

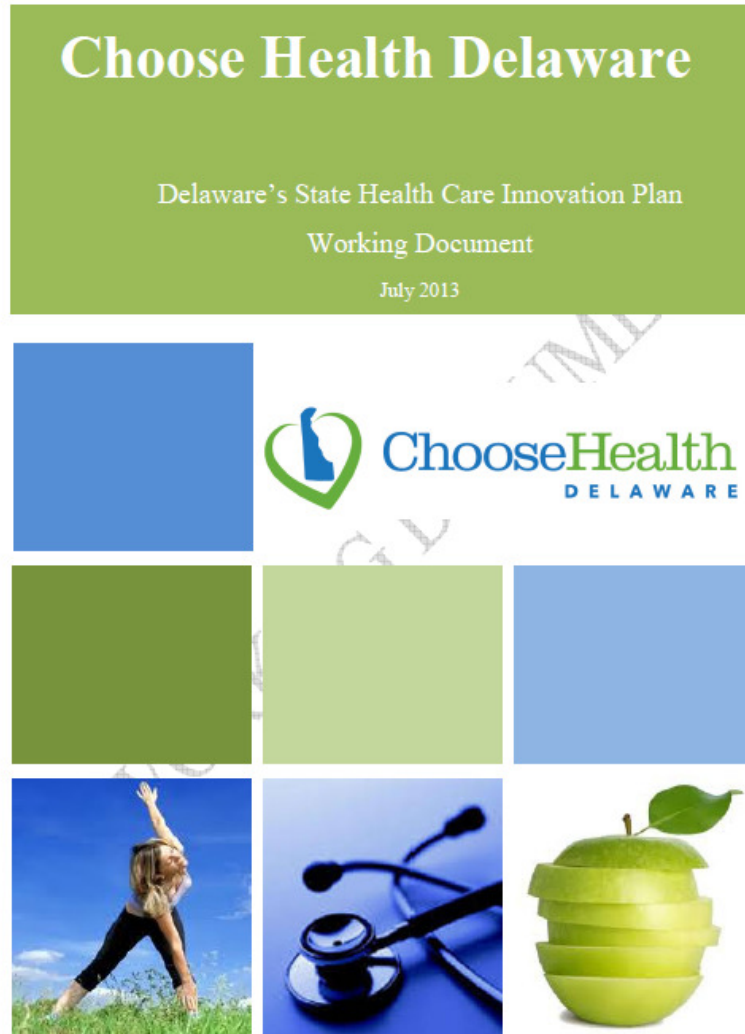


ChooseHealth
D E L A W A R E

Delaware's State Health Care Innovation Plan – Update

August 7th, 2013

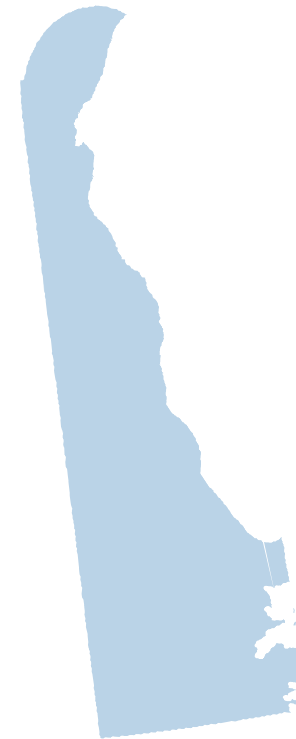
Where we are today



- Working document (first draft!) of plan developed, shared with stakeholders across DE, and discussed at July 23rd cross-workstream meeting
- Goal's for today
 - Share overview of draft plan
 - Get your feedback
 - Discuss next steps for input going forward

Delaware's goals for achieving the Triple Aim...

- » Delaware will be one of the **healthiest states in the nation**; and
- » Delaware will be a **national leader in health care quality and patient experience**; and
- » Delaware will **significantly reduce health care costs**



Context and case for change

Delaware begins transformation with many strengths



- **Better coverage** (10% uninsured vs. 16% nationally), better cancer screening coverage
- Has **significant assets** to support the health care system (e.g., DHIN)
- **Innovation yielding positive outcomes in specific efforts** (e.g., elimination of cancer screening disparities, reducing unnecessary ED visits)

Significant gaps remain vs. Triple Aim



- **Delaware remains unhealthy** (e.g., greater than average burden of chronic disease)
- Health care **quality** generally **average**, **experience** often **below average**
- **Spends 25% more per capita** than national average

Given strengths and investment, current situation is surprising



Barriers

Structural elements limit progress vs. Triple Aim...

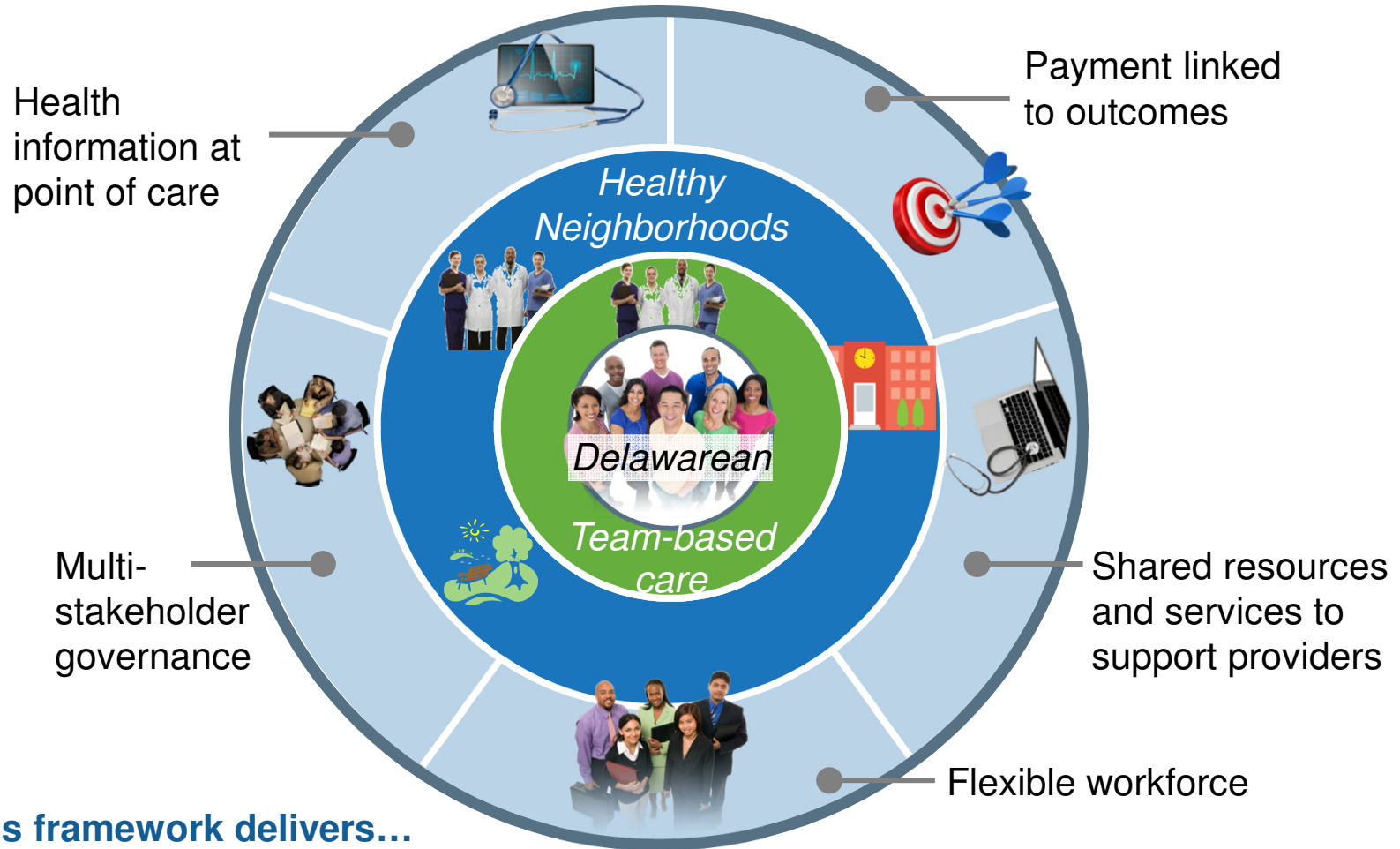
- **Payment incentivizes volume of services – not quality**
- **Care delivery highly fragmented**
- Population health approach **not adequately integrating public health, health care delivery, and community resources** in support of health care goals

...and are exacerbated by operational challenges facing Delaware

- **Workforce has major gaps** in specialties, geographies, and skills (e.g., for team-based care)
- **Limited transparency** on quality and cost for patients and providers
- **Lack of payer alignment** on payment model, measures, and areas of focus
- **Sustained preference for pilots** vs. designing for scale
- **Community resources spread thin** across many prevention areas
- 10% of Delawareans remain **uninsured**



Framework for DE's health transformation



What this framework delivers...

- Care delivery that is patient-centered, multi-disciplinary, and technology-enabled
- Investment in integrated population health and delivery system improvements
- Support for providers of all types to participate in new payment and care delivery models
- Sustainable model for transformation

Core elements of the plan



- Empower Delawareans to **better manage their health** by providing access to their own medical information, tools, resources, and education



- Focus on areas that drive cost through **care coordination for high risk (adults/elderly AND children)** and more effective diagnosis and treatment for limited set of **high cost, high variation areas**
- **Common principles** and provider **scorecard** to promote transparency
- **Shared resources and services** (e.g., clinical guidelines, learning collaboratives, transformation support) that facilitate provider transition to coordinated care



- **Two tracks** for moving toward outcomes-based payment linked to quality and cost
- **Flexible provider models** to optimize participation and innovation
- Funding for provider **investment in care coordination**



- **Healthy Neighborhoods program** mobilizes communities to align with delivery system and each other to address most important determinants of health
- Ensures coordinated care for all individuals to **promote health, wellness, prevention, and primary care** (e.g., through medical homes)

Enablers



- **DHIN provides single interface** for providers and for patients enables transparency that supports care coordination, performance reviews, and patient engagement
- **Risk stratification** and **care gap services to support providers**



- Vision for Delaware as a **“Learning State”**
- Holistic approach to workforce that offers **accessible** and **coordinated** education/training, promotes **diverse** and **geographically** distributed workers, and empowers **top-of-license** practice



- **A policy environment that** makes transformation possible (e.g., licensing)
- Stand up **new governance structure** to support transformation and ensure momentum over time

Distinctiveness of the plan

- ✓ **Flexible and inclusive of all providers**
- ✓ **Industry-leading HIE to accelerate transformation**
- ✓ **Connecting across reform efforts**
- ✓ **Breadth and depth of stakeholder engagement**
- ✓ **Commitment of the State**
- ✓ **Scalable, replicable model for national health transformation**

Governance to support transformation

Need for governance

- Maintain momentum for transformation
- Provide framework within which transformation can occur
- Maintain high level of connectedness among stakeholders

Principles of governance

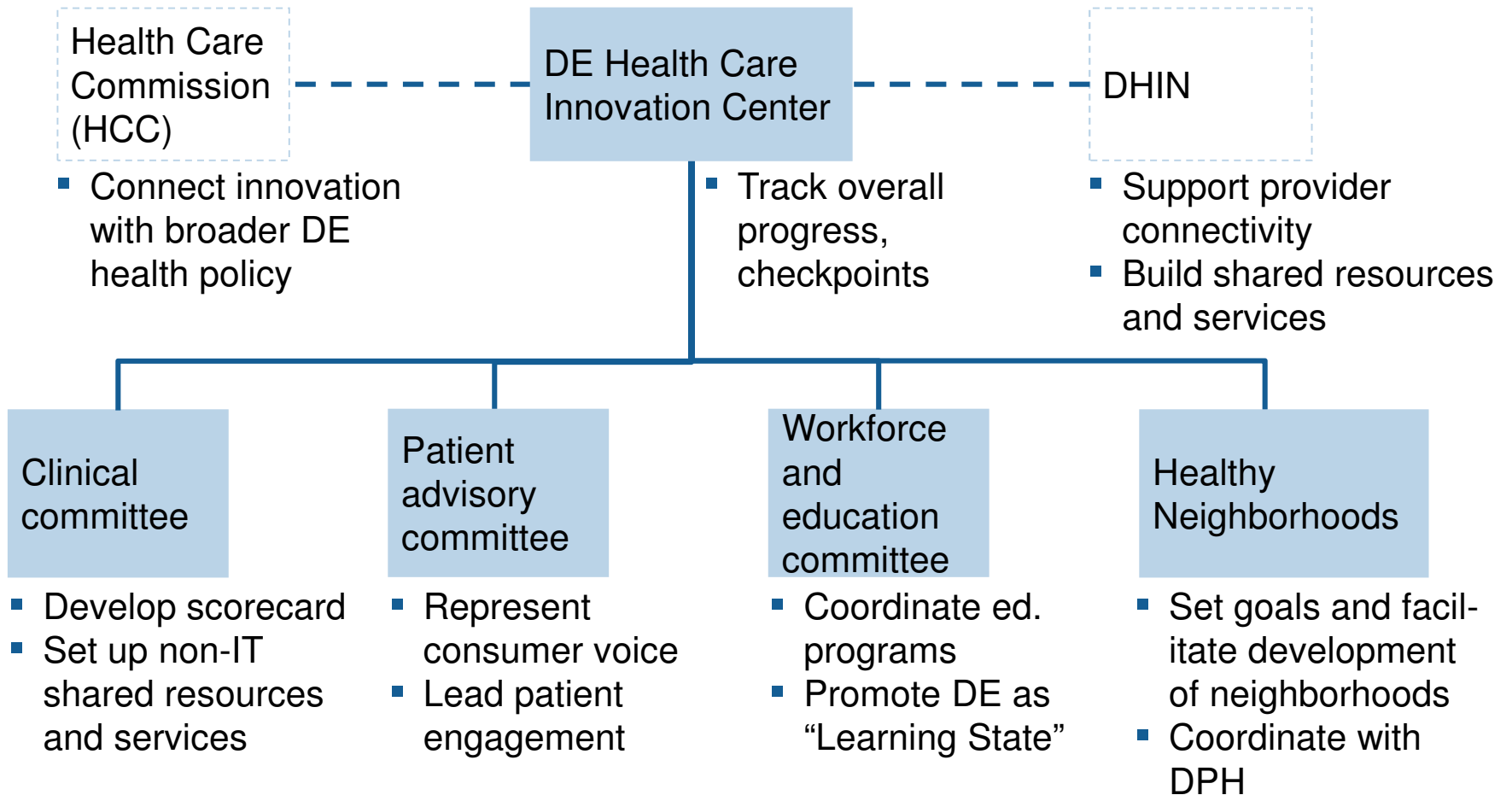
- Design for the long-term
- Provide support of the State yet the nimble nature of the private sector
- Retain inclusive stakeholder approach and the inclusion of all perspectives

Goals of today's governance discussion

- Introduce draft vision for governance
- Discuss potential structures and approach to engrain transformation in Delaware
- Gather feedback on draft vision

Potential structure for discussion

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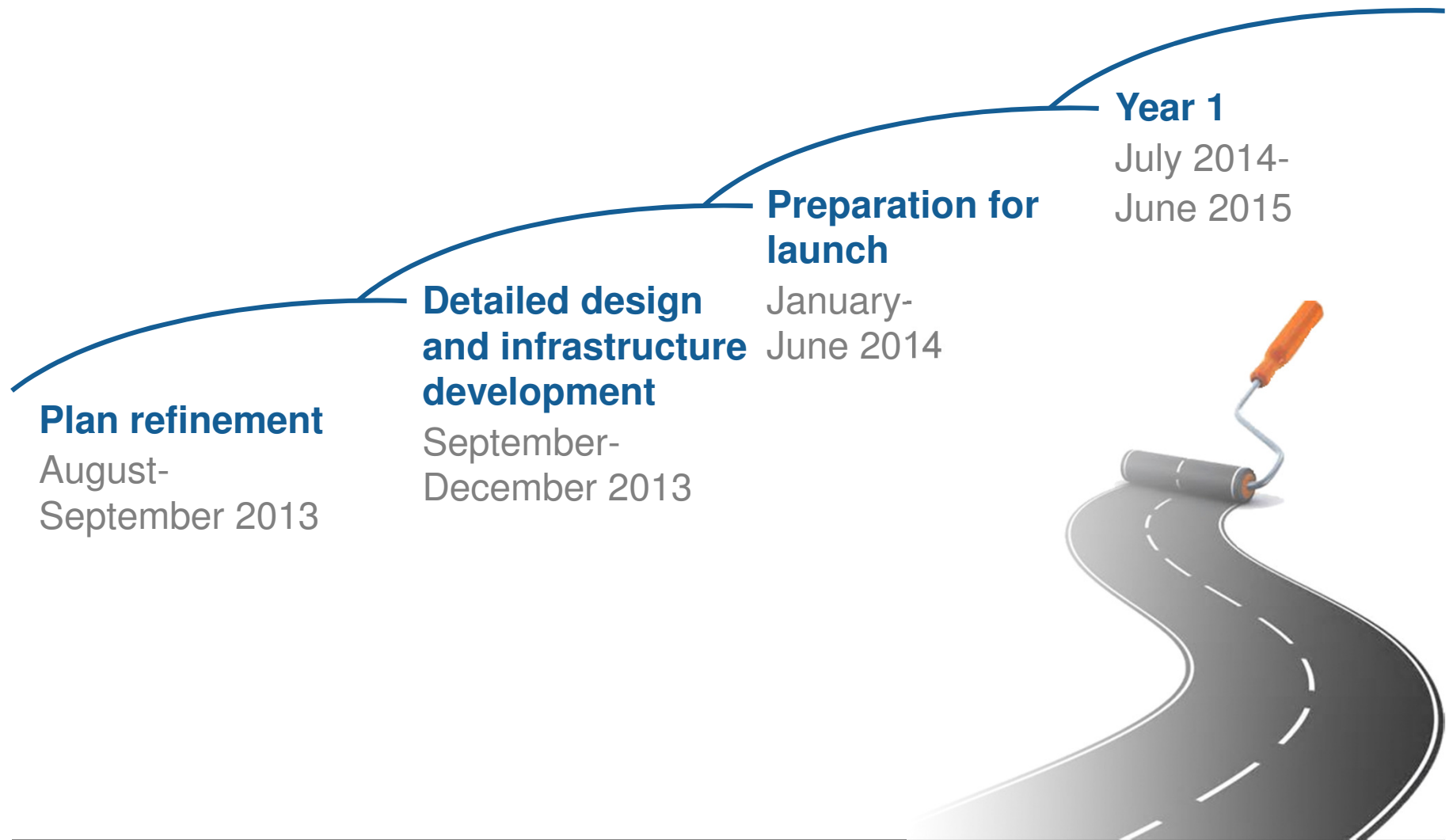


- DE Health Care Innovation Center **delivers innovative services to advance Triple Aim**
- Multi-stakeholder, public-private sector approach**



The road ahead

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Measuring overall success – for discussion

	<u>Goal</u>	<u>Metric</u>
High-level goals: The Triple Aim	▪ Improved outcomes	▪ Basket of HEDIS measures
	▪ Enhanced experience	▪ Net promoter score
	▪ Health	▪ Chronic disease burden, prevalence of Behavioral Health conditions
	▪ Reduced cost	▪ TME trend vs historical and baseline trend
Initiative-based indicators	▪ Payment	<ul style="list-style-type: none"> ▪ Covered lives and % of population of total cost model ▪ Covered lives and % of population of P4V model
	▪ Metrics	▪ % of patients with care plans (target 10%)
	▪ Shared resources and services	▪ % of practices using 1+ shared service or resource
	▪ DHIN	▪ % of practices using bidirectional payer-provider portal
	▪ Healthy Neighborhoods	<ul style="list-style-type: none"> ▪ % of population covered by a Healthy Neighborhood ▪ Wellness and screening rates
	▪ Policy response	▪ Governance structure stood up and active participation in governance
	▪ Workforce	▪ Number of care coordinators hired



Near-term next steps

