Delaware Center for Health Innovation

Cross-Committee meeting

November 1, 2016


WELCOME

November 1 Cross Committee agenda

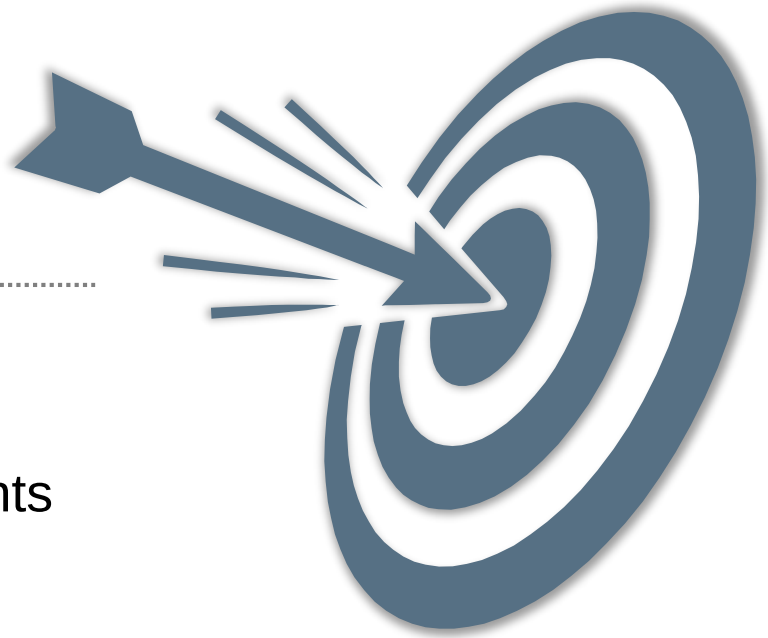
Time	Topic
1:00 – 1:20pm	Introduction
1:20 – 2:20pm	Payment and ACO update
2:20 – 2:50pm	Deep dives on 1) Healthy Neighborhoods and 2) Workforce and Practice Transformation
2:50 – 3:00pm	*Break and transition to breakouts*
3:00 – 3:40pm	Breakouts
3:40 – 4:00pm	Debrief and wrap-up

Goals for today

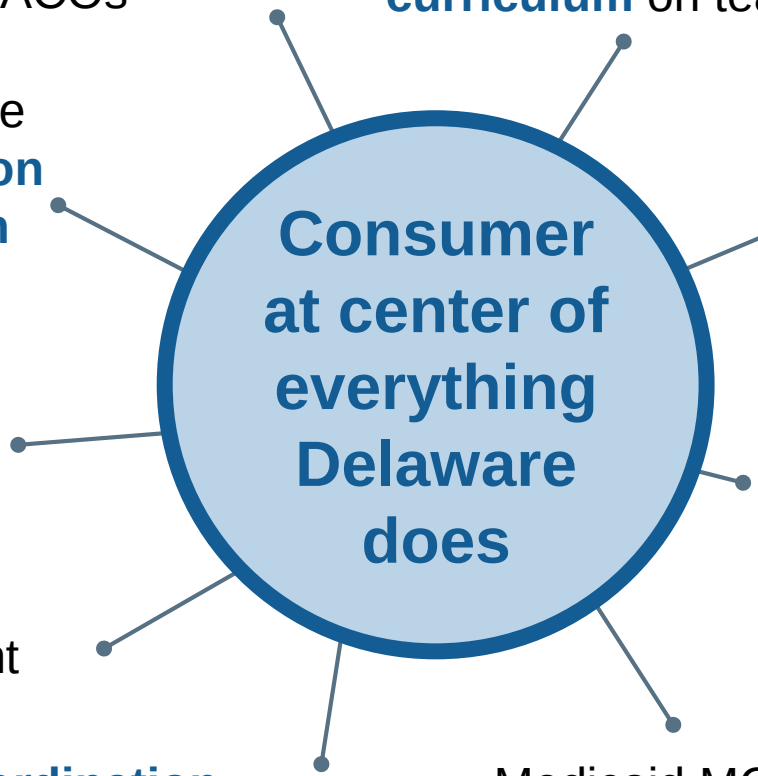
Review progress on accomplishments

Share “on the ground” experience with payment and ACO adoption

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



Reminder: 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

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

We have made progress since our last Cross Committee meeting

During the May Cross Committee, we…

- Shared updates on enrollment in value based payment models
- Discussed value of HCCD and shared potential use cases
- Shared rationale for community leaders to participate in HN
- Communicated our vision for Behavioral Health Integration
- Shared output from workforce consensus paper

A lot has happened since then…

- Payors actively contracting to drive value based payment enrollment
- HCCD approved; use cases prioritized and now in development
- Common Scorecard v2.0 launched Statewide with new functionality
- Behavioral Health Integration program in development
- BH EMR incentive program launched
- Additional DCHI permanent staff hired

DCHI 2016 by the numbers: taking stock of where we are

- ~35% of PCPs enrolled in Practice Transformation support
- 30% of population attributed to PCPs or health systems engaged in value based payment models
- Commercial and Medicaid quality metrics are 75-100% aligned to the Common Scorecard
- Common Scorecard available to PCPs Statewide
- $500K in EMR support available to behavioral health practices in 2016

We have faced certain opportunities and complications

- Proliferation of ACOs and clinically integrated networks
- Continued dis-engagement and change overload among many health care professionals
- Transition costs and business risks of transformation
- New federal regulations supporting value-based payment
- New State administration, to continue to face fiscal pressure from healthcare
- Tapering of federal SIM grant support demanding alternate funding and resourcing of major projects

Insights on the path forward have emerged from DCHI's strategic planning process

1. DCHI has created an important **forum for multi-stakeholder discussion** and more in-depth analysis of issues than commonly found in public/private venues

2. DCHI's portfolio largely **addresses the highest priority issues**, although our approach in some cases **needs to evolve** with changes in the market landscape

3. DCHI needs to **more systematically communicate** about its work and its connections with stakeholders' strategic, operational, and individual decisions

4. In most cases, DCHI will **need the skills and capacity to shepherd initiatives through implementation/launch** but should look to other organizations for ongoing operations

5. DCHI should more **proactively identify where policy solutions are necessary to support innovation** and work with policymakers to ensure those solutions are sensible

DCHI communications survey

At some point, please complete the quick survey on your seat to inform the DCHI communications strategy currently under development, and drop it in the box at the back of the room

Before we get started…

What is the most innovative care delivery transformation experience you have observed – in your practice/organization or someone else's – in the last six months?

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Payer update

Format

- Presenters from two Delaware ACOs:
  - Darrin Johnson – UnitedHealthcare
  - Kevin O'Hara – Highmark
- Each will present for 10 minutes
- Presentations to be followed by 10 min Q&A

Topics

- Brief overview of models
- Current and planned penetration of models across the primary care landscape
- Any early feedback from practices on readiness and eagerness to participate
- Plan to evolve models over time (e.g., from upside to downside)

ACO update

Format

- Presenters from two Delaware ACOs:
  - Tyler Blanchard and Travis Broome – Aledade Health
  - Alan Greenglass – Christiana Care
- Each will present for 10 minutes
- Presentations to be followed by 10 min Q&A

Topics

- Brief overview of the ACO (goals, partners, infrastructure you are building)
- Examples of success (e.g., how is care delivery already changing)
- Example challenges
- Path forward

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Format for today's deep dives and breakout discussions

Questions for discussion

- What **refinements** should **Healthy Neighborhoods** make in response to emerging challenges?
- How can **Workforce** and **Practice Transformation** better integrate and coordinate?

Approach

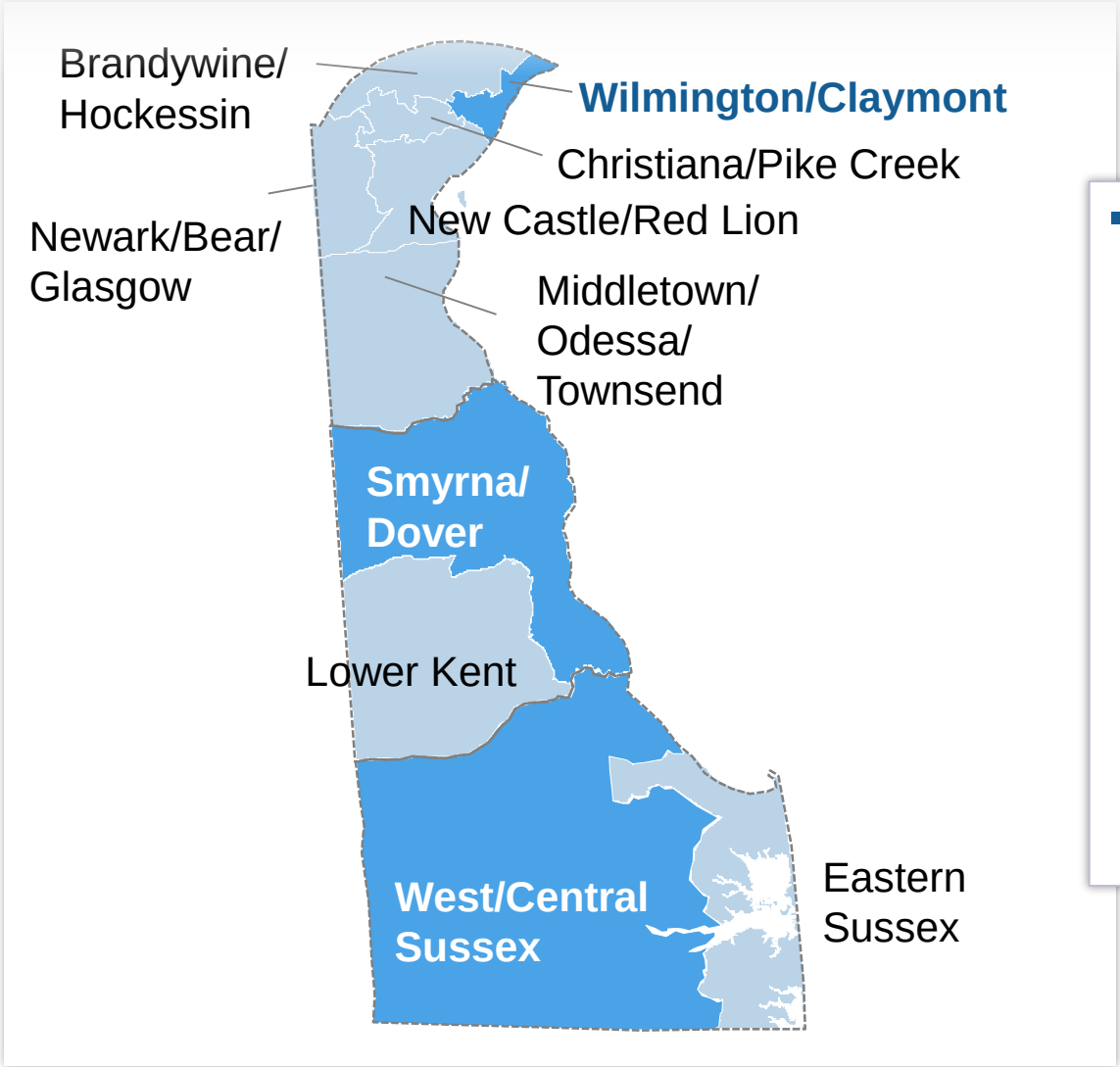
- Committee members will **present deep dives** to share foundational knowledge relevant to breakouts (10 min each)
- We will breakout into two groups, each of which will discuss one of the cross-cutting questions above (40 minute discussion)

Reminder: case for Healthy Neighborhoods

- **Design and implement locally-tailored solutions** to address some of the most pressing health needs and underlying social determinants for Delawareans
- **Bring organizations together** to collaborate across sectors and areas of focus
- **Integrate health systems with community organizations** to develop and execute a common solution
- **Dedicate full-time staff** to work with each community
- Provide communities with **shared access to resources and new opportunities for partnerships**
- Support **organized efforts for Healthy Neighborhoods to seek and maintain funding**

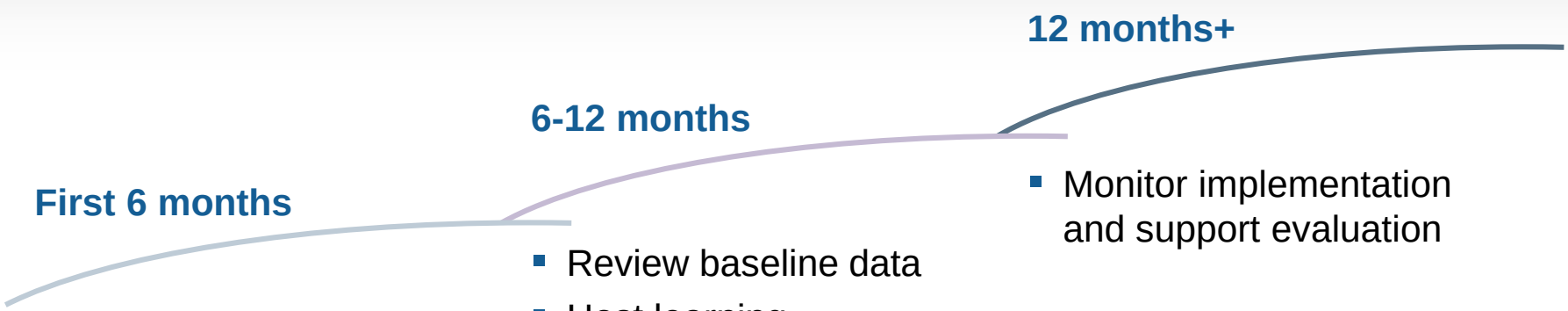
First 3 Healthy Neighborhoods planned for 2016

Proposed 2016 rollout Planned 2017-18 rollout



- Each Neighborhood will design and implement locally tailored solutions to address four thematic areas:
  - Healthy lifestyles
  - Maternal and child health
  - Mental health and addiction
  - Chronic disease prevention and management

Each Neighborhood will progress through 3 implementation horizons



First 6 months

- Prioritize HN thematic focus
- Develop strategic plan for community
- Create Community action plan

6-12 months

- Review baseline data
- Host learning collaboratives to share best practices across Healthy Neighborhoods

12 months+

- Monitor implementation and support evaluation

As of end of 2016:

- 3 communities initiated (Wilmington launched, Dover landscape mapped)
- Staffing structure/roles defined, project director hired
- Data sets identified
- Community readiness inventory launched
- Community Data/Resource Guide launched

Lessons learned from Sussex Healthy Neighborhood

To enable success, Healthy Neighborhoods must have…

A guiding philosophy and approach

- Use multi-tiered approach to address social issues
- Take a patient approach to building community relationships
- Build trust with stakeholders
- Must demonstrate real outcomes or changes
- Temper expectations about what can happen in a community setting
- Best plans cannot overcome inequity and poverty

Certain structural elements

- Designated paid leadership needed to support the work
- Funding needed to support expanded, enhanced or targeted strategies
- Local Council must be community-driven

Key elements of execution

- Community must have a plan
- Community must be part of each level of work
- Clinical integration is important
- Data and measurement is key

Emerging questions and potential evolution

Emerging question	Potential evolution
1 How can we navigate the **complex needs and requests** of the community as a whole?	▪ Build on existing initiatives in the community construct where resources exist even if on a minor scale
2 Where will **resources** come from to set up the work streams and maintain ongoing work within the community setting?	▪ Alignment of funding streams and work streams from multiple systems through a healthy neighborhood model; must be more than grant driven
3 What if the community identifies **issues outside the specified area** that HN operates ?	▪ HN needs to stay its course on its mission and where it can create impact through convergence pursue both in unison
4 How can we ensure HN is **relevant and connected** within the clinical community transformation?	▪ Ensure there is a system in place that engages the Clinical Community within the process; example: CHNA Cohort Work

These issues will be further discussed in the HN breakout

Health Care Workforce Learning & Re-Learning Curriculum

DCHI Workforce and Education Committee contracted with the University of Delaware, College of Health Sciences and Health Team Works to develop a training curriculum

Capabilities/ competencies from the RFP were mapped into 6 modules

1. Performance management
2. Team-based care-coordination
3. Population health management and IT enablement
4. Interprofessional practice
5. Patient engagement
6. Business process improvement

Curriculum structure consists of 3 elements

Virtual pre-work session

- Module structure and content intro

In-person Session

- Intensive live training consisting of a live simulation illustrating the "why" for a topic using Healthcare Theater actors and
- Skills-based training delivered by local and national experts

Action group webinar series

- Follow up deep dive into each practice's chosen area; includes pre and post work

Intended Audience

- All healthcare providers/practices in the state
- Special but not exclusive focus on primary care practices
- Practice teams (PCP, office manager, MA) will be encouraged to attend together
- Primary care practices will also be encouraged to attend with their practice partners – behavioral health provider, physical therapy, etc.
- Additional workshops will target patients, families, and students in addition to providers

Details of Practice Transformation

What is it?

- Practice Transformation is a clinical/operational change program designed to help practices care for their entire panel of patients

How does it work?

- Practice Transformation "vendors"/experts who have worked with providers to improve their practices work with practices to customize and implement plans designed specifically for practices

What support is provided?

- Vendors work directly with practices to:
  - Assess practices' baseline
  - Customize plans that meet the needs of practices
  - Adopt and implement new practice models to meet program goals

Practice Transformation helps PCPs through 9 milestones

6 months

1. Identify highest risk panel
2. Provide same-day appointments and/or after-hours access
3. Implement a process for following up after hospital discharge

12 months

4. Supply voice-to-voice coverage to panel members 24/7
5. Document plan for launching a multi-disciplinary care team for highest risk patients
6. Document plan to reduce emergency room overutilization

18 months

7. Implement a process for contacting patients who did not receive appropriate preventive care

24 months

8. Implement multi-disciplinary team for highest risk patients
9. Document a plan for patients with behavioral health needs

Practice Transformation: where we are today

Progress to date

- Practice Transformation vendors have been **operating for ~7 mos.**
- **99 practice sites are enrolled**[1], majority ACO-affiliated
- Feedback has been generally positive from practices and vendors

Path forward

- Practices currently enrolled will receive **24 months of support**
- Vendors permitted to enroll a **limited number of additional practices** (40 total) before January 31, 2017
- HCC will **open at least one more enrollment window** in early 2017
- Future enrollees will receive **12-18 months** of support

Emerging challeng-es

- Vendors have expressed difficulty in enrolling more practices
- Some practices want vendor support for additional activities
- Practices would like better integration between PT and other programs (e.g., Workforce Curriculum)

1 ~360 providers as of July 2016 vendor reports

There may be opportunities to increase impact by integrating PT support with the Workforce curriculum

Example option	Description
Distinct participants targeted	▪ Practice Transformation (PT) and Workforce curriculum (WFC) directed to separate groups ▪ Some providers may only need operational assistance (from PT) while others may need to build skills/capabilities
Workforce curriculum as reference	▪ WFC made available as an on-demand resource to all PT participants
Programs sequenced	▪ WFC designed as pre- or post-work for practices Participating in PT ▪ Sequence programs to be additive; e.g., practices may benefit from WFC theory/skill-building in advance of PT
Programs integrated with distinct focus areas	▪ Practices participate in both PT and WFC simultaneously ▪ PT focuses on e.g., structured workflows, while WFC focused on skills/capabilities

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Format for breakout discussions

Purpose

To enable cross-committee dialogue on areas of intersection for DCHI's programs

Instructions

- **Group 1:** Healthy Neighborhoods – stay here
- **Group 2:** Workforce and Practice Transformation – far side of the room
- 40 min discussion
- When we re-convene at 3:40, facilitators will share takeaways

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Breakout: Healthy Neighborhoods

Objective

- To consider and discuss issues that cut across Healthy Neighborhoods, build upon learnings to date, and continue to engage stakeholders within local neighborhoods
- We have 45 minutes for discussion; when we return to the plenary, your facilitator will share takeaways with the larger group

Questions for discussion

1. How can we ensure HN is **relevant and connected** within clinical community transformation?
2. How can we navigate the **complex needs and requests** of the community?
3. Where can **resources** come from to set up and maintain ongoing work?
4. What if the community identifies **issues outside the HN focus area?**

- For each area, how can HN refine its approach to issues of **organization, communication, and engagement?**

Breakout: Healthy Neighborhoods – clinical relevance

Question

- How can we ensure HN is **relevant and connected** within the clinical community transformation?
  - **Organization:** how can HN organize Local Councils to include relevant clinical stakeholders?
  - **Communication:** how can HN align with clinical stakeholders to design programs around mutual needs and transformation priorities?

Sample ideas

- Ensure there is a system in place that engages the Clinical Community within the process; example: CHNA Cohort Work
- Develop concrete ways to seek input on emerging needs of the clinical community (e.g., access to community based services)
- Others?

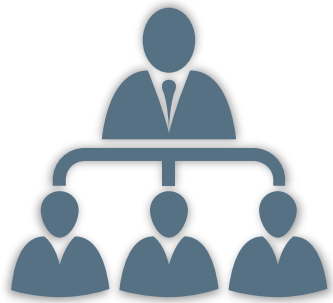
Breakout: Healthy Neighborhoods – community needs

Question

- How can we navigate the **complex needs and requests** of the community?
  - **Engagement:** how can we engage the community to better identify, prioritize, and understand needs?
  - **Communication:** how can we better gather input from the community around their priority programming needs, and communicate our capacity constraints?

Sample ideas

- Build upon existing resources and capacity within the community
- Leverage existing channels for interactions, and forums with local organizations' constituents
- Others?



Breakout: Healthy Neighborhoods – resources

Question

- How can we identify and align **resources** to establish HN and support sustainability?
  - **Organization:** how can we create relationships between Councils and major funding sources?
  - **Engagement:** how can HN engage with relevant partners in the State to ensure ongoing funding streams?
  - **Communication:** how can we build capacity for Councils to promote successes?

Sample ideas

- Align funding streams and work streams from multiple systems through a healthy neighborhood model; must be more than grant driven
- Create increased capacity of HN Councils to strategically engage varied levels of partners that include sustainable funding streams
- Foster and support dedicated evaluation processes in outcome measurement of community strategies
- Build on existing initiatives in the community construct where resources exist
- Others?

Breakout: Healthy Neighborhoods – issues outside HN focus

Question

- What if the community identifies **issues outside the specified area** that HN operates?
  - **Communication:** how can HN communicate with the community on defined focus areas for HN and on capacity constraints?
  - **Engagement:** how can HN facilitate engagement with other local organizations to encourage them to meet community needs outside HN scope?

Sample ideas

- Stay the course on HN mission; where HN can create impact through convergence, pursue both in unison
- Regularly reiterate HN scope and mission via multiple channels including DCHI newsletter, Cross Committee meetings, social media etc.
- Others?

Breakout: Workforce and Practice Transformation

Objective

- To consider and discuss issues that cut across Workforce and Practice Transformation
- We have 45 minutes for discussion; when we return to the plenary, your facilitator will share takeaways with the larger group

Questions for discussion

- How can Workforce and Practice Transformation better integrate and coordinate in the areas of:

1. Objectives, content, and timing?
2. Driving enrollment?

Breakout: Workforce and Practice Transformation – objectives and timing

Background information

- For PCPs in VBP programs, workforce curriculum designed to build knowledge/ capabilities; PT designed to assist in implementing clinical/operational changes
- PT practices receive 12 – 24 months support, depending on enroll date
- WF consists of 6 modules over 2 years; scheduled to launch first module Nov 2016
- No formal linkage exists between the two programs

Questions for discussion

- How can we better coordinate **objectives, content, and timing** of WF and PT?
  - How can we ensure content is additive and not redundant?
  - How can we make support more relevant (given recent changes, e.g., MACRA)?
  - How should PT and WF be timed (e.g., sequentially vs. simultaneously)?
  - What learning formats will enable integration (e.g., learning collaboratives, others)?

Breakout: Workforce and Practice Transformation – driving enrollment

Background information

- PT vendors' outreach efforts to enroll new practices has had limited success
- WF will offer CME credits to participating providers
- Providers have expressed some concern about the administrative burden of participation

Questions for discussion

- How can we work together to **drive enrollment** in the two programs?
  - How can we make the program more appealing to practices/ incentivize practices?
  - How can we encourage vendors to enroll more practices?
  - How can we encourage enrollment beyond ACO affiliated practices?

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Format for sharing from breakout discussions

Purpose

- Share findings from the breakout groups
- Hear group reactions and discuss path forward

Each group's facilitator to share

- Takeaways
- Outstanding questions
- Next steps

Next steps

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

Next cross-committee meeting date to be confirmed