Delaware Center for Health Innovation

Board Meeting

February 10, 2016

Agenda

Topic

Call to order

Status updates

Board business

Healthy Neighborhoods grant update

Outcomes-based payment

Overall program dashboard

Public comment

Summary of January DCHI Board meeting

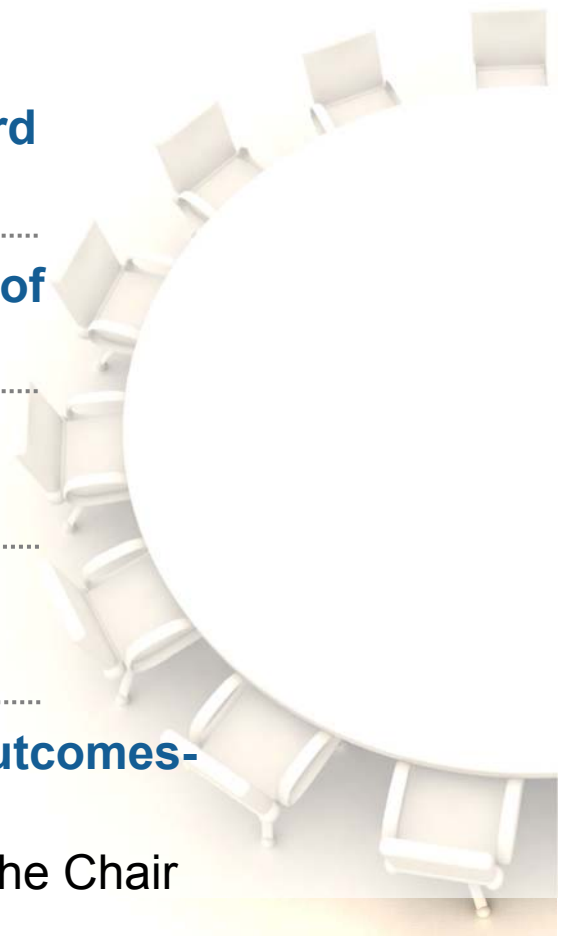
- DCHI Executive Director **updated Board on progress made towards DCHI operations and funding opportunities**
- Board re-elected Board Chair and Treasurer
- Board adopted a set of guiding principles on **DCHI Board and Committee operating norms**

- Approved the DCHI **Consensus Paper on Integration of Behavioral Health and Primary Care**

- Approved the DCHI **Consensus Paper on Healthy Neighborhoods Rollout Approach**

- Approved the DCHI **Consensus Paper on Care Coordination as an Extension of Primary Care**

- Reviewed a draft of the DCHI **Consensus Paper on Outcomes-Based Payment for Population Health Management**
  - Feedback on the paper was requested to be sent to the Chair of the Payment Committee



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Committee updates 1/2

Committee	Update	Path forward
Workforce	▪ Released licensing and credentialing stakeholder survey ▪ Released Graduate Health Professional Consortium/Workforce Learning & Re-Learning Curriculum RFP ▪ Reviewed feedback on the current draft outline of the Workforce Capacity Planning Consensus Paper ▪ Held joint committee meeting with Healthy Neighborhoods to discuss community health worker models	▪ Compile and summarize licensing and credentialing survey responses. Include findings and recommendations in consensus paper ▪ Begin drafting Workforce Capacity Planning consensus paper
Consumer	▪ Provided input to Cultural and Linguistic Statewide Study of DE Hispanic Commission ▪ Received an update on Healthy Lifestyles work of DPH	▪ Refine and guide consumer outreach and engagement strategies ▪ Provide consumer perspective to other committees' work
Payment	▪ Reviewed DCHI consensus paper on outcomes-based payment ▪ Discussed the DCHI consensus paper on behavioral health integration (BHI) and the payment barriers for integration	▪ Convene a working group to form a perspective on an approach for access to claims data ▪ Convene a cross-committee working group to form a perspective on the financial sustainability of BHI

Committee updates 2/2

Committee	Update	Path forward
Clinical	▪ Reviewed an update on Practice Transformation rollout and discussed vendor outreach ▪ Discussed the latest release of the Common Scorecard and new functionality planned for 2016 ▪ Discussed implementation of the patient experience survey ▪ Reviewed next steps for BHI including the formation of a BHI implementation working group	▪ Form a BHI implementation working group ▪ Develop perspective on details for patient experience survey design and implementation ▪ Prepare for v2.0 of the Scorecard and goal setting
TAG	▪ Discussed progress and challenges from recent Scorecard release and the path forward ▪ Discussed data quality assurance process employed by the payers ▪ Reviewed an update on the proposed approach for end-user validation ▪ Discussed access for ACOs to Scorecard information	▪ Prepare for Scorecard V2.0 release for testing practices ▪ Develop approach for data quality testing
Healthy Neighborhoods	▪ Held joint committee meeting with Workforce Committee to discuss community health worker models	

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Topic
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Healthy Neighborhoods grant update
Outcomes-based payment
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Board business

Item
1 Board elections
2 Update to DCHI bylaws
3 Annual financial statement
4 ED report

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Context for Accountable Health Communities grant discussion

- CMMI released the **Accountable Health Communities** model grant which provides a **good opportunity to catalyze the Healthy Neighborhoods program**
- Current perspective is that **DCHI could play an important role in convening and bridging across stakeholders** to apply to the grant
- **DCHI submitted a (non-binding) letter of intent on Feb 8** and has been engaging with stakeholders to test interest, get input, and begin to build a coalition to apply
- Given the complexity and importance of the grant, the **goal for today** is to:
  - Provide an **overview of the grant**
  - Get **Board member input** on important questions DCHI would need to address

CMMI AHC Model Testing Grant summary (1/2)

	Description			
Goal of grant	▪ Test how **addressing health-related social needs[1] of Medicare and Medicaid beneficiaries through awareness and navigation** can: – Impact health care costs – Reduce inpatient and outpatient health care utilization – Improve health care quality and delivery			
Structure of test grant	▪ 5 year testing grant (Jan 2017 – Dec 2021) with 3 *Tracks* to test level of impact of *awareness*, *assistance*, and *alignment* of community service navigation			
	Tracks	**Description**	**Funding, $M**	**# of grants**
	Track 1: *Awareness*	**Increase beneficiary awareness** of available community services through information dissemination and referral	1.0	12 grants
	Track 2: *Assistance*	**Provide community service navigation services** to **assist high-risk beneficiaries** with accessing services	2.6	12 grants
	Track 3: *Alignment*	Encourage **clinical and community services partner alignment** to ensure that **access to available community services is optimized** to meet the needs of beneficiaries	4.5	20 grants

1 Social needs are defined as housing instability and quality, food insecurity, utility needs, interpersonal violence, and transportation needs beyond medical transportation

Source: CMS AHC model FAQ. https://innovation.cms.gov/initiatives/ahcm/faq.html

CMMI AHC Model Testing Grant summary (2/2)

	Requirements
Applicant role	▪ Identify and partner with **state Medicaid agency, clinical delivery sites** (e.g., clinics, hospitals, behavioral health providers) and **community service providers** ▪ Conduct systematic **health-related social needs screenings to 75,000 beneficiaries**[1] ▪ **Connect beneficiaries to community resources via referrals** for identified unmet health-related social needs ▪ **Assist beneficiaries with accessing community resources** through community service navigation (Tracks 2 and 3 only) ▪ Partner with and **align community service partners to optimize community capacity to address health-related social needs** (Track 3 only)
Applicant eligibility	▪ Community-based organizations, healthcare provider practices, hospitals and health systems, institutions of higher education, local government entities, tribal organizations, and for-profit and **non-profit local and national entities** with the capacity to develop and maintain a referral network with clinical delivery sites and community service providers
Application process	▪ **Mar 31, 2016 1PM ET** – Formal application www.grants.gov ▪ **Email:** AccountableHealthCommunities@cms.hhs.gov

1 Defined to be all Medicare and/or Medicaid beneficiaries, include children and adults covered under Medicaid through presumptive eligibility, and all community-dwelling beneficiaries that are dually eligible

Source: CMS AHC model FAQ. https://innovation.cms.gov/initiatives/ahcm/faq.html

AHC Model Structure

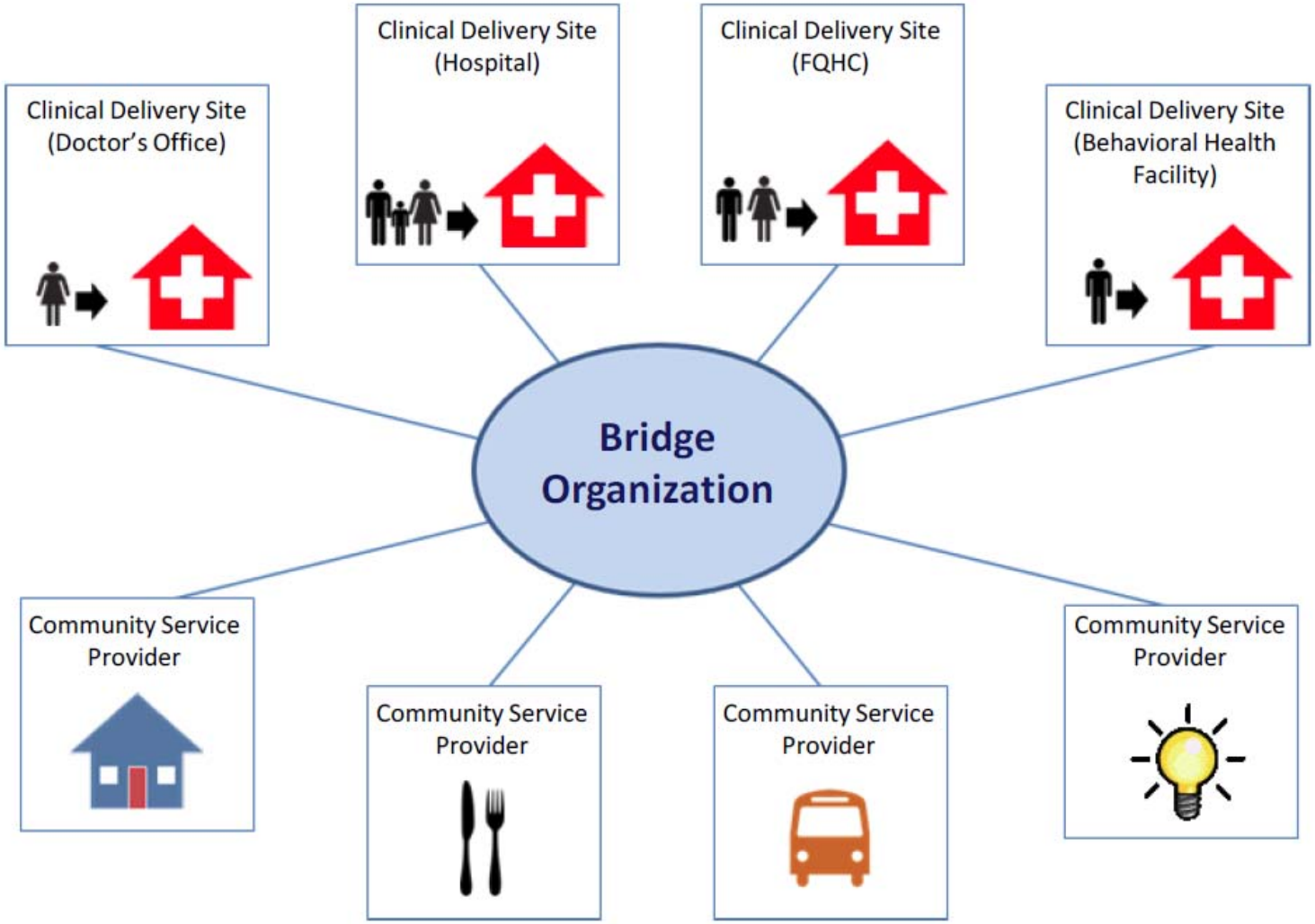

Figure 3. AHC Model Structure[17]

Source: CMS AHC funding opportunity announcement, January 2016

Considerations for the AHC grant application

FOR DISCUSSION

Context	Considerations
Administrative requirements (e.g., data and reporting, financial capacity)	▪ Can DCHI and its potential partners meet all of the administrative requirements of the grant (e.g., for financial tracking)
Operating requirements (e.g., screen 75,000 Medicaid and Medicare beneficiaries)	▪ How to identify a community(ies) that meet the requirement to be able to offer screening to 75,000 Medicaid and Medicare beneficiaries in a way that is consistent with the Healthy Neighborhood approach

Backup: Estimated Medicaid and Medicare lives per Healthy Neighborhood Community

2016 proposed rollout

Communities	Population (2010)	Estimated Medicaid & Medicare lives (2010)
Wilmington/Claymont	99,000	40,600
Brandywine/Hockessin	77,000	31,500
Newark/Bear/Glasgow	109,000	44,600
Christiana/Pike Creek	103,000	42,200
New Castle/Red Lion	97,000	39,800
Middletown/Odessa/Townsend	49,000	20,100
Smyrna/Dover	103,000	48,100
Lower Kent	57,000	26,600
West/Central Sussex	130,000	72,000
Eastern Sussex	68,000	37,600
	892,000	**403,100**

Source: US Census 2010, Interstudy July 2015

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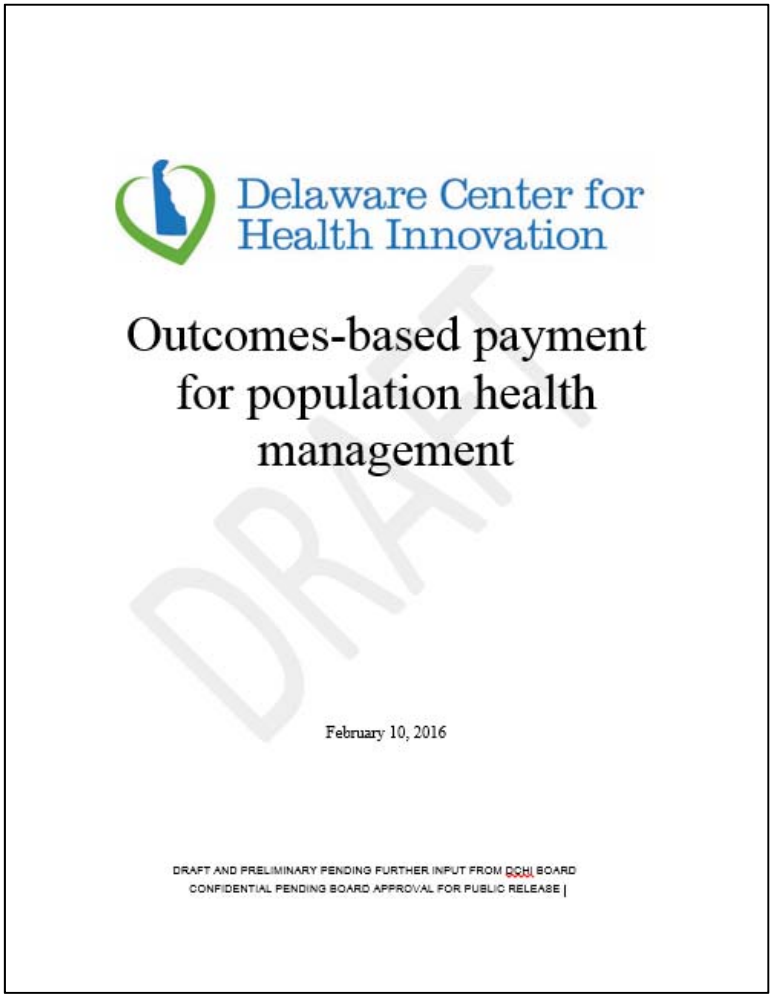
Consensus Paper on Outcomes-based Payment

Paper for approval

Updates based on January Board and committee discussions (highlighted in green)

- Reference to need for risk sharing arrangements for providers beyond primary care (e.g., between payers and hospital systems) (pg 4)
- Increased reference to stakeholders consulted in the process of forming DCHI's perspective (pg 6)
- Recognition that independent physicians may need assistance to aggregate formally and reference to possible future role for DCHI in facilitating practice aggregation (pg 8)


Delaware Center for Health Innovation

Outcomes-based payment for population health management

DRAFT

February 10, 2016

DRAFT AND PRELIMINARY PENDING FURTHER INPUT FROM DCHI BOARD
CONFIDENTIAL PENDING BOARD APPROVAL FOR PUBLIC RELEASE |

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Updates to the overall program dashboard

Prior feedback

- In November, we discussed the most recent version of the overall program dashboard and agreed that committee chairs should seek input from their committees
- In particular, there were questions on the design and operationalization of measures still in progress
  - Statewide provider satisfaction survey
  - Workforce measure
  - Consumer and patient experience measures

Approach for today

- Review of the proposed updates to the overall program dashboard measures
  - Overall provider satisfaction measured by a provider survey
  - Healthcare workforce participation in training as part of DCHI practice transformation support
  - Consumer engagement measured by independent consumer engagement survey
- Consideration of the overall program dashboard measures for approval

PRELIMINARY PREDECISIONAL WORKING DOCUMENT: SUBJECT TO CHANGE

Revised: Draft overall program dashboard

		Metric
Overall Outcomes	Overall health	Overall health ranking
	Cost	Total medical and pharmacy expenditures
	Quality	Quality and efficiency of medical care provided to patients
	Provider satisfaction	Provider satisfaction as a leading indicator of participation in market
	Patient experience	Patient satisfaction with provider care and payers
Progress in DCHI program areas	Care delivery	Provider implementation of innovative care techniques
	Payment innovation	Availability and adoption of value-based payment models by payers and providers
	Healthy Neighborhoods	Coverage of Healthy Neighborhoods
	Workforce	Adoption of DCHI practice transformation support
	Consumer	Consumer engagement in their healthcare

PRELIMINARY PREDECISIONAL WORKING DOCUMENT: SUBJECT TO CHANGE

Overall program outcomes detail

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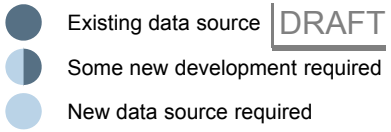

	Metric	Methodology	Source	Frequency of update	Current data availability
Overall health	▪ Overall health ranking	▪ Combines behaviors, community conditions, policies, and clinical care data to provide a holistic analysis	▪ America's Health Rankings	▪ Annual	
Cost	▪ Total medical and pharmacy expenditures	▪ Compares total cost of care to GDP and per capita cost goals	▪ Common Scorecard	▪ Annual	
Quality	▪ Quality and efficiency of medical care provided to patients	▪ % of PCPs meeting 75% or more of DCHI goals	▪ Common Scorecard	▪ Annual	
Provider satis-faction	▪ Provider Satisfaction as leading indicator of participation in the market	▪ Rating of global satisfaction with the practice of medicine among providers targeted by DCHI activities	▪ Provider survey	▪ Annual	
Patient experience	▪ Patient satisfaction with provider care and payers	▪ Statewide patient satisfaction ratings from patient surveys	▪ Patient survey	▪ Annual	

PRELIMINARY PREDECISIONAL WORKING DOCUMENT: SUBJECT TO CHANGE

DCHI program implement tracker detail

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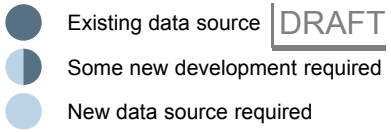

	Metric	Methodology	Source	Frequency of update	Current data availability
Care delivery	▪ Provider implementation of innovative care techniques	▪ Average % of practice transformation milestones achieved across all practices in the scorecard	▪ PT vendor reports; Scorecard	▪ Quarterly	
Payment innovation	▪ Availability and adoption of value-based payment (VBP) models by payers and providers	▪ % of Delawareans covered by VBP models	▪ Payer data	▪ Quarterly	
Healthy Neighbor-hoods	▪ Coverage of Healthy Neighborhoods	▪ % of Delawareans part of a Healthy Neighborhoods Community	▪ Census track data; HN reports	▪ Quarterly	
Workforce	▪ Adoption of DCHI practice transformation support	▪ % of health workforce trained through DCHI practice transformation	▪ PT vendor reports	▪ Quarterly	
Consumer	▪ Consumer engagement in their healthcare	▪ Rating (0-10) of consumer engagement	▪ Consumer survey	▪ Annually (multi-mode)	

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Topic
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Upcoming DCHI Committee Meetings

	Workforce and Education	▪ February 11, 1:00pm ▪ UD STAR Campus
	Clinical	▪ February 16, 5:00pm ▪ UD STAR Campus
	Healthy Neighborhoods	▪ February 17, 1:00pm ▪ UD STAR Campus
	Patient and consumer advisory	▪ March 3, 1:00pm ▪ Edgehill Shopping Center
	Payment Model Monitoring	▪ March 9, 4:30pm ▪ UD STAR Campus

Please check the DCHI website (www.DEhealthinnovation.org) for the latest information about all DCHI Board and Committee meetings

Note: new Healthy Neighborhoods standing meeting date/time