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Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

Award Title	Delaware:Test R2	**Round**	2
Organization Name	Delaware	**Grants Management Specialist**	Gabriel Nah
Type	Test	**Project Officer**	Katie Shannahan
Total Funding Amount	$35,000,000.00		
Description	Delaware will: (1) support ten community-based population health programs (Health Communities); (2) develop an IT infrastructure to support a cross-payer scorecard of core measures available to providers with related tools for patient engagement and price and quality transparency; and (3) engage payers in the development of a pay-for-value model and a total-cost-of-care model for providers (including independent PCPs), with the goal of attributing all Delawareans to a primary care provider during the performance period. In addition, the state will offer technical assistance to providers focusing on models of integrated, team-based care and transition to value-based payment models. Delaware will implement workforce development strategies to build competencies and address the current workforce and will also develop educational programs to address the needs of model participants.		

Progress Report

Progress Report	Progress Report 2 - Award Year 3	**Award Title**	Delaware:Test R2
Report Number	2	**Award Year**	3

Approval Status	Pending Approval	**Date Submitted**	8/30/2017
Date Approved		**Last Modified By**	Laura Howard
Reporting Period Start Date	5/1/2017		
Reporting Period End Date	7/31/2017		
WBS Not Applicable	☐		

Executive Summary

Success Story or Best Practice

In June, HCC partnered with the Delaware Center for Health Innovation (DCHI) to host a cross-committee meeting focused on Accelerating Payment Reform. This three-hour session featured innovators from other states and leading researchers and served as a forum for stakeholders to discuss accelerating innovation, adoption, and implementation of value-based payment models in Delaware.
Speakers at the event included: Dr. Joshua Sharfstein, Associate Dean for Public Health Practice and Training at the Johns Hopkins Bloomberg School of Public Health; Robin Lunge, Member of the Vermont Green Mountain Care Board; David Seltz, Executive Director of the Massachusetts Health Policy Commission; Peter Hussey, Ph.D, Program Director, Health Services Delivery Systems, RAND Corporation; Robert Saunders, Ph.D., Research Director, Payment and Delivery Reform, Duke-Margolis Center for Health Policy. The main objective was to gather input on DHSS's proposed approach to payment reform and recommending next steps to ensure inclusion and a path forward to accelerate change.
The event was well attended with close to 100 in-person attendees. The session was also streamed online via Facebook Live, extending the reach of the event by hundreds of views. Live tweeting, a unique hashtag, and interactive questions from online viewers added to the engagement at the event. Feedback from the day was very positive and this session will serve as a model for future stakeholder engagement sessions planned for Q3.

Challenges Encountered & Plan to Address

In Q1, Delaware elected to complete its contract with its project management vendor, leaving the Health Care Commission without additional supports or external expertise in Q2, as had been the operating model previously. This presented challenges for the small HCC staff. However, staff and leadership of the Office of the Secretary increased their engagement in the strategic direction and operations of SIM, and in Q2 HCC released an RFP to engage a vendor to provide project management services to the State in order to continue the effective implementation of delivery and payment reforms necessary to achieve the vision articulated in the state's operational plan.
Challenges around the pace of adoption and promotion of alternative payment models also continue in Delaware. To address this, Delaware has refocused its direction on the use of state levers and policies that will increase the adoption of APMs in the state. HCC also will be selecting a vendor(s) to provide expertise in assessing various payment models, completing economic modeling, and creating an open data transparency strategy, all supporting the acceleration of payment reform.

Governance

In May, Steven Costantino joined the DHSS Office of the Secretary as Director of Health Care Reform. In this role, Steven will be a key member of the Department's leadership team, with an emphasis on driving payment and delivery transformation to more value based and integrative care models across multiple payers of services.
Steven comes to Delaware with many years of experience in leading health reform initiatives at the state level. Prior to coming to Delaware, Steven served as Commissioner of the Department of Vermont Health Access. There, he provided leadership for many of Vermont's expansive health care reform initiatives to increase access, improve quality, and contain health care costs. Steven was Rhode Island's Secretary of the Executive Office of Health & Human Services from 2011 to 2015 and implemented innovative reforms benefiting those relying on the programs and services provided by the EOHHS. Steven also brings legislative experience, having served eight consecutive terms in the Rhode Island House of Representatives.

Stakeholder Engagement

The DCHI Patient & Consumer Advisory Committee adopted a new structure which allows committee members to attend other DCHI committee meetings to ensure the inclusion of patient and consumer perspectives in discussions and initiatives, as appropriate. Since taking effect at the beginning of AY3, committee members have had the opportunity to reassess this new structure and believe that it provides an effective opportunity to garner the patient and consumer perspective in all of the committees' work.

The HCC is working with a vendor to maintain and enhance the ChooseHealthDE.com website. The vendor will help develop a strategy for integrating new health literacy tools in to the website, as well as identify key needs related to health literacy and provide a strategic plan for continuous patient and consumer engagement.

DCHI is working with a vendor to help update DCHI's Communications Plan, and address stakeholder engagement for the organization, specifically revising and launching a new DCHI website. Key performance indicators from DCHI's digital communication campaign suggests there has been an increase in social media reach, website traffic, and stakeholder and community engagement online.

In June, HCC and DCHI co-hosted a cross-committee meeting: "Accelerating Payment Reform in Delaware," allowing stakeholders to be part of the conversation around approaches to health care reform. This event was live-streamed on various social media platforms and provided an opportunity to the public to be a part of the discussion, drawing questions and comments in real-time via social media, and in-person at the event, where almost 100 people were in attendance.

Population Health

In June, HCC released an RFP to select a vendor for programmatic support for the Healthy Neighborhoods work. The winning bidder will provide project management and design and implement a mini-grant program for up to 10 Local Councils. A vendor will be selected in Q3.

There has been continued progress in the DCHI Healthy Neighborhood subcommittees. The Data subcommittee has developed a document of all data streams, with the goal of being able to pare down this data to the zip code level and overlay with geo-maps. The Sustainability subcommittee has reached out to additional stakeholders to discuss a sustainability framework, and how to increase alignment of resources statewide. Locally, funders are using the Local Councils as a convener for alignment of resources in high capacity areas. The Community Health Needs Assessment (CHNA) subcommittee will be defining priorities from a health care perspective and gathering feedback on approaches. For instance, they have been discussing food access and its impact on health, and will be considering utilizing a social determinants of health screening tool.

The Local Councils are moving forward, as well. In Sussex, an Annual Report was completed and a draft Community Impact Fund model is being reviewed. They are working on an engagement opportunity for local primary care and behavioral health (BH) providers regarding substance abuse, and strategizing BH expanded services for youth in Seaford, a high-need area. In Wilmington, core values and principles were identified, and 3 Task Forces have become operational, with a comprehensive schedule complete. They are working to align with the City of Wilmington and the CDC advisory group. The Dover/Smyrna LC had a soft launch in May, and is scheduling a Local Council meeting with identified stakeholders, and is scheduling Task Forces and beginning community planning efforts.

Health Care Delivery Transformation

The BH EMR Assistance Program had a total of six practice sites participating. One provider successfully completed the terms and conditions of the program in Category 2 on 7/5. Four other sub awards scheduled to end on 7/17 were approved for extension through 10/17/17, due to delays in integrating with Delaware Health Information Network and with primary care providers. During this quarter, two sub awardees received first payments. Online survey results revealed that 80% of participants agreed that capacity to train staff on new or enhanced systems remains the largest perceived barrier to EMR adoption and use. Enhanced efficiency and improved care planning and coordination are the perceived benefits of this program, with 80% responders strongly agreeing that quality monitoring is the most significant benefit.

As of July, 103 practice sites and 337 unique providers were enrolled in Practice Transformation (PT). For Q2, the program has had 0 new sites enrolled although agreements for 8 practices are being finalized. New site enrollment will be prohibited after 8/31/17. The HCC has advised vendors to begin assessments to determine practice readiness to graduate from the programs that have achieved all 9 milestones. With the recent shift in state focus to delivery system and payment reform, the HCC will require PT vendors to enhance curricula to provide specific TA relevant to health care spending benchmarks and/or other total costs of care payment models. The goal will be to ensure PT alignment with recent RFP on Accelerated Payment Reform.

The HCC continues to monitor progress toward the 9 Milestones using monthly average practice scores (APS) and percentage change scores (PCS). As of the June 2017 graduated analysis, Milestone 2 and Milestone 3 remain the highest scoring milestones on average. In terms of improvement over time, Milestone APS scores have improved an average of 33.6% since September 2016 when the new MPRT data collection system was implemented.

Payment and Service Delivery Models

In June, HCC released an RFP to select a vendor(s) to provide services and supports to HCC and the DHSS Office of the Secretary to support the state’s efforts to use the full extent of its purchasing power and regulatory authority to require/incentivize adoption of total cost of care payment models across multiple segments. The RFP requested proposals in four domains of expertise: health care payment reform implementation models, legal analysis, economic modeling, and open data transparency strategies. The winning bidder(s) will be selected in Q3.

DHSS has also led stakeholder engagement opportunities related to the implementation of a Health Care Spending Benchmark, as authorized by the DE General Assembly. The Benchmark is seen as a first step to acknowledge the high cost of health care in Delaware and provide downward pressure on the system, which will encourage the adoption of alternative payment models and delivery system reforms.

Leveraging Regulatory Authority

On July 1, Delaware's General Assembly passed House Joint Resolution 7 which confers upon the Department of Health and Social Services the necessary powers and authority to establish and plan for the monitoring and implementation of an annual health care spending benchmark. The Resolution states: "Health care spending in Delaware is higher than the national average and has historically outpaced the State's economic and revenue growth, contributing to the State's current structural deficit. To combat ever rising costs, HJR7 authorizes the Secretary of DHSS to undertake the actions necessary to establish a health care benchmark, and designating the State's 2018 fiscal year as a planning year. The Secretary is directed to consult with stakeholders in developing the benchmark." The Secretary's office and HCC are working to launch stakeholder summits in Q3 to inform a progress report due to the General Assembly by 12/1.
In May, the Division of Medicaid and Medical Assistance released a Request for Qualifications to solicit innovative approaches for improving the quality and delivery of services to Diamond State Health Plan (DSHP) and Diamond State Health Plan Plus (DSHP Plus) members from organizations that have experience providing comprehensive services to Medicaid beneficiaries and can provide high quality, cost-effective, and integrated services to those served by DMMA. Among the goals of DMMA's Managed Care Organizations are to promote the achievement of the Triple Aim Plus One, accelerate the adoption of value-based payment models among providers, promote provider-based care coordination approaches, including accountable care organizations and patient-centered medical homes, and achieve measurable improvements in member engagement with the delivery system, member health literacy, and member health outcomes. DMMA conducted in person interviews with RFQ respondents in July and if desired, will enter into a contract with a selected MCO vendor(s) in Q3.

Workforce Capacity

The Univ. of Delaware (UD) has been actively partnering with the DCHI Workforce Committee, PT vendors and HCC to focus on implementation of the Learning/Re-Learning Curriculum project. As of July, Module 1 was completed and Module 2 was launched. The pre-Work webinar and In-Person session for Module 2, Population Health Management & Health IT Enablement, were completed during Q2. Community learning calls for Module 2 were completed in July. Module 3 is in development and scheduled to launch in the fall. 82 individuals are enrolled to date. About 57% of enrolled participants practice in New Castle County, 29% in Kent County and 14% in Sussex County. For Module 2, 16 practice team members attended the Pre-Work webinar and 38 practice team members attended the In-Person session. Module 2 In-person sessions included interactive workshops with the State Health Information Exchange and DHIN and focused on analyzing/utilizing payer, clinical and other data more effectively to drive quality and decrease cost. The UD team also implemented a multidisciplinary stand-alone population health session, inclusive of providers, members of the health care team, employers, consumers and community organizations. UD had previously reported that recruitment/participation for In-person sessions was relatively low and flagged as a project barrier/risk.
In Q2, the DHSS/HCC leadership determined that Delaware will not develop/fund an RFP for a vendor to build sustainable workforce capacity planning model nor implement the graduate health professionals consortium. Funding for these efforts will be reallocated to support delivery system and accelerated payment reform initiatives in the state.
In Q2, the DCHI Community Health Worker (CHW) subcommittee released a report with a proposed definition, scope of practice, and core competencies, and has engaged the Dept. of Education to discuss possibilities of coordinating with established education system pathways, leading to CHW accreditation.

Health Information Technology

HCC continues to partner with the Delaware Health Information Network (DHIN) in the maintenance of the common scorecard. While the technical challenges of the scorecard have been overcome, there is a continued lack of interest by providers in accessing the data. Recent reporting shows few to no providers logging on for each month in Q2. DHIN will be working with the DCHI board and Clinical Committee to assess the uses for the Scorecard and define its path forward, given the significant investment made to date. One option discussed is to aggregate the data to provide a publicly available view of the variation in performance by measure across the state. DHIN is exploring the feasibility of creating a visual of the data in this way. DHIN continues to collect data from payers to populate the scorecard and will be updating the measures on a quarterly basis. In addition, DHIN is working to reflect updated measures for 2017 and is communicating with payers to ensure that their submissions are reflective of any changes needed.

To ensure a comprehensive approach to HIT initiatives, DHIN began providing regular updates to the DCHI board and was invited to speak at the Health Care Commission. DHIN staff and leadership also began attending other committees' meetings to ensure alignment of and input for any HIT work.

Progress continued on the implementation of the Health Care Claims Database. In Q2, DHIN released a draft regulation on data collection for public comment. The regulation will be finalized in Q3. Work also began on the development of the data access regulation, which will govern who can access the data contained in the HCCD and what the appropriate procedures will be regarding that process. The HCCD is scheduled to begin to collect data in February 2018.

Continuous Quality Improvement

In Q2 the state-led evaluation team implemented a stakeholder survey to gather information on broader stakeholder views regarding progress toward meeting DE SIM objectives and the relative impact of recent developments of changes on the health care system. The survey was sent to 131 DE SIM stakeholders through web-based and paper-based forms. In general, the broad DE SIM stakeholder group consists of DCHI and work stream committee members, DCHI executive staff, providers and payers that have a SIM-related contract, vendors working on SIM related activities, and healthcare professionals and consumers not directly involved with SIM activities, but have attended DE SIM related meetings. Preliminary results indicate that the majority of stakeholders are either moderately optimistic (66%) or very optimistic (22%) that DE SIM will accelerate the transformation of the healthcare system in Delaware. Half (50%) of stakeholders report their engagement with DE SIM has increased overtime, with just under 50% of stakeholders reporting they spend 1-4 hours per month on DE SIM activities. The three leading barriers identified by stakeholders to the successful adoption of the DE SIM strategy are lack of funding for sustained efforts (66% of respondents), costs (perceived or actual) of doing something differently (61%), and lack of buy-in/commitment from payers (56%).

During Q2 of 2017, the state led evaluator found that Delaware continued to make progress in advancing the goals of the SIM initiative, and stakeholders are progressing towards achieving the milestones and objectives laid out in the AY3 operational plan.

Additional Information

Metrics

Metric Name	Performance Goal	Current Value

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Confusion among providers between TCPI and SIM funding opportunities	2	Low	Low	Maintain dialogue with TCPI grantee to ensure coordinated messaging and strategy	Meet periodically with DE TCPI grantee to share information, enrollee lists and strategies	Call to be scheduled in Q3
Curriculum is not implemented in timely way to support change	2	Low	Low	Establish strong vendor management practices including deliverables-based contracts with intermediate milestones and oversight by the state	Continue to meet regularly with curriculum vendor to assess activities in support of timely implementation of modules	Curriculum module 2 launched in Q2, Module 3 scheduled to launch in Q3
Elimination of collaborative agreement disconnects APRNs from care team	1	Low	Low	Conduct education and promote awareness of the role of APRNs in care team	Ensure communication with curriculum and PT vendors to ensure APRNs are incorporated into activities and team-based learning opportunities	Curriculum vendor launching Module 2 in Q2 and Mod 3 in Q3; PT vendors continue to work with enrolled practices on elements of team-based care.
Inability to align on focus area	3	Medium	Medium	Realign grant funding strategies to support HN initiative	HCC will select a vendor to implement a mini-grant program to support the work of HN Local Councils and ensure alignment on focus area	Vendor to be selected in Q3

Insufficient capacity within DHIN or other agencies to lead HIT initiatives	2	Low	Low	Identify external/alternative vendor to lead initiatives	Finalize MOU addendum for HCCD work that will outline clear deliverables and workplan to ensure completion of objectives	MOU to be finalized in Q3
Lack of funding for sustainability	4	High	Medium	Prioritize activities and focus only on those with significant results	Work with CMMI to refocus DE SIM on Payment and Delivery System Transformation	Meetings with CMMI scheduled for Q3
Lack of measurable success for pilot Neighborhood(s)	3	Medium	Medium	Ensure adequate staff available to provide support to pilots	HCC will select a vendor to design and implement a mini-grant program to support HN Local Councils which will include staff support, and technical assistance to LCs and defined measures for determining success	Vendor to be selected in Q3
Low consumer interest in engagement tools	2	Medium	Low	Increase awareness through outreach and education	Vendor developing engagement tools and refresh of branded website	Materials to be launched in Q3
Low payer participation	5	Medium	Medium	Utilize state purchasing power to encourage increased payer engagement and innovation	HCC to select vendor consultants in payment reform; summits scheduled for stakeholder engagement in Fall 2017; DMMA working on 1115 waiver	Vendor selected in Q3, Summits in Q3; waiver extension requested by Q4

Low provider participation in practice transformation services	2	Medium	Medium	Increase the value of services offered	Explore ways to "graduate" high-performing practices from milestone achievement and consider developing revised focus on readiness for benchmark/payment reform	Discussions with PT vendors and clinical committee in Q3
Low provider participation in VBP models	5	Medium	Medium	Provide a variety of channels for regular provider input	Conduct summits in Fall 2017 on various topics surrounding health care benchmark planning with one specific to provider community.	Summits scheduled for Q3
Messaging does not reach target audience	1	Low	Low	Conduct focus groups to test messages and channels for delivery	Communications vendor to monitor communication tactics including website, social media and report on reach	Monthly reporting from vendor to HCC
Stakeholder participation wanes over time	3	Medium	Medium	Use existing and new channels to encourage continued engagement	Series of summits in Fall 2017 designed to maintain stakeholder engagement	Summits scheduled for Q3
Stakeholders unable to deliver necessary data to produce scorecards	2	Low	Low	Monitor deliver schedule similar to vendor management with regular checkpoints	Quarterly release of scorecard continues	Next release planned in Q3

Vendors unable to deliver HIT functionality on time	1	Low	Low	Establish strong vendor management practices including deliverables-based contracts with intermediate milestones and oversight by the state	Finalize MOU with DHIN for HCCD development	MOU to be finalized in Q3

WBS

Vendor	Category of Expense	Primary Driver	Total Unrestricted Funding (obligated funds)	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
Concept Systems Inc.	Contract		$249,881		No		State led evaluation	$63,215
ab+c Creative Services	Contract	Driver 1	$300,000		No		Health Literacy and Provider Engagement campaigns	$19,102
New Jersey Academy of Family Physicians	Contract	Driver 3	$420,000		No		Contracted practice transformation vendor	$120,000
University of Delaware	Contract	Driver 3	$289,440		No		Implementation of the workforce curriculum	$47,675
AES Professional Services	Contract	Driver 3	$8,225		No		Analytics and reporting support for Practice Transformation	$4,112
MedAllies	Contract	Driver 3	$300,000		No		Contracted practice transformation vendor	$85,000
Medical Society of Delaware	Contract	Driver 3	$264,000		No		Contracted practice transformation vendor	$58,000
Remedy	Contract	Driver 3	$504,000		No		Contracted practice transformation vendor	$156,000
Westside Family Healthcare	Contract	Driver 6	$15,000		No		Behavioral Health EMR Assistance program awardee	$7,500
Fellowship Health	Contract	Driver 6	$15,000		No		Behavioral Health	$7,500

Resources					EMR Assistance Program awardee	
McKinsey and Company	Contract	Driver 7	$1,701,600	No	Contracted consultant support	$1,100,000
Delaware Health Information Network	Contract	Driver 8	$266,272	No	Common Scorecard	$24,000