
DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)



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Update on the Health Care Spending and Quality Benchmarks Program

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BACKGROUND

The Health Care Cost and Quality Benchmarks established by Executive Order 25

- Signed by Governor Carney November 20, 2018

Benchmark update:

- Benchmark refresher
- Implementation progress
- Annual benchmark cycle
- Benchmark activities occurring across the country



SETTING THE HEALTH CARE SPENDING BENCHMARK

The spending benchmark (i.e., year-over-year growth rate) was set at:

- 2019: 3.80%
- 2020: 3.50%
- 2021: 3.25%
- 2022: 3.00%
- 2023: 3.00%



HEALTH CARE QUALITY BENCHMARKS

HEALTH STATUS MEASURE	SPECIFICATION	CY 2019 BENCHMARK	ASPIRATIONAL QUALITY BENCHMARK
Adult Obesity	% of adults with body mass index ≥ 30	30.0%	27.4%
High School Students Physically Active	% of students with physical activity for ≥ 60 mins a day on five or more days	44.6%	48.7%
Opioid-Related Overdose Deaths	# of opioid-related deaths	16.2 deaths per 100,000	13.3 per 100,000 (state population)
Tobacco Use	% of adults who currently smoke	17.1%	14.6%

HEALTH CARE QUALITY BENCHMARKS

HEALTH CARE MEASURE	SPECIFICATION	CY 2019 BENCHMARK	ASPIRATIONAL QUALITY BENCHMARK
Concurrent Use of Opioids and Benzodiazepines	% of individuals 18+ with concurrent use of opioids and benzos	TBD	TBD
Emergency Department (ED) Utilization (Commercial Market only)	# of ED visits for individuals 18+	190 visits per 1,000	165.9 per 1,000 risk-standardized rate (commercial)
Persistence of Beta Blocker Treatment After a Heart Attack	% of individuals 18+ who received beta-blockers for six months after discharge	82.5% Commercial 78.8% Medicaid	91.9% Commercial 83.9% Medicaid
Statin Therapy Adherence for Patients With Cardiovascular Disease	% of at-risk individuals who adhered to medication for ≥ 80% of treatment period	79.9% Commercial 59.2% Medicaid	82.1% Commercial 68.3% Medicaid

2019 IMPLEMENTATION PROGRESS

- Implementation Manual released January 31, 2019
 - Detailed methodology for setting benchmarks and calculating performance
 - Technical and operational procedures
 - Data reporting and collection
 - Update released June 6, 2019
- DHCC hosted informational webinars with insurers
- Developed and disseminated FAQs documents
- Resources made available
<https://dhss.delaware.gov/dhcc/global.html>



2019 IMPLEMENTATION PROGRESS

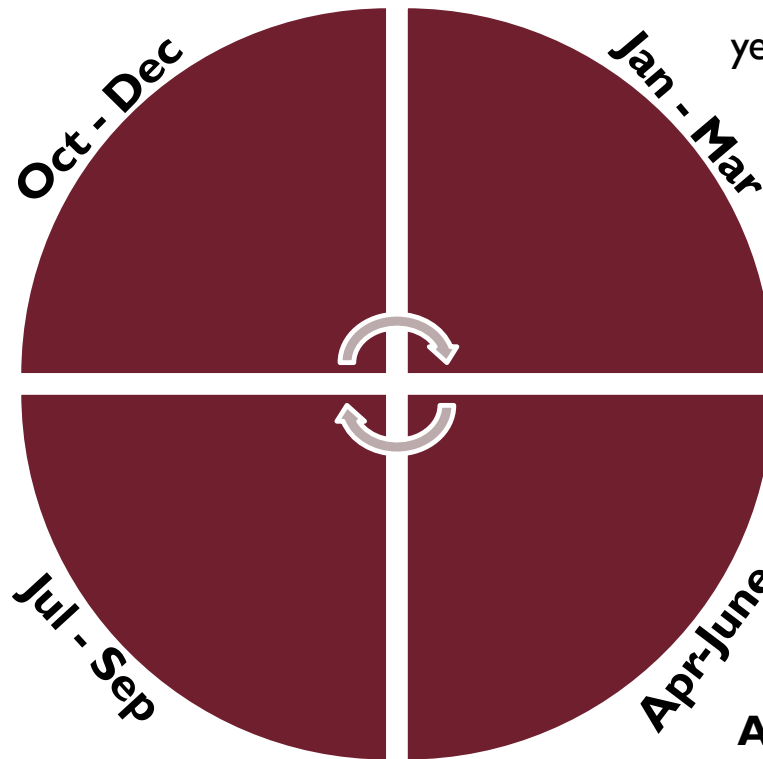
- DHCC started collecting 2018 Spending and Quality baseline data on August 1st
- Validation process of summary level data
- Data collection design modeled after similar benchmark activities



ANNUAL CYCLE

Q4: Results of prior year performance publicly reported, starting in 2020 and annually thereafter

Aug/Sep: Data for prior calendar year performance due



January 1st: Performance year begins; benchmarks adjust per EO

Q1: DEFAC reviews spending benchmark methodology for potential update in following calendar year

Apr-June: Update implementation manual and data requests, as necessary



2018 BASELINE DATA

- DHCC collecting and analyzing 2018 baseline data (2019 is the first performance year)
- DHCC will set the 2020 benchmark for the quality measure related to concurrent use of opioids and benzodiazepines. (Target date - November 1, 2019)
- 2018 baseline data will be published in early 2020 on most of the quality measurers and basic statistics on per capita health care spending
- Results of the 2019 benchmarks will not be published until the end of 2020 (Quarter 4)



ANTICIPATED FUTURE WORK TO SUPPORT THE BENCHMARK PROGRAM

Health Care Commission staff activity:

Revision of data request procedures

- Clarify any common errors or misunderstandings
- Improve data request procedures for Calendar Year 2019

Develop strategies to engage providers and community partners in regular and ongoing forums with the State and with each other

- Reduce variation in cost and quality and to help the State perform well relative to the benchmarks.



BENCHMARKING IN OTHER STATES

- Delaware was the second state to establish a health care cost growth benchmark.
- The concept of setting a benchmark for health care spending is expanding among states.
 - Rhode Island established one earlier this year, and 2019 is also its first performance year. (The target in Rhode Island is 3.2%).
 - Earlier this summer, Oregon passed legislation to establish a health care cost growth benchmark and possibly quality benchmarks in 2021.
- As of 2019, Delaware is still the only state in the country to have quality benchmarks.



THANK YOU

Questions?

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