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Delaware's State Innovation Model (SIM) Update

March 2, 2017

Program Area and DCHI Updates

- Progress is being made on a number of initiatives towards 2017 goals and performance metrics:
 - The first in-person, intensive training session for the **workforce training curriculum** was held on February 16th, with a focus on quality improvement within a practice.
 - Payment Model Monitoring Committee will take a more active role in **accelerating adoption of payment reform** in Delaware; reviewing innovative payment models in other states to inform options for Delaware.
 - Healthy Neighborhoods soft launched its **Wilmington/Claymont lead council** and continues to facilitate public education and outreach sessions on health care transformation.
- The **DCHI Board** approved the Workforce and Education Committee's consensus paper on developing a framework for sustainable workforce capacity assessments during the February Board meeting.

Status of BHI support program

- CMMI approved the **SIM Year 3 Operational Plan** and Delaware was awarded **\$5,604,505**. Portions of SIM funding are targeted towards **Behavioral Health Integration**:
 - Support behavioral health providers to **implement electronic medical records (\$100,000)**
 - **Test new models** of integrating behavioral health and primary care **(\$400,000)**

BHI goals and metrics for 2017 include:

- Contract for **Program Manager** secured in Q1
- **Implementation Plan** complete by end of Q1
- **Needs Assessment** complete by end of Q2
- **Training Vendor** contract secured by end of Q2
- DCHI is actively **recruiting and accepting referrals** for the Behavioral Health Integration Program Manager.

BHI Business Case Tool

- Estimates the potential **profit/loss** that a practice can generate through Behavioral Health Integration.
- Model developed to identify revenues/costs for a primary care practice which **employs/contracts behavioral health consultants**.
- The tool is driven based on the **assumptions a practice inputs**; it's not a forecast of expected revenue, rather a tool to **help a practice translate their own information** (e.g., panel size, number of clinicians) **into a business case**.
- Model **assumes certain startup costs** (training, EHR, etc.) and **revenues** via fee-for-service reimbursement.

March

- Recruit and hire Program Manager
- Identify and reach out to practices at various stages of Behavioral Health Integration
- Meet with practices to understand their specific support needs
- Identify desired vendors for training and expert consultation
- HCC to develop contract with DCHI to facilitate work

April

- Launch testing program

Practice Transformation Update

- 347 providers (in 101 practices) currently enrolled in **Practice Transformation** services.
- DHCC revised vendor reporting tools to identify **practice-level progress** toward milestones, data trends, and challenging milestone components.
- The DHCC can now calculate a monthly average practice score (APS) for each milestone.
 - The APS values range from 1.00 to 3.00, with 1 indicating that none of the enrolled practices have started the activities associated with the milestone and 3 indicating all enrolled practices are fully performing the activities associated with the milestone.
- Using this data, the DHCC can now better understand the **specific areas** in which Delaware practices are **progressing towards practice transformation milestones**.

Average Practice Scores and Percentage Change Scores

Average Practice Scores (APS) and Percentage Change Scores (PCS) by PT Milestone, Sep – Dec 2016

	Sep 2016 APS	Oct 2016 APS	Nov 2016 APS	Dec 2016 APS	Sep - Dec 2016 PCS
Milestone 1: Identify 5% of the panel that is at the highest risk and highest priority for care coordination	2.03	2.07	2.10	2.22	9.5%
Milestone 2: Provide same-day appointments and/or extended access to care	2.18	2.30	2.33	2.49	14.2%
Milestone 3: Implement a process of following-up after patient hospital discharge	1.97	2.10	2.14	2.38	20.8%
Milestone 4: Supply voice-to-voice coverage to panel members 24/7 (e.g., patient can speak with a licensed health professional at any time)	2.04	2.07	2.17	2.30	12.5%
Milestone 5: Document sourcing and implementation plan for launching a multi-disciplinary team working with highest-risk patients to develop a care plan	1.67	1.69	1.71	1.91	14.2%
Milestone 6: Document plan to reduce emergency room overutilization	2.04	2.08	2.11	2.23	9.4%
Milestone 7: Implement the process of contacting patients who did not receive appropriate preventive care	1.87	1.99	2.01	2.18	16.1%
Milestone 8: Implement a multi-disciplinary team working with highest-risk patients to develop care plans	1.55	1.59	1.60	1.72	10.8%
Milestone 9: Document plan for patients with behavioral health care needs	1.48	1.49	1.51	1.67	12.7%

Key Takeaways

- Quantitative data analysis indicates enrolled practices are making progress towards:
 - Implementing a process of **following-up after patient hospital discharge**
 - Implementing the process of **contacting patients who did not receive appropriate preventive care**
- Practices may need additional assistance with implementing a **multi-disciplinary team** for high risk patients and documenting plans for patients with **behavioral health care needs**.
- Challenges to successful practice transformation include, but are not limited to, **staffing resources**, **behavioral health integration**, and **IT capabilities**.

Upcoming DCHI Meetings for March 2017



Board

- Mar 8, 2:00 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark



Payment Model Monitoring

- Mar 8, 4:30 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark



Workforce and Education

- Mar 9, 1:00 pm
- Del Tech Stanton Campus, Newark



Healthy Neighborhoods

- Mar 15, 1:00 pm
- DHSS -1901 N. Dupont Hwy, Chapel, New Castle



Clinical

- Mar 21, 5:00 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark

Please check
www.DEhealthinnovation.org
for the latest information
about all DCHI Board and
Committee meetings