



**ChooseHealth**  
D E L A W A R E

# Delaware Center for Health Innovation Board Meeting

October 8, 2014

# Agenda



## Topic

### Call to order

Status updates

Update on Common Provider Scorecard

Board committees

Communications plan

Program timeline

Public comment

# Summary of September DCHI Board meeting

- Committee chairs reviewed Scope section of each **committee charter** and discussed overall structure of charters
- Discussed **committee formation** (e.g., expectations of members)
- Reviewed **key interdependencies** among committees and with external organizations
- Shared feedback from September HCC meeting and discussed **communication strategy** (e.g., mechanisms to receive consumer feedback, need for common messaging with tailored talking points)

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

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# Status update

## Recent highlights

### CMMI grant application

- Delaware invited for an oral presentation at CMMI
- Anticipating grant award notification this fall

### Health Care Commission

- Monthly HCC meeting held October 2<sup>nd</sup>, including status update on SIM program and DCHI Board

### Speaking engagements

- Eastern States Legislative Fiscal Officer's Conference on 9/11
- Greater Philadelphia Business Coalition on Health on 9/18
- Delaware Advocacy Summit / American Lung Association earlier today



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# Update on Common Provider Scorecard

## Progress to date

- TAG has been defining operational elements of the common provider scorecard, including:
  - Created payer manual, detailing process for payers to gather and submit data
  - Analyzed provider practice mapping and developed an approach
  - Agreed on data sources for scorecard measures
- Clinical working group met on October 2<sup>nd</sup> to refine measure definitions in preparation for the first scorecard release

## Current status and next steps

- Continue gathering clinical working group feedback on measure definitions
- Work with vendor to build detailed development timeline and identify any outstanding design decisions
- Work with payers to transfer data for scorecard measures (based on HEDIS and NQF definitions)



# Proposed Common Provider Scorecard

 Accountable [draft]  
 Informational [draft]

Category	Measures <sup>1</sup>	Measure type	Data source	Status <sup>2</sup>
Quality of care – outcomes	1 Diabetes care: HbA1c control <sup>3</sup>	HEDIS (CDC)	Claims <sup>4</sup>	
	2 Controlling high blood pressure <sup>3</sup>	HEDIS (CBP)	Claims <sup>4</sup>	
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 <sup>3</sup>	NQF #418	Claims	
	8 Tobacco use: screening and cessation intervention	NQF #28	Claims <sup>4</sup>	
	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	Claims <sup>4</sup>	
	13 Childhood immunization status	HEDIS (CIS)	Claims	
	14 Hemoglobin A1c (HbA1c) testing for pediatric patients	NQF #60	Claims	
Transformation	15 Transformation milestones over the initial years of the program	n/a	Self-attestation	
Patient experience	16 Measures on patient experience/access <sup>5</sup>	n/a	Survey	
Total cost of care	17 Total cost of care per patient <sup>5</sup>	n/a	Claims	
Utilization	18 Inpatient admissions per 1000 patients <sup>5</sup>	n/a	Claims	
	19 ED visits per 1000 patients <sup>5</sup>	n/a	Claims	
	20 Hospital-wide all-cause unplanned readmission <sup>5</sup>	NQF #1789	Claims	

1 Measures 17-20 are risk-adjusted      2 Measures to be used as accountable vs. informational are to be confirmed. Providers may be accountable for reporting the "informational" measures; e.g., receipt of care coordination fees may be contingent on reporting of informational measures  
 3 Proposed measure differs slightly from official definition      4 May require use of CPTII or G codes      5 Exact definitions are still being refined

# Priority transformation milestones

PRELIMINARY

Category	Measure	Time in program
Panel Management	<ul style="list-style-type: none"> <li>Identify top X% of high-priority patients and submit list</li> </ul>	3 months
Access improvement	<ul style="list-style-type: none"> <li>Document approach to same-day appointments and/or afterhours access to care</li> </ul>	6 months
	<ul style="list-style-type: none"> <li>Supply voice-to-voice coverage to panels members 24/7 where patient speaks to licensed health professional</li> </ul>	12 months
Care management	<ul style="list-style-type: none"> <li>Document multi-disciplinary team working with X% of high risk patients to develop a care plan and process to assess/address barriers if goals are not met (i.e. care plans)</li> </ul>	12 months <sup>1</sup>
Patient engagement	<ul style="list-style-type: none"> <li>Document approach to contact patients who did not get preventive care</li> </ul>	18 months
Team-based care coordination	<ul style="list-style-type: none"> <li>Document investment in behavioral health (BH) integration (e.g., 1 hour per week coordinating with BH hub, offering new BH services (more than screenings), hiring a health coach or giving your staff health coach training), or having co-located BH specialist 3 hours per week</li> </ul>	18 months

NOTE: Transformation milestones are intended to measure the extent to which practices are improving the way they work with other practices and patients to better coordinate care

<sup>1</sup> Indicates milestones that would be repeated at 24 months



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# Committee charters and membership

## Progress to date

- Charters have been separated from operational “working documents”
- Committee co-chairs reviewed their charters and potential membership lists
- Co-chairs contacted potential members to gauge their interest in serving on a committee

## Goals for today

- Approve initial charters
- Approve members
- Agree on committee member commitment form
- Align on next steps
  - Process for scheduling meetings
  - Process for informing members they have been confirmed



# Charter review – proposed process

## Review sequence

- 1) Clinical
- 2) Healthy Neighborhoods
- 3) Patient and Consumer Advisory
- 4) Payment Model Monitoring
- 5) Workforce and Education

## For each charter

- Co-chairs highlight any updates since charter was sent to Board Friday evening (e.g., committee members in italics who agreed to serve)
- Board members raise any questions or concerns
- Board moves to accept charter



# Recap – committee meeting times

## Principles

- Each committee should set a **consistent monthly meeting time**
- **Meetings should be staggered** so Board members can attend multiple committees if they wish

## Proposed schedule (effective as of November)

- First week of the month: **Healthy Neighborhoods, Patient and Consumer Advisory**
- Second week of the month: DCHI Board, **Payment Model Monitoring**
- Third week of the month: **Clinical<sup>1</sup>, Workforce and Education**
- Fourth week of the month: no meetings due to holidays
- **TAG** will continue to meet twice per month on average

## Process

- Oct 3-8: Co-chairs generate **3 options for standing times**
- Week of Oct 13: Co-chairs send **options to members**

<sup>1</sup> Kick-off meeting to be scheduled in October to enable urgent work



# Next steps

Activity	Timing
<ul style="list-style-type: none"> <li>Board Chair to send <b>welcome message</b> to all confirmed members</li> </ul>	<ul style="list-style-type: none"> <li>By COB 10/9</li> </ul>
<ul style="list-style-type: none"> <li>Committee co-chairs to send <b>introductory emails</b> to their committee members, including options for <b>standing meeting times</b></li> </ul>	<ul style="list-style-type: none"> <li>Week of 10/13</li> </ul>
<ul style="list-style-type: none"> <li>HCC to send <b>announcement for upcoming Cross-Committee Meeting</b> (tentatively scheduled for 11/13 at 8:30am)</li> </ul>	<ul style="list-style-type: none"> <li>Week of 10/13</li> </ul>
<ul style="list-style-type: none"> <li>DCHI Board members and HCC staff <b>respond individually</b> to those who inquire about their committee membership status</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Committee co-chairs to send <b>pre-read materials</b> to committee members (e.g., committee charter, link to SHIP highlighting relevant chapters)</li> </ul>	<ul style="list-style-type: none"> <li>1-2 weeks prior to 1<sup>st</sup> committee meeting</li> </ul>
<ul style="list-style-type: none"> <li>Committee members sign <b>commitment form</b></li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup> committee meeting</li> </ul>



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# Communications

## Progress to date

- In the last meeting, the Board discussed an overall framework for the communications strategy
- Committee Co-Chairs drafted key audiences and messages in working documents

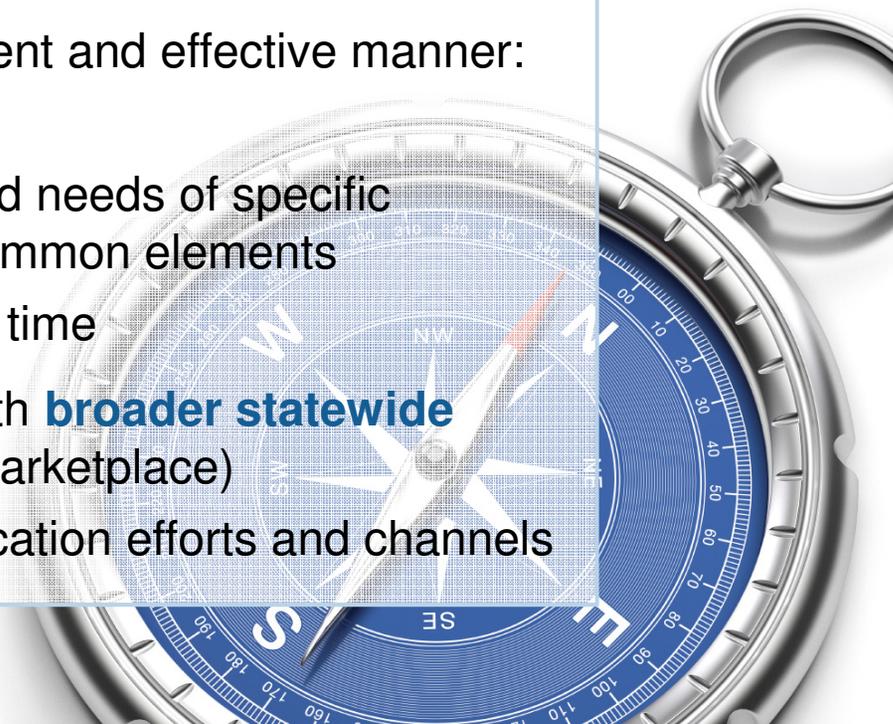
## Goals for today

- Discuss guiding principles for communications
- Align on communications goals and strategy for the near-term (October 2014 through March 2015)
- Discuss stakeholder forums and speaking opportunities
- Generate FAQs
- Discuss communications governance structure



# Guiding principles for communications

- Support established SIM principles of **transparency and inclusion**
- Avoid potential for misperceptions through **proactive communication**
- Empower **SIM champions** to carry the message forward
- **Reach constituencies** in the most efficient and effective manner:
  - Use a variety of channels
  - Tailor messaging to the aspirations and needs of specific audiences, while maintaining some common elements
  - Incorporate feedback and evolve over time
- Integrate this communication strategy with **broader statewide communications** around health (e.g., marketplace)
  - Maximize impact of existing communication efforts and channels



# Communications goals Oct. '14 – Mar. '15

- 1 At least half of Delaware's **primary care providers** (600+) **and clinical leaders** will receive basic information about SIM and how it can support their ongoing initiatives

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- 2 **Delawareans** have early, consistent, and regular exposure to SIM via media outlets at least once per month and know where to access the facts

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- 3 The majority of state **policymakers** understand the SIM initiative, including the basic purpose, goals, and key benefits to the state

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- 4 Every **DCHI board and committee member** can explain the basics of SIM to a colleague

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- 5 A variety of **stakeholder forums** exist to encourage regular participation in SIM activities



# Overview of strategy for achieving communications goals



**Get online:** formalize online presence (e.g., DCHI website, YouTube video explaining SIM, social media)



**Partner with the press:** deploy a comprehensive press strategy (e.g., op-eds, press releases, NPR pieces)



**Create communications library:** develop stock materials (e.g., talking points, presentations, fact sheets, FAQs)



**Work within our networks:** broaden reach of communications (e.g., present at professional organization meetings, Board members host meetings for colleagues)



**Maintain and grow the support base:** provide opportunities for current and future supporters to participate in the SIM process (e.g., onboard Committee members, participate in stakeholder-hosted events)

# Potential communication tactics for Oct. '14 – Mar. '15 (1/2)

Strategy	Potential activities
<b>Get online:</b> formalize online presence	<ul style="list-style-type: none"><li>▪ Develop DCHI website<sup>1</sup></li><li>▪ Build social media presence<sup>1</sup></li><li>▪ Develop simple “YouTube” video explaining SIM</li></ul>
<b>Partner with the press:</b> deploy a comprehensive press strategy	<ul style="list-style-type: none"><li>▪ Publish 3-4 persuasive opinion pieces (local and national publications)</li><li>▪ Issue press releases for major milestones</li><li>▪ Solicit speaking engagement(s) on Delaware NPR station</li></ul>
<b>Create communications library:</b> develop stock materials	<ul style="list-style-type: none"><li>▪ Create a one-page fact sheet with SIM basics</li><li>▪ Prepare FAQs to anticipate questions from various audiences</li><li>▪ Capture real patient and provider experiences</li><li>▪ Provide basic SIM information and presentation materials to Delaware health care leaders with relevant speaking engagements</li></ul>

<sup>1</sup> To be updated on ongoing basis



# Potential communication tactics for Oct. '14 – Mar. '15 (2/2)

## Strategy

**Work within our networks:** broaden reach of communications

## Potential activities

- Support each DCHI Board member to host at least one meeting for colleagues to introduce them to SIM
- Identify champions and provide them with resources
- Get SIM on the agenda of at least one staff meeting or gathering for every major health system, provider organization, and professional association
- Conduct webinar for providers, including Q&A session (make available online for those who cannot attend)
- Provide self-led education modules, fact sheets, and FAQs to providers and to professional associations for distribution to members
- Equip individuals who engage with providers (e.g., provider relations reps from payers) with information about SIM

**Maintain and grow the support base:** provide opportunities for current and future supporters to participate in the SIM process

- Host open roundtables and cross-committee meetings
- Hold regular meetings with all major stakeholders
- Join stakeholder-hosted events
- Distribute a monthly newsletter from the DCHI Board chair
- Host committee kick-offs/orientations, including introduction to SIM program as well as communications approach
- Host 2-3 open “office hours” sessions for committee members who have questions about SIM



# Stakeholder forums

	Description	Frequency
<b>Health Care Commission meetings</b>	<ul style="list-style-type: none"> <li>Regular meetings of the Delaware Health Care Commission (HCC)</li> <li>Agendas include an update on DCHI activities</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>Next: 11/6/14</li> </ul>
<b>DCHI Board meetings</b>	<ul style="list-style-type: none"> <li>Regular meetings of the Board of the Delaware Center for Health Innovation</li> <li>Meetings are open to the public, with dedicated time for public comment</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>Next: 11/12/14</li> </ul>
<b>Cross-committee meetings</b>	<ul style="list-style-type: none"> <li>Broad stakeholder meetings to provide updates across DCHI committees and gather stakeholder guidance on key programmatic decisions</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> <li>Next: 11/13/14 (TBC)</li> </ul>
<b>Employer “roundtables”</b>	<ul style="list-style-type: none"> <li>Gatherings of large and small employers in the state to explain implications of Delaware’s approach for businesses and seek employer input</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>
<b>Meetings with professional associations</b>	<ul style="list-style-type: none"> <li>Meetings with Delaware professional associations to update members on DCHI activities and gather input to shape approach</li> </ul>	<ul style="list-style-type: none"> <li>At least quarterly</li> </ul>



# SIM speaking engagements

Completed

Forum	Date
Eastern States Legislative Fiscal Officer's Conference	September 11 <sup>th</sup>
Presentation to the Greater Philadelphia Business Coalition on Health	September 18 <sup>th</sup>
Delaware Advocacy Summit / American Lung Association	October 8 <sup>th</sup>
Delaware Healthcare Association Forum	October 30 <sup>th</sup>

**Are there additional opportunities we should add to the calendar?**



# Communications strategy roles and responsibilities

## Health Care Commission

- Ensure integration of SIM messaging with overall health care reform communications in the state (e.g., marketing associated with ChooseHealth Delaware and the marketplace)

## DCHI Board

- Generate ideas for communications opportunities
- Identify issues that need to be addressed through communications
- Provide oversight of all SIM-related communications to ensure consistency across efforts

## Communications Working Group

- Support development of SIM communications materials
- Identify specific forums and opportunities for communications and outreach
- Test messaging with various constituencies

## DCHI Committees

- Lead communications and outreach to relevant stakeholder groups
- Identify issues experienced by associated stakeholder groups



# Frequently asked questions

## By providers

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- Is provider participation mandatory?
- How does this relate to existing innovation programs already underway?
- When can I enroll in practice transformation support?
- How will this affect the way providers are paid?

## By patients

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- What does this mean for my care?
- Will I still be able to see my doctor?
- Will it be harder to make an appointment to see my doctor?
- Will this affect the cost of my prescription drugs?
- How will my medical records and private health data be protected?

## By the public and other stakeholders

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- Will this increase costs for employers?
- How is this different from the healthcare exchange marketplace?
- Who is going to pay for this / how is this being funded?

**What  
additional  
questions  
would you  
anticipate?**



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# Program timeline / scenario planning

## Context

- Delaware has developed a comprehensive, multi-stakeholder approach to healthcare transformation across delivery, payment, population health, and workforce
- Implementing this approach will require a total investment of \$139M over 4 years, including ~\$40M requested from CMMI
- Expected timeline:
  - Fall 2014: Award notification
  - Jan 2015: Performance period begins, initial funds released
  - Jul 2015: First practice transformation funds released
  - Jan 2016: Care coordination support available tied to common scorecard measures

## Goals for today

- There was a desire for the Board to discuss contingency plans for the program in the case that a grant is not awarded in the proposed amount or expected timeframe
- Today we will:
  - Briefly review the “base case” representing Delaware receiving a \$40M grant
  - Introduce a framework for considering alternate scenarios



# Review: funding options and guiding principles

## Uses of funds

- Delaware Center for Health Innovation
- Healthy Neighborhoods
- Payment & clinical innovation
- Workforce development
- Health information technology
- Primary care practice transformation
- Payments for care coordination

## Potential sources of funds

- SIM grants and other grants
- Existing state funds that may be repurposed, adapted to new model
- Payer payments to providers
- “Membership” or “access fees”
- Stakeholder contributions
- Incremental state funds if necessary

## Principles of funding

- Focus grants on start-up / one-time costs; find alternative sustainable funding for ongoing operational costs
- Preserve SIM grant funds for uses with limited alternative options
- Use grants to seed matching investments from stakeholders, whether explicit or implicit
- Leverage grants from foundations wherever possible
- Leverage Medicaid to obtain a favorable federal match
- Establish that direct investments in delivery system should be funded by payers (or co-funded with providers)
- Request continued support (in-kind and monetary) from stakeholders to demonstrate commitment to CMMI

# Alternate scenarios for discussion

Scenario	Potential implications
Payers don't fund upfront care coordination fees	<ul style="list-style-type: none"><li>▪ Smaller providers would need to partner with organizations that can provide working capital to support transformation<ul style="list-style-type: none"><li>— Delivery system consolidation could be accelerated; or</li><li>— Pace of adoption may be slower among independents</li></ul></li></ul>
SIM grant decision is delayed	<ul style="list-style-type: none"><li>▪ Launch would need to be delayed unless funding gap could be made up through other sources</li></ul>
SIM grant award is less than expected	<ul style="list-style-type: none"><li>▪ Unless gap could be closed from other sources, would likely need to scale back aspirations for Healthy Neighborhoods</li><li>▪ Centralized IT systems would be less than envisioned<ul style="list-style-type: none"><li>— Providers would face increased complexity/admin burden</li><li>— Pace of transformation could slow</li></ul></li></ul>
Stakeholders contribute less funding than necessary	<ul style="list-style-type: none"><li>▪ Similar to above</li></ul>
DE does not receive a Model Test grant	<ul style="list-style-type: none"><li>▪ Other sources would be required to fund the program; or</li><li>▪ The program would be limited to stakeholder convening</li></ul>



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# Upcoming meetings



- Cross-Committee Meeting: early November
- Committee kick-offs: throughout November
- HCC meetings: November 6<sup>th</sup>, December 4<sup>th</sup>
- DCHI Board meetings: November 12<sup>th</sup>, December 10<sup>th</sup>