

EXECUTIVE SUMMARY

In July 2018, the Delaware Health Care Commission (DHCC) launched a mini-grant initiative aimed at increasing readiness of the state to take on payment reform models to enhance patient care and improve coordination. A total of ten health care provider organizations received funding for value-based payment reform projects out of the 40+ applications received. Between the ten organizations, eleven projects were awarded mini-grants ranging from \$15,000 to \$250,000 (official award announcements released November 2018). Overarching themes and project goals included improving coordination of care, evaluating total cost of care, assessing different types of payment models, and enhancing health information technology through data analytics and system upgrades. Initial project successes included alternate payment modeling strategy, development of clinical workflows and supporting policies and procedures for improved coordinated care for primary care and behavioral health, and electronic health record (EHR) upgrades to support better data sharing and population health management. Specific electronic health record successes included billing system enhancements, transitions of care, total cost of care baselene, and screening for social determinants of health. This report summarizes the administrative process and work completed under this mini-grant initiative including an appendix of detailed summary reports as part of the reporting/monitoring process.

Technical Assistance Overview

HMA offered technical assistance (TA) as part of the support provided to the mini-grantees. HMA initiated the TA process by assessing the work plans for each of the projects to determine the potential level of need for each project utilizing a “low-medium-high” ranking. Initial calls were then setup with each grantee to confirm work plan and TA needs. Following these calls, HMA put together a grid of TA needs, mapping them to appropriate, internal subject matter experts (SME). A list was then created of available SMEs and passed along to each of the grantees at the time of the next check-in. Eighty percent of the grantees fell in the low or medium TA need category. HMA identified the following TA focus areas:

- Help obtaining State data for analysis
- Workflow assessment/development
- Staff trainings
- Liaison for requested state participation (e.g. workshops)
- Medicaid claims review

Key Findings and Results

Overall, the grantees found it challenging to complete their respective workplans in an abbreviated timeline; however, there were valuable lessons learned. The grantees reported the importance of having strong leadership and aligning initiatives with the system’s priorities and processes. Also, a challenge to consider is the timeline for contracts and the complexities of agreements maneuvering through legal requirements. With challenges and barriers aside, many grantees acknowledged the value of educational outreach and staff training sessions for development and understanding of project goals. Many grantees were able to report successful workflows and progress that should lead to sustainable outcomes. Grantees were enthusiastic about implementing long-standing ideas and they are excited to monitor outcomes going forward beyond the grant period.

Additional reported successes include:

- Integration of data systems and clinical data captured in EHRs
- Enhancement of IT systems for better data capture
- Redesign of workflows for better patient outcomes
- Staff training/education to understand value-based payment concepts and methodology
- Enhanced data extrapolation to better understand population health
- Utilizing IT/data analytics for better stratification of high-risk/high-cost patients in order to enhance the delivery of care and ensure better coordination of care
- Increased readiness to adopt VBP models and/or integrate into an ACO/CIN
- Development and implementation of apps and notification systems to enhance patient care/coordination

Best practices reported:

- Factor in extra time and costs when it comes to IT implementation
- Communicate clearly with service providers. Create work flows to facilitate staff implementation of new systems
- Include all parties involved when dealing with system upgrades and/or integration
- Prioritize Transitional Care Management (TCM) visits and fully utilize care management to help providers stay connected to recently discharged patients
- Train clinical staff on SDOH codes and assigning dummy codes to enable services not billed out (e.g. transportation, housing, etc.) while generating reports produces additional useful data
- Carve out time for training and education
- Ensure strong leadership support
- Align project goals with priorities of the larger system so work can be done faster
- Be flexible on multiple ways to accomplish goals
- Identify and connect with stakeholders on goals and objectives to increase engagement and buy-in

VBP Reform Projects: At a glance

Eleven total projects awarded to ten provider organizations:

1. Nanticoke: Global Budgeting (\$250,000)
2. Stoney Batter Family Medical: Admissions Reduction Emergency Room Hospital (\$20,000)
3. Stoney Batter Family Medical: AllScripts EHR System (\$73,000)
4. Delaware Health Net: Cost of Care Analytics Tool (\$34,375)
5. Westside: Population Health Software Platform (\$179,190)
6. Christiana Care Health System: CareLink BH Medical Home Pilot (\$62,168)
7. Nemours: Preparing for Value and Risk (\$200,000)
8. MedNet: EMR Vendor Fees for Speedy Data Integration (\$200,230)
9. Brandywine Counseling: Data Integration (\$111,716.50)
10. Mid Atlantic Behavioral Health: Alternative Payment Model (\$65,684.29)
11. Connections: Vorex for the Hub (\$15,125)

Note: Health Management Associates (HMA) set up regular meetings with each of the grantees to assist with grant monitoring and to provide technical assistance as needed. (see Appendix A: VBP Reform Mini-Grants Summary Reports below).

VBP Reform Projects: Summaries Table

<u>APPLICANT NAME</u>	<u>PROJECT</u>	<u>AMOUNT</u>	<u>PROJECT DESCRIPTION</u>
Nanticoke	Global Budgeting Study	\$250,000	Conduct study on global budgeting and how it could potentially be implemented by Nanticoke and the state of DE. The ultimate goal of the project will be to position Nanticoke to decide on whether to proceed with global budgeting.
Stoney Batter Family Medical (SBFM)	Admissions Reduction ER-Hospital (App 1)	\$20,000	Design training program for care coordinators/providers to prevent ER and hospital readmissions utilizing hospital-based admission information from DHIN, their ACO practice dashboard for Medicare patients, and their EHR system to optimize communication.
Stoney Batter Family Medical (SBFM)	Allscripts EHR System (App 2)	\$73,000	Upgrade Allscripts system to facilitate better data sharing required for participation in value-based payment programs, conversion to electronic billing, and associated training sessions.
Delaware Health Net (DHN)	Cost of Care Analytics Tool	\$34,375	Develop "Cost of Care" analytics tool to define how much a chronic condition population cost has been historically when cared for at a health center.
Westside	Population Health Software Platform	\$179,190	Improve ability to thrive in APMs by focusing on utilization of HIT to identify and coordinate care of high-risk/cost patients, identify barriers limiting patient from utilizing appropriate level of care and developing improved data integration with one of their Medicaid Managed Care payers to allow use of clinical data for pay-for-value program performance. Part of the work will involve integration of Westside's Allscripts EHR system with DHIN to allow submission of CCCDs by Westside to the DHIN Community Health Record, thus improving the utility of the Community Health Record for all providers involved in care of Westside's patients.
Christiana Care Health System (CCHS)	CareLink BH Medical Home Pilot	\$62,168	Pilot a behavioral health medical home (BHMH) model on a targeted subset of AmeriHealth's Medicaid membership with the hope of overcoming historical barriers to BHI by formalizing relationships and operational processes by testing an aligned reimbursement model for the selected target population.
Mid-Atlantic Behavioral Health (MABH)	Alternative Payment Model	\$65,684.29	Increase readiness to operate through an APM by developing and implementing a system of measurement based coordinated care with the data analytic support to evidence improvement in care quality and efficiency. Part of the work will be identifying current IT gaps and defining/developing platforms to support VB objectives and clinical outcomes. As a result, MABH plans to enter

			into an agreement with DHIN to begin sharing data and receiving critical alerts through their subscription services.
Nemours	Preparing for Value and Risk	\$200,000	Increase readiness to integrate into an ACO/CIN or operate through an APM; ensure data integration/infrastructure analytics; and improve coordination of patient care.
MedNet	EMR Vendor Fees for Speedy Data Integration	\$200,230	Funds will be used to speed up development of Population Health Management platform through expedited integration of clinical data from the EMR platforms represented across the MedNet network.
Brandywine Counseling & Community Services (BCCS)	Data Integration	\$111,716.50	Implement a data integration project that will reorganize their institutional structure to accommodate value-based payments and improve the coordination of patient care across their system. Data integration and predictive analysis will be used in order to fill a gap found in their IT infrastructure that has limited their ability to effectively coordinate the care of their clients who have co-occurring diagnoses. BCCS will implement this project by working closely with NextStep Solutions and DHIN (current member, will use searchable patient clinical history, ADT notifications, labs, etc.). Due to the nature of their EHR software, a custom integration will be necessary in order to interface with DHIN which will be created by NextStep.
Connections Community Support Programs (CSP)	Vorex for the HUB	\$15,125	Purchase/utilize business management software, "Vorex," to assist in obtaining a better understanding of activities that take place in CSP's 24/7 Wellness and Recovery Access Hub (a website devoted to assisting clients in accessing CSP's services and acts as a single point of entry for all internal and external communication).

Appendix A: VBP Reform Mini-Grants Summary Reports

A.1 DHCC Value Based Payment Reform Grant Monitoring Interim Report - December 14, 2018

Brandywine Counseling and Community Services (Update as of 11.29.18)

Data Integration

- The team reported initial success in contract development with their current electronic health record vendor (EHR), NextStep Solutions and connection with the Delaware Health Information Network (DHIN). DHIN will provide support for close to real-time notifications for patient admissions, discharge, labs, and other information.
- The site is concerned about missing patient data for those admitted outside of the state and discussed options for gathering that data through another health information exchange or payer source.

Christiana Care Health Services, Inc. (Update as of 11.14.18)

CareLink Behavioral Health Medical Home Pilot

- The team continues to develop the high-level value-based payment strategy in alignment with overall Christiana Care Health Services goals and tracks progress on a weekly basis. Initial success reported in establishing dedicated space, developing job descriptions, and IT support for data collection and analysis.
- Next steps include the development of policy and procedures and a press release within the organization and to the public.
- Pilot testing will be initiated by the end of the contract; however, completed later in the year, with a go-live date of early spring. Potential challenges will depend on IT implementation and recruitment.

Delaware Health Net, Inc. (Update as of 12.4.18)

Cost of Care Analytics Tool

- In collaboration with MicroStrategy, the DE Health Net team built the initial draft of the Analytics Tool, incorporating feedback from La Red Health Center to inform query portal development in AllScripts. The team demonstrated the attribute list and framework behind the SQL report during a check-in call.
- The team reported that the largest lift will be setting up the data queries and testing data validity. Plan is to incorporate SDOHs and how that ties in with the overall patient experience. The leadership, population health, and financing staff will most likely use the tool initially, with rollout to clinical staff later. Training will be set up to ensure these staff members (the ultimate end users) understand the mechanisms behind generated reports as well as how to obtain the most value out of the tool.

Mid-Atlantic Behavioral Health (Update as of 12.14.18)

Alternative Payment Model

- In order to be ready for implementation upon award, the site developed initial contracts with trainers, alternative payment modeling, and value-based payment consultants, including tentative dates for trainings and working sessions. Also, the site set up meetings with at least one of the Medicaid Managed Care Organizations (MCOs) to discuss payment options.

MedNet of Delaware (Update as of 11.28.18)

EMR Vendor Fees for Speedy Data Integration

- The MedNet team expects to complete all deliverable tasks by deadline, with a few trainings completed beyond the grant period end date.
- Upon notice of award, the team was ready to execute contracts with the various practices and associated EHR vendors, including AllScripts. Next steps include getting the data feeds from vendors, data mapping and configuration of tools for each practice.

Nanticoke Memorial Hospital (Update as of 11.28.18)

Global Budgeting Study

- Nanticoke initiated contracting with McKinsey upon award notification and still plans to achieve progress within each deliverable by the end of the grant period.
- Initial successes include scheduling December and January visits, deliverables, and two of the four workshops. The site provided the dates and descriptions for each workshop and requested participation from the Delaware Health Care Commission (DHCC) and HMA.
- HMA plans to send at least one representative to one workshop in coordinate with the DHCC. After an initial conversation about the hospital structure and patient population, HMA believes Maryland's model could be an option and plans to provide additional expertise during the model assessment process.

Nemours Children's Health System (Update as of 11.29.18)

Preparing for Value and Risk

- Upon contract award, Nemours completed and executed the contract with Milliman for actuarial support. The site developed a data request for Medicaid encounter data, starting with data available from Division of Medicaid and Medical Assistance (DMMA). HMA also recommended requesting data from the two state Medicaid MCOs or other payers as needed, depending on quality and availability of data from DMMA.
- The site put in a request to Aculytics to develop the registry and continues to finalize the contract with the Medical Management Consultant, Pam Carr, to start analyzing current workflows and policies for care coordination and management.
- Due to the volume of tasks and abbreviated timeline, Nemours anticipates work on deliverables to extend past the grant period end date.

Stoney Batter Family Medical (Update as of 11.30.18)

Admissions Reductions ER- Hospital

- Dr. Sarah Mullins reported that the Stoney Batter Family Medical team has developed a workflow to use the current Accountable Care Organization (ACO) application (app) to receive notification for and manage patient discharge and admissions data to prevent readmissions. The team provided trainings to Care Managers to use the ACO app and are discussing options for incentives, such as a prize for those Care Managers with the most patient touches.
- The practice identified that one challenge may be increasing the use of the ACO app systemwide.

AllScripts EHR System

- Upon grant award, Stoney Batter Family Medical scheduled the EHR upgrade to support data-sharing. The practice does not anticipate complications in completing the upgrade prior to the end of the grant period; however, the trainings may extend beyond the end of January.

- The site did not want to initiate the upgrade until funding was released.

Westside Family Healthcare

Population Health Software Platform

- In order to be ready for implementation upon award, the team focused on relationship development with AmeriHealth Caritas, i2i, and staff dedicated to the project. Due to the shortened grant period timeline, the team will augment the internal team structure to increase staff time to drive more timely completion of tasks when possible.
- Once the software is further developed, the data team will partner more with staff to develop workflows to assist with the deployment of the PRAPARE tools. Workflow development and training may extend beyond the grant period end date.

A.2 DHCC Value Based Payment Reform Grant Monitoring

Interim Report – January 4, 2019

Brandywine Counseling and Community Services (Update as of 12.20.18)

Data Integration

- The team reported regular and productive communication with DHIN to establish the bridge, including the initial transmission of a client panel to begin receiving notifications and launch of automated text and calls.
- The team plans to launch the program in early January. NextStep has the defined data needs and will be currently determining how to utilize the data to run the analysis.
- Brandywine requested technical assistance for predictive analysis in behavioral health and HMA provided a SME resource to provide assistance as needed in January.

Christiana Care Health Services, Inc. (Update as of 12.12.18)

CareLink Behavioral Health Medical Home Pilot

- The Christiana Care team is successfully working with Cerner and Aerial (a care management documentation system) to develop interfaces for data exchange to support the BH Medical Home Pilot. The team standardized the screening tool for social determinants of health and reviewed data transfer requirements with AmeriHealth.
- The team also secured space for the case management program and developed draft workflows to be finalized in January.
- The team continues to work with Cerner IT and billing to ensure alignment and compliance with billing and communications around scope of work. The team met with attorneys to go through different scenarios to ensure the proposed framework is compliant with state requirements.

Delaware Health Net, Inc. (Next meeting 1/7 – no updates since last interim report 12/14)

Cost of Care Analytics Tool

Mid-Atlantic Behavioral Health (Update as of 12.14.18)

Alternative Payment Model

- Mid-Atlantic reported initial success in identifying and engaging staff and consultant partners, including AllMeds, with the pilot set to go live on January 8, 2019.

- The team established monthly meetings with Blue Cross to explore alternate payment models, established dates to support trainings for motivational interviewing and patient-centered care, and initiated discussions with consultants to develop additional support infrastructure.
- The team experienced challenges in baseline data collection from payers, DHIN liaison changes, and a delay in identifying a consultant for patient centered care training.

MedNet of Delaware (Next meeting 1/16 – no updates since last interim report 12/14)

EMR Vendor Fees for Speedy Data Integration

Nanticoke Memorial Hospital (Update as of 12.19.18)

Global Budgeting Study

- Nanticoke reported a successful board presentation and first workshop for hospital leadership led by McKinsey. McKinsey will develop a summary memo, to document learnings and next steps. The McKinsey team created a list of financial modeling requirements and will convene the second workshop for Nanticoke clinical and administrative leadership on January 22.
- Nanticoke’s largest concerns are related to overall governance, including the state of Delaware’s preparation to support the global budgeting model and methods for oversight. The Nanticoke team emphasized the importance of state participation in the next workshop and requested a separate meeting to discuss operational/governance-related questions. That meeting will be held on January 10, 2019.
- If approved, the proposed model would be implemented by Nanticoke in the following budget year to allow for the development of required infrastructure support.

Nemours Children’s Health System (Update as of 12.20.18)

Preparing for Value and Risk

- The Nemours team is working with Milliman for actuarial consultant support and requested Medicaid encounter claims data from DMMA to support analysis. Existing Medicaid data may be reviewed in meantime and Milliman will go onsite early January.
- Nemours is using their existing contract with Aculytics to start buildout of dashboards to support the 3M CRG deliverables.
- The team has concerns around getting data from DMMA in a timely manner to meet the scope of work and securing a medical management consultant. HMA to provide technical assistance/fill in as needed for the medical management consultant component.

Stoney Batter Family Medical (Update as of 12.21.18)

Admissions Reductions ER- Hospital

- Stoney Batter reported success with consultant meetings, a plan for staff education sessions, and the “Home for the Holidays” campaign. The campaign included mailing and distributing postcards patients encouraging office visits and phone calls instead of visits to the emergency room over the holidays.

AllScripts EHR System

- The AllScripts electronic billing will go live December 26th. The practices continue to use paper billing for auditing purposes and to avoid gaps in claims reconciliation.

Westside Family Healthcare (as of 12.19.18)

Population Health Software Platform

- The team reported successful engagement with i2i and plans to complete program deliverables by the end of the grant period.
- Westside expressed concerns over vendor coordination, between i2i and AmeriHealth, and delays in contract negotiation and execution for all vendors (i2i, DHIN, and AllScripts).
- Westside requested technical assistance with project plan integration to support vendor communication and is working with an HMA SME resource to further develop the plan.

A.3 DHCC Value Based Payment Reform Grant Monitoring *Final Report (January 2019)*

The Delaware Health Care Commission awarded ten health care provider organizations for value-based payment reform projects. Between the ten organizations, eleven projects were awarded mini grants, ranging from \$15,000 to \$250,000. Overall themes and project goals reflected improving coordination of care, assessing cost of care and budget models, and performing data analytics and integration. Some of the initial project successes included alternate payment modeling strategy, development of clinical workflows and policies and procedures to support coordinated care for primary care and behavioral health, and electronic health record upgrades to support data sharing and population health management. Specific electronic health record successes included billing system enhancements, transitions of care, total cost of care baseline, and screening for social determinants of health. Health Management Associates met with grantees monthly and this report reflects the success of each grantee as reported during their final check-in meeting.

Brandywine Counseling and Community Services

Data Integration

The Brandywine Counseling and Community Services' Data Integration project team has reported regular and productive communication with DHIN to establish and clarify expectations for the EHR and DHIN bridge. As of January 22, 2019, the team reported that DHIN encounter notification service (ENS) alerts are being received and a staff training is scheduled. Additionally, the team is motivated and is moving forward with the population predictive analysis. Trainings for the predictive analysis will likely occur in February or March. Both components of the Data Integration project are being built into Brandywine Counseling and Community Services' internal processes and will therefore continue to be utilized beyond the SIM grant period.

Christiana Care Health Services, Inc.

CareLink Behavioral Health Medical Home Pilot

Christiana Care Health Services has reported initial success securing space for the case management program and designing initial workflows. Human resources is currently conducting recruiting discussions as the CareLink Behavioral Health Medical Home Pilot team continues to work on processes and procedures needed for the workflow. Additionally, IT has been working on setting up the case management system to be in place for the end of January. Both Dr. Diane Bohner and AmeriHealth are pulling data on patients to define a target population for the program. Once patients are recruited into the program, iPads will be set up with a satisfaction survey to track patient experiences. The medical

home value-based payment model will be sustainable beyond the SIM grant because Christiana Care Health System has allocated funds for the practice, including administrative time to enhance and stabilize the practice.

Connections

Behavioral Network Evaluation

Connections purchased Vorex business management software to assist in obtaining a better understanding of activities that take place in their 24/7 Wellness and Recovery Access Hub that serves as a single-entry point for all of their internal and external communications. The newly implemented software is expected to enhance overall reporting by allowing Connections to track and analyze requests for service by availability, location, type of service and to identify unmet needs and areas for improving access to mental health and substance use disorder treatments. A text/chat feature is being integrated with Vorex that will allow potential clients and referral sources to contact the Hub directly via chat.

Delaware Health Net, Inc.

Cost of Care Analytics Tool

The Delaware Health Net project team has successfully developed and tested a Cost of Care analytics tool to define cost by population stratification groups. The beta testing is complete and as of January 21, 2019 the team was working on a prototype to release for La Red Health Center (LRHC). Delaware Health Net staff and LRHC management have been trained on the report and documenting social determinants of health. The team has also been working on copying the report to the Henrietta Johnson Medical Center database. Beyond the SIM grant, Delaware Health Net will continue data collection of social determinants of health, which will continue to improve data quality and value.

Mid-Atlantic Behavioral Health

Alternative Payment Model

Mid-Atlantic Behavioral Health reported successfully completing the first motivational interviewing training and DHIN implementation. The motivational trainer will do a follow-up training and a patient-centered measurement-based training is scheduled for January 31, 2019. With DHIN live, Mid Atlantic Behavioral Health is receiving emergency room visit alerts in addition to labs. The Alternative Payment Model project team has added 23 providers to DHIN, in addition to the initial seven. Additionally, as of January 22, 2019, the project team was finalizing a contract with AllMeds to develop a reporting capacity so that key outcome measures will be written into the EHR. The developed alternative payment model processes and technology put in place will continue beyond the SIM grant period.

MedNet of Delaware

EMR Vendor Fees for Speedy Data Integration

The MedNet of Delaware EMR Vendor Fees for Speedy Data Integration project team reported successfully integrating clinical data from some independent practices. Also, the team reported that daily comprehensive, educational outreach has been going well, but is a slow process. The secured practices are using 33 different EMR systems. Of the systems being used, 64% of the practices utilize AllScripts, Cerner, eClinicalWorks (ECW), and STI. MedNet will continue to guide practices through education and providing resources to support their success in value-based contracts beyond the grant.

Nanticoke Memorial Hospital

Global Budgeting Study

Nanticoke Memorial Hospital held its second McKinsey led workshop on January 22, 2019 for the Global Budgeting Study. The project could not continue as planned because CMMI indicated to the State that they are not in support of the project approach. The McKinsey workshop served as an educational and brainstorming session to think of alternative paths and models.

Nemours Children's Health System

Preparing for Value and Risk

The Nemours Children's Health System Preparing for Value and Risk project team reported successful work from Acculytics on developing dashboards for 3M Clinical Risk Group (CRG) scores that produce actionable information on patients. As of January 23, 2019, the project team reported executing a business associated agreement with DHCC to provide the data Milliman needs. Milliman went on site on January 24, 2019 for a training session on taking on financial delegated risk, protections and reserves. On the reporting date, the project team was finalizing their contract with Professional Services Network, Inc., a medical management consultant. Beyond the SIM grant period, Nemours will incorporate CRG into their medical management model and patient care. Also, additional consultant dollars were budgeted to support completion of actuarial support and medical management, if needed.

Stoney Batter Family Medicine

Admissions Reductions ER- Hospital

AllScripts EHR System

The Stoney Batter Family Medicine project team reported on January 23, 2019 that providers are billing electronically using the new hierarchical condition categories (HCC) for 2019. Stoney Batter Family Medicine providers are learning proper billing techniques through partnerships in the billing office. Also, the team successfully analyzed the high utilizer list for 2018 to determine appropriate interventions with care management or establishment with new primary care physicians. They reported an increase in the completion of transition care management (TCM) visits. As of the reporting date, the team noted that the staff training sessions to implement workflow will be complete by the end of the grant period. Based on the project success, Stoney Batter Family Medicine will be better equipped to transmit claims directly after the grant period ends. Additionally, the staff is better connected to receive DHIN information about hospital discharges and connecting patients to their care manager, complete a TCM visit, and prevent hospital readmission.

Westside Family Healthcare

Population Health Software Platform

Westside Family Healthcare's Population Health Software Platform project team reported successfully engaging contract discussions with DHIN, AllScripts and i2i. As of January 16, 2019, the contracts were being reviewed by Westside Family Healthcare's legal team. Additionally, AmeriHealth's legal team is reviewing a statement of work that i2i delivered. The project team reported that they plan to use their partnership with AmeriHealth to develop a more comprehensive P4V beyond the SIM grant. Also, i2i and DHIN will continue to be great data resources for managing Westside Family Healthcare's population going forward.