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**	Katie Shannahan
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	Progress Report 1 - Award Year 3	**Award Title**	Delaware:Test R2
Report Number	1	**Award Year**	3

Approval Status	Approved	**Date Submitted**	5/30/2017
Date Approved	7/25/2017	**Last Modified By**	Katie Shannahan
Reporting Period Start Date	2/1/2017		
Reporting Period End Date	4/30/2017		
WBS Not Applicable	☐		

Executive Summary

Success Story or Best Practice

In Q1, the Health Care Commission (HCC) was made aware of the availability of a grant opportunity from the Substance Abuse and Mental Health Services Agency (SAMHSA) in support of their Promoting Integration of Primary and Behavioral Health Care (PIPBHC) program. Delaware stakeholders involved in the work of SIM immediately recognized the PIPBHC opportunity as well-aligned with the goals of SIM, especially noting the inclusion of a Behavioral Health Integration program within our plan. Board members of the Delaware Center for Health Innovation (DCHI) discussed the funding opportunity with HCC and Delaware's Division of Substance Abuse and Mental Health (DSAMH) since the eligible applicant had to be a state agency and encouraged Delaware to apply, offering support and resources to complete the proposal. HCC and DSAMH worked together collaboratively to assess the grant opportunity, identify community partners that would meet the requirements of the Funding Opportunity Announcement (FOA), and develop the content of the submission. HCC and DSAMH also worked with two of Delaware's Federally Qualified Health Centers on the content and held several planning meetings on aspects of the FOA. DSAMH successfully submitted a proposal for the PIPBHC opportunity, highlighting the meaningful collaborative partnerships that have been created and strengthened within the state as a result of our SIM work. Also important is the identification of additional funding opportunities to expand upon and enhance the work catalyzed by SIM.

Challenges Encountered & Plan to Address

In April, the HCC ended its contract with consulting firm McKinsey & Company. Since 2013, McKinsey provided strategic, program, and operational support to Delaware's health care transformation initiatives. The HCC has absorbed the programmatic and operational support components, while working to develop procurement opportunities to reestablish vendor(s) for selected services. HCC worked in Q1 to identify needs and develop content for a competitive Request for Proposals. HCC plans to release RFPs for project management, operational support, and subject matter expertise services in Q2 in order to expand capacity and ensure goal achievement.

Delaware has also experienced challenges related to the length of the state procurement process. Significantly impacted were the behavioral health electronic medical records assistance program (BH EMR), behavioral health integration (BHI) pilot, and Healthy Neighborhoods. Contracts issued under the BH EMR program were delayed due to unanticipated extended negotiation and contract execution time. For one contract, there was uncertainty around the number of BH practitioners employed by the practice making them ineligible for a higher amount of assistance. For another contract, responses to HCC's requests for information have taken a significant amount of time.

For the BHI and Healthy Neighborhoods project, there has been a shift in approach by the new administration. HCC will be releasing competitive RFPs for the project management of these initiatives instead of relying on stakeholders to implement. The HCC has developed the statement of work for each upcoming RFP, though with more limited staff resources in the absence of contracted consultant support, the timeline for initiating these projects has moved to Q3, when project management vendors will be selected and contracted.

Governance

On February 6, 2017, Dr. Kara Odom Walker was sworn in as the new Secretary of the Department of Health and Social Services (DHSS). In this role, Dr. Walker will be a leader in Delaware's SIM and health care reform initiatives. The Health Care Commission (HCC), designated as the recipient of the SIM funds, sits organizationally within the DHSS Office of the Secretary with a direct reporting relationship between the Executive Director of HCC and the Secretary. Dr. Walker, by virtue of her title, will also sit on the board of the Delaware Center for Health Innovation (DCHI) to provide a direct connection between the state administration and the stakeholders who are guiding the implementation.

In addition to Dr. Walker, DCHI added two additional Board members to increase the diversity of perspectives within the stakeholder organization. Nick Moriello, was added to represent the perspective of the health insurance agents. Mr. Moriello serves as President of Health Insurance Associates (HIA) in Newark. Under his leadership, HIA has grown to one of the largest independent health insurance agencies in the tri-state area (DE, PA, MD). Mr. Moriello serves on the Delaware State Chamber of Commerce Board of Governors, the Delaware State Chamber of Commerce Health Care Committee, and the Delaware Department of Insurance's Life and Health Content Development team for licensing.

Cindy Bo is the Chief Strategy & Business Development Officer for Nemours Children's Health System, Alfred I. duPont Hospital for Children. At Nemours, she manages the strategies and business development processes in support of new growth and integration opportunities for both the hospital and practice in the Delaware Valley. Ms. Bo has worked in healthcare strategy for over 20 years, ranging across the provider, payer and life sciences sectors with expertise in strategic planning, business development, mergers and acquisitions, and finance transformation.

Stakeholder Engagement

In Q1, the DCHI Patient and Consumer Advisory (P&C) Committee implemented changes to its structure and operation. The Committee had met monthly, but to ensure that the perspective of patients and consumers is reflected in the work of all the committees, its members were assigned to attend the meetings of the other standing committees. The other committees were oriented to this change and a process established for the P&C Committee Representative to actively listen for the inclusion of the patient and consumer perspective in relevant initiatives and provide public comment as appropriate. P&C Committee members will bring key themes, lessons learned, and recommendations back to the now quarterly P&C Committee meetings.

In Q1, DCHI relaunched its website, www.dehealthinnovation.org, which is designed as a way to organize the work and content of each standing Committee while providing tools to grow and manage a distribution list of outside stakeholders. DCHI also launched social media accounts through Twitter (@DCHI_SIM), Facebook (Delaware Center for Health Innovation) and LinkedIn (Delaware Center for Health Innovation). DCHI is also establishing monthly emails to general stakeholders with updates on activities and progress and quarterly updates to "VIP" stakeholders. The new website also features an opt-in function allowing visitors to choose areas of interest and frequency of updates.

In her first few months in her new role at DHSS, Secretary Walker initiated broad stakeholder meetings on topics of interest across the state. She has conducted three in Q1 specifically focusing on Disabilities, Aging, and Health Care. The Health Care Town Hall in particular provided an opportunity to discuss specific initiatives the Department will undertake to improve the quality of care and health outcomes within the state, while dealing with the urgent state budget pressures and for the Secretary to hear concerns, ideas, and feedback from a broad range of stakeholders.

Population Health

The Healthy Neighborhoods initiative continues to make progress in each of the three currently operational Local Councils. The Sussex Council is working with Healthier Sussex and behavioral health providers to increase collaboration around Substance Abuse, Clinical Care and Neonatal Abstinence Syndrome babies. They recently completed an Annual Report, and have drafted a Community Impact Fund model to address funding sustainability. The Wilmington Council has three Task Forces operational, each addressing a priority health issue, and is working with City of Wilmington leadership and the CDC Advisory Group to address community concerns. The Dover Council is planning their official launch in Q2 and began community planning, forming Task Forces, and engaging community stakeholders.

The DCHI Healthy Neighborhoods Subcommittees are making critical strides, as well. The Sustainability Subcommittee began creating a matrix of the major initiatives of the Healthy Neighborhoods Committee, in order to better align assets and productivity. The Sustainability Subcommittee also engaged funding organizations to identify, strategize and leverage sustainable funding opportunities. The Data Subcommittee identified current data streams and resources to acknowledge gaps and address the needs of the Councils. The subcommittee is also working to create a tool to store the data, but give access and availability to the Lead Councils. The Community Health Needs Assessment (CHNA) North Subcommittee discussed initiatives around access to care, which includes access to primary care, food insecurity, intersection of violence and heath, and screening for social determinants of health.

Health Care Delivery Transformation

As of April 2017, 104 practice sites and 334 unique providers are enrolled in Practice Transformation (PT) activities. Three new sites were enrolled in Q1; Monthly vendor touch point calls indicate the potential to enroll seven new sites in Q2. One vendor (MSD) is developing a "train the trainer" approach for program sustainability after the grant ends. Vendors deliver content via on-site coaching sessions, online learning modules, and webinar-based learning collaboratives. HCC monitors progress toward the 9 Milestones using monthly average practice scores (APS) and percentage change scores (PCS). In April 2017, enrolled sites scored highest on Milestone 2: Provide same-day appointments and/or extended access to care (APS=2.71 out of 3.00) and Milestone 3: Implement a process of following up after patient hospital discharge (APS=2.62). Enrolled sites proved measurable progress toward each Milestone. Practice improvement was most notable for Milestone 5: Document sourcing and implementation plan for launching a multi-disciplinary team working with highest-risk patients to develop a care plan; Q1 PCS=13.4%.

Payment and Service Delivery Models

Throughout Q1, the leadership of DHSS worked internally to assess the status of payment reform efforts in light of the increasingly urgent budget issues facing the state. The Delaware Economic and Financial Advisory Council forecast an almost $400 million shortfall in the state budget, leading to a serious situation for a state that is required by law to have a balanced budget. The new state Administration has taken a holistic approach to fiscal issues facing the state and started conversations on all elements of state spending, including health care, which comprises 25% of the budget through state employee and retiree benefits and Medicaid. DHSS leadership reviewed models from various states including Massachusetts, Vermont, and New York and is exploring the potential for 1115 and 1332 waivers.
HCC will be issuing an RFP in Q2 to contract for subject matter expertise to work with the state on payment reform strategies.

Leveraging Regulatory Authority

In Y2, the State Employee Benefits Committee issued a RFP for a Medical Third Party Administrator (TPA). As a result of the RFP, the State awarded plan administration of the First State Basic and Comprehensive PPO plans to Highmark and sole administration of the HMO and CDH plans to Aetna. Included in the administration of the HMO plan through Aetna is an affiliation with Christiana Care CareLink to provide health management services. Highmark's health management program will be changed/enhanced in Q2 to the Custom Care Management Unit model which provides additional resources to manage care to both members and providers. In Q1, the State executed contracts with both insurers that include performance guarantees to strengthen and support payment reform efforts.

During Q1, the Division of Medicaid and Medical Assistance worked to develop content for a Request for Qualifications for the state's Medicaid Managed Care program. The RFQ will solicit innovative approaches for improving the quality and delivery of services to MCO members from organizations that can partner with DHSS to provide high quality, cost-effective, and integrated services to MCO members.

DE's goals through its Medicaid MCOs are to promote the achievement of the Triple Aim Plus One, accelerate the adoption of value-based payment models among providers, promote provider-based care coordination approaches including accountable care organizations and patient-centered medical homes, implement best practices in the provision of case management to DSHP Plus members eligible for long-term services and supports, improve the coordination and integration of health care services provided to members, and achieve measurable improvements in member engagement with the delivery system, member health literacy, and member health outcomes. The RFQ will be posted in Q2 with potential contracts to begin in Aug 2017 for services beginning Jan 2018.

Workforce Capacity

The University of Delaware is contracted to facilitate the health care workforce curriculum, with participants throughout the state engaged in online and in-person learning sessions. The Module 1 (Performance Management) Pre-Work Webinar and In Person Session were both held in Q1. Practice teams participated in ongoing training and learning through the Module 1 Community Learning Action Group Webinars, held biweekly following the In Person Session. 59 people have enrolled in the curriculum to date; 43 attended the Module 1 Pre-Work Webinar live and 43 attended the Module 1 In-Person session live. Additional participants can watch the content online, as all webinars and in person sessions are being video captured. About 58% of enrolled participants practice in New Castle County, 29% in Kent and 14% in Sussex. Modules were re-ordered based on feedback from participants. Content for Module 2 (Pop Health Management and Health IT Enablement) was developed in Q1 and will launch in Q2.

Members of the DCHI Workforce and Healthy Neighborhoods Committees created a joint Community Health Worker (CHW) Subcommittee to develop a plan for standardizing and utilizing CHWs in the state. In Q1, the Subcommittee researched and developed a CHW definition, scope of practice, core competencies, and potential curriculum; hosted CHWs from various DE institutions to understand their work; and engaged the DE Dept. of Ed to share information about current pathways programs in schools to develop a pipeline for students to these careers. Formal recommendations will be final in Q2.

In February, the DCHI board approved a consensus paper on Developing a Framework for Sustainable Workforce Capacity Assessments. The paper recommends the development of a framework that will aid in the projection of what workforce will be needed to deliver care, recommends data elements to be included, and analyzes how key health care workforce priority areas can be impacted.

Health Information Technology

This quarter the Behavioral Health Electronic Medical Records (BH EMR) Assistance Program executed an agreement with Westside Family Healthcare, Inc. for adoption of a new EMR system (Category 1). Cumulatively, six practice sites are participating in this program with sixty-two behavioral health practitioners among them.

Online surveys taken from the first three practice sites revealed that the capacity to train staff on new or enhanced systems is the largest perceived barrier to EMR adoption and use; with 100% of providers agreeing to this perception. Lack of Information Technology (IT) personnel or knowledge was the next highest rated. Quality monitoring and improved care planning and coordination are the perceived benefits with 100% responders strongly agreeing. 66.67% of those taking the survey do not currently have co-agreements with Primary Care Providers to facilitate appropriate sharing of behavioral health patient information via EMRs. All providers have implemented varying levels of integration with Delaware Health Information Network (DHIN), or plan on doing so in the future.

In Q1, DHIN worked with Freedman Consulting to assess their current technology platforms to determine the adequacy of them to enable the Health Care Claims Database (HCCD). DHIN also began development of regulations to create the governing structure and specifications of the HCCD.

Continuous Quality Improvement

In Year 3, the focus of the State-led evaluation will be on Delaware's progress toward meeting the goals and objectives identified in the AY3 Operational Plan. The contracted evaluation vendor will provide results-based feedback on performance on a quarterly basis to accommodate the need for rapid cycle utilization of findings. The focus will incorporate feedback from stakeholders within the system to provide robust evaluation questions and methods to address their needs as the initiative progresses. The AY3 evaluation will identify data points relevant to the implementation of DE SIM activities, work with stakeholders to revise evaluation questions and focus moving forward, begin to monitor DE SIM activity performance and results in accordance to stated goals and objectives, prepare mechanisms to ensuring rapid cycle turnaround of evaluation findings to facilitate DE SIM's implementation, investigate and evaluate the sustainability of DE SIM activities, and continue to evaluate stakeholder perceptions of DE SIM activities and processes

At the end of Q1, the evaluation showed that Delaware, through state leadership and stakeholder involvement, continued to make progress in advancing the goals of the SIM initiative and is progressing towards achieving the milestones and objectives laid out in the AY3 operational plan. Delaware's eight drivers in SIM are advanced through various activities and tasks outlined at a more granular level in the AY3 Operational Plan. The evaluator suggests that it is important for SIM leadership to continue to streamline processes for planning, implementation and resource allocation. This may be particularly relevant for behavioral health integration and the rollout of Healthy Neighborhoods. While adaptation is an expected characteristic of a system change initiative, it is important for SIM leadership and stakeholders to be explicit about ways in which the SIM plan may be evolving and the reasons for those changes.

Additional Information

<u>Metrics</u>

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	Medium	Medium	Maintain dialogue with TCPI grantee to ensure coordinated messaging and strategy	Meet periodically with DE TCPI grantee to share information, enrollee lists and strategies	Calls scheduled quarterly.
Curriculum is not implemented in timely way to support change	2	Low	Low	Establish strong vendor management practices including deliverables-based contracts with intermediate milestones and oversight by the state.	Continue to meet regularly with curriculum vendor to assess activities in support of timely implementation of modules	Curriculum module 1 launched in Q1, module 2 scheduled to launch in Q2, Module 3 in Q3.
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	Ensure communication with curriculum and PT vendors to ensure APRNs are incorporated into the care team	Curriculum vendor rolling out Modules 1-3 in Y3, PT vendors continue to work with enrolled practices on elements of team-based care

Risk	Score	Rating 1	Rating 2	Mitigation	Description	Status
Inability to align on focus area	3	Medium	Medium	Realign grant funding strategies to support HN initiative	HCC is developing an RFP for project management support for HN and direct mini-grant funding to neighborhoods to ensure specific deliverables/goals are achieved including selecting a focus area	RFP to be released in Q2, vendor selected and begin working in Q3
Insufficient capacity within DHIN or other agencies to lead HIT initiatives	2	Low	Low	Identify external/alternate vendor to lead initiatives	Creating MOU addendum for DHIN to continue work on Scorecard, HCCD and patient portal	MOU addendum to be executed in Q2
Lack of funding for sustainability	4	High	Medium	Engage a broad set of stakeholders who will be impacted by initiatives	Plan cross-committee meeting in conjunction with DCHI to continue broad engagement	Cross-committee meeting scheduled for June 28
Lack of measurable success for pilot Neighborhood(s)	3	Medium	High	Ensure adequate staff available to provide support to pilot/s	HCC is developing an RFP for HN project management support and mini-grant/financial support to neighborhoods with specific deliverables and objectives to ensure pilots have resources to achieve and measure goals	RFP to be released in Q2, vendor selected and on board in Q3

Low consumer interest in engagement tools	2	Medium	Low	Increase awareness through outreach and education	Vendor meeting with patient and consumer committee to gather input; bi weekly meetings with HCC and vendor	Materials to be launched in Q3
Low payer participation	5	Medium	Medium	Utilize state purchasing power to encourage increased payor engagement and innovation	HCC to release RFP for expert consultants in payment reform; exploring legislation with DE General Assembly to set global benchmark; working with DMMA on 1115 waiver	RFP released in Q2; vendor/s selected and on board in Q3; conversations with legislators and stakeholders on payment strategies in Q2; beginning waiver development process in Q2
Low provider participation in practice transformation services	3	Medium	Medium	Increase the value of services offered	Explore ways with input from PT vendors and DCHI clinical committee to offer additional services to enrolled practices; Offer additional Learning Collaboratives for participants	Meet with Clinical committee in Q2; plan 1 LC in Y3
Low provider participation in VBP models	5	Medium	Medium	Provide a variety of channels for regular provider input	Continue to engage with DCHI clinical committee and payment committee; conduct stakeholder town hall meetings for input and information sharing	DCHI cross committee meeting scheduled for June 28; DHSS secretary stakeholder town hall on health care and payment reform on May 26

Messaging does not reach target audience	1	Low	Low	Conduct focus groups to test messages and channels for delivery	DCHI communications vendor launching stakeholder communication tactics including new website, email and social strategy; vendor will monitor and report on reach	DCHI vendor to share metrics monthly
Stakeholder participation wanes over time	3	Medium	Medium	Use existing and new channels to encourage continued engagement	Cross committee meeting scheduled in Q2, new board and committee members added to DCHI; DCHI continues to implement its strategic plan	Cross committee meeting scheduled for Q2
Stakeholders unable to deliver necessary data to produce scorecards	2	Low	Low	Monitor delivery schedule similar to vendor management with regular checkpoints	Quarterly release of Scorecard continues; addition of third payer's data planned	Release 4 of Scorecard scheduled for Q2
Vendors unable to deliver HIT functionality on time	1	Low	Low	Establish strong vendor management practices including deliverables-based contracts with intermediate milestones and oversight by the state	Finalize MOU with DHIN for technology work; Scorecard measures to be updated in Q2	MOU to be finalized by June; R1 of Scorecard planned for July; R2 in Sept; R3 in Nov.

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)
New Jersey Academy of Family Physicians	Contract	Driver 3	$420,000		No		Contracted practice transformation vendor	$30,000
MedAllies	Contract	Driver 3	$300,000		No		Contracted practice transformation vendor	$10,625
Medical Society of Delaware	Contract	Driver 3	$264,000		No		Contracted practice transformation vendor	$13,000
Remedy	Contract	Driver 3	$504,000		No		Contracted practice transformation vendor	$39,000
Delaware Health Information Network	Contract	Driver 8	$180,630		No			$3,630