

# Delaware Center for Health Innovation Board Meeting

March 11, 2015

# Agenda



## Topic

### Call to order

Status updates

SIM milestones, timeline and funding

Executive Director recruitment materials

Communications and provider engagement

Public comment

# Summary of February DCHI Board meeting

Provided updates on **recent progress** of each committee

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Discussed proposed **Executive Director recruitment process** and approved core members of search committee

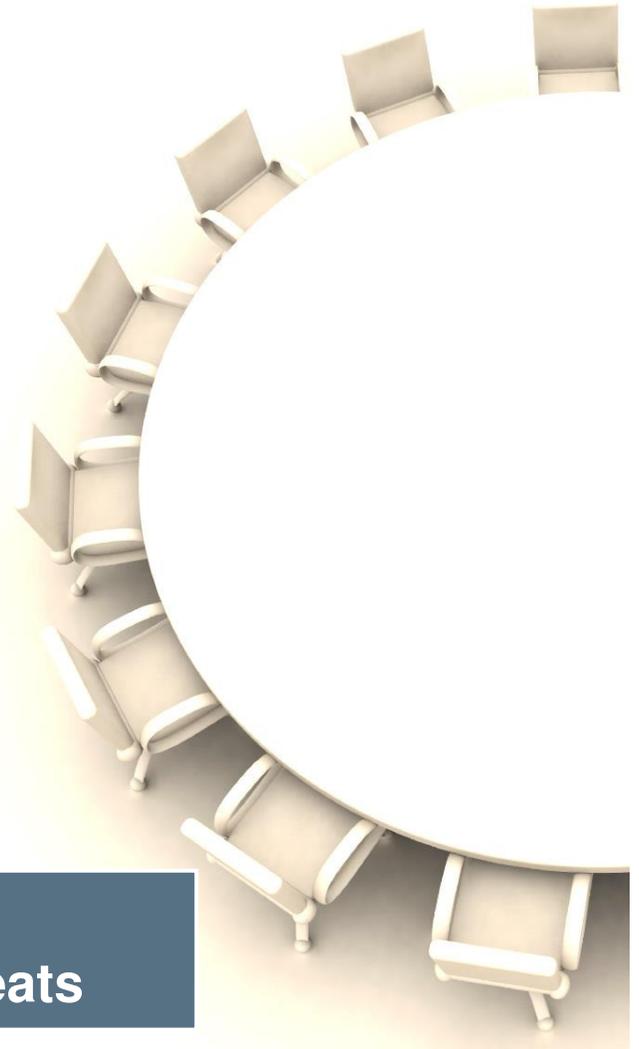
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Discussed **SIM goals, budget, and timeline** for next steps

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Reviewed early feedback on the **Common Scorecard** and timeline for testing and launch

**Draft minutes for the February meeting are available at your seats**



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# Committee updates

Committee	Update	Path forward
<b>Healthy Neighborhoods</b>	<ul style="list-style-type: none"> <li>Aligned on potential use of America’s Health Rankings as basis for initial Population Health Scorecard</li> <li>Discussed potential use of household health survey</li> </ul>	<ul style="list-style-type: none"> <li>Finalize Population Health Scorecard</li> <li>Align on use of household health survey</li> <li>Evaluate funding landscape</li> <li>Align on operating model and plan for organizing Healthy Neighborhoods councils</li> </ul>
<b>Patient and Consumer</b>	<ul style="list-style-type: none"> <li>Provided feedback on DCHI outreach materials</li> <li>Received briefing on patient engagement tools</li> </ul>	<ul style="list-style-type: none"> <li>Provide consumer input on Healthy Neighborhoods program design, state health information technology strategy</li> </ul>
<b>Clinical</b>	<ul style="list-style-type: none"> <li>Received 16 responses to RFI on practice transformation, 14 on care coordination*</li> <li>Provider engagement strategy drafted</li> <li>Scorecard measures nearly finalized</li> </ul>	<ul style="list-style-type: none"> <li>Synthesis of RFI responses and implications for RFPs</li> <li>Launch provider enrollment for Scorecard testing</li> <li>Develop provider engagement materials</li> </ul>
<b>Payment</b>	<ul style="list-style-type: none"> <li>Aligned on recommendations for minimum panel size for TCC models, method of aggregation</li> </ul>	<ul style="list-style-type: none"> <li>Align on design decisions related to practice transformation and care coordination</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>Reviewed actions on credentialing and licensure taken in other states</li> <li>Developed subcommittee workplans</li> </ul>	<ul style="list-style-type: none"> <li>Begin work in each sub-committee</li> <li>Brief Committee on workforce from other areas</li> </ul>
<b>TAG</b>	<ul style="list-style-type: none"> <li>Payers to create test data for Common Scorecard</li> <li>Payers have not yet provided successful files</li> </ul>	<ul style="list-style-type: none"> <li>Continue to test scorecard mockups with stakeholders</li> <li>Have escalated to organizations and are awaiting business leaders to engage with their technology teams</li> </ul>

NOTE: RFI process is administered by HCC

# Overview of responses to Practice Transformation and Care Coordination Requests for Information (RFIs)

Organization	Practice transformation RFI <sup>1</sup>	Care Coordination RFI <sup>2</sup>
Active Health Management	✓	✓
CSI Solutions	✓	✓
Health EC	✓	✓
Healthways	✓	✓
Nemours	✓	✓
Premier	✓	✓
Zoe Consulting	✓	✓
Animedix	✓	
Baker Tilly	✓	
Cherokee Health Svs.	✓	
Discern Health	✓	
Health Partners Delmarva	✓	
Med Net	✓	
Remedy Health Care Consulting	✓	
University of Delaware	✓	
WVMI & Quality Insights	✓	
Beacon Health Options		✓
Christiana Care Health Systems		✓
Delmarva Foundation		✓
Horizon House		✓
Noridian		✓
Tova Community Health		✓
TriZetto		✓

1 [http://www.bids.delaware.gov/bids\\_detail.asp?i=2880&DOT=N](http://www.bids.delaware.gov/bids_detail.asp?i=2880&DOT=N)

2 [http://www.bids.delaware.gov/bids\\_detail.asp?i=2881&DOT=N](http://www.bids.delaware.gov/bids_detail.asp?i=2881&DOT=N)

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# Overall SIM program: Critical milestones

	Milestones <sup>1</sup>	Timing <sup>2</sup>
Clinical	▪ RFP process for practice transformation and care coordination vendors complete	▪ Q1 2015
	▪ Initial “test group” providers receive reports	▪ Q3 2015
	▪ Practice transformation launched	▪ Q4 2015
	▪ First wave of practices complete all transformation milestones	▪ Q3 2017
Payment	▪ Providers enroll for first phase of common scorecard, practice transformation support, and new payment models <sup>3</sup>	▪ Q3 2015
	▪ Initial performance period begins; care coordination fees begin <sup>3</sup>	▪ Q1 2016
	▪ Phase 1 providers receive first reports that cover part of performance period <sup>3,4</sup>	▪ Q4 2016
	▪ Provider enrollment into new payment models reaches 90%	▪ Q4 2018
Healthy Neighborhoods	▪ First population health scorecard published <sup>5</sup>	▪ Q3 2015
	▪ 2 Healthy Neighborhoods pilot sites launched	▪ Q2 2016
	▪ Plan for Improving Population Health completed	▪ Q4 2017
	▪ 10 Neighborhoods active, covering 80% of Delawareans	▪ Q3 2018
Workforce and education	▪ Initial recommendations on streamlining credentialing drafted	▪ Q3 2015
	▪ Workforce retraining curriculum finalized	▪ Q1 2016
	▪ Workforce “Consortium” established	▪ Q2 2016
	▪ Workforce planning capacity plan drafted	▪ Q3 2017
Patient and consumer	▪ 75% of relevant primary care workforce has participated in re-training programs	▪ Q4 2018
	▪ Consumer outreach campaign launched	▪ Q1 2016
Health IT	▪ Patient engagement tools finalized	▪ Q1 2017
	▪ Initial reports delivered to “test group” of providers <sup>3</sup>	▪ Q3 2015
	▪ Initial patient engagement tools released	▪ Q3 2017
	▪ Multi-payer claims and data store established	▪ Q4 2017
	▪ Clinical info feeds expanded by 260 practices	▪ Q3 2018

1 From Operational Plan, revised based on revised start date, to be discussed and confirmed with DCHI Board and committee co-chairs 2 Timing reflects committee aspiration; may differ from grant commitment 3 Dependent on use of v2 metrics; current metrics may be dropped or modified to standard metrics (e.g., HEDIS); other changes will be released in v3 of Scorecard 4 Report covers period Q2 2015-Q1 2016 5 If existing measures used

# Process to discuss SIM goals and budget

Meetings	Timing	Focus of discussion
✓ HCC staff to meet with DCHI Board officers	2/23	▪ Operational milestones and deliverables
✓ DCHI Board officers to meet with Board members by committee	3/6 – 3/16	▪ Detailed budget (SIM and otherwise)
DCHI Board to have follow-up discussion as a group	Today	▪ Support available from HCC, DHIN, DPH, other partners
Meetings with stakeholders	Beginning this week	▪ Support available from existing vendors
		▪ Further procurements, process and timeline

# Budget breakdown by workstream

4-Year anticipated workstream budgets								
\$, millions	Year 1	Year 2	Year 3	Year 4	Total	CMMI grant	Non-grant funding	Source of non-grant funding
Clinical	2.9	1.6	0.9	1.1	6.7	6.5	0.2	Stakeholders
Health IT	5.6	5.8	4.1	5.6	21.2	6.7	14.5	Federal Medicaid, other <sup>2</sup>
Payment	2.5	1.3	0.6	0.6	5.0	4.7	0.3	Stakeholders
Healthy Neighborhoods	1.4	2.6	2.0	3.2	9.2	4.5	4.7	Foundations, other <sup>3</sup>
Workforce	2.6	3.1	1.9	2.4	10.0	5.6	4.4	Stakeholders, other <sup>4</sup>
Overall program management <sup>1</sup>	3.5	2.7	1.8	1.7	9.7	2.7	7.0	Stakeholders, other <sup>5</sup>
Practice transformation	0.9	3.8	3.1	0.7	8.5	4.3	4.2	Payers, other <sup>6</sup>
Care coordination	2.3	15.4	21.0	21.7	60.5	0.0	60.5	Payers, other <sup>7</sup>
<b>Total</b>	<b>21.7</b>	<b>36.5</b>	<b>35.4</b>	<b>37.1</b>	<b>130.7</b>	<b>35.0</b>	<b>95.7</b>	

1 Patient and Consumer Advisory Committee supports all workstreams in gathering input from and communicating to consumers. Communications support is cross-cutting; each of the workstreams includes communications support.

2 In-kind contributions, stakeholders, State Medicaid, State employee plan, and other payers

3 Stakeholders, State in-kind contributions

4 Other federal and state sources

5 Federal Medicaid, in-kind and State in-kind contributions

6 Federal and State Medicaid, stakeholder contributions, State employee plan

7 Federal and State Medicaid, State employee plan

# Preliminary DCHI budget

Dollars, thousands

	Year 1	Year 2	Year 3	Year 4	Total	Funding source
<b>DCHI staff</b>	234	754	891	1,027	<b>2,910</b>	Stakeholder contributions
<b>Equipment, supplies, website, etc.</b>	49	47	47	47	<b>189</b>	CMMI grant / stakeholders in Year 1; Stakeholders in Years 2+
<b>Facilities</b>	84	108	108	108	<b>408</b>	In-kind or stakeholder contributions
<b>Total</b>	349	908	1,046	1,182	<b>3,485</b>	

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# Executive Director recruitment materials

- Are there any final suggested revisions to the proposed Executive Director recruitment materials?
- How can we best publicize this job opportunity?



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# Refining the payment and delivery timeline: background

- Delaware's State Health Care Innovation Plan reflected ambitious, but realistic timelines for beginning and scaling each core element of the strategy
- Today's discussion presents a revised integrated rollout timeline that is updated to reflect shifts in timing resulting from
  - Grant funding
  - State procurement requirements



# Overview of DCHI provider engagement strategy

■ Focus of today's discussion

	Description	Timing	Led by
1 General awareness	<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> connectivity with providers and general public for general 1) awareness, 2) getting feedback / input on specific design choices</li> <li>▪ <b>Approach:</b> Ad-hoc / opportunistic speaking and roundtable/ small group discussions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>▪ DCHI Board</li> <li>▪ HCC</li> </ul>
2 Common scorecard testing	<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> identify small, representative group of providers to test v0.1 Common Scorecard</li> <li>▪ <b>Approach:</b> brief “burst” of targeted engagement by email, live session, webinar, and direct outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Next 3-6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪ DCHI Board</li> <li>▪ Clinical</li> <li>▪ TAG</li> </ul>
3 Practice transformation	<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> enroll practices to begin 1) receiving Common Scorecard and 2) practice transformation</li> <li>▪ <b>Approach:</b> Broad, multi-channel outreach campaign across Delaware to enroll, structured feedback process on ongoing basis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Phased</li> </ul>	<ul style="list-style-type: none"> <li>▪ DCHI Board</li> <li>▪ Clinical</li> <li>▪ Payment</li> </ul>
4 Core coordination	<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> Ongoing engagement to promote enrollment in value based payment models with each payer and receiving care coordination funding support</li> <li>▪ <b>Approach:</b> TBD</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continuous</li> </ul>	<ul style="list-style-type: none"> <li>▪ DCHI Board</li> <li>▪ Clinical</li> <li>▪ Payment</li> <li>▪ Payers</li> </ul>

# 1 Approach for general awareness strategy

## Options

### A Status quo

- Continue provider engagement in current form
- *For discussion: are there some groups we are not reaching?*

### B Enhance current strategy

- Continue existing approach AND
- Create calendar for regular events for the next 1-2 years (e.g., quarterly town halls or webinars)
- *For discussion: would providers value general sessions not linked to specific milestones?*

### C Integrate with milestone outreach

- Merge general outreach and awareness with engagement about for specific enrollment milestones (e.g., to enroll in practice transformation)

Our current approach includes three components:

- DCHI Board and Committee meetings
- HCC meetings
- Ad hoc participation with individual stakeholder groups (e.g., DAFP)

## 2 Provider engagement strategy for Common Scorecard Testing

	Description	Materials required	Timing
<b>Email</b>	<ul style="list-style-type: none"> <li>Initial email outreach to provider community from multiple sources                             <ul style="list-style-type: none"> <li>HCC – to full list serve</li> <li>DCHI Board chair – to full DCHI</li> <li>Each Board member – to their organizations</li> <li>Each committee member – to their organizations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Draft email with provider enrollment request, including links to further background information and enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>March 18</li> </ul>
<b>Info sessions</b>	<ul style="list-style-type: none"> <li>One webinar (to be recorded)</li> <li>One “Town hall”</li> <li>Brief presentations / outreach at existing staff/ standing meetings where possible</li> </ul>	<ul style="list-style-type: none"> <li>Detailed presentation</li> <li>Talking points</li> <li>Summary presentation</li> </ul>	<ul style="list-style-type: none"> <li>~March 30 – webinar</li> <li>~ April 13 – “Town hall”</li> <li>As available – existing meetings</li> </ul>
<b>Self-directed access</b>	<ul style="list-style-type: none"> <li>Online resources for providers to access background information and enroll</li> </ul>	<ul style="list-style-type: none"> <li>Webpage announcement</li> <li>Recorded webinar</li> <li>Enrollment “manual”</li> <li>Scorecard details (e.g., overview of metrics)</li> <li>Links to detailed and summary presentations</li> </ul>	<ul style="list-style-type: none"> <li>March 18 to have announcement on web and links</li> </ul>

## 2 Draft communication materials: email with provider enrollment request

Dear Provider,

The Delaware Center for Health Innovation (DCHI) welcomes you to participate in the initial rollout of the Common Scorecard. As you may be aware, Delaware is pioneering multi-payer, multi-provider healthcare innovation. The Common Scorecard provides a common set of quality, utilization, and cost measures across multiple payers. This is a centerpiece of Delaware's strategy to promote the adoption of value-based payment models that incentivize higher quality, more patient-centered, and more cost-effective care for all Delawareans. Delaware is leading the nation in this Common Scorecard approach, and your participation in this critical phase will help ensure the accuracy and usability of the Common Scorecard.

During this testing phase, practices will receive two reports on their practice - a baseline report and a 3-month update. Providers will receive training and coaching on using the Common Scorecard and will have an opportunity to provide feedback to improve the Scorecard approach.

From March 18 to May 1, practices may apply to enroll in the initial “testing group” for the Common Scorecard through the following link: *[link to web-based enrollment form]*. To participate in the testing group, a practice must:

- Designate a Primary Care Provider committing to:
  - Attend 2 Common Scorecard training sessions (sessions are available live or via webinar)
  - Complete 15-minute feedback survey after each scorecard release
  - Review Common Scorecard and verify practice data quarterly
- Designate a contact person responsible for communications from DCHI (e.g., a provider or office manager)
- Have a contractual relationship with a participating payer

Because we aim to ensure a representative mix of practices from across Delaware in this testing group, completing this form does not automatically enroll your practice in the testing phase. You will receive a confirmation of your eligibility to participate in May. For more information about enrollment, please visit *[link to DCHI page of HCC website]*.

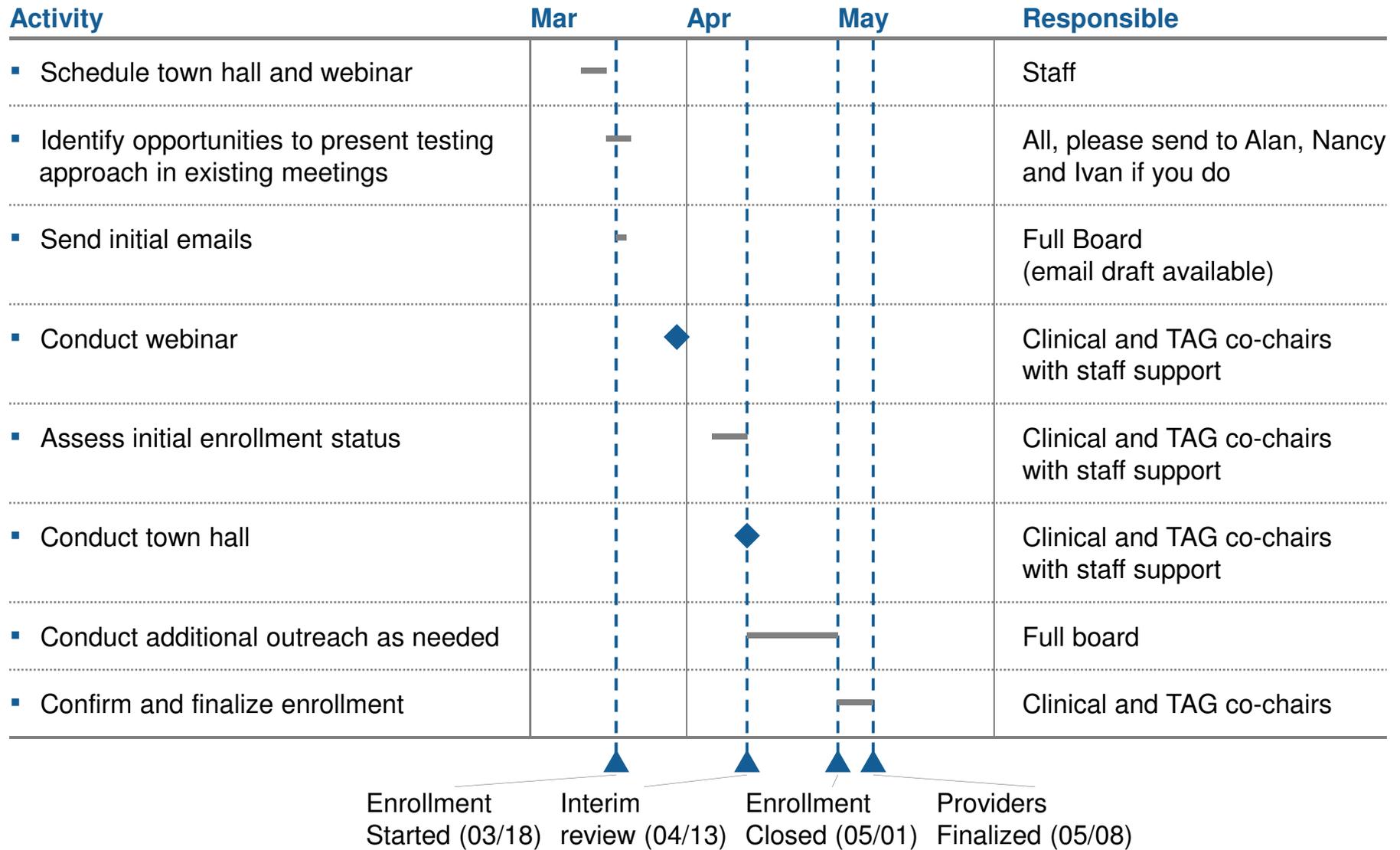
## ② Approach to ensure representative mix of providers for Common Scorecard testing

- Mix of large and small practices (based on # of PCPs)
- Independent and hospital-employment PCPs
- Mix of Internal Medicine, Pediatrics, and Family Practice
- Mix of geographies based on zip codes
- Mix of payers and populations served
- *Mix of practices with EMRs and no EMRs*

## 2 Finalizing enrollment for providers

- In order to ensure representativeness of participation, enrollment will not be “final” until the end of the period
- In mid-April, we will provide an email status update to the Clinical and TAG co-Chairs with CC to the DCHI Board to identify
  - any “gaps” in balance of providers across DE
  - if total enrollment is too low (or too high)
- Targeted outreach may be necessary following this check point
- If at end of April the enrollment is “oversubscribed,” DCHI may need to consider whether A) to request some providers defer their participation until the practice transformation enrollment) or B) to increase the size of the test
  - *Since there is no Board meeting until mid-May, does DCHI want to delegate that decision to Clinical and TAG co-chairs?*

## 2 Timeline



Note: Dates are subject to availability

# Initial input to inform RFP development

## Question

- Should practice transformation and care coordination funding be contingent on engaging a pre-qualified vendor?
- What is the right balance of access to
  - “full service” vs. “specialized” support?
  - basic support vs. advanced capabilities
- How prescriptive to be about the preferred model(s) of practice transformation

## Considerations

- Need to ensure appropriate stewardship of funds and provide confidence that investments from grant and payers will drive positive outcomes
- Need to balance addressing needs of diverse set of providers with administrative simplicity

***To be discussed by the Clinical and Payment Committees in March***

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# Upcoming DCHI Committee Meetings

	<b>Payment Model Monitoring</b>	<ul style="list-style-type: none"><li>▪ March 11, 4:30pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Workforce and Education</b>	<ul style="list-style-type: none"><li>▪ March 12, 1pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Healthy Neighborhoods</b>	<ul style="list-style-type: none"><li>▪ March 12, 3:15pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Clinical</b>	<ul style="list-style-type: none"><li>▪ March 17, 5pm</li><li>▪ UD STAR Campus</li></ul>
	<b>Patient and Consumer Advisory</b>	<ul style="list-style-type: none"><li>▪ April 2, 1pm</li><li>▪ DHSS/Division of Public Health, Dover</li></ul>