

# Delaware Center for Health Innovation Board Meeting

May 13, 2015

# Agenda



## Topic

### Call to order

Status updates

Board business

Update on Scorecard

DCHI Branding

Practice Transformation Consensus Paper

Public comment

# Summary of April DCHI Board meeting

- Provided updates on **recent progress**:
  - Committee activities
  - Provider participation in Scorecard testing
  - DCHI start-up activities (e.g., developing a website, applying for 501(c)(3) status)

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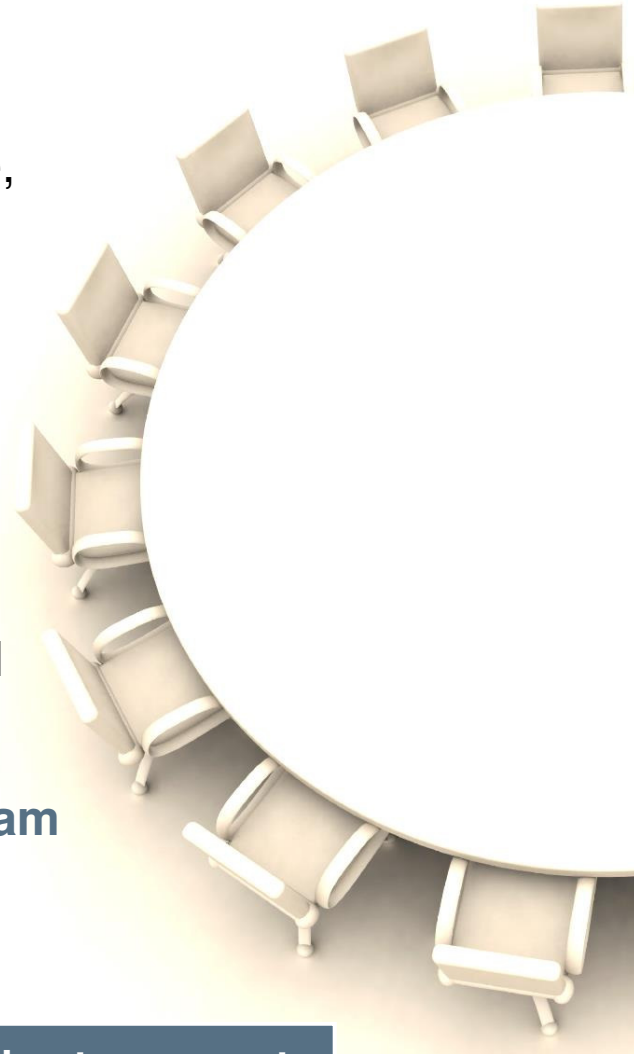
- Discussed **Executive Director recruitment** process and materials
  - Reviewed channels for promoting job announcement

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- Reviewed approach to **stakeholder engagement**
  - Large format town-hall meetings to be held several times per year

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- Discussed next steps in developing the **overall program dashboard**
  - Committees to provide perspective on relevant metrics



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

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# Committee updates (1/2)

Committee	Update	Path forward
Payment	<ul style="list-style-type: none"><li>▪ Aligned on recommendations for care coordination eligibility and payment structure</li></ul>	<ul style="list-style-type: none"><li>▪ Discuss design decisions related to “total cost of care” and “pay for value” payment models</li></ul>
Clinical	<ul style="list-style-type: none"><li>▪ Reviewed enrollment and timeline for Scorecard testing (21 practices representing &gt;100 PCPs participating)</li><li>▪ Discussed detailed definitions and sequence of practice transformation milestones and operational details (e.g., how to assess completion)</li></ul>	<ul style="list-style-type: none"><li>▪ Develop recommendations on care coordination</li><li>▪ Prepare for Common Scorecard testing (e.g., provider and payer training)</li></ul>
Healthy Neighborhoods	<ul style="list-style-type: none"><li>▪ Met with Delaware Community Foundation to discuss data initiatives</li><li>▪ Discussed selection of specific health priority areas (e.g., diabetes) or “themes” (e.g., healthy lifestyles)</li></ul>	<ul style="list-style-type: none"><li>▪ Define Healthy Neighborhoods operating model (e.g., Neighborhood definition, council formation, governance)</li></ul>

**Clinical and Payment Co-Chairs have drafted a consensus paper on practice transformation for the Board’s consideration and discussion today**

# Committee updates (2/2)

Committee	Update	Path forward
Patient and Consumer	<ul style="list-style-type: none"> <li>▪ Reviewed feedback from other consumer groups on outreach materials</li> <li>▪ Discussed videos on the vision for patient experience</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide input on strategy of DCHI Clinical and Payment Committees</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>▪ Discussed recent workforce issues in the news</li> <li>▪ Reviewed recent progress on workforce capacity planning</li> <li>▪ Provided input on approach to Learning Collaboratives and discussed workforce implications of practice transformation milestones</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop recommendations on Consortium design<sup>1</sup></li> <li>▪ Begin work on Learning &amp; Development curriculum</li> <li>▪ Continue capacity planning and credentialing work</li> </ul>
TAG	<ul style="list-style-type: none"> <li>▪ Convened TAG meeting with payers regarding data preparation and submission</li> <li>▪ Finalized definitions for last three metrics</li> <li>▪ Payers preparing test data for Scorecard</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to engage payers on technical coding of metrics and support model for pilot practices</li> <li>▪ Obtain attribution lists and methodology from payers</li> <li>▪ Test scorecard with payer data feeds</li> </ul>

<sup>1</sup> HCC to release related RFP

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# DCHI start-up activities

Category	Item	Status
<b>Staff recruitment</b>	<ul style="list-style-type: none"><li>Executive Director recruitment</li></ul>	<ul style="list-style-type: none"><li>Applications are being received and reviewed</li><li>Process is moving forward; interested candidates encouraged to apply soon</li><li>Resumes and cover letters can be sent to <a href="mailto:edrecruitment@dehealthinnovation.org">edrecruitment@dehealthinnovation.org</a></li></ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"><li>Bank account</li><li>Conference line</li><li>501(c)3 status</li><li>Mailing address</li><li>Board communications</li><li>D&amp;O insurance</li></ul>	<ul style="list-style-type: none"><li>Application for bank account submitted</li><li>Free conference lines established for committee meetings</li><li>Application will be initiated with legal support</li><li>PO Box will be established after bank account opened</li><li>Email accounts created for Board members; document sharing site available</li><li>Researching need for insurance coverage</li></ul>
<b>Branding and communications</b>	<ul style="list-style-type: none"><li>Branding</li><li>Website</li></ul>	<ul style="list-style-type: none"><li>Under development with AB&amp;C<ul style="list-style-type: none"><li>Board to review DCHI branding today</li></ul></li><li>Purchase of domain name complete; website under development with AB&amp;C</li></ul>



# Board business

## Committee membership update

- Co-chairs will be asked to review and update committee membership lists
- Changes to committee membership will be reviewed by the Board next month

## Corporate resolution

- Resolution must be approved for opening of a DCHI bank account

## Speaking engagements in May

- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities (4/14)
- Governor's Commission on Building Access to Community-Based Services (4/17)
- Meeting with Christiana Care Quality Partners practice managers (5/6)
- DAFP Annual Meeting (5/16)
- Delaware Aging Network (5/19)
- Delaware Rural Health Initiative conference (5/19)

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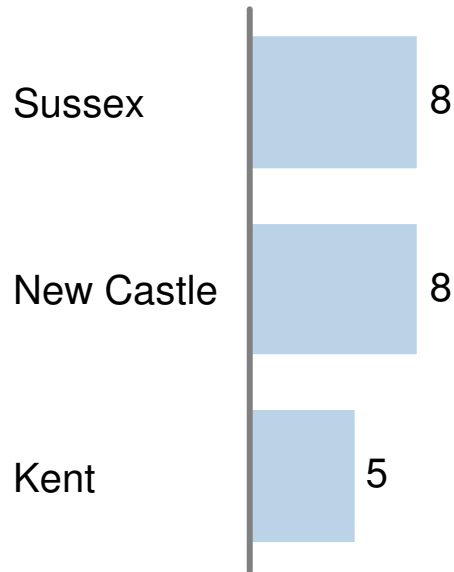
# Finalization of Scorecard metrics

	<b>Implementation challenge</b>	<b>Clinical Committee recommendation</b>	<b>Rationale</b>
<b>Controlling high blood pressure (HEDIS CBP)</b>	<ul style="list-style-type: none"> <li>▪ Instead of using standard HEDIS definition of &lt;140/90 mm Hg, Committee suggested to use &lt;150/90 mm Hg threshold to account for the guideline updates</li> <li>▪ However, there is no code set that allows coding for &lt;150/90 mm Hg</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use HEDIS 2015 definition of &lt;140/90 mm Hg for the 18-59 year old population and use claims data for identification</li> </ul>	<ul style="list-style-type: none"> <li>▪ Suitable code set for &lt;150/90 mm Hg threshold is not available yet</li> </ul>
<b>Screening for clinical depression (NQF 418)</b>	<ul style="list-style-type: none"> <li>▪ Committee perspective was that for initial phase of Scorecard roll-out follow-up requirement should be excluded from the measure</li> <li>▪ However, codes to identify depression screening only were not found</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use the original NQF metric definition, which includes depression screening and follow up documentation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Alternatives without follow up requirement were not identified</li> </ul>
<b>Hemoglobin A1c (HbA1c) testing for pediatric patients (NQF 60)</b>	<ul style="list-style-type: none"> <li>▪ NCQA is no longer maintaining this metric and did not submit it to NQF for endorsement this year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use alternative metric: Developmental screening in the first three years of life (NQF 1448)</li> </ul>	<ul style="list-style-type: none"> <li>▪ The metric incentivizes care improvements for sensitive population and implementation is feasible</li> </ul>

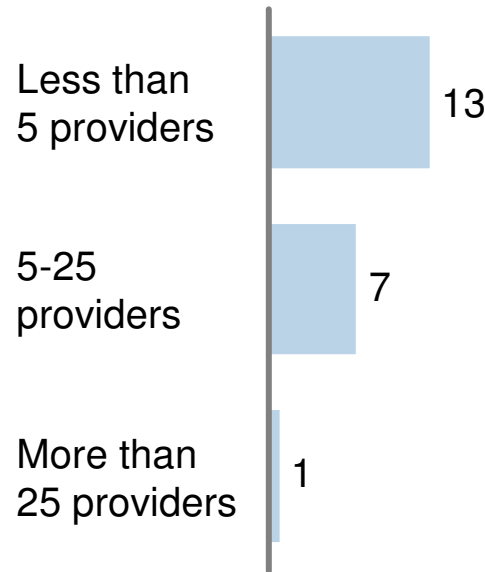
# Common Scorecard testing update

## Composition of practices participating in testing

### By geography, # of practices



### By size, # of practices



### By other parameters

- Balanced composition of provider specialties: family medicine, internal medicine, pediatrics
- Balanced mix of hospital system affiliated and unaffiliated practices
- Significant current participation in ACOs (~80%)
- High penetration of EMR (~90%)
- Balanced mix of payers

- **>20 practices representing 125 providers**
- **Introductory webinars held at end of April**

SOURCE: Data self-reported by practices during Common Scorecard testing sign up process

# Feedback from stakeholders and webinar

## Areas of clarification

- How and why measures were chosen; how they will be calculated
- How Scorecard is connected to other SIM initiatives (e.g., care coordination)
- Whether Common Scorecard will replace current payer scorecards
- How practices will receive attribution lists
- How clinical care will change (e.g., should providers start applying fluoride varnish? Can other office staff provide care, such as depression screening?)
- Role of “Scorecard champions”
- Timeline for the EMR-DHIN interface
- That Scorecard is for practices, not individual providers

## Opportunities to further refine the measures

- In general, too focused on traditional, historically used measures
- Several measures are difficult to calculate / capture in claims
- Could consider refinements for several measures (e.g., not all admissions, just unplanned admissions)

## Concerns about process

- Data accuracy has been an issue in other scorecard efforts
- Improvements on some metrics may increase costs (e.g., for pediatric measures)
- Lack of familiarity with CPT2 codes
- Adding new activities into already time-constrained visits

# Potential talking points on initial feedback

- This is meant to be v1.0 and while it makes significant progress, it has known opportunities to improve / refine as well
- The Scorecard balances several goals e.g.,
  - Being accessible to all providers, not just those with EMRs (i.e., prioritizing measures that could be captured electronically without additional input from providers)
  - Selecting measures commonly in use today so that it is manageable for payers to adopt and implement
  - Incentivizing both effective diagnosis and treatment and more coordinated care
  - Reflecting measures relevant to all payer segments (i.e., Medicaid, Commercial, Medicare) and patient populations (e.g., pediatrics and adults)
- Part of the scorecard testing is meant to get feedback on the measures and their ease / accuracy of capture

# Common Scorecard measures

■ Revised metric

Category	Measures <sup>1,2</sup>	Measure type	Data source
Quality of care – outcomes	1 Diabetes care: HbA1c control	HEDIS (CDC)*	CPT-II or clinical
	2 Controlling high blood pressure	HEDIS (CBP)*	CPT-II or clinical
Quality of care – process	3 Use of appropriate medications for people with asthma	HEDIS (ASM)	Claims
	4 Avoidance of antibiotic treatment in adults with acute bronchitis	HEDIS (AAB)	Claims
	5 Appropriate treatment for children with URI	HEDIS (URI)	Claims
	6 Adherence to statin therapy for individuals with coronary artery disease	NQF #543	Claims
	7 Screening for clinical depression	NQF #418	CPT-II or clinical
	8 Tobacco use: screening and cessation intervention	NQF #28	CPT-II or clinical
	9 Colorectal cancer screening	HEDIS (COL)	Claims
	10 BMI assessment	HEDIS (ABA)	Claims
	11 Adolescent well-care visits	HEDIS (AWC)	Claims
	12 Influenza immunization	NQF #41	CPT-II or clinical
	13 Childhood immunization status	HEDIS (CIS)	Claims
	14 Developmental screening in the first three years of life	NQF #1448	Claims
	15 Fluoride varnish application for pediatric patients	NQF #1419	CPT-II or clinical
Total cost of care	16 Total cost of care per patient <sup>3</sup>	n/a	Claims
Utilization	17 Inpatient admissions per 1000 patients <sup>3</sup>	n/a	Claims
	18 ED visits per 1000 patients <sup>3</sup>	n/a	Claims
	19 Plan All-Cause Readmissions <sup>3</sup>	HEDIS (PCR)	Claims

**These measures are proposed for Board approval today**

\* Modified definition

1 Measures 16-19 are risk-adjusted

2 Mock-up includes measures for patient experience and practice transformation milestones that will not be reported in the first version of the Scorecard

3 Exact definitions are defined by payers

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# DCHI branding

## DCHI BRAND ARCHITECTURE



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**Practice Transformation Consensus Paper**

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# Purpose of consensus paper

- The purpose of the consensus paper is to develop and communicate the recommendation of DCHI for the vision and approach for supporting primary care practice transformation
- The draft you received represents the joint recommendation of the Clinical and Payment Committee Co-Chairs
- There may be opportunities to further refine based on
  - Recommendations from Clinical and Payment Committees following their discussions on the approach to care coordination and value-based payment models
  - Feedback from stakeholders
  - Input from practice transformation vendors
- Goal for today is to get any feedback and if consensus exists, adopt as a consensus of DCHI

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# Upcoming DCHI Committee Meetings



## Payment Model Monitoring

- May 13, 4:30pm
- UD STAR Campus



## Workforce and Education

- May 14, 1:00pm
- UD STAR Campus



## Healthy Neighborhoods

- May 14, 3:15pm
- UD STAR Campus



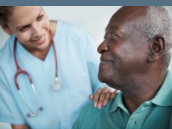
## Technical Advisory Group

- May 26, 1:30pm
- DHIN



## Clinical

- May 26, 5:00pm
- UD STAR Campus



## Patient and Consumer Advisory

- June 4, 1:00pm
- Edgehill Shopping Center

- **May's Clinical Committee meeting has been rescheduled from the standing meeting time**
- **Please check the State's public calendar ([egov.delaware.gov/pmc/](http://egov.delaware.gov/pmc/)) for the latest information about all DCHI Board and Committee meetings**