



Delaware Center for
Health Innovation

Board Meeting

May 11, 2016

Agenda



Topic

Call to order

Status updates

Access to claims data

Executive Director update

Board business

Public comment

Agenda



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Access to claims data

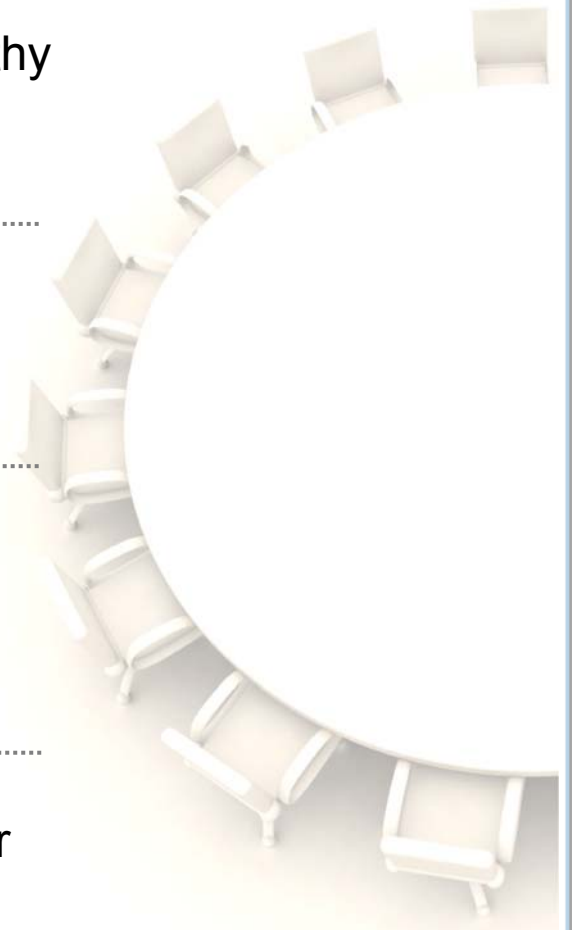
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Summary of April DCHI Board meeting

- Board voted to adopt 2016 Q1 financial statement
 - Executive director updated Board on recruiting for Healthy Neighborhoods Director and administrative assistant
-
- Heard an update from each Committee on progress against Year 2 SIM goals
-
- Received an update on CMS's launch of Comprehensive Primary Care Plus (CPC+) and the opportunity for Delaware to submit an application to participate
-
- Discussed Payment Committee's draft consensus paper on access to claims data



April committee updates (1/2)

Committee	Update	Path forward
Workforce	<ul style="list-style-type: none"> Updated licensing and credentialing consensus paper with key survey findings Conducted survey follow up interviews 	<ul style="list-style-type: none"> Finalize licensing and credentialing consensus paper Begin drafting workforce capacity planning analysis
Consumer	<ul style="list-style-type: none"> Reviewed messaging concepts for the DCHI Town Hall meetings Developed a document to capture key themes and best practices of previous presenters 	<ul style="list-style-type: none"> Finalize messaging and other programmatic details for the Town Hall meetings Develop outline for consensus paper on consumer engagement best practices
Clinical	<ul style="list-style-type: none"> Reviewed progress on practice transformation enrollment and discussed most effective ways to support PCPs Shared update on emerging perspective of approach to behavioral health integration Discussed the opportunity for Delaware to participate in CPC+ 	<ul style="list-style-type: none"> Prepare v2.0 release to testing practices and determine statewide goals Continue to refine approach to behavioral health integration

April committee updates (2/2)

Committee	Update	Path forward
<p>Healthy Neighborhoods</p>	<ul style="list-style-type: none"> ▪ Finalized outreach materials for community leader meetings and began meeting with potential Council members ▪ Initiated outreach with community leaders in Wilmington and West/Central Sussex 	<ul style="list-style-type: none"> ▪ Develop Local Council resource library ▪ Continue outreach plan and selection of first local council
<p>Payment</p>	<ul style="list-style-type: none"> ▪ Discussed feedback on draft of paper on access to claims data and recommended additions, including analysis of potential unintended consequences in similar states that have launched APCDs 	<ul style="list-style-type: none"> ▪ Present revised draft of paper to Board ▪ Continue to monitor progress on launch of outcomes-based payment models
<p>TAG</p>	<ul style="list-style-type: none"> ▪ Reviewed an update on the Scorecard including plans for a May release of v2.0 data to testing practices and a September release statewide ▪ Discussed performance management for the Scorecard including key interdependencies and an escalation pathway 	<ul style="list-style-type: none"> ▪ Release v2.0 with attribution to testing practices in May ▪ Complete data quality deep dive

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DCHI draft paper on access to claims data



Increasing access to claims data to support health innovation

April 5, 2016

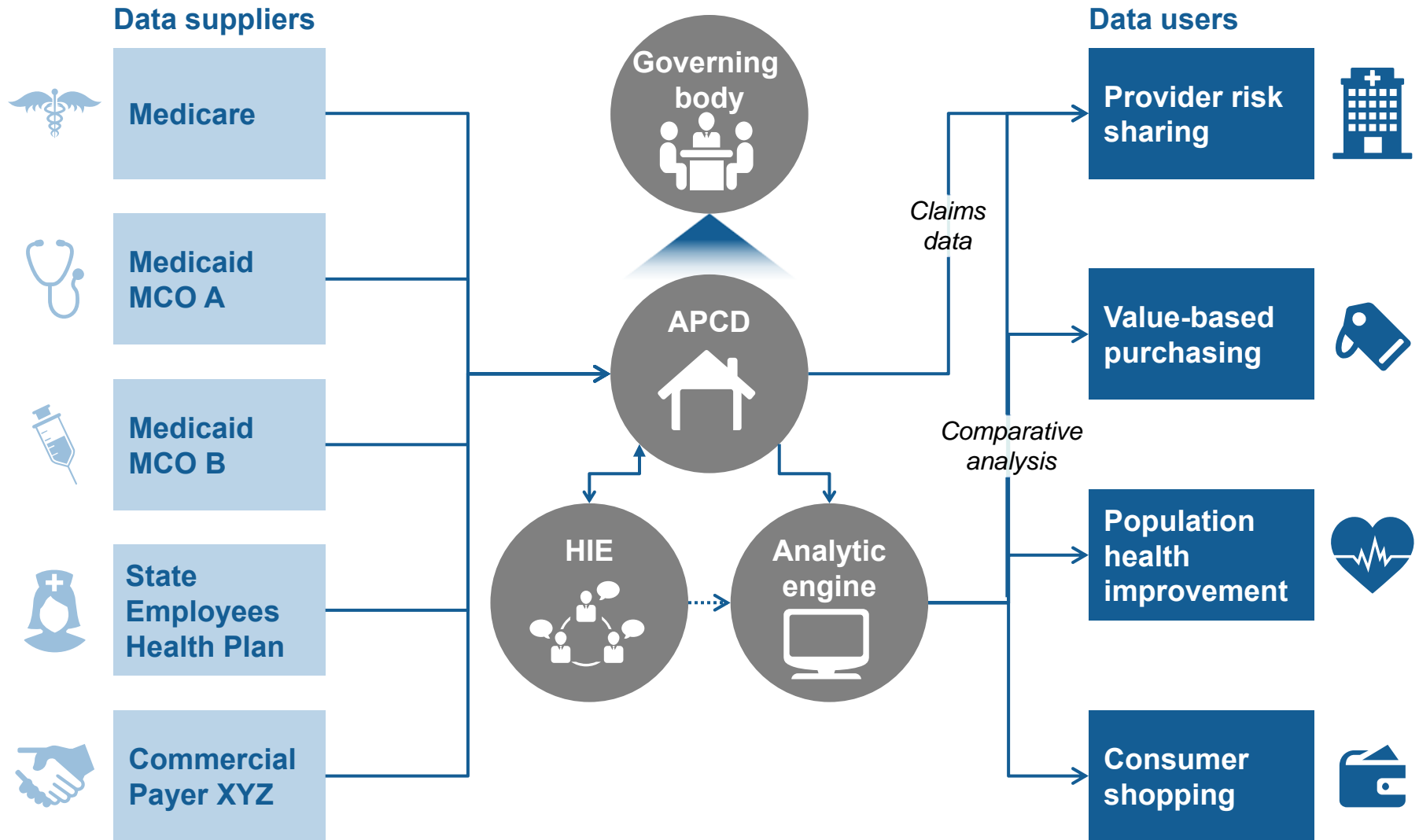
DRAFT AND PRELIMINARY PENDING FURTHER INPUT FROM DCHI BOARD
CONFIDENTIAL PENDING BOARD APPROVAL FOR PUBLIC RELEASE

Use cases

- 1 Population health improvement.** Community leaders of population health and quality improvement initiatives may use claims data to understand the prevalence of illness and injury within the broader state population and specific communities
- 2 Value-based purchasing.** Purchasers may benefit from analyses that provide insights into factors that contribute to cost, utilization and quality of care spanning populations
- 3 Provider risk sharing.** Providers benefit from greater transparency on cost, utilization, and quality performance to identify drivers for improvement and to support entry into risk-sharing arrangements
- 4 Consumer shopping for care.** Access to claims data allows consumers to determine what their share of the costs would be, often through “shopping tools” such as websites that provide information on the cost of care for a procedure

Access to claims data: potential data flow and operations

ILLUSTRATIVE



Potential implementation options mapped to use cases

- ① Population health improvement
 - ② Value-based purchasing
 - ③ Provider risk sharing
 - ④ Consumer shopping for care
- May be fully enabled
 - ◐ May be partially enabled
 - Not possible to enable

		Use Cases					
		1	2	3	4		
A	APCD with contracted unit prices	<ul style="list-style-type: none"> ▪ All payers submit post-adjudicated claims data to central database ▪ Centralized analysis or data extracts to 3rd parties for specific authorized uses ▪ Analysis/extract may either reflect unit prices, or regional averages depending on specific use case 	<ul style="list-style-type: none"> ▪ Access to data subject to specific authorized uses only ▪ Insights amplified by aggregation across payers and providers ▪ Affords insight into all drivers of cost variation ▪ Some use cases may allow for masking of proprietary information ▪ Consumer shopping may be better enabled by payers themselves based on ability to estimate of out-of-pocket (OOP) liability 	●	●	●	◐
B	APCD without contracted unit price information	<ul style="list-style-type: none"> ▪ All payers submit claims data without contracted prices to central hub ▪ Centralized analysis or data extracts to 3rd parties for specific authorized uses ▪ Analyses use Medicare rates or RVUs in lieu of contracted unit prices 	<ul style="list-style-type: none"> ▪ Access to data subject to specific authorized uses only ▪ Insights amplified by aggregation across payers and providers ▪ Affords insight into only select drivers of cost variation 	●	○	◐	○
C	Centralized reporting of payer-executed analyses	<ul style="list-style-type: none"> ▪ Payers independently analyze claims data to generate standardized outputs ▪ Analytic outputs are aggregated centrally, compiled for reporting 	<ul style="list-style-type: none"> ▪ Uses constrained to centrally defined analyses ▪ Multiple producers of data/ analytics require close monitoring and clear formats to ensure consistent reporting 	◐	◐	◐	◐
D	Data sharing between payers and providers	<ul style="list-style-type: none"> ▪ Risk-bearing providers receive claims information directly from payers ▪ Providers conduct analyses themselves or through 3rd-party vendors 	<ul style="list-style-type: none"> ▪ Insights constrained by size of population included ▪ Requires each risk-bearing provider to operationalize data extraction, transformation, and loading separately with each payer 	○	◐	●	○
E	Payer-specific performance reporting	<ul style="list-style-type: none"> ▪ Payers independently provide providers and/or consumers with analytic reports or performance measures for quality, utilization, and cost 	<ul style="list-style-type: none"> ▪ Consumer shopping enabled by payer estimate of OOP liability ▪ Other insights constrained by size of population included ▪ Uses constrained to analyses as defined by payers ▪ Providers may receive multiple reports from different payers complicating integration into their workflow 	○	○	◐	●

Draft recommendations pending further input / discussion

- 1 Legislation should be considered to allow for the creation of an APCD and to mandate participation by all state-regulated insurers
- 2 A governing body should be established with authority over the APCD, including representation from all key stakeholders groups
- 3 The existing DHIN infrastructure should be leveraged to facilitate the formation of the APCD
- 4 Data reported to payers should be post-adjudicated claims data for all types of providers, and should be as up-to-date as possible
- 5 APCD start-up costs and operational costs should be funded through a combination of sources that maximize federal funding while asking institutional users to bear a reasonable share of costs to access data and reporting
- 6 DCHI should work with the APCD operator to design and implement a robust standard analytics package to support the work of Healthy Neighborhoods and other population health improvement initiatives
- 7 Delaware's APCD should release data extracts to risk-bearing providers, with appropriate protections for patient confidentiality
- 8 Standard reporting on the drivers of cost and affordability, across populations should be made publicly available
- 9 The state should encourage payers to improve availability of consumer shopping tools and build capabilities for the future

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Item

- ① Open Board seats
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- ② Committee membership
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- ③ May 25 Cross-Committee draft agenda
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- ④ CPC+ update

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Upcoming DCHI Meetings

Board	<ul style="list-style-type: none">▪ June 8, 2:00pm▪ UD Star Campus
 Payment Model Monitoring	<ul style="list-style-type: none">▪ June 8, 4:30pm▪ UD Star Campus
 Workforce and Education	<ul style="list-style-type: none">▪ May 12, 1:00pm▪ UD Star Campus
 Clinical	<ul style="list-style-type: none">▪ May 17, 1:00pm▪ UD Star Campus
 Healthy Neighborhoods	<ul style="list-style-type: none">▪ May 18, 1:00pm▪ Bear Library
 Consumer advisory	<ul style="list-style-type: none">▪ June 2, 1:00pm▪ Edgehill Shopping Ctr
Cross-committee	May 25, 12:30-3:30pm Modern Maturity Center, Dover

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