NOTES FROM PUBLIC DISCUSSIONS ON DELAWARE’S STATE HEALTH CARE INNOVATION PLAN

MEETING TIMES/DATES

■ Three meetings were held across the state. Each meeting covered the same reviewed the same presentation

■ Meeting 1: September 17, 2013, 5:00-7:00pm (The Duncan Center, 500 W. Loockerman Street, Dover, DE 19904)

■ Meeting 2: September 18, 2013, 10:30am-12:30pm (Sheraton Wilmington South Hotel, 365 Airport Road, New Castle, DE 19720)

■ Meeting 3: September 18, 2013, 3:00-5:00pm (Owens Campus, Delaware Technical Community College, Lecture Hall, 21179 College Drive, Georgetown, DE 19947)

ATTENDEES

■ Each session was open to the general public

MATERIALS

■ The speakers reviewed a powerpoint presentation, which is available on the Delaware Health Care Commission website (http://dhss.delaware.gov/dhcc/cmmi/presentations.html)

■ Copies of the presentation also were made available to attendees

FORMAT

■ Each session involved a power point presentation by Bettina Riveros (Advisor to Governor Markell, Chair, Delaware Health Care Commission), Rita Landgraf (Cabinet Secretary, Department of Health and Social Services), and Jill Rogers (Executive Director, Delaware Health Care Commission)

■ Each session followed the same format, with both presentation and questions and answers at several points throughout the presentation
MEETING #1: QUESTIONS/COMMENTS

Current system
■ Questions/comments: (a) frustration with inefficiencies and complexities of current system; (b) need education for all health system participants to really make change; (c) opportunity to work with Delaware Manufacturing Extension Partnership to help remove waste in the system

Delivery system
■ Questions/comments: (a) agreement on importance of having flexible models; (b) what is the basis for measuring quality?
■ Responses: the proposal is to focus on a simple set of measures that typically are already reported and can be measured with an automated process

Data and information
■ Questions/comments: (a) there is an opportunity to make more information available to clinicians; (b) how to give patients access to more information?; (c) how to let consumers report errors in their medical information?
■ Responses: the Delaware Health Information Network (DHIN) is working to launch a program to provide patients with secure access to their health information through the iTriage application; there is already a requirement for consumers to be able to report information and some new tools for this potentially being set up

Workforce
■ Questions/comments: concern about enabling “top of license” versus “top of training”
MEETING #2: QUESTIONS/COMMENTS

Delivery system

Questions/comments: (a) is the 'team-based approach' for care delivery built in or a result of all the changes proposed in the plan? (b) how does the proposed plan fit with Health Homes for Behavioral Health or transportation programs and accessibility of services?; (c) can the plan make more mention of telehealth opportunities?; (d) what metrics will be used to measure quality?

Responses: team-based approach is a core element of the plan and many of the elements in the draft plan are intended to enable team-based care (e.g., through workforce development); the vision and plan for the delivery system are meant to build from ongoing innovations and programs in care delivery; metrics have not been set for quality measurement.

Payment model

Questions/comments: (a) how will this work for small practices? (b) how much savings might be shared?; (c) will there be an incentive to under-deliver care?

Responses: new payment models typically require some minimum scale of patients for participating providers; there will be safeguards to ensure that providers do not have incentive to under deliver care (e.g., requirement to meet quality measures before participating in shared savings, risk adjustment and exclusions); as an example of the type of savings that might be shared, the Medicare Shared Savings Program or Pioneer ACO programs share approximately 50-70% of savings with providers that meet quality measures and achieve required cost savings.

Payer participation

Questions/comments: (a) how will Medicare participate? (b) is this a single payer model?

Responses: we are currently in discussions about Medicare’s participation; this is not a single payer model, but is focused on multi-payer alignment (for example, on quality measures).

Data/information

Questions/comments: does a provider portal mean all data will be in one place?
Responses: the DHIN already facilitates having access to information in one place, a portal would help bring together additional information and also be a central place for entering aggregate information
MEETING #3: QUESTIONS/COMMENTS

Overall approach
■ Questions/comments: why were more people not at some of the discussions?
■ Responses: many people have been involved throughout this process

Delivery system
■ Questions/comments: is the ultimate goal to have market consolidation?
■ Responses: the ultimate goal is not for market consolidation – it is for an approach that helps integrate and connect patients and providers across the delivery system

Workforce
■ Questions/comments: how to get additional members of workforce in Sussex County?

Payment model
■ Questions/comments: (a) are premiums higher in DE already than in US?; (b) will payment changes help control costs?
■ Responses: premiums are higher than average in Delaware

Governance
■ Questions/comments: governance is important to ensure that the system does not revert back to old habits and should consider ways to have Health Care Commission meetings in other counties (e.g., by video conference)