



Delaware Center for  
Health Innovation

# Board Meeting

January 13, 2016

# Agenda



## Topic

### Call to order

Status updates

Board business

Behavioral health integration

Healthy Neighborhoods rollout

Care coordination

Value-based payment

Public comment

# Summary of December DCHI Board meeting

- DCHI Executive Director **updated Board on progress made towards DCHI startup and infrastructure requirements**
  - Board voted to **renew all committee rosters for 2016**
  - Board discussed committee operating procedures and **opportunities to improve consistency in 2016**
- 
- Discussed **Consensus Paper on Integration of Behavioral Health and Primary Care**
    - Board asked to **review paper and provide feedback**
    - Final draft of paper will be brought to the Board in January 2016 for discussion and approval
- 
- Reviewed overall **program dashboard**
    - Board asked to provide feedback on metrics including **provider satisfaction, workforce availability, and consumer engagement**
    - Committees will provide final input on measures, to be **approved by board in January 2016**



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# Committee updates

Committee	Update	Path forward
<p><b>Workforce</b></p>	<ul style="list-style-type: none"> <li>▪ Finalizing the Graduate Health Professional and Learning/Re-Learning RFP</li> <li>▪ Reviewed licensing and credentialing questions to include in stakeholder engagement online survey</li> <li>▪ Reviewed and revised outline of licensing standards in Delaware. Information to be included in Recommendations for Credentialing Health Care Providers consensus paper</li> </ul>	<ul style="list-style-type: none"> <li>▪ Release the Graduate Health Professional and Learning/Re-Learning RFP</li> <li>▪ Release the stakeholder engagement online survey on licensing and credentialing</li> </ul>
<p><b>Healthy Neighborhoods</b></p>	<ul style="list-style-type: none"> <li>▪ Reviewed the Healthy Neighborhoods Consensus Paper on Rollout Approach</li> <li>▪ Discussed approaches to create sustainable funding for Healthy Neighborhoods Communities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hire Healthy Neighborhood Program Director</li> <li>▪ Convene sub-committee to identify approaches to develop sustainable funding sources</li> <li>▪ Initiate outreach to wave 1 Communities</li> </ul>
<p><b>Consumer</b></p>	<ul style="list-style-type: none"> <li>▪ Reviewed outreach materials and provided input on consumer focus groups</li> <li>▪ Received update on DHIN’s planned consumer engagement tools and the work of the Health Literacy Coalition of SE PA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide feedback on patient experience survey for scorecard</li> <li>▪ Continue to refine outreach materials and plan</li> </ul>

Note: Payment, Clinical and TAG did not meet in December

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# Board business

Category	Item
<b>Officer elections</b>	<ul style="list-style-type: none"><li>▪ Election of 2016 DCHI Board officers</li></ul>
<b>ED report</b>	<ul style="list-style-type: none"><li>▪ Update on DCHI operations</li></ul>
<b>Operating norms</b>	<ul style="list-style-type: none"><li>▪ Guiding principles for DCHI Board and Committee operations</li></ul>

## Guiding principles for DCHI Board and Committee operating norms

- The primary purpose of DCHI Board and Committee meetings is to solicit **input from members, who have made generous contributions** of time and expertise to DCHI
- As a stakeholder-driven organization, **DCHI views public engagement as important** to maintaining a transparent and credible process
- Many Board and Committee discussions are **informal working sessions on materials that are pre-decisional**
- **Meeting materials often become quickly out of date** based on the outcomes of Board or Committee discussions
- **Consistency in operating procedures across the DCHI Board and Committees is important**



# Proposed DCHI Board and Committee operating norms

## Proposed norms

### Meeting operations

- At DCHI Board and Committee meetings, **name placards at the table will be used to denote the seats for committee members**
- The meeting chairs **may invite presentations or input from guests** during Board and Committee meetings at their discretion
- **Table seating will be reserved for Board and Committee members** and guests with a specific role in the meeting
- **Gallery seating will be made available for members of the public**
- Meeting chairs will **preserve time at the end of each Board and Committee meeting for public comment** prior to closing the meeting

### Meeting logistics

- **Board meetings**
  - **Date, time, location, and agenda will be posted in advance** on the public calendar
  - **Primary discussion document will be projected** for members of the public
  - All printed meeting **materials should be reserved exclusively for directors**
  - **Slides and approved DCHI Board minutes will be posted online**
- **Committee meetings**
  - **Date, time, location, and agenda will be posted in advance** on the public calendar
  - **Primary discussion document will be projected** for members of the public
  - All printed meeting **materials should be reserved exclusively for members**
  - **Meeting summaries will be posted** online
- **Cross Committee meetings**
  - **Date, time, location, and agenda will be posted in advance** on the public calendar
  - **Primary discussion document will be projected** for members of the public
  - **Slides will be posted online** following each meeting

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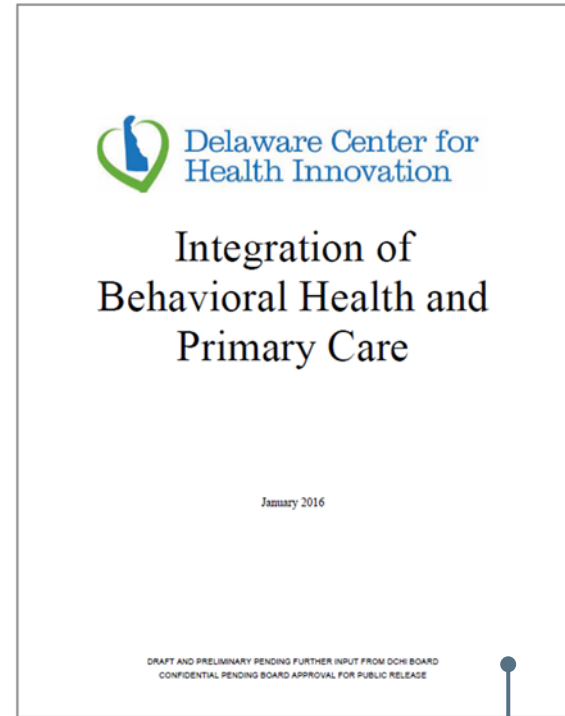
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# Consensus Paper on Behavioral Health Integration

## Paper for approval

### Contents

- The case for behavioral health and primary care integration in Delaware
- Vision for behavioral health integration
- Strategy for achieving this vision (including potential resources and support to be provided by DCHI)
- Performance and evaluation measures
- Timeline for implementation



## Additional language

Following from the adoption of this consensus paper, DCHI will develop an implementation plan for the strategy outlined in this paper and more comprehensively address challenges with respect to payment and workforce development which are introduced in this paper but require further consideration and stakeholder input.

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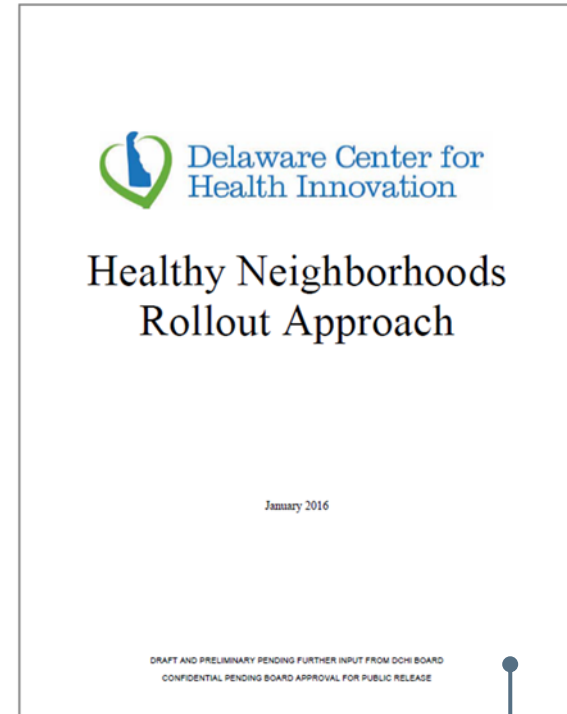
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# Healthy Neighborhoods Rollout Approach

## Paper for approval

### Contents

- Overall approach to rollout including implementation “Waves” and Community Readiness Assessments
- Process for setting up each Healthy Neighborhoods Community
- High level implementation plan for Wave 1 implementation and subsequent Waves



## Recent developments

Multiple grant opportunities have emerged in-line with DCHI’s approach with Healthy Neighborhoods (e.g., Trinity Health’s Transforming Initiative, CMMI’s Accountable Communities for Health Model)

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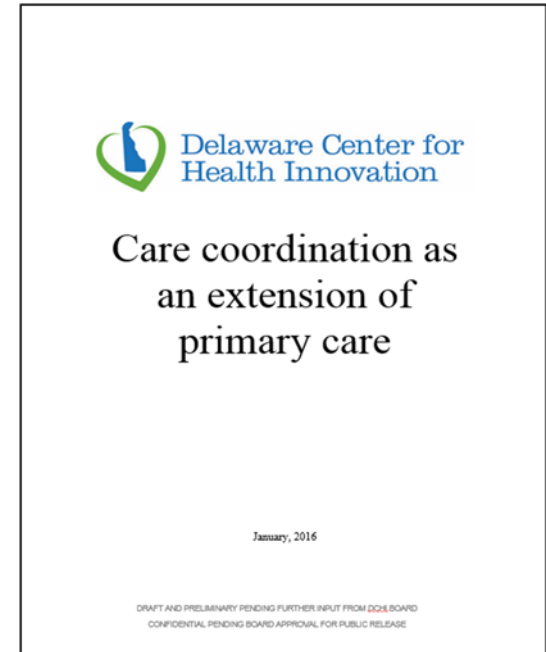
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# Consensus paper on Care Coordination

## Paper for approval

### Updated content

- ① **Vision for care coordination**
- ② **Principles for funding care coordination**
  - Focus on care coordination models with **moderate expectations for scope and intensity** (pg. 11)
- ③ **Principles for provider eligibility**
  - Practices are **encouraged to engage in practice transformation to build population health management capabilities** that will enable them to succeed under outcomes-based payment models (pg. 13)
- ④ **Support for providers**
  - Providers to align on **common approaches, procedures and templates to standardize care coordination** (pg. 16)
  - By 2H 2016, DCHI recommends **reassessment of practice transformation needs related to care coordination and identify any additional support required** (pg. 16)



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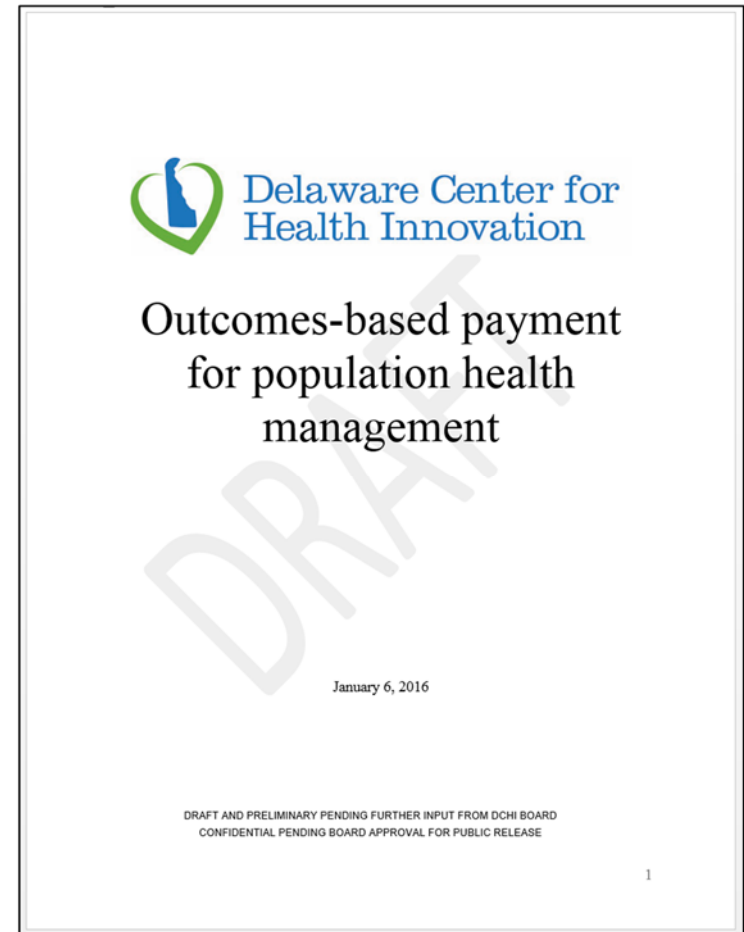
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# DCHI Consensus Paper on Outcomes-based Payment

## Core Beliefs

- 1 Primary care serves as a platform for clinical integration and empowers consumers to participate in their own care
- 2 Providers may adopt varied structures to achieve the scale and capabilities necessary to integrate care
- 3 All payers should participate in the transition to outcomes-based payment in order to realize meaningful transformation as a system
- 4 Payers should offer multiple “on-ramps” to outcomes-based payment, suitable to providers that differ in scale, capabilities, and capacity to shoulder financial risk
- 5 Model design and implementation should support improvements in providers satisfaction as a potential fourth component of “The Quadruple Aim”
- 6 Our expectation for multi-payer alignment should strike a balance between the benefits of standardization with the practical challenges for in operationalizing solutions across multiple states



# Principles for design and implementation (1/2)

Principle	Description
<b>1 Broad availability</b>	Payers should offer primary care providers the opportunity to participate in either Total Cost of Care models or Pay-for-Value models
<b>2 Provider eligibility</b>	Payers should define provider eligibility for outcomes-based payment based on criteria that are objective and openly communicated
<b>3 Patient Attribution</b>	Patient attribution to providers should be based on transparent methodologies, with prospective notification to patients and providers, and processes for systematic adjustments over time
<b>4 Panel size</b>	Payers may adopt minimum panel sizes and/or minimum savings rates (or similar) to mitigate the effect of random chance on outcomes-based payments
<b>5 Aggregation</b>	Outcomes-based payment should support formal affiliations of providers as necessary to achieve the scale and capabilities necessary to effectively support clinical integration and population health management
<b>6 Outcomes measurement</b>	Outcomes measurement should be based on a balanced scorecard for quality, experience, and efficiency
<b>7 Metric selection</b>	Measures should be based on the DCHI Common Scorecard to create consistent incentives across a patient panel while minimizing complexity and administrative burden for providers

# Principles for design and implementation (2/2)

Principle	Description
8 Risk adjustment	Total cost of care should incorporate reasonable exclusions and adjustment for differences in patient risk
9 Benchmarks	Payers and providers should exercise best efforts to fairly estimate savings relative to both prospectively and retrospectively established benchmarks for efficiency
10 Pricing and risk corridors	Payers and providers should be free to independently negotiate pricing and risk corridors
11 Access to claims data	Providers accepting financial risk for a population should have access to claims data as necessary to effectively manage that risk
12 Supportive analytics	Independent physicians without the capability to analyze claims data should be provided actionable insights into opportunities for improvement

## Strategies to promote availability and adoption

- ① Meeting with payers, health systems, ACOs, and CINs as well as with major professional associations to **share our vision and proposed design principles**
- ② **Increasing payer participation** in the DCHI Board and supporting committees
- ③ **Raising awareness of purchasers and consumers regarding the importance of outcomes-based payment**, and increase transparency into adoption and performance
- ④ Working with the State to **align state regulations and purchasing of health care** with our beliefs and principles, including Medicaid, State Employee Health Plan, as well as requirements for Qualified Health Plans
- ⑤ **Educating practicing physicians regarding outcomes-based payment** as an alternative to other approaches to cost control; Contributing to **aligned communications** strategies and materials for rollout of Practice Transformation support
- ⑥ Encouraging **providers to proactively initiate conversations** with payers to move towards value based payment
- ⑦ **Evaluating new payment models** as they are introduced, to consider whether they conform with the design and implementation principles outlined here
- ⑧ **Creating transparency** around the availability and adoption of new payment models through the overall DCHI program dashboard

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# Upcoming DCHI Committee Meetings

	<b>Payment Model Monitoring</b>	<ul style="list-style-type: none"><li>▪ January 13, 4:30pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Workforce and Education</b>	<ul style="list-style-type: none"><li>▪ January 14, 1:00pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Joint Workforce and Healthy Neighborhoods</b>	<ul style="list-style-type: none"><li>▪ Joint meeting on CHW January 14, 2:00pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Clinical</b>	<ul style="list-style-type: none"><li>▪ January 19, 5:00pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Patient and consumer advisory</b>	<ul style="list-style-type: none"><li>▪ February 4, 1:00pm</li><li>▪ Edgehill Shopping Center</li></ul>

**Please check the DCHI website ([www.DEhealthinnovation.org](http://www.DEhealthinnovation.org)) for the latest information about all DCHI Board and Committee meetings**