

# Road to Value

## Major Themes from Public Comments on Delaware’s Road to Value

On October 9, 2017, the Department of Health and Social Services (DHSS) solicited public comment on a draft version of the [Road to Value](#). We received 23 public comments. We have highlighted 18 major themes from these comments and responded to these comments below. For specific language changes in response to comments, the original draft language is in black type, and the proposed revisions are in red.

DHSS reiterates a commitment to engaging all stakeholders as we move into design and implementation of activities envisioned in the Road to Value. Understandably, a number of the public comments asked questions or provided input on approaches and details pertaining to the implementation of the Road to Value. Because the Road to Value presents guiding principles and strategies, rather than implementation approaches, we do not address those comments in this document. However, we have catalogued those comments and are taking them into consideration as we forge ahead with the next phase of work together.

We also reiterate our recognition of what has been accomplished to date and the need for a Delaware-specific approach. DHSS is committed to using the Road to Value to build upon what has been achieved under the State Innovation Model (SIM) initiative. Furthermore, as we shift into implementation planning, we underscore our guiding principle that any approach must be tailored and structured to address Delaware’s specific context, goals and opportunities.

What We Heard	DHSS Response	Specific Language Changes to the Draft Road To Value Paper
<b>Strategy I: Improve Health Care Quality and Cost</b>		
1. Recommends greater cost transparency to enable physicians to help patients make informed decisions about their care.	DHSS agrees that cost transparency will be an important strategy for achieving our goals and endorses this approach in the Road to Value.	<b>On page 12, we add the following:</b>  <b>Establish a value-based framework that allows for transparency in cost and quality</b>  Use an established framework to coordinate with established measurement groups that can define core and common measures for different patient populations. Ensure that the measurement group can provide transparent reporting of cost and quality data that is available and actionable to consumers, providers and organizations.

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<p>2. Recommends greater investment in real-time, meaningful, accurate and actionable data, allowing physicians to compare themselves to peers and identify opportunities for improvement.</p>	<p>DHSS seeks to ensure that providers and their organizations are able to access data that can identify opportunities for reducing costs, using services wisely, and improving effectiveness.</p>	<p><b>On page 12, we add the following:</b></p> <p><b>Create systems of care that are centered on quality, patient experience and appropriate costs</b></p> <p>Ensure that providers and their organizations are able to access the information on clinical outcomes and patient-centered outcomes that also can identify opportunities for reducing costs, using services wisely and improving effectiveness. Data should be meaningful, accurate, actionable and where possible, real-time.</p>
<p>3. Recommends the continued use of the Delaware Health Information Network (DHIN) for key components of this work.</p>	<p>DHSS supports continued use of the statewide health exchange in this context.</p>	<p><b>On page 9, we add the following:</b></p> <p>DHSS appreciates stakeholders’ considerable efforts developing and implementing Delaware’s SIM plan and acknowledges the progress made. With the Road to Value, DHSS plans to build upon its SIM plan and the successful innovations in the initiative, including leveraging the Delaware Health Information Network.</p>
<p>4. Recommends that Delaware’s SIM Initiative serve as a foundation for the Road to Value.</p>	<p>DHSS agrees that the work accomplished to date under the SIM initiative provides strong building blocks, which the Road to Value will use.</p>	<p><b>On page 9, we add the following:</b></p> <p>DHSS appreciates stakeholders’ considerable efforts developing and implementing Delaware’s SIM plan and acknowledges the progress made. With the Road to Value, DHSS plans to build upon its SIM plan and the successful innovations in the initiative.</p>
<p>5. Recommends a different analysis of cost trends, as well as an acknowledgement of Delaware’s progress in improving health access and outcomes and adopting value-based payments.</p>	<p>DHSS acknowledges the progress Delaware has made as a State and supports a thorough, thoughtful analysis of cost trends to further the goals in the Road to Value.</p>	<p>A plan with more details on cost analysis and trends needs to be addressed in the planning of the benchmark and is mentioned in the draft report to the Joint Finance Committee.</p>
<p><b>Strategy II: Pay for Value</b></p>		

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6. Recommends a transparent, data-driven and collaborative benchmark development process.	DHSS supports this general recommendation and will consult with stakeholders before and during the benchmark development process.	<p><b>On page 4, we add the following:</b></p> <p>As expressed in House Joint Resolution 7, stakeholders will “provide feedback to assist the Secretary in developing the annual benchmark and recommending comprehensive solutions for reducing the cost growth trend in the State’s health care spending while promoting and preserving access to high quality, affordable health care for all Delawareans.” DHSS is committed to a transparent, data-driven and collaborative benchmark development process.</p>
7. Recommends a coordinated public and private sector approach to incentivize social determinants interventions that work.	DHSS will explore public and private approaches to addressing social determinants of health.	<p><b>On page 17, we add the following:</b></p> <p>Data-driven quality metrics also should include population health metrics, including measures that track social determinants of health. Building a workforce that supports community data-driven strategies, including community health workers and the use of community health teams in the state’s managed care contracts will ensure better outcomes for all Delawareans.</p>
<b>Strategy III: Support Patient-Centered, Coordinated Care</b>		
8. Recommends reimbursement rates and flexible provider participation rules that enable more physicians to provide care using a patient-centered medical home (PCMH) model.	As discussed in the road map, DHSS is exploring all-payer ACOs that facilitate PCMHs and will continue to consider policies that promote and strengthen PCMHs.	A plan with more details on payment strategies needs to be addressed in the planning of the benchmark and is mentioned in the draft report to the Joint Finance Committee.
<b>Strategy IV: Prepare and Support the Health Provider Workforce and Health Care Infrastructure Needs</b>		
9. Recommends infrastructure support for primary care providers and small medical practices to achieve Delaware’s vision, particularly access to capital to make upfront investments in interdisciplinary staff and care coordination.	DHSS supports investment in provider readiness infrastructure and will continue to consider policies that promote whole-person, patient-centered care.	<p><b>On page 11 in #5 of “Prepare and Support the Health Provider Workforce and Health Care Infrastructure Needs” and on page 15, we add the following:</b></p> <p>Invest in provider readiness infrastructure, including primary care and small practices, to ensure the successful adoption of value-based and risk arrangements</p>

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10. Recommends the adoption of state-level policies to facilitate greater use of lower-cost practitioners and the use of financial incentives to attract more practitioners, such as loan repayment, scholarships and increased residency programs.	DHSS appreciates these comments and will consider additional workforce policies. The agency currently maintains the Delaware State Loan Repayment Program and the Delaware Institute for Medical Education and Research.	<p><b>On page 14, we add the following:</b></p> <p>The state has invested in pipeline funding to support its educational pipeline. It may be time to consider whether the pipeline is the gap in investment or whether it is time to focus state policies, such as financial incentives, on providers who will stay and work in the state, particularly in underserved communities and rural areas downstate.</p>
11. Recommends greater use of telehealth and telemedicine to increase access to lower cost, higher value services.	As noted in the roadmap, DHSS will continue to develop a robust telehealth strategy to support the use of telemedicine in Delaware.	We agree with this comment.
<b>Strategy V: Improve Health for Special Populations</b>		
12. Recommends a range of certain services for the elderly: home and community-based services and supports, palliative care and hospice care.	DHSS appreciates this comment and will continue to support policies that will allow individuals to “age in place.”	<p><b>On page 16, we include the following under Strategy V.</b></p> <p><b>Promote policies that allow individuals to “age in place”</b></p> <p>Programs that allow more people to “age in place” may help improve patient outcomes and satisfaction as well as bend the cost curve. Physicians and patients can consider alternatives to hospital settings and nursing facilities — including hospice, palliative care, and home and community-based services and supports.</p> <p><b>We also add corresponding language on page 11 as a new #6 in the “Improve Health for Special Populations” section.</b></p>
13. Recommends removing barriers to Medicaid eligibility for individuals who have been incarcerated.	As discussed in the road map, DHSS supports patient-centered medical homes approaches to support prison re-entry populations and their specialized health needs. As part of this work, DHSS will assess barriers to care for this population.	We agree with this comment and need to address needs beyond the benchmark to address barriers in care.

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14. Recommends a broader perspective beyond how to improve the system for high-cost, high-need patients, noting the importance of better population health, chronic disease prevention and obesity prevention to driving down unsustainable costs.	DHSS understands the value of this perspective, and the Road to Value incorporates consideration of social determinants of health and community-based wellness initiatives.	We agree with this comment.
15. Recommends greater use of Centers of Excellence.	DHSS appreciates this comment and sees Centers of Excellence as one potential delivery model, among several, that emphasizes care coordination and person-centered care.	We agree with this comment and have not modified this document, but may include Centers of Excellence in future planning phases.
<b>Strategy VI: Engage Communities</b>		
16. Recommends a systemic approach to improving community health, including addressing social determinants of health and investing in safe and walkable neighborhoods.	DHSS will explore ways to address social determinants of health.	<p><b>On page 6, we add the following:</b></p> <p>Recognizing that health is primarily determined by factors outside of the health care system, the state needs to address social determinants of health, such as living conditions and access to healthy food, and increase opportunities for patients, caregivers and communities to make healthy choices through effective initiatives.</p>
<b>Strategy VII: Ensure Data-Driven Performance</b>		
17. Recommends that the unified Health Care Authority maintain a narrow mission and scope, emphasize collaborative private-public partnerships, and carefully apply value-based approaches to reimbursement.	As required by House Joint Resolution 7, DHSS will continue to consult with stakeholders about the benchmark development process and reducing cost growth.	<p><b>On page 4, we add the following:</b></p> <p>As expressed in House Joint Resolution 7, stakeholders will “provide feedback to assist the Secretary in developing the annual benchmark and recommending comprehensive solutions for reducing the cost growth trend in the State’s health care spending while promoting and preserving access to high quality, affordable health care for all Delawareans.” DHSS is committed to a transparent, data-driven and collaborative benchmark development process.</p>

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<p>18. Recommends a common scorecard on quality measures, using metrics that look beyond HEDIS to include continuity, coordination, comprehensiveness and access.</p>	<p>DHSS agrees that a common measurement set will be an important strategy and that the process for identifying those measures should rely on established measurement groups and be transparent.</p>	<p><b>On page 6, we add the following:</b></p> <p>In order to achieve better health care, lower costs, and healthier communities, it is important to set clear targets that align with Delaware’s Road to Value strategies and monitor performance against them for both quality and cost targets. The state should establish a common scorecard for quality measures across payers . . .</p>