



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

Award Title	Delaware:Test R2	Round	2
Organization Name	Delaware	Grants Management Specialist	Gabriel Nah
Type	Test	Project Officer	Jessica Roach
Total Funding Amount	\$35,000,000.00		
Description	Delaware will: (1) support ten community-based population health programs (Health Communities); (2) develop an IT infrastructure to support a cross-payer scorecard of core measures available to providers with related tools for patient engagement and price and quality transparency; and (3) engage payers in the development of a pay-for-value model and a total-cost-of-care model for providers (including independent PCPs), with the goal of attributing all Delawareans to a primary care provider during the performance period. In addition, the state will offer technical assistance to providers focusing on models of integrated, team-based care and transition to value-based payment models. Delaware will implement workforce development strategies to build competencies and address the current workforce and will also develop educational programs to address the needs of model participants.		

Progress Report

Progress Report	Q1 - 2016 Progress Report	Award Title	Delaware:Test R2
Report Quarter	Q1	Date Submitted	5/31/2016
Report Year	2016	Approval Status	Approved

Date Approved

6/20/2016

Last Modified By

Jessica Roach

WBS Not Applicable



Executive Summary

Success Story or Best Practice

In Q1 2016, Delaware has accelerated the Healthy Neighborhood engagement strategy in preparation for the launch of the first Healthy Neighborhood Community. This was best highlighted in the planning and execution of the April 20 Healthy Neighborhoods Committee meeting where Committee members performed a "mock" Council meeting to test the approach and materials to be used in the initial set of Council meetings.

To prepare, the Delaware Center for Health Innovation (DCHI) led the development of a comprehensive set of resources to help Neighborhoods understand, interpret, and prioritize health interventions in their Community. These resources were developed in close collaboration with the Division of Public Health and the Division of Substance Abuse and Mental Health. It was beneficial to work hand-in-hand with the Division of Public Health (DPH) to characterize the current status of health in neighborhoods and begin to prioritize areas of need; members of DPH were even part of the presentation during the "mock" Council meeting. This close partnership will help keep activities coordinated in the future and we are excited to continue working together.

The "mock" Council meeting specifically tested the process of developing a common Neighborhood Council vision and decision making guides to support the Council in prioritizing the Neighborhood's area of focus. The Committee provided feedback on the approach to the first Council meeting and refinements on the process and materials for decision making. The feedback received has been incorporated into the Healthy Neighborhoods program materials and processes to support initial Council discussions and we look forward to the "live" run in the upcoming weeks.

Challenges Encountered & Plan to Address

There were challenges encountered during the first quarter related to the Common Scorecard. The Health Care Commission (HCC) has partnered with the Delaware Health Information Network (DHIN) to develop the technical infrastructure needed in order to operationalize the scorecard. DHIN contracted with IMAT Solutions to produce Version 1 of the scorecard in Year 1. As a result of challenges encountered in producing Version 1, changes to the contract between DHIN and IMAT were necessary to ensure that there are strong vendor management practices in place, including specific deliverables with intermediate milestones. We have also increased engagement by HCC and DHIN leadership.

Additional challenges occurred in receiving accurate files from the payers. One of the new functionalities of the scorecard that was to come online during Year 1 was patient attribution. This was delayed due to problems with payer files. The HCC and DHIN teams worked together to troubleshoot technical issues with the files and maintain communication with the payers in order to resolve the issues.

To mitigate both of these challenges, we have put in place escalation pathways and engaged additional organizational contacts to identify and resolve issues and support progress.

The contracts resulting from the HCC's Workforce RFP were scheduled to be finalized in early April, but have yet to be awarded due to a longer than anticipated contract negotiations process. This delay may impact the Committee's ability to meet its previously stated goal of finalizing the health care workforce learning and re-learning curriculum in Q4. The HCC and Workforce and Education Committee will proactively work with the selected vendor to ensure the curriculum reflects the desired information and is finalized as soon as possible.

Governance

During the first quarter, the Delaware Center for Health Innovation added three new members to its Board of Directors.

Dr. Julia Pillsbury is the Founder and President of the Center for Pediatric & Adolescent Medicine in Dover. Dr. Pillsbury has over 30 years of experience practicing pediatric medicine and is also Clinical Assistant Professor at Drexel University College of Nursing and Health Professionals and Clinical Associate Professor at Philadelphia College of Osteopathic Medicine.

Debra Datta is the VP of Network Strategy and Innovation with UnitedHealthcare. Ms. Datta has over 20 years of health care industry expertise in strategic planning, payer relations, network development, delivery system innovation, provider relations, provider operations, and consultative support. She has developed a national portfolio of value-based contracting models spanning all Medicaid products and reimbursement structures and implemented value-based contracting partnerships with more than 800 healthcare entities, including 200 ACOs.

Timothy Constantine is the EVP of Commercial Markets for Highmark Inc. In this role, he oversees Highmark's national, DE, PA, and WV markets. Mr. Constantine has served as President of Highmark Blue Cross Blue Shield DE and Blue Cross Blue Shield of DE since 2001. He joined Blue Cross Blue Shield of DE in 1998 as VP of Network and Medical Management.

These additions to the DCHI board will bring needed perspectives from sectors that had recently not been represented on the board.

The DCHI Board also elected a new Secretary, as this position was vacated with the departure of Bettina Riveros from the Board in December. Lolita Lopez, President and CEO of Westside Family Healthcare and Co-Chair of the DCHI Healthy Neighborhoods Committee was elected to the Secretary position.

The DCHI also received formal approval of its application as a 501(c)(3) non-profit entity, which will allow for consideration of a wider range of funding opportunities

Stakeholder Engagement

Throughout the first quarter, stakeholder engagement remained high, with monthly meetings of each DCHI committee and the board, as well as monthly updates to the broader public through the Health Care Commission meetings.

With the announcement of CMMI's new Comprehensive Primary Care Plus initiative, DCHI and HCC took a leadership role to convene interested parties and major payers in the state to determine whether this opportunity would be of interest to Delaware.

Another opportunity to engage a broader range of stakeholders was in the investigation of the potential application of an all payers claims database in Delaware. A working group of the DCHI Payment Model Monitoring Committee was established and included individuals not previously engaged with HCC or DCHI. The input from this broader group of stakeholders, as well as individual outreach conducted throughout, led to a thorough and inclusive paper that was brought to the DCHI Board in May.

Population Health

The Healthy Neighborhoods Committee worked throughout Q1 to develop the infrastructure and materials needed to launch the first wave of Neighborhoods – three of ten are planned for launch in Year 2. In conjunction with the SIM team, the committee developed materials for potential council members and initiated conversations with the selected Wave 1 Neighborhoods. Materials included a PowerPoint presentation tailored to each audience that explained the following areas: vision for DCHI and Healthy Neighborhoods, case for participation in a local Council, request for their support, and resources for further information.

A smaller sub-group was formed to determine which of the three Wave 1 Neighborhoods would be launched first. Through stakeholder feedback and direct outreach to various organizations located throughout the state, the group prioritized West/Central Sussex, which is a rural area of Sussex County in the southern part of the state, due to its existing partnerships and coalition infrastructure.

The SIM team also began developing a resource package for councils and collaborated with other agencies—including the Division of Public Health and the Division of Substance Abuse and Mental Health—to gather and display indicators of health that the individual Neighborhoods can use to assess the needs in their area. The resource package is intended to be a guide as Councils go through their first meetings. It includes suggested timelines, draft agendas and meeting materials, a summary of existing data on health and social determinant indicators and available programs and resources in the Neighborhood, supporting tools such as a charter and prioritization frameworks as well as profiles of local experts who have agreed to be resources to Councils as they plan and launch their programs.

Health Care Delivery Transformation

At the end of Year 1, HCC contracted with four vendors to provide practice transformation support to primary care practices throughout the state. Enrollment of PCP sites began in Q1 of 2016, with a steady pace of increase in enrollments: a total of 45 practices were enrolled in February, 73 in March, and 87 in April. These sites include over 300 physicians, nurse practitioners, and physician assistants. HCC has bi-weekly calls with each of the vendors to share information, learn about progress, identify best practices, and troubleshoot issues encountered. HCC receives monthly enrollment and activity reporting from all vendors.

As Delaware's payers develop their alternative payment models, they have indicated their intent to deploy additional resources to practice sites to support the transition to APMs. HCC, DCHI and two of the payers have engaged in conversations aimed at understanding the role of each of these supports and coordinating communications to practices. We have also shared information and enrollment data with the TCPI grantee to ensure coordination and reduce duplication of effort.

DCHI's Clinical Committee also began to develop an implementation plan for behavioral health integration during Q1. The committee formed a small sub-group of interested stakeholders and committee members. The working group interviewed approximately 20 stakeholders throughout the care delivery system and developed an emerging perspective on how to test feasibility and scalability of BHI in Delaware. It is anticipated that a pilot of integration models will be launched in Q2.

Payment and Service Delivery Models

The Payment Model Monitoring Committee spent a significant amount of time focused on developing a perspective on increasing access to claims data to support health innovation. The committee formed a working group, conducted extensive research utilizing resources from the APCD council and other states with APCDs, and performed an analysis of the landscape in Delaware. This research was compiled into a white paper and was shared broadly with stakeholders for feedback.

The Payment Committee also completed work on its consensus paper titled "Outcomes Based Payment for Population Health Management". This paper, approved at February's DCHI board meeting, outlines a vision for outcomes-based payment for population health management, principles for payment model design and implementation, and strategies to promote availability and adoption of outcomes-based payment models in accordance with these principles.

HCC and DCHI leadership also formalized bi-weekly check-in calls with two payers in Delaware to share updates on the roll out of outcomes-based programs. One of the payers presented their plans for outcomes-based payment to the Payment Committee in March and the other payer will be presenting to the Committee in June.

Leveraging Regulatory Authority

The Governor's office continues to be highly engaged with HCC and DCHI in support of the SIM initiative. The SIM leadership team provided a briefing to Governor Markell in March and began discussions at that time about further leveraging the State Employees Benefit Plan to accelerate changes in the payment landscape. The Governor's office, through his General Counsel Meredith Tweedie, participated in the APCD workgroup of the Payment Committee and played a leadership role in the development of legislation that would enable an APCD in Delaware. DHSS Secretary Rita Landgraf made a presentation to the Joint Health Committee of the Delaware General Assembly in April. This presentation was meant to educate and update legislators on the SIM initiative and provide a preview of and rationale for supporting upcoming legislation on an APCD.

The SIM team also provided input to Delaware's Division of Medicaid and Medical Assistance (DMMA) in its response to CMS on consideration as a qualified entity in support of access to Medicare data for non-public analysis. Expanded uses of Medicare data to include non-public analyses is in line with both Delaware DMMA's priorities around cost and quality as well as the SIM program's support of increasing access to claims data to support health innovation.

Workforce Capacity

The DCHI Workforce and Education Committee closed its electronic licensing and credentialing survey in Q1, which collected responses from 44 providers and industry professionals. The Committee ultimately developed a list of key findings and recommendations on how to streamline both the licensing and credentialing processes in Delaware. The Committee also conducted targeted, follow up interviews with 9 organizations to understand in greater detail particular inefficiencies in the licensing and credentialing processes. This information has been incorporated into the Committee's white paper, which will be discussed and reviewed at the upcoming June DCHI Board meeting.

Additionally, the Health Care Commission, closed its Health Professional Consortium Facilitation Curriculum Development and Implementation RFP in Q1. The HCC is still in contract negotiations with potential vendors at this point in time. The consortium vendor will be responsible for creating a pipeline of aligned education and training requirements, while the curriculum vendor will be charged with effectively preparing the existing and emerging health care workforce to practice in Delaware's newly-transformed health care delivery system.

Health Information Technology

A major focus of Q1 was preparing for release of version 2.0 of the provider Common Scorecard. Challenges and delays related to vendor contracting are detailed in the section above. However, in spite of these challenges, work progressed to allow for a Q2 release. The SIM team worked diligently with the vendor to ensure business, operational and timeline requirements for Scorecard version 2.0 would be met. The team also worked closely with payers to obtain and validate updated data feeds for measures and attribution based on Scorecard v2.0 requirements. It further revised and updated Scorecard technical documentation including Scorecard program manual, v2.0 specifications, and v2.0 clinical measures library. Sessions continued with two payers to add data feeds (one Medicaid, one commercial) later this year. Work also began to prepare for gathering feedback from testing practices on v2.0 and launching the Scorecard statewide. This includes preparing educational materials for primary care practices and the general public about the scorecard.

Continuous Quality Improvement

The Health Care Commission finalized procurement and contracted with a vendor to lead its state evaluation. Concept Systems Inc. (CSI), in partnership with the University of Delaware's Center for Community Research and Service, will conduct the evaluation. In Q1, CSI initiated activities to establish the state-led evaluation infrastructure. Working with HCC and various stakeholders representing DCHI, CSI developed the first iteration of the evaluation logic model to determine how different resources and activities lead to the desired outcomes. This will serve as the foundation for the evaluation operational plan and measure development.

The state evaluation team has reviewed all relevant SIM documents in order to establish a base of knowledge and is integrated into the monthly cadence of committee and board meetings in order to remain connected to the overall SIM initiative.

Additional Information

In recognition of the need to engage a broader audience and increase awareness of the State Innovation Models initiative in Delaware, HCC has been working with our contracted media and public relations partner, ab+c Creative Intelligence, to develop a plan to introduce the Delaware Center for Health Innovation to the public. One of the first steps to this process was conducting market research. Ab+c conducted two focus groups in March with 19 residents of Delaware aged 23-75. The participants in the focus groups reviewed two concepts and overwhelmingly selected one as their preference. Participants also completed a questionnaire regarding their personal experience and satisfaction with Delaware's health care system. The insights gained from these participants' views and responses has been used to further refine messaging and concept development for a media and public relations campaign planned to kick off in Q2.

Metrics

Metric Name

Performance Goal

Current Value

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Confusion among providers between TCPI and SIM funding opportunities	2	Low	Low	Maintain dialogue with TCPI grantee to ensure coordinated messaging and strategy	Continue monthly touch-point calls; share enrollment information monthly to identify any duplication	Next call scheduled for June 7
Curriculum is not implemented in timely way to support change	1	Low	Low	n/a	Curriculum development vendor is currently being contracted.	Contracts should be complete by 5/31/16
Elimination of collaborative agreement disconnects APRNs from care team	1	Low	Low	Conduct education and promote awareness of the role of APRNs in care team	As curriculum and consortium vendors' contracts are completed and work begins on these two deliverables, will look to incorporate APRNs into each activity.	Contracts should be complete by 5/31/16
Inability to align on focus area	3	Medium	Low	Ensure staff support to allow for Neighborhood alignment	DCHI staff hiring is in process. The first Neighborhood is scheduled to launch in Q3 and will begin aligning on focus area at that time.	Hiring of DCHI Healthy Neighborhoods Director should be complete in Q2.

Insufficient capacity within DHIN or other agencies to lead HIT initiatives	4	Medium	Medium	Identify external/alternate vendor to lead initiatives	Monitoring capacity and project progress to determine need for additional support	n/a
Lack of funding for sustainability	4	Medium	Medium	Engage a broader set of stakeholders who will be impacted by initiative	DCHI will continue to seek funding from various sources	DCHI has secured funding to allow for hiring of up to two new staff in Q2
Lack of measurable success for pilot Neighborhood(s)	1	Low	Low	Ensure adequate staff available to provide support to pilot	DCHI is currently hiring a Healthy Neighborhoods Director	Hiring of Healthy Neighborhoods Director should be complete in Q2 Launch of pilot Neighborhood expected in Q3
Low consumer interest in engagement tools	2	Medium	Low	Increase awareness through outreach and education	Consumer engagement tools have not been launched yet	Target for consumer engagement tools to be developed in Q1 2017
Low payer participation	2	Low	Low	Active, regular conversations with payer representatives across segments	Conduct regular phone and in-person meetings with major payer stakeholders to continue engagement: Bi-weekly calls with Highmark and United teams; Quarterly leadership meetings with Highmark	United to present their APM plan to DCHI Payment committee at June meeting

Low provider participation in practice transformation services	4	Medium	Medium	Conduct additional outreach and education regarding the opportunity	Consider survey of practices enrolled to assess vendor performance/value and inform future messaging; Consider revising vendor payment structure to encourage additional enrollments	Decision on survey and any revisions to model in Q2
Low provider participation in VBP models	3	Medium	Low	Launch provider education and awareness campaigns	Await launch of VBP models in Delaware	Highmark pilot for small number of Medicaid providers launches 7/1/16 and statewide 1/1/17
Messaging does not reach target audience	2	Low	Low	Conduct focus groups to test messages and channels for delivery	Focus groups were conducted in Q1 to develop message to broader audience. Community forums being conducted in Q2 and Q3.	Community forums set to launch in June with one per month for 6 months across the state
Stakeholder participation wanes over time	2	Low	Low	Provide regular progress reports so stakeholders know the impact of their contributions	Monthly reports on progress included in SIM update at Health Care Commission meetings; Cross-committee meeting to be held 5/25	Cross Committee meeting 5/25

Stakeholders unable to deliver necessary data to produce scorecards	5	High	High	Work collaboratively with all stakeholders to ensure design is sound and supported by group	Continue engaging with weekly calls to the payers to ensure data is delivered appropriately	Weekly calls with payers to ensure scorecard release is on track
Vendors unable to deliver HIT functionality on time	3	Medium	Medium	Establish strong vendor management practices including deliverables based contracts with intermediate milestones and oversight by the state	Assess vendor performance after first scorecard release	First scorecard release scheduled for 5/25/16

WBS

Vendor	Category of Expense	Primary Driver	Total Unrestricted Funding (obligated funds)	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
Concept Systems, Inc.	Contract		\$250,000		No		Contracted state-led evaluator	\$13,949
ab+c Creative Intelligence	Contract	Driver 1	\$835,125		No		Media and public relations firm supporting patient, consumer and stakeholder engagement	\$44,935
MedAllies	Contract	Driver 3	\$1,275,000		No		Practice Transformation vendor	\$21,250
Remedy Healthcare	Contract	Driver 3	\$1,200,000		No		Practice Transformation vendor	\$28,000
Medical Society of Delaware	Contract	Driver 3	\$1,200,000		No		Practice Transformation vendor	\$27,000
New Jersey Academy of Family Physicians	Contract	Driver 3	\$1,200,000		No		Practice Transformation vendor	\$44,000
Public Consulting Group	Consultation Services	Driver 4	\$591,600		No		Consulting services supporting Workforce & Education and Patient and Consumer Advisory Committees as well as End of Life work.	\$38,400

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