

PAYMENT REFORM READINESS INVESTMENTS IN SIM AY4



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SIM UPDATE

- SIM grant is scheduled to end Jan 31st
- We have been doing more and better this year in moving the agenda forward and distributing funds across Delaware
- We have asked to extend our work through July and are awaiting a response from CMMI
- Regardless of the end date, we are committed to figuring out how to keep momentum

PAYMENT REFORM READINESS

- To optimize Delaware's readiness for health care transformation efforts after the end of SIM, DHSS invested a considerable portion of the AY3 unspent budget to invest in practice level readiness for payment reform participation.
- The following programs were launched in AY4:
 - The payment reform grants program with multiple providers across the state.
 - Investments in Open Beds – SUD referral management technology
 - Telehealth supports for Delaware practices
 - Other work, including engagement of private employers/payers in transformation efforts.

PAYMENT REFORM READINESS GRANTS

- To date, Delaware is providing **9 provider groups/collaboratives** with funds to conduct readiness activities and system changes to sustain transformation.
- Grants total north of **\$1.3 million** and are spread across provider types and geography.
 - *More may be awarded, if possible*
- Providers identified a wide range of useful activities—tailored to their needs and stage of development.
- When concluded, we will seek to share lessons learned and spread adoption across the state.

EXAMPLES OF FUNDED PROJECTS

- Development of a population health management platform through integration of clinical data from EMRs used across a network of over 700 independent physicians in Delaware.
- Enhancement and integration of data tools, such as predictive analytics, to improve coordination of patient care and increase readiness to move to value-based payment (VBP).
- Global budgeting analysis aimed at identifying which VBP model would best suit the state of Delaware's needs.
- Utilization of health information technology (HIT) to identify and coordinate care of high-risk/cost patients including development of cost of care analytics tools.

OPEN BEDS FOR SUBSTANCE USE TREATMENT

- Open Beds platform allows for real-time information on open treatment beds and program availability for substance use disorders.
- Open Beds is currently being implemented by DSAMH with substance use treatment providers and hospitals across the state.
- SIM money will allow for an additional **49 behavioral health providers and other service providers** to implement Open Beds and support 6-7 month subscriptions to the database.

TELEHEALTH

- HCC is providing all practices with support to move ahead with telehealth. HCC will offer support on a first-come, first-served basis, but will recruit from among behavioral health integration (BHI) and practice transformation providers.
- Services will include:
 - Instructional webinars on telehealth workflows, reimbursement, and documentation.
 - One-on-one consultation for practices as requested
 - Optional on-site support and readiness assessment tool

SUSTAINABILITY POST-SIM



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POST SIM TRANSFORMATION

- Transformation efforts require lots of effort and focused leadership. DHSS is committed to supporting reforms.
- We recognize we will need to have a clear agenda and action plans.
- We will need partners in all of this work, and seek your continued contributions and support.
- In January, we will share our plans with the HCC and other stakeholders, and seek input on how we can work together to sustain transformation

POST SIM TRANSFORMATION

- DHSS is developing an action plan around those aspects of transformation where we can play the leadership role –particularly payment reform and HIT/HIE.
- The Healthy Communities Delaware initiative will carry forward our healthy neighborhoods and local council work.
- We will seek to identify ways to support ongoing practice transformation, including:
 - Behavioral health integration
 - Substance use treatment and prevention
 - Primary care access and quality improvement

PUBLIC COMMENT



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