

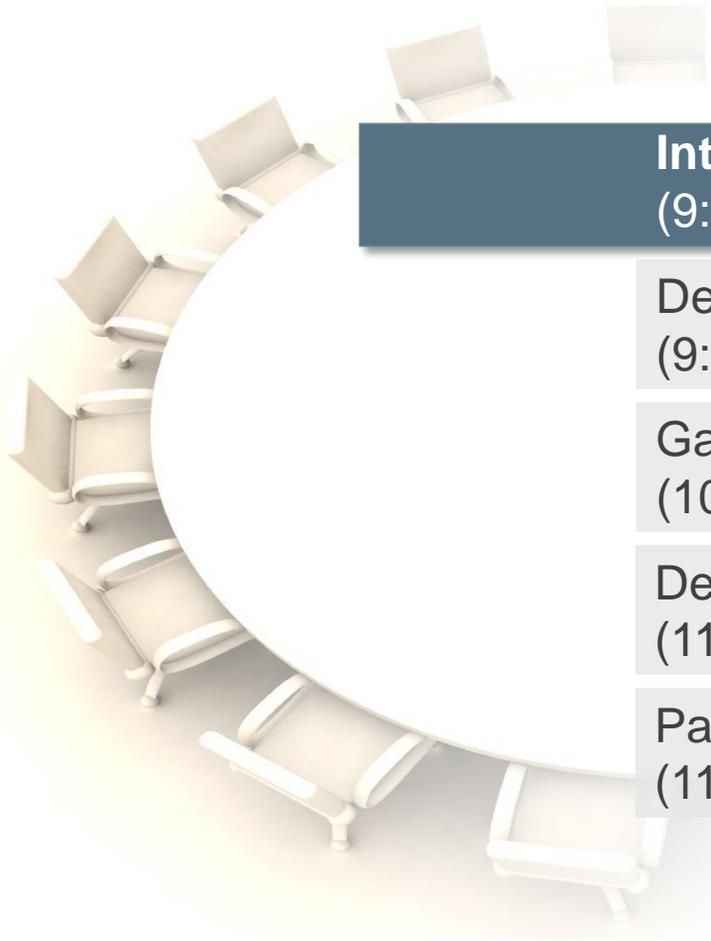


Delaware Center for  
Health Innovation

# Cross-Committee meeting

November 10, 2015

# Agenda for today



**Introductions & progress updates**  
(9:00 - 9:30am)

Deep dive on Health IT roadmap  
(9:30 - 10:00am)

Gallery walk: Committee updates  
(10:00 - 11:20am)

Deep dive on behavioral health integration  
(11:20 - 11:50am)

Path forward  
(11:50 - 12:00pm)

# Introduction



**Julane Miller-Armbrister, DCHI  
Executive Director**

**Julane brings over 30 years of  
experience in public health  
and health policy.**

# Goals for today



Share progress and accomplishments over the past 4 months



Promote a cross-committee discussion on issues at the intersection of different elements our strategy



Preview major milestones for the coming 3 months

# Reminder: our aspiration and goals

## Aspirations for Triple Aim

- Become 1 of the 5 healthiest states in the U.S.
- Achieve top performance for quality/patient experience
- Bring health care spending growth more closely in line with growth of economy
- PLUS ONE: Achieve higher provider experience

## Specific Goals Reflected in Plan

- Create >\$1 billion in total savings to the system through 2020
- Reinvest about half of savings in care delivery to ensure sustainability for providers
- Pass about half of savings on to consumers and purchasers to preserve affordability

## Goals for Adoption to Achieve Plan

- Participation by all payers: Commercial, Medicaid, Medicare by 2016
- Participation by >70% of self-insured employers by 2018
- Adoption by >90% of PCPs by 2018
- Meaningful changes in capabilities/processes

*Total investment: \$130 million over 4 years*

# Delaware's strategy

Transformation of primary care through PCMHs and ACOs

Innovative two-year **learning and development program with common curriculum** on team-based, integrated care

Support for primary care **practice transformation and care coordination**

Scorecard, tools, data, and resources to support neighborhoods

First in the country multi-payer **Common Scorecard** for primary care

**Consumer at center of everything Delaware does**

**Integration of community-based health initiatives with delivery system** focused on priority health needs

**Multi-payer adoption** of value-based payment on statewide basis

**Care coordination funding** in addition to outcomes-based payments

Medicaid MCO RFP, state employees, and QHP standards to drive adoption

# Where we are in our journey: Turning the corner on design to adoption

2011-2014

2015

## Initial pilots and planning

- Individual physicians, societies, hospitals begin to adopt new models (e.g., PCMH, ACOs)
- Stakeholders shape Delaware State Health Innovation Plan through 50+ workgroups and public meetings
- Delaware Center for Health Innovation is formed as public-private partnership

## Design for scale

- Finalize details for core program elements to prepare for launch
- Test and refine Common Scorecard through staged rollout
  - Initiate practice transformation support for PCPs
- Facilitate provider education regarding new models

2016 onwards

## Adoption at scale

- Funding for care coordination more widely available
- PCPs eligible for rewards tied to Common Scorecard
- Deliver practice transformation support
- Launch Healthy Neighborhoods initiatives
- Begin implementation of workforce strategy

# Over this time, we have accomplished a lot

## Examples of current progress to implementation

- Finalized measures for v2.0 of the Common Scorecard to be released in 2016
- Conducted procurement for practice transformation support and prepared for enrollment of PCPs
- Aligned on priority themes for Healthy Neighborhoods and developed design principles for the first wave
- Determined elements of value-based payment models that would benefit from cross-payer standardization
- Finalized and approved consensus paper on health care workforce learning and re-learning curriculum
- Provided consumer input across committees and helped craft consumer outreach materials

# And much more is in store for 2016

## Examples of 2016 milestones

- Statewide launch of v2.0 of the Common Scorecard
- Initiation of wave 1 of practice transformation support to PCPs
- Launch of first Healthy Neighborhood
- Increased availability and adoption of value-based payment models across payers and segments
- Health Professionals Consortium up and running and workforce curriculum available
- Rollout of patient engagement, outreach and health literacy strategy

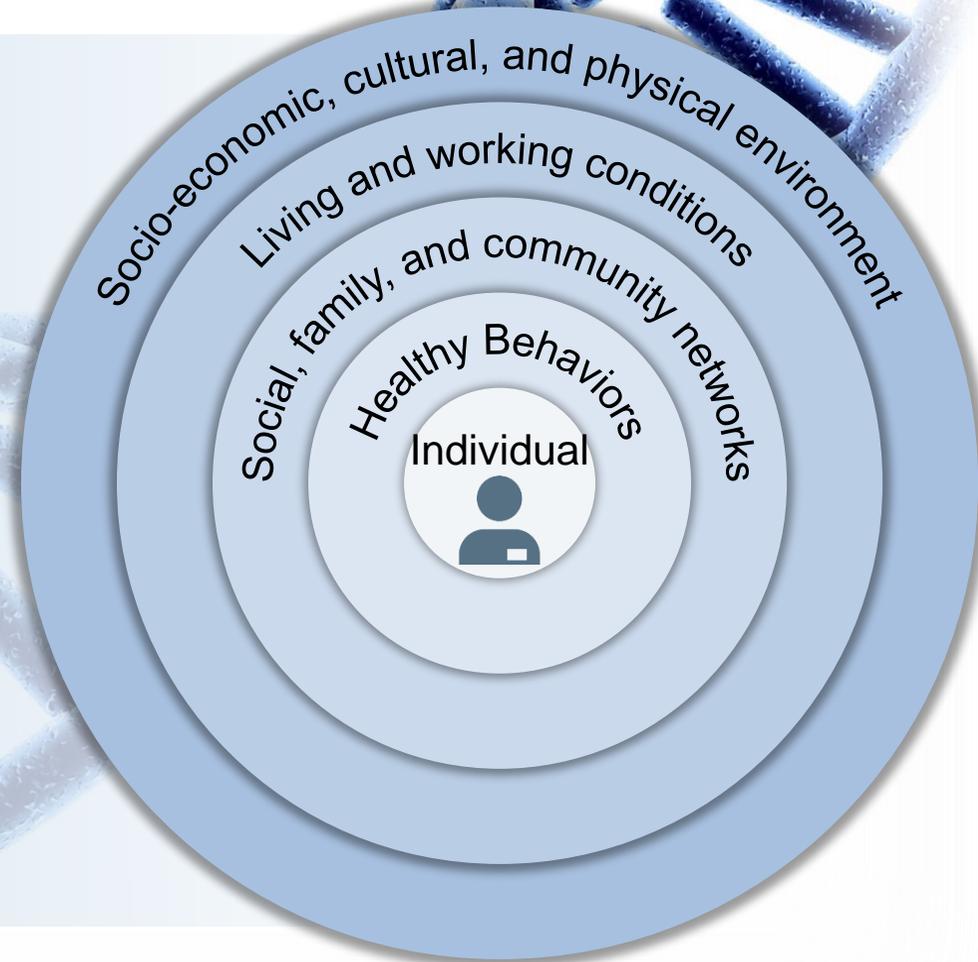
# Reminder: Importance of keeping the consumer at the center of everything we do

- All our work is **grounded in improving quality and affordability** for patients and consumers
- DCHI was formed with the **consumer as the central focus**
- As we design initiatives to **improve health outcomes and increase engagement**, we must not forget about the **underlying barriers to engaging with the health care system** facing many Delawareans
- Increasing engagement may require **rethinking how the health care system interacts with Delaware's underserved populations**

# Impact of social determinants on population health

## Many factors influence the health of patients and communities

- Individual factors including genes and healthy behaviors likely contribute only about 25-40% to a person's health
- The social context and physical environment has a greater impact than the healthcare system on health outcomes
- Social determinants also interact with and shape modifiable, individual factors such as healthy behaviors

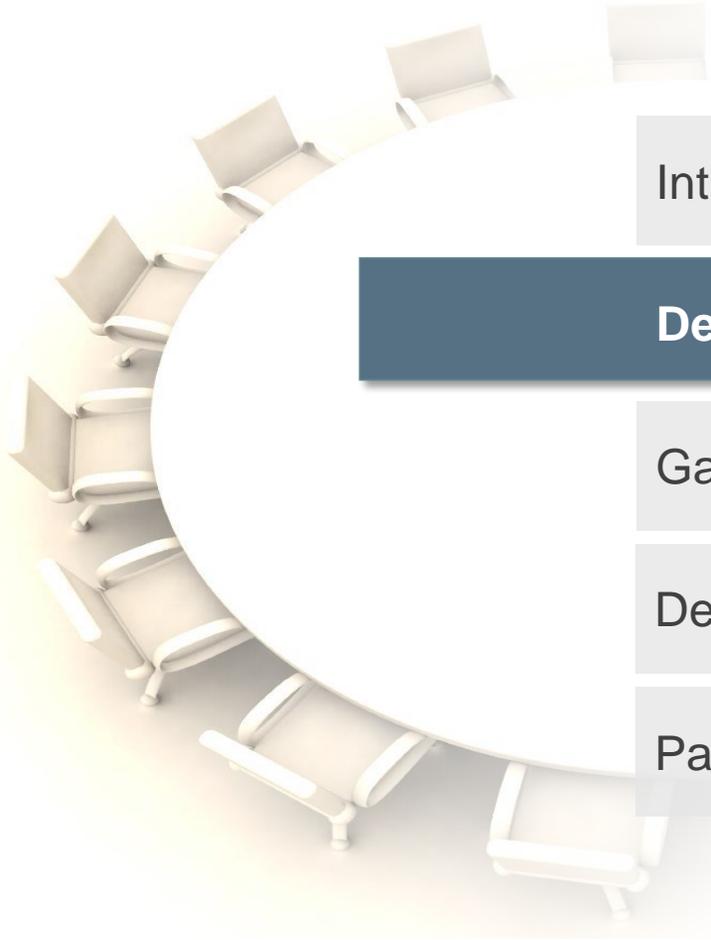


# Our challenge today: shared accountability for empowering the consumer

As we implement the components of our strategy, how can we...

- **Empower the consumer** to play an active role in their experience of health care?
- Address the **structural barriers to access and engagement** among underserved Delawareans?
- Understand and consider the underlying **social determinants of health**?
- Design initiatives that are **culturally competent**?

# Agenda for today



Introductions & progress updates

**Deep dive on Health IT roadmap**

Gallery walk: Committee updates

Deep dive on behavioral health integration

Path forward

# Context for today's discussion on HIT roadmap

- As part of its 2016 SIM Operational Plan, HCC is preparing a Delaware Health IT Roadmap
- The roadmap defines how health IT will help achieve statewide health transformation
- To design this roadmap, we have interviewed stakeholders from the State, DCHI, providers, payers, and patients/consumers... and now we would like to hear from you!

# Guiding principles

- Focus on issues that the **market is unlikely to address on its own**
- Consider **technology's impact** as a potential solution vs alternatives
- Address the **needs of different types of stakeholders** (small/large, behavioral health / clinical, demographics, geographies)
- Focus on **solutions that are likely to have statewide impact**
- Consider a **variety of approaches**: build, facilitate, establish standards, provide incentives

# HIT roadmap categories

## Healthcare system capabilities

Technology and data needed by payers and providers to deliver **high quality care and participate in value-based payment (VBP) agreements**

## Patient and consumer engagement

Tools, information, or technology required to **engage and empower patients and consumers** as members of their healthcare team

## Research, evaluation and planning

Data and analytics to support **public health policy planning, general research, and SIM evaluation**

# Topics for inclusion in HIT roadmap (1/2)

DRAFT

## HIT roadmap elements

- Aggregating claims-based information
- Population health management analytics
- Clinical data access
- Provider data for the Common Scorecard
- Event notifications across system
- EMR adoption incentives for behavioral health
- Increased direct secure messaging

## Priorities for discussion

- 1 Develop multi-payer claims database
- 2 Enable submission and aggregation of standardized clinical data
- 3 Expand event notifications

## Healthcare system capabilities

# Topics for inclusion in HIT roadmap (2/2)

DRAFT

| Topic                                    | HIT roadmap elements   | Priorities for discussion   |
|--|--|---|
| <b>Patient and consumer engagement</b>   | <ul style="list-style-type: none"> <li>▪ Public tools created or linked from other sources to increase <b>health literacy</b></li> <li>▪ <b>Consumer transparency</b> into both cost and quality information</li> <li>▪ Equity and access for <b>telehealth</b></li> <li>▪ Patient <b>access to health records</b></li> </ul>            | <p><b>4</b> Connect consumers to health literacy information</p>  |
| <b>Research, evaluation and planning</b> | <ul style="list-style-type: none"> <li>▪ Datasets used to support <b>SIM population health dashboard</b></li> <li>▪ Datasets and tools for analyses on the <b>progress of DE healthcare system</b> against innovation goals</li> <li>▪ Datasets used to support community-level health goals for <b>Healthy Neighborhoods</b></li> </ul> | <p><b>5</b> Enable access to claims information from multi-payer database [discussed as part of #1]</p> |

# 1 Multi-payer claims database

## Sample use cases

- **Inform public health planning:**
  - Utilization, costs, and disparities in treatment
  - Rate of preventive care and impact on health outcomes
- Provide **resources for Healthy Neighborhoods:**
  - Identification of priorities
  - Planning of initiatives
  - Evaluation of progress
- **Enable PHM analytics:**
  - Average cost of a particular population
  - “Hotspotting” of opportunities to improve care and address cost

## Proposed actions

- Collect claims data from payers (initially Medicaid, State Employee, Medicare FFS) on a regular basis
- Perform analyses on data for public health research
- Produce aggregated public use files for use by providers, researchers, and other groups
- Potential for production of analytics on healthcare costs by a third party

## 2 Submission and aggregation of standardized clinical data

### Sample use cases

- Providers across settings can **reference data generated elsewhere** for more efficient and safe care:
  - Primary care provider can view procedures from a hospitalization
  - Specialist verifies a patient's medication allergies
- Improved **coordination among members of a patient's care team**:
  - Skilled nursing and home health have access to a patient's care plan
  - Hospitalist has access to a patient's advance directives

### Proposed actions

- Increase number of ambulatory providers submitting standardized clinical data files (e.g., continuity of care documents (CCDs)) to a common repository
- Enable conversion of data from long-term and post-acute care facilities' format to commonly readable one (e.g., CCD)
- Possibility to centrally store care plans and advance directives

### 3 Expansion of event notifications within primary care and across care continuum

#### Sample use cases

- **Care coordination** for patients:
  - Practice automatically alerted to schedule follow-up with patient after hospitalization
  - Practice knows that a patient has been moved from inpatient care to home health and can update patient's plan of care
- **Population health management:**
  - ACO knows how long a patient spent in skilled nursing facility following a hospitalization
  - ACO can execute a structured care flow for a particular patient segment following hospitalization

#### Proposed actions

- Increase number of enrolled providers in existing event notification system through automated creation of a list of patients
- Enable generation of alerts from long term and post-acute care (LTPAC) facilities to primary care providers, including:
  - When a patient is moved from the hospital to skilled nursing
  - When a patient is moved from skilled nursing to home health

# 4 Consumer health literacy information

## Health literacy topics to address

- **Basic understanding of healthcare concepts and terms:**
  - Targeted at the newly insured and those new to concepts
  - Possible features include DE-specific videos, links to external resources such as Kaiser Foundation
  - Address questions such as “what is a deductible?”, “how do I find out whether a procedure is covered by my insurance?”
- **Directory of health services and providers:**
  - Targeted at the newly insured and those who have recently moved to DE
  - Possible features include directory of providers, map of DE hospitals
  - Address questions such as “how do I get a PCP?”, “where is the closest hospital to my home?”

## Possible locations for information:

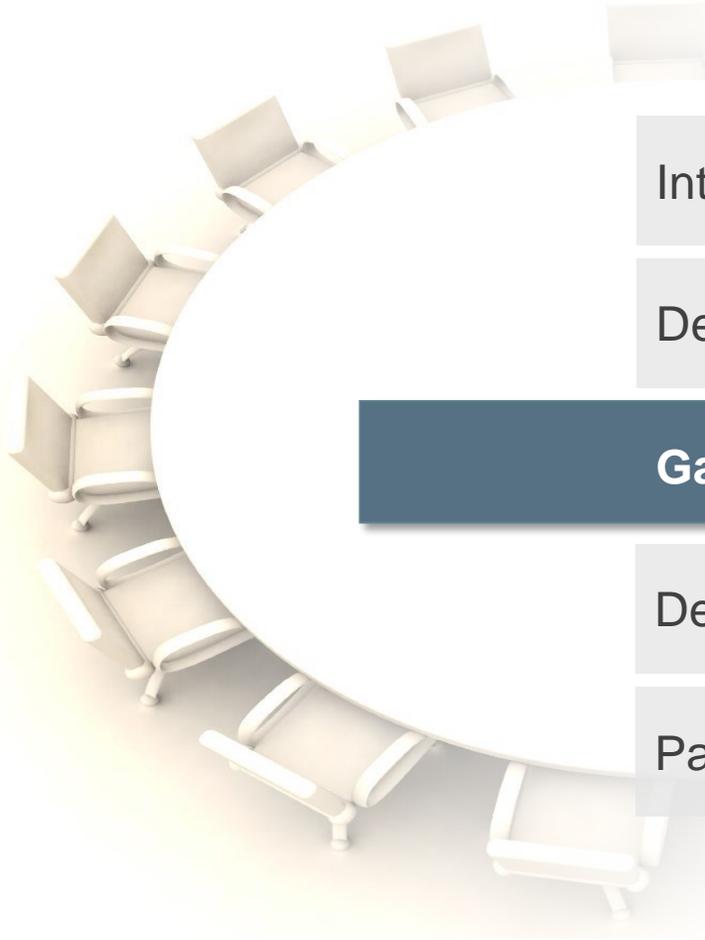


# Q&A for health IT roadmap

## For consideration

- What questions do you have about the healthcare IT gaps and proposed actions described?
- Which is likely to be the most important during the next 1-2 years of our healthcare transformation work?
- What are the most important healthcare IT priorities from the patient's perspective?
- Is there anything missing?

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**Gallery walk: Committee updates**

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# Format for “gallery walk”

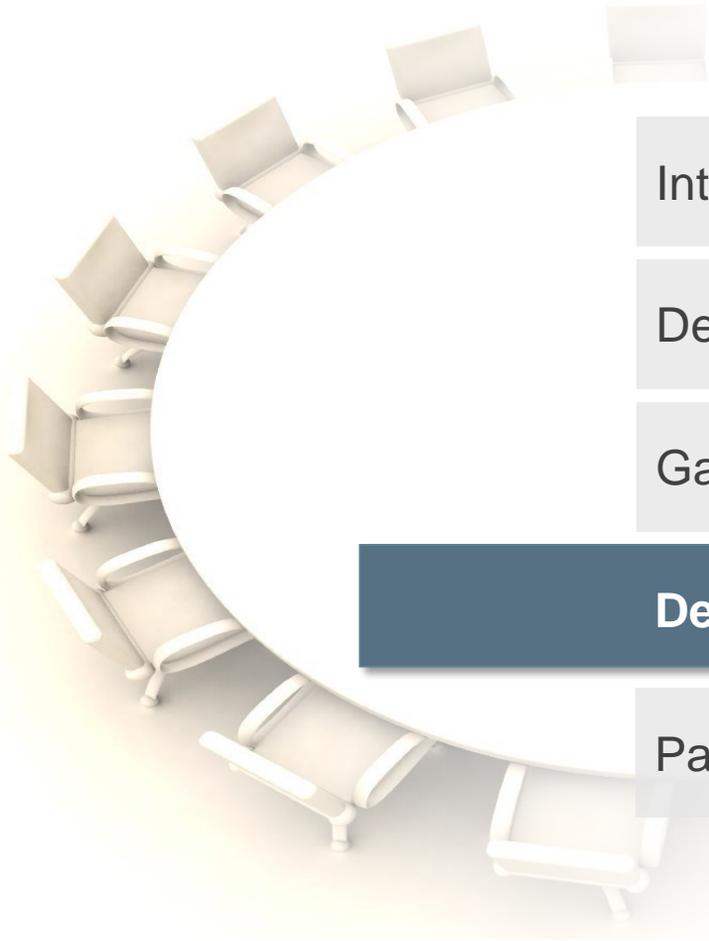
## Purpose

- Update you on the work of each committee and the TAG
- Get your feedback on the important elements of our strategy

## Instructions

- There are 6 stations around the room, each marked with a different color
- The color of the paper your agenda page is printed on determines where you will start for the gallery walk
- At each station, there will be a few minutes of presentation from committee members
- When you hear the bell, please rotate clockwise around the room

# Agenda for today



Introductions & progress updates

Deep dive on Health IT roadmap

Gallery walk (break included)

**Deep dive on behavioral health integration**

Path forward

# A reminder of the case for behavioral health integration in Delaware

- There are a **significant number of individuals** with behavioral health needs and significant **overlap** of needs for individuals with multiple **behavioral and chronic physical** conditions
- **Better integration of behavioral health and primary care** will be required to serve these needs in Delaware
- **There are several successful integration models** that have been implemented within Delaware and across the country, but **few have been rolled out at scale**
- **There are a number of barriers limiting integration in Delaware today :**
  - Fee-for-service environment
  - Insufficient supply of BH clinicians<sup>1</sup>
  - Limited information sharing
  - Training needs
  - Funding

<sup>1</sup> Sussex county has the least favorable ratio of persons to psychiatrists across the state (Mental Health Professionals in Delaware; Toth, 2014)

# Examples of possible behavioral health integration models

## Remote collaboration

## Co-location

## Integration of behavioral health care into primary care

## Integration of primary care into behavioral health care

### Washington

- Stepped-care treatment plan where PCP is the center of services and care coordinators are used for integration

### Michigan

- Onsite medical care provided by a nurse practitioner who rotates through CMHCs

### Missouri

- Pairing of FQHCs and CMHCs to form Health Home providers that provide integrated services



- Originally a community mental health agency before integrating care and becoming an FQHC

## Case examples

## Out-come

- Clinical improvements for 49% of severe depression and 36% of severe anxiety patients

- Continuous decrease in community hospital admissions

- Improvements in care and quality of life along with cost savings to the system

- 20% increase in primary care visits, 68% decrease in ER visits, 22% decrease in costs

# Delaware's vision for Behavioral health integration

## Vision statement

**Improve patient outcomes and experience by providing all patients with the level of integrated care they require in the least restrictive manner – and also to create a system that enables providers to practice at the top of their license**

## Elements of vision

- Patients are able to access holistic coordinated care through multiple entry points
- Holistic care includes interventions for health behaviors, mental illness and substance abuse
- Clinician-to-clinician support enables access to care
- Care is delivered on an integrated continuum that meets all levels of behavioral health needs

# Current perspective on ideal model for Behavioral health integration in DE

- **Primary care clinicians and behavioral health clinicians practice together when possible** (e.g., co-location, contractual agreements or integration)
- **Patients with behavioral health needs have access to follow-up care** or intensive treatment in the **least restrictive environment** (e.g., telemedicine, front-line treatment by PCP)
- **Core medical record information is electronically available** to both primary care and behavioral health clinicians (optimally through a common Medical record)
- **Responsibility for quality metrics, goals and incentive payments are shared** by primary care and behavioral health clinicians

**Must consider how to implement this model for geographical regions with limited access to services and varying patient demographics**

# Potential components for achieving the optimal model of integration

## Workforce

- What skills and competencies will be required for clinicians to work in an integrated model?
- How should training be made available?

## Access

- To what extent is scalable low-cost telemedicine available?
- How many practices will need these capabilities?
- Are there existing centralized behavioral health services that would be useful in regions with workforce limitations?

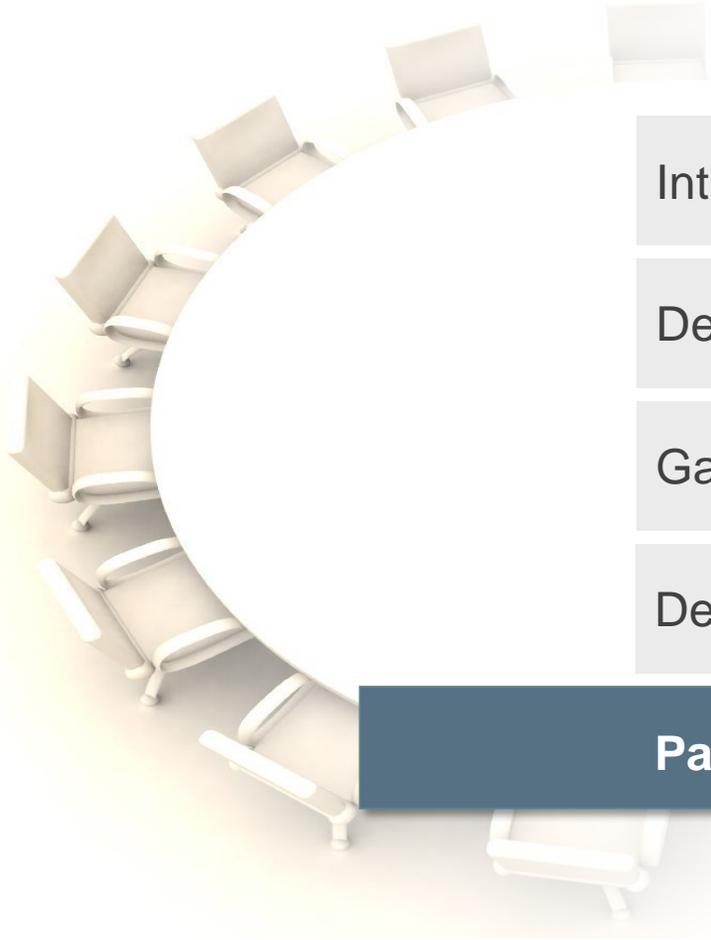
## Information sharing

- What kind of core medical information should be shared between clinicians?
- How can information sharing be enabled?

## Funding

- What types of services and clinicians should be reimbursed by all payers to facilitate adoption of this model (e.g., SBIRT codes, integrated BH codes, telemedicine-enabled care, LCSW, PCPs)

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Gallery walk (break included)

Deep dive on behavioral health integration

**Path forward**

# Next steps



Please share any feedback and input you were not able to raise today with the DCHI Board and staff ([info@dehealthinnovation.org](mailto:info@dehealthinnovation.org))



Next cross-committee meeting: *Thursday, March 24<sup>th</sup>* (to be confirmed)