example:

- Metric and attribution files need to contain all required information and be sent to DHIN
- Points of contact for testing support remain to be identified
- Some measures (e.g., NQF measures, utilization) need to be coded

The path forward includes re-emphasizing expectations with payers, utilizing a staged rollout, and conducting tests using available data:

- State to send letters to each payer regarding expectations for Scorecard engagement
- Continue weekly 1:1 meetings with each payer to check in on status
- DHIN will move forward with testing using current data submissions, even though not complete
- Prioritize attribution lists for early July roll out to begin conversations with practices

Anticipated timeline:

- DHIN to host attribution lists by **early July**
- Scorecard launch by **late July**, pending current data tests

Status of payer inputs for July pilot

	Description
Provider File	<ul style="list-style-type: none"> Contains provider to practice mappings used to populate the Scorecard 1 of 2 file submissions to DHIN (file submission had inconsistencies)
Metric File	<ul style="list-style-type: none"> Contains numerator and denominator performance for each metric Coding of all metrics for the Scorecard if not already available (HEDIS, NQF, utilization, total cost of care) 2 of 2 file submissions to DHIN (both submissions incomplete; 1 payer has completed coding of NQF measures¹, but not yet transmitted)
Attribution Rosters	<ul style="list-style-type: none"> List of patient to practice attribution; list of patients included in the computation of each metric 1 payer has submitted patient to practice roster²
Attribution methodologies	<ul style="list-style-type: none"> High level definition of the methodology used to attribute a patient to a practice 1 received to date
Utilization / TCC methodologies	<ul style="list-style-type: none"> Definition of methodologies to produce utilization and total cost of care measures, needed to determine the level of variation across payers 1 received to date (missing TCC)
Identify provider reps	<ul style="list-style-type: none"> Identification of the payer representatives that will answer provider questions during the Testing Phase

¹ Expect NQF measure submission on 6/12

² Expect Metric roster submission on 6/12

Agenda



Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment

Setting up the first DCHI Cross Committee Meeting

Overview of meeting

- DCHI working session focused on dialogue across Committees, open to the public
- Goal will be to ensure that all Committee members are informed of the work of other Committees, and to seek feedback on high priority cross-Committee issues
- Will be a balance of presentation, feedback, and Q&A

Themes to be addressed

- What have been the major areas of progress in 2015?
- How does the work of the DCHI integrate with ongoing innovation across Delaware (e.g., as providers enter into ACOs/CINs)?
- Where are there interdependencies across Committees?
- What are the most important decisions and milestones upcoming?

Cross-Committee meeting is being scheduled for July (date/time TBD)

Agenda



Topic

Call to order

Status updates

Board business

Update on Scorecard

Cross-Committee meeting agenda

Public comment

Upcoming DCHI Committee Meetings



Payment Model Monitoring

- June 10, 4:30pm
- UD STAR Campus



Workforce and Education

- June 11, 1:00pm
- UD STAR Campus



Healthy Neighborhoods

- June 11, 3:15pm
- DHSS



Clinical

- June 16, 5:00pm
- UD STAR Campus



Patient and Consumer Advisory

- July 2, 1:00pm
- Edgehill Shopping Center

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