Delaware Center for Health Innovation Board Meeting

February 11, 2015

Agenda

Topic
Call to order
Status updates
Goals and funding overview
Common Scorecard feedback and timeline
Public comment

Summary of January DCHI Board meeting

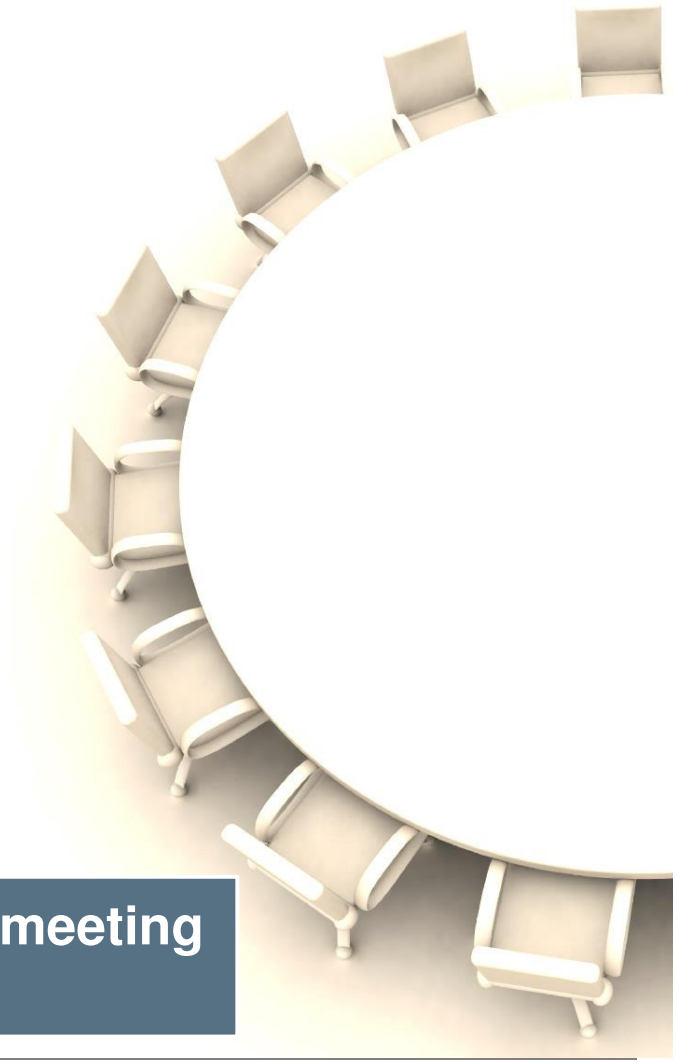
Appointed Tom Brown as **Treasurer** and Bettina Riveros as **Secretary**

Asked for volunteers for the **search committee** for new Executive Director

Refined **common scorecard**, with v1.0 to be published this spring

Updates provided from **initial meetings of each committee**

Discussed timeline of **SIM grant award** for period of 2015 – 2019



Draft minutes for the January meeting are available at your seats

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Status updates

Recent highlights

Requests for Information	▪ Health Care Commission has issued RFIs for practice transformation and care coordination services ▪ Responses due from vendors on 2/16
Speaking engagements	▪ Delaware Academy of Family Physicians meeting on 1/29
Delaware Health Care Commission	▪ Provided update on SIM Program during monthly meeting on 2/5, including Requests for Information
Executive Director search committee	▪ Majority of Board members volunteered to participate ▪ Suggest that Kathy Janvier, Paul Kaplan, Brenda Lakeman, Lolita Lopez and Matt Swanson serve as core members ▪ Tom Brown and Bettina Riveros to provide input as officers of the DCHI board ▪ Other volunteers to provide support in interviewing process

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

Committee updates

Committee	Update	Path forward
Healthy Neighbor-hoods	▪ Discussed types of metrics for population health scorecard and potential to use Household survey for neighborhood level data	▪ Consider America's Health Rankings as first version of scorecard ▪ Further evaluate Household survey ▪ Align on operating model
Patient and Consumer	▪ Provided feedback on patient communication materials and approach	▪ Aligning with other committees (e.g., Healthy Neighborhood, Workforce) on inputs needed
Clinical	▪ Refined specific scorecard metrics ▪ Discussed provider engagement strategies ▪ RFI Q&A posted	▪ RFI responses due 2/16 ▪ Further evaluate opportunities to engage providers
Payment	▪ Reviewed common scorecard ▪ Discussed panel size definitions	▪ Further discuss attribution, minimum panel size, options for aggregation
Workforce	▪ Agreed to establish 3 sub-groups to push work forward	▪ Divide into sub-groups (planning, training strategy, residency consortium)
TAG	▪ Scorecard development underway ▪ Payers to create test data	▪ Test scorecard mockups with stakeholders

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Our budget will support ambitious goals

Aspirations for Triple Aim

- Become one of the five healthiest states in the U.S.
- Achieve top decile performance for prioritized measures of quality and patient experience
- Bring health care spending growth more closely in line with growth of our economy

Specific goals reflected in our Plan

- Create >$1 billion in total savings to the system through 2020
- Reinvest about half of savings in care delivery to ensure sustainability for providers
- Pass about half of savings on to consumers and purchasers to preserve affordability (1-2 percentage points lower trend)

Goals for adoption to achieve Plan

- Participation by all payers: Commercial, Medicaid, Medicare by 2016
- Participation by >70% of self-insured employers by 2018
- Adoption by >90% of PCPs by 2018
- Truly meaningful changes in capabilities and processes

Guiding principles for funding

- Focus grants on start-up / one-time costs; find alternative sustainable funding for ongoing operational costs
- Preserve SIM grant funds for uses with limited alternative options
- Use grants to seed matching investments from stakeholders, whether explicit or implicit
- Leverage grants from foundations wherever possible
- Leverage Medicaid to obtain a favorable federal match
- Establish that direct investments in delivery system should be funded by payers (or co-funded with providers)
- Request continued support (in-kind and monetary) from stakeholders to demonstrate commitment to CMMI

Investments and funding

Investments (4-year total 2015-2018)[1]

- $28m for detailed design, IT development, and implementation support
- $23m in operations, evaluation, and continuous improvement from DHIN, DCHI, HCC, local payers, providers, other stakeholders
- $8.5m in practice transformation support
- $60m in care coordination payments to PCPs or affiliated groups, systems
- $7m in Workforce programs and initiatives
- $3.6m in Healthy Neighborhoods programs

Sources of funding (2015-2018)

- $35m federal SIM grant
- $20m other federal (MCaid, HRSA)
- $60m Medicare, Medicaid, and Commercial payers
- $4m philanthropic foundations
- $3-4m “in kind” time of stakeholders
- $8m stakeholder contributions

*Total investment of approximately **$130 million** over 4 years*

Investments (Feb 2015 – Jan 2019)

$ millions

	Year 1	Year 2	Year 3	Year 4	Total	SIM
Detailed design, implementation	13.1	9.6	2.7	2.6	**28.0**	25.0
Operations, evaluation	4.0	5.0	6.0	8.0	**23.0**	3.8
Practice transformation	0.9	3.8	3.1	0.7	**8.5**	4.3
Care coordination	2.3	15.4	21.0	21.7	**60.0**	0.0
Workforce program costs	1.4	1.9	1.7	2.2	**7.2**	1.9
Healthy Neigh. program costs	0.0	0.8	0.9	1.9	**3.6**	0.0
Total	**21.7**	**36.5**	**35.4**	**37.1**	**130.7**	**35.0**

Process for allocation of CMMI grant funds

	Examples	Process
Existing HCC vendors	▪ Detailed design and implementation support ▪ Communications support	▪ HCC holds contract(s) based on previous competitive procurement ▪ DCHI provides input into needs ▪ HCC issues Statement of Work
New major HCC contracts	▪ Practice transformation ▪ Learning collaboratives ▪ Independent evaluation ▪ IT development for portal ▪ Other support not provided by existing vendors	▪ DCHI to provide input into needs ▪ HCC to run competitive procurement ▪ DCHI committee members may serve on evaluation committees (barring any conflict of interest)
Smaller HCC contracts	▪ Population health survey ▪ Other small contracts within public procurement guidelines	▪ DCHI to provide input into needs ▪ HCC to identify potential vendor(s) ▪ HCC may make contract award subject to procurement guidelines
HCC purchased services and equipment	▪ Laptops and printers ▪ Teleconference lines	▪ HCC leases/purchases equipment/services ▪ HCC makes available for use by DCHI

All contract awards and purchases subject to state procurement requirements and to review by CMS grant administrator prior to funds being unrestricted

Process to discuss SIM goals and budget

Meetings	Timing
▪ HCC staff to meet with DCHI Board officers	2/16-2/20
▪ DCHI Board officers to meet with Board members by committee	2/23-3/6
▪ DCHI Board to have follow-up discussion as a group	3/11

Focus of discussion

- Operational milestones and deliverables
- Detailed budget (SIM and otherwise)
- Support available from HCC, DHIN, DPH, other partners
- Support available from existing vendors
- Further procurements, process and timeline

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Early feedback on Scorecard measures

	Some competing perspectives in early feedback
Clinical vs. claims data	▪ "If we want meaningful measures of quality we need to do the tough work" and go **beyond claims**-based measures ▪ Others voice concern that the **administrative burden** attached to clinical data could create a negative reaction to the initial introduction of the Scorecard
Outcomes vs. process measures	▪ Some providers feel that **outcome measures** are more informative than process measures ▪ Other providers feel that **process measures** may be more reliable, because it is difficult to fully risk-adjust outcome measures (e.g., to reflect socioeconomic factors)
Patient care vs. population measures	▪ Some reinforce importance of measuring quality of **patient care** (i.e., effective diagnosis and treatment) ▪ Others urge more measures of **proactive management of patient population** (i.e., care coordination)

Timeline for Scorecard testing and launch

v0.1
v1.0

Activity	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2
Reporting cadence						
Reports issued for Test Group providers	Q1 Report	Q2 Report	Q3 Report	Q4 Report	Q1 Report	Q2 Report
Accessible to	TAG/DCHI[1]	Test PCPs	Test PCPs	Test PCPs	All PCPs	All PCPs
Based on dates of service	10/13-9/14	1/14-12/14	4/14-3/15	7/14-6/15	10/14-9/15	1/15-12/15
Provider outreach						
Outreach and education			ongoing	ongoing	ongoing	ongoing
Registration for access to data			ongoing	ongoing	ongoing	ongoing
Feedback: metrics, report design						
Feedback: data quality/clarity					ongoing	ongoing
Technical activities						
DCHI, DHIN, and IMAT refine metrics and report design						
Payers and IMAT address data integrity and clarity issues			ongoing	ongoing	ongoing	ongoing

* Data from initial report will be accessible to DCHI in summary statistics and to payers at practice level

Details of report timeline

1 Enrollment

- 100-150 PCPs in Test Group; all counties and practice sizes represented
- Test Group enrollment closes by end of Q2 2015
- Pending results of Test, data accessible to all PCPs in Q1 2016

2 Report data

- 3 month run-out period on claims
- 1-2 month data validation and calculation period
- Goal to reduce validation and calculation time, for total of 3 months lag
- Rolling 12-month performance period

3 Feedback periods

- Providers feedback on v0.1 metrics and report design through Q3 of 2015 to be incorporated into v1.0 production reports Q1 2016
- Feedback on data integrity and clarity to be addressed continuously, as received
- Ongoing feedback on metrics and reports to be considered for annual updates

4 Payment

- Value-based payment models with 1/1/16 initiation may be tied to v1.0 reports
  - 2015 full-year baseline report to be produced Q2 2016
  - 2016 performance period to be produced Q2 2017
- Payers may maintain own reporting systems for official adjudication of value-based contracts until Common Scorecard reaches maturity

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Next steps

- DCHI Payment Model Monitoring Committee meeting: Today at 4:30pm
- DCHI Workforce and Education Committee meeting: February 12 (1pm)
- DCHI Patient and Consumer Advisory Committee meeting: March 5 (1pm)
- DCHI Clinical Committee meeting: March 17 (5pm)
- Next Healthy Neighborhoods meeting to be scheduled