

Delaware Center for Health Innovation Board Meeting

November 12, 2014

Agenda

Topic

Call to order

Status updates

Overall Program Dashboard

Board operations

Recruitment of DCHI staff

Public comment



Summary of October DCHI Board meeting

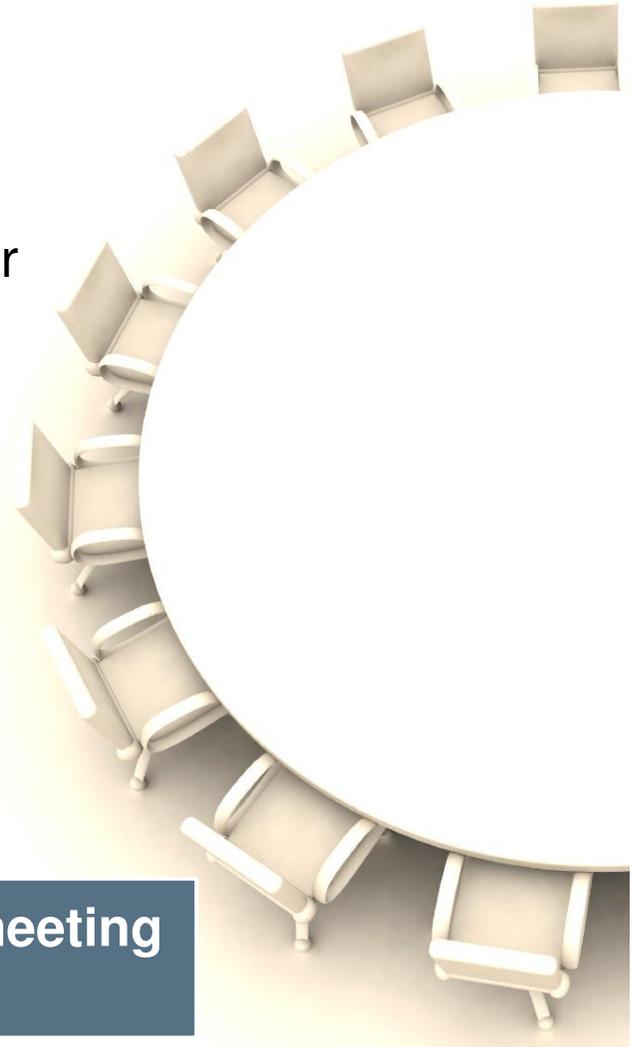
Reviewed status of **common provider scorecard** and proposed measures

Discussed and approved **committee charters** and member commitment form; aligned on next steps for scheduling committee meetings

Discussed guiding principles for communications and aligned on **near-term communications goals and strategy**

Reviewed SIM funding request and discussed framework for considering **alternative funding scenarios**

Draft minutes for the October meeting are available at your seats



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Recent highlights

CMMI grant application

- Delaware gave oral presentation at CMMI on 10/17
- Anticipating grant award notification this fall

Health Care Commission

- Monthly HCC meeting held on 11/6
- Discussion included status updates and overview of CMMI Transforming Clinical Practices Initiative funding opportunities

Speaking engagements

- Delaware Advocacy Summit on 10/8
- Patient Advocate Leadership Summit on 10/29
- Delaware Healthcare Association Forum on 10/30

Committee updates will occur each month

Committee	Update	Path forward
Clinical	<ul style="list-style-type: none"> ▪ Kickoff held on 10/28 ▪ Committee discussed Provider Scorecard, practice transformation 	<ul style="list-style-type: none"> ▪ Division into 3 subcommittees on Scorecard, practice transformation, and care coordination
Neighborhoods	<ul style="list-style-type: none"> ▪ Kickoff held on 11/5 ▪ Initial discussion on role of committee, Neighborhood definition 	<ul style="list-style-type: none"> ▪ Next phase of work will focus on development of Population Health Scorecard
Patient and Consumer	<ul style="list-style-type: none"> ▪ Kickoff held on 11/6 ▪ Initial discussion focused on consumer-oriented communications 	<ul style="list-style-type: none"> ▪ Committee will workshop ideas for effective communication to the public
Payment	<ul style="list-style-type: none"> ▪ Kickoff to be held on 11/12 	<ul style="list-style-type: none"> ▪ Initial discussion will focus on role of committee
Workforce	<ul style="list-style-type: none"> ▪ Kickoff to be held in early December 	<ul style="list-style-type: none"> ▪ Initial discussion will focus on role of committee
TAG	<ul style="list-style-type: none"> ▪ DHIN has signed a contract with vendor for the Common Provider Scorecard 	<ul style="list-style-type: none"> ▪ TAG will work with vendor to draft workplan and initiate development of Scorecard

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Objectives

- Align on the purpose and objectives of the Overall Dashboard
- Refine principles and aspirations guiding our efforts
- Agree on next steps for development of the Overall Dashboard

The Program Dashboard is 1 of 3 in development

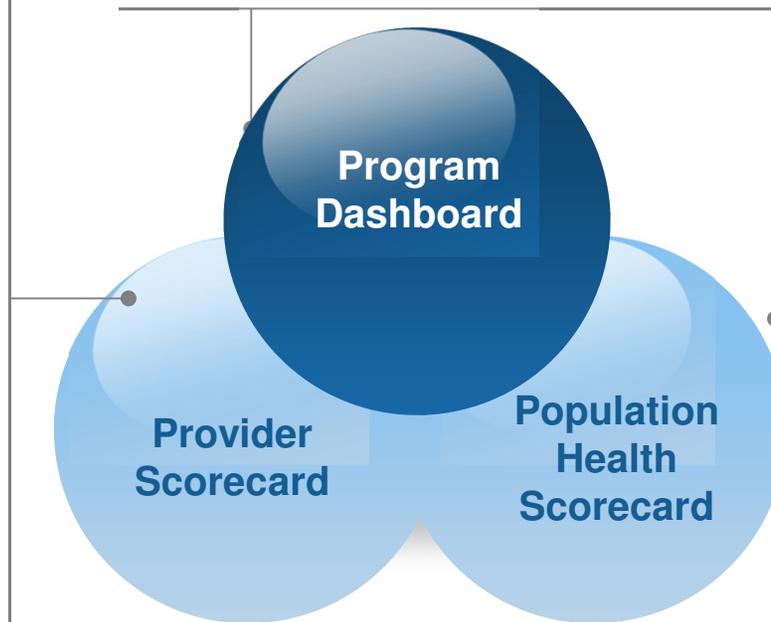
■ Focus for today

- Purpose:** Provide a simple, common set of measures to
- Measure practice progress against the Triple Aim and transformation of care delivery
 - Be used in outcomes-based payment models to promote both better, coordinated care and more effective diagnosis

Content: Measures/milestones on the Triple Aim and transformation

Purpose: Ensure we are making progress across the state toward our Triple Aim and delivery transformation goals

Content: State-level health improvement, quality/effectiveness, cost reduction, payer/provider landscape, transformation



Purpose: Measure rollout of healthy neighborhoods and local progress on priority population health indicators

Content: Priority health improvement/ quality of care/patient access to care measures for each neighborhood

The Program Dashboard is a key tool in DE SIM's monitoring and evaluation plan

Monitoring & evaluation plan	Governance	Measures	Methodology
<p>Delaware has set out a robust monitoring and evaluation strategy to test the overall success of its approach, including the effectiveness of its policy and regulatory strategy</p>	<p>DCHI will have primary responsibility, reporting at least annually on overall progress to the HCC, DHIN, legislature and the Governor</p> <p>Board Committees</p> <ul style="list-style-type: none"> ▪ Payment ▪ Clinical ▪ Patient/Consumer ▪ Workforce ▪ Healthy Neighborhoods <p>Technical Advisory Group</p>	<p>The dashboard features quantitative measures to provide an overall perspective on Delaware's progress against its goals</p> <p>Triple Aim measures</p> <ul style="list-style-type: none"> ▪ Health improvement ▪ Care improvement ▪ Cost Reduction <p>Accountability measures</p> <ul style="list-style-type: none"> ▪ Overall implementation ▪ Provider transformation ▪ Payer performance 	<p>DCHI will pursue a structured approach to monitoring and evaluation to ensure it has insight into progress and potential risks:</p> <p>Core analyses</p> <ul style="list-style-type: none"> ▪ Comparison of progress versus goals and accountability targets <p>Sources of data</p> <ul style="list-style-type: none"> ▪ Measures will primarily be collected from CDC, DPH, and payers <p>Translating research into practice</p> <ul style="list-style-type: none"> ▪ DE intends to use insights to spur research & translate it into practice

The Program Dashboard is foundational in monitoring and evaluation

Questions addressed by the Program Dashboard

1

Is Delaware achieving its goals?

2

Where are there opportunities to address specific needs or share best practices?

3

What programmatic decisions/changes should we consider?

Guiding principles going forward

FOR DISCUSSION

- **Gives regular, actionable information to track progress** vs. the Triple Aim and transformation goals
- **Comprehensive of the overall strategy** set out in the Innovation Plan
- Capable of being **updated at least annually**
- As **integrated and connected with other SIM dashboards** as possible (e.g., Common Provider Scorecard, Population Health Scorecard)
- **Leverage existing data sources**, wherever possible
- ...

Aspirations driving our efforts

FOR DISCUSSION

Domain

Health improvement

Aspiration

- Top 5 state in terms of wellness and health outcomes

Care improvement

- Top 5 state in terms of quality of care and patient experience
- Deliver integrated, team-based care to all Delawareans

Cost reduction

- Reduce historical healthcare spend growth

Implementation

- Achieve state-wide transition to value-based payment and coordinate-care delivery model

Provider & payer transformation

- Expand and simplify access to care for all Delawareans
- Support and enable the provider workforce through training and development
- Reduce historical healthcare premium growth

These aspirations will guide the measures used in our Program Dashboard

Proposed Program Dashboard measures & committee alignment

■ Roll-up from common provider scorecard

Domain	Category	Metrics	Committee
Health Improvement	Health risk factors	<ul style="list-style-type: none"> Percent cigarette smoking Percent of Delawareans eating fruits and vegetables Percent of Delawareans who report physical inactivity 	Healthy Neighborhoods
	Prevalence and incidence	<ul style="list-style-type: none"> Hypertension prevalence Diabetes prevalence Obesity prevalence 	
	Health outcomes	<ul style="list-style-type: none"> Cancer death per 100,000 Coronary heart disease deaths 30 Day Mortality Rate, all-cause, risk-adjusted post PCI intervention/cardiogenic shock/AMI Infant mortality 	
Care Improvement	Quality of care	<ul style="list-style-type: none"> Percent of primary care providers meeting benchmark for at least 10 out of 14 quality of care measures 	Clinical
	Patient experience	<ul style="list-style-type: none"> Survey/measure for patient access and physician effectiveness (e.g., CAHPS) 	
Cost reduction	Delaware goal	<ul style="list-style-type: none"> Actual total cost of care per patient vs. expected total cost of care (based on historic growth rate) 	Payment
	Total cost of care	<ul style="list-style-type: none"> Risk-adjusted, total of cost of care per patient 	
	Utilization	<ul style="list-style-type: none"> Inpatient admissions per 1000 patients ED visits per 1000 patients Hospital All-Cause Unplanned Readmissions, Risk Adjusted 	
Implementation	Clinical	<ul style="list-style-type: none"> Percent of eligible patient population (i.e., top 10-15% highest risk) with a care plan 	Clinical
	Patient	<ul style="list-style-type: none"> Number of patients / consumers consulted on DCHI activities per year Percent of Delawareans reached with messages about innovation activities Percent of Delawareans reached with messages about patient engagement tools 	Patient & Consumer advisory
	Payment	<ul style="list-style-type: none"> Fraction of payments made through a value-based model Payers offering at least one P4V and one TCC model Fraction of DE primary care providers enrolled in new payment models 	Payment committee
	Workforce strategy	<ul style="list-style-type: none"> Percent of relevant primary care workforce in Delaware that has participated in a SIM-sponsored training program 	Workforce
	Healthy Neighborhoods	<ul style="list-style-type: none"> Percent of population covered by a Healthy Neighborhood 	Healthy Neighborhoods
	Health information IT	<ul style="list-style-type: none"> Percent of practices receiving the common provider scorecard 	Clinical
Provider transformation	Provider performance	<ul style="list-style-type: none"> Percent of practice offering expanded access to care 	Clinical
Payer transformation	Payer performance	<ul style="list-style-type: none"> Average medical loss ratio (across payers) Growth rate of healthcare premiums vs. growth rate of total cost of care in DE 	Payment

Proposed steps to develop Program Dashboard

- Agree on guiding principles for Dashboard 
- Align on core areas of measurement (i.e., categories) 
- Draft initial Dashboard measures, including potential data sources 
- Review initial measures with stakeholders and incorporate feedback 
- Define data sources and long-term approach for Dashboard (e.g., updating) 
- Dashboard approval from DCHI Board 

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Board operations

DCHI budget

- DCHI will need to secure funds before hiring staff
- Chair and future Treasurer will work with stakeholders on funding commitments

Update to bylaws

- Bylaws will be updated in light of establishment of a fully functioning Board
- Changes to be reviewed at December meeting and approved by DHIN Executive Committee (per current bylaws)

Updates to committee membership

- There have been some updates to committee membership
- Changes will be approved at December meeting after all committees have kicked off

Approach to letters of support

- In order to maintain neutrality, proposed approach is that DCHI will not generally sign letters of support
- Any Board member can propose a letter of support for initiatives in which DCHI will have an active role; letters of support will be discussed with full Board before signature by the Chair

Board officers

Position

Secretary

Role

- Maintains records of Board proceedings
- Oversees preparation and approval of minutes of the Board and committees
- May have additional responsibilities as assigned by the Chair and the Board

Treasurer

- Oversees receipt and deposit of funding for DCHI
- Ensures accurate accountings of assets, business transactions, and financial condition of DCHI; delivers reports to Board
- Signs checks or orders for funds in the name of the Corporation (along with the Executive Director)
- May have additional responsibilities as assigned by the Chair and the Board

Board members interested in officer positions should contact the Chair by the end of November

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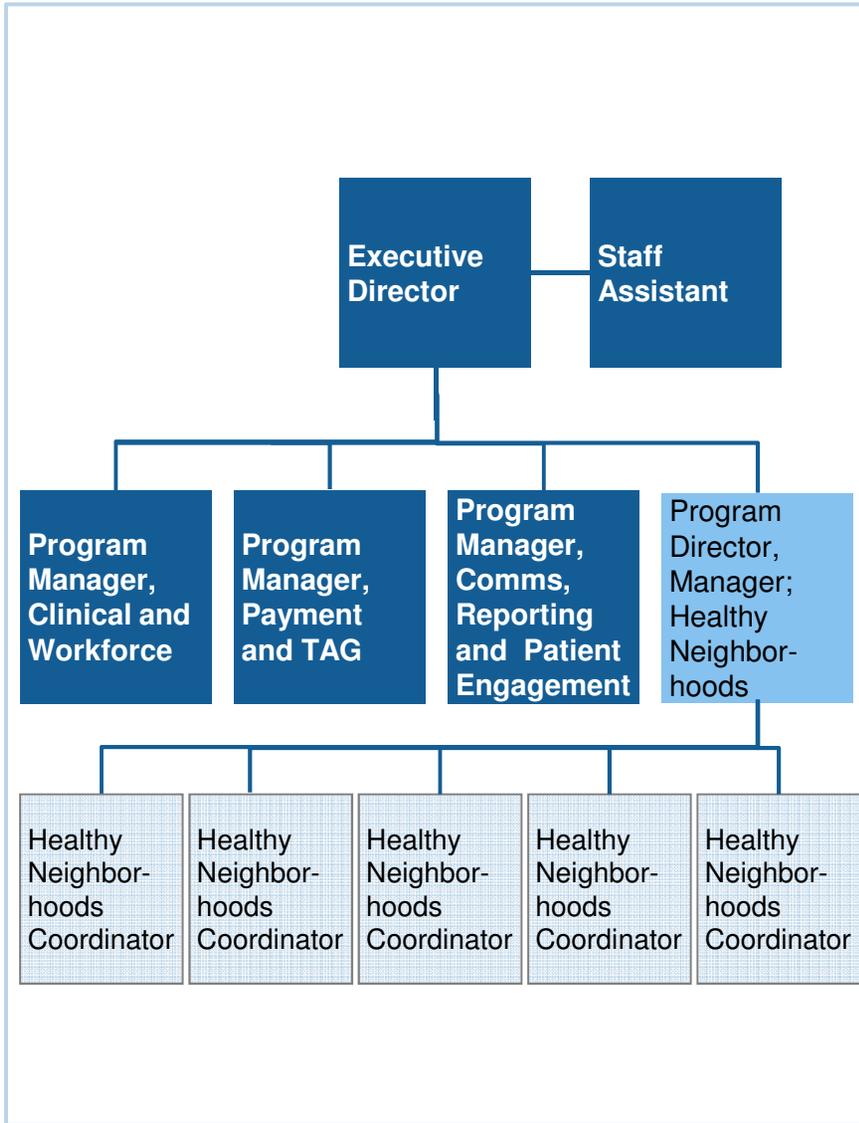
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Proposed DCHI staff structure

- To be hired in Q1
- To be hired in Q2



Position	Role	Timeframe
Executive Director	<ul style="list-style-type: none"> Leads DCHI across program objectives 	Q1 2015
Program Managers	<ul style="list-style-type: none"> Monitor programs on a day-to-day basis Program Managers to be hired for Clinical, Payment, Overall Management and Reporting, and Healthy Neighborhoods 	Q1 2015; Q2 2015
Program Director, Healthy Neighborhoods	<ul style="list-style-type: none"> Provide leadership and coordination across all Neighborhoods Meet regularly with Healthy Neighborhood Coordinators 	Q2 2015
Healthy Neighborhood Coordinators	<ul style="list-style-type: none"> Work closely with 2 Neighborhoods each Set up Council and quarterly general forum meetings Apply for grants and manage distribution of funds Track progress against agreed scorecards and report outcomes 	Q1 2016; Q1 2017; Q1 2018
Staff Assistant	<ul style="list-style-type: none"> Support entire DCHI staff in scheduling, communications, and administrative support 	Q1 2015

Potential profile of Executive Director

Potential responsibilities

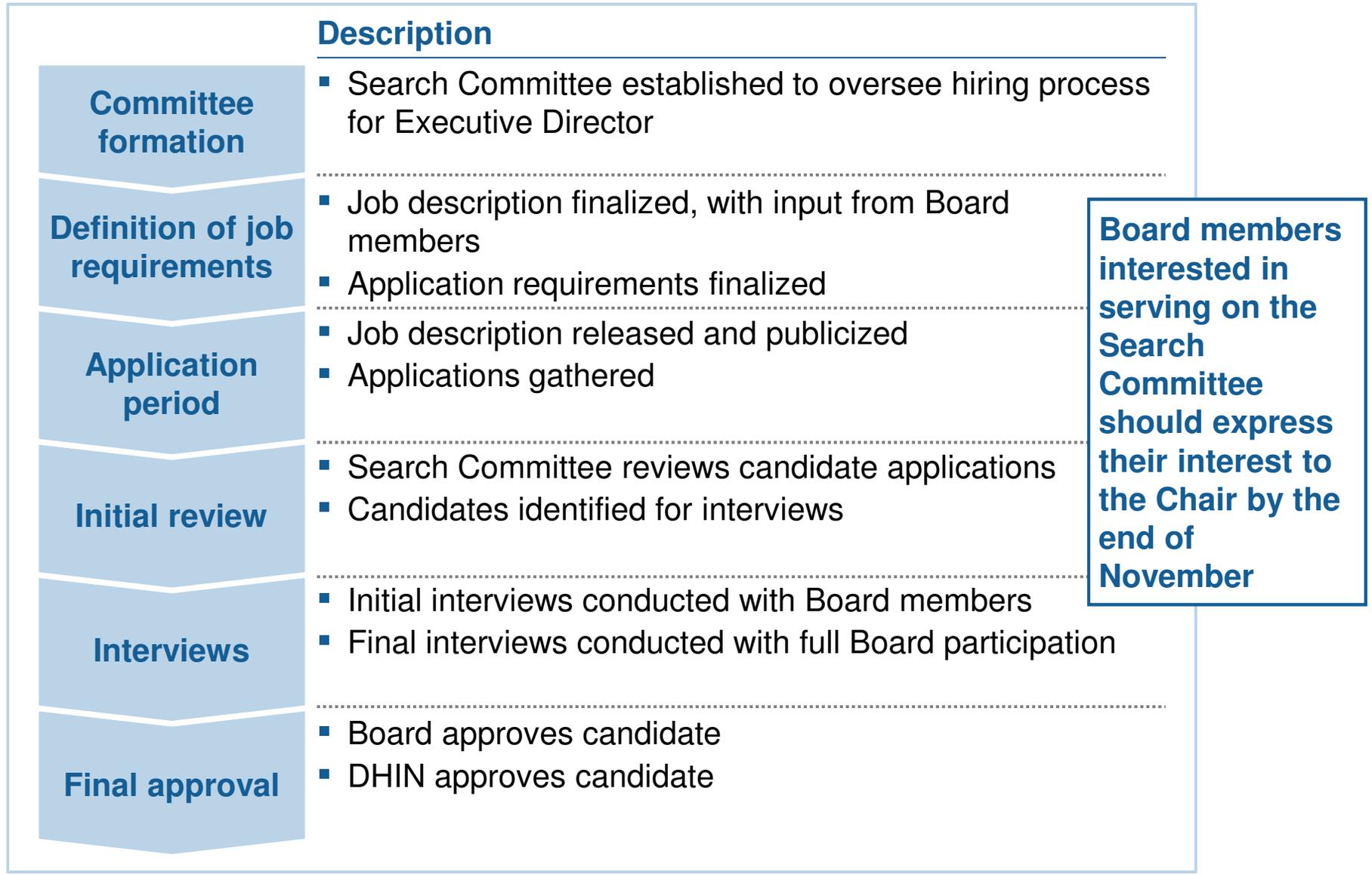
- Ensure execution against SIM project milestones
- Drive implementation of key projects as chartered by the Board
- Ensure that SIM is connected to other health reform efforts and health care institutions in the state
- Coordinate staff support for Board and committees
- Oversee monitoring and evaluation; deliver annual report to stakeholders
- Drive stakeholder communication and engagement
- Act as a public spokesperson for SIM
- Serve as a non-voting member of DCHI Board

Potential desired competencies

- Superior managerial skills; demonstrated ability to deliver on complex, time-bound workplans
- Track record of effectively managing diverse stakeholders, building and sustaining multi-stakeholder coalitions
- Understanding of strategic communications and media relations
- Knowledge of DE health care landscape or proven ability to quickly operate in new contexts
- Knowledge of monitoring, evaluation, and reporting
- Experience with non-profit governance and fund-raising

What profile should the Board seek in an Executive Director candidate?

Proposed hiring process



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Upcoming meetings



- Payment Model Monitoring Committee Kickoff: Today
- HCC meeting: December 4th
- DCHI Board meeting: December 10th
- Workforce and Education Committee Kickoff (date to be finalized)

Appendix

Proposed Overall Dashboard measures and sources (1/4)

■ Roll-up from common provider scorecard

		Metric	Source	Frequency	Latest Year
Health Improvement	Health risk factors	Percent cigarette smoking	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
		Percent of Delawareans eating fruits and vegetables	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
		Percent of Delawareans who report physical inactivity	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
	Prevalence and incidence	Hypertension prevalence	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
		Diabetes prevalence	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
		Obesity prevalence	CDC: Behavioral Risk Factors Surveillance System	Annual	2013
	Health outcomes	Cancer death per 100,000	CDC: National Program of Cancer Registries	Annual	2011
		Coronary heart disease death per 100,000	CDC: National Vital Statistics System	Annual	2011
		30 Day Mortality Rate, all-cause, risk-adjusted post PCI intervention/cardiogenic shock/AMI	Medicare.gov	Annual	2012
		Infant mortality	CDC: National Vital Statistics System	Annual	2010

Proposed Overall Dashboard measures and sources (2/4)

■ Roll-up from common provider scorecard

		Metric	Source	Frequency	Latest Year
Care Improvement	Quality of care	Percent of PCPs meeting benchmark for at least 10/14 quality of care measures	Roll-up from common provider scorecard	Annual ¹	N/A
	Patient experience	Survey/measure for patient access and physician effectiveness (e.g., CAHPS)	Roll-up from common provider scorecard	Annual ¹	N/A
Cost reduction	Delaware goal	Actual total cost of care vs. expected total cost of care PP (based on historic growth rate)	Roll-up from common provider scorecard	Annual ¹	N/A
	Total cost of care	Risk-adjusted, total of cost of care per patient	Roll-up from common provider scorecard	Annual ¹	N/A
	Utilization	Inpatient admissions per 1000 patients	Roll-up from common provider scorecard	Annual ¹	N/A
		ED visits per 1000 patients	Roll-up from common provider scorecard	Annual ¹	N/A
Hospital All-Cause Unplanned Readmissions, Risk Adjusted		Roll-up from common provider scorecard	Annual ¹	N/A	

¹ Data metric will be reported quarterly, however the overall dashboard will be updated annually

Proposed Overall Dashboard measures and sources (3/4)

■ Roll-up from common provider scorecard

		Metric	Source	Frequency	Latest Year
Implementation	Clinical	Percent of eligible patient population (i.e., top 10-15% highest risk) with a care plan	Create and implement a new tracking solution	TBD	N/A
	Patient	Number of patients / consumers consulted on DCHI activities per year	Create and implement a new tracking solution	TBD	N/A
		Percent of Delawareans reached with messages about innovation activities	Create and implement a new tracking solution	TBD	N/A
		Percent of Delawareans reached with messages about patient engagement tools	Create and implement a new tracking solution	TBD	N/A
	Payment	Fraction of payments made through a value-based model	Create and implement a new tracking solution	TBD	N/A
		Payers offering at least one P4V and one TCC model	Create and implement a new tracking solution	TBD	N/A
		Fraction of DE primary care providers enrolled in new payment models	Create and implement a new tracking solution	TBD	N/A

Proposed Overall Dashboard measures and sources (4/4)

■ Roll-up from common provider scorecard

		Metric	Source	Frequency	Latest Year
Implementation	Workforce strategy	Percent of relevant primary care workforce in Delaware that has participated in a SIM-sponsored training program	Create and implement a new tracking solution	TBD	N/A
	Healthy Neighborhoods	Percent of population covered by a Healthy Neighborhood	Create and implement a new tracking solution	TBD	N/A
	Health Information IT	Percent of practices receiving the common provider scorecard	Create and implement a new tracking solution	TBD	N/A
Provider transformation	Provider performance	Percent of practice offering expanded access to care	Roll-up from common provider scorecard	Annual ¹	N/A
Payer transformation	Payer performance	Average medical loss ratio (across payers)	Reported MLR level to CMS	TBD	TBD
		Growth rate of healthcare premiums vs. growth rate of total cost of care in DE	Medical Expenditure Panel Survey	Annual	2013

¹ Data metric will be reported quarterly, however the overall dashboard will be updated annually

Example dashboards for program measures

		Description	Number of measures
	America's Health Rankings: United Health Foundation	<ul style="list-style-type: none"> Assessment of nation's health on a state-by-state basis focusing on clinical care, health outcomes, behaviors, and environmental conditions 	30
	NQF's Community Tool to align measurement	<ul style="list-style-type: none"> Collaboration between 16 national alliances to identify national priorities in Triple Aim measures 	171
	DE Health Tracker – Healthy People 2020 and community dashboard	<ul style="list-style-type: none"> Dashboards to assess DE health outcomes, disease prevalence, risky behaviors, access to care, and environmental health 	73
	Healthy Vermonters 2020 goals	<ul style="list-style-type: none"> Vermont's public goals for 2020 organized into 21 categories focusing on health outcomes, access to care, clinical care quality, and health behaviors/lifestyle 	100+
	OpenMichigan – Health & Wellness Tracker	<ul style="list-style-type: none"> State's top-level assessment of health and wellness across the state 	20

SOURCE: 2013 America's Health rankings (annual report), National Quality Forum, Healthy Communities Institute, Vermont Department of Health, Michigan.gov