

*Transforming Delaware's Health: A Model for
State Health Care System Innovation*



State Innovation Models (SIM) Update

April 25th, 2013



Overview of Delaware's health system transformation opportunity

Building on existing health initiatives e.g.,we are making use of an opportunity to innovate...	...to support change towards our common aims
<ul style="list-style-type: none">▪ Patient-Centered Medical Home for asthmatic children▪ Patients First in the First State (patient-centered medical home program)▪ “Bridging the Divide” (integrated data platform for heart disease patients)▪ “Independence at Home” (home-based primary care for Medicare patients)	<ul style="list-style-type: none">▪ SIM (State Innovation Models) is a CMS-sponsored grant program that funds State innovations in payment and care delivery▪ Innovation plans must be<ul style="list-style-type: none">— Governor-led— Multi-payor— Achieve the Triple Aim of improving health, improving care, and reducing costs— Incorporate broad range of stakeholder input▪ Delaware has won a design grant to develop a plan	<ul style="list-style-type: none">▪ Developing health care transformation strategy that is multi-payor and multi-stakeholder and focuses on achieving the Triple Aim▪ Being one of the leading states in innovation and impact▪ Achieving measurable results in three years through practical implementable goals▪ Focusing on the best interests of all Delawareans and respecting the voice of consumers (not just traditional stakeholders)

Other states using SIM to drive innovation at scale

Brief description of approach

Arkansas

- Patient-centered health care system with population-based models and episode-based payment for acute care
 - By 2016 a majority of Arkansans will have access to a patient-centered medical home (PCMH)
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Maine

- Alignment of benefits from MaineCare (the state's Medicaid program) with benefits from Medicare and commercial payers to achieve and sustain lower costs for the Medicaid, Medicare and CHIP populations
 - Formation of multi-payor Accountable Care Organizations (ACOs)
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Massachusetts

- Support for primary care practices to transform into PCMHs
 - Shared savings / shared risk payments for primary care with quality incentives based on a statewide set of quality metrics
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Minnesota

- Expanded scope of care provided by ACOs to include long-term social services and behavioral health services
- Creation of linkages between the ACOs and Medicare, Medicaid, and commercial insurers to align payments to provide better care coordination
- "Accountable Communities for Health" to integrate care with behavioral health, public health, social services, etc., and share accountability for population health

Other states using SIM to drive innovation at scale (cont'd)

Brief description of approach

Oregon

- System of Coordinated Care Organizations (CCOs)—risk-bearing, community-based entities governed by a partnership among providers, the community, and entities taking financial risk for the cost of health care
- CCO model will begin with Medicaid and be spread to additional populations and payors, including Medicare and state employee plans

Vermont

- Shared-savings ACO model that involves integration of payment and services across an entire delivery system
- Bundled payment model that involve integration of payment and services across multiple independent providers
- Pay-for-performance model aimed at improving the quality, performance, and efficiency of individual providers.
- Formation of multi-payor ACOs

Approach to health system transformation is organized in eight streams

Vision

Description

- Define a vision which is simple, measureable and is inspirational for consumers, clinicians and a broad range of stakeholders

Delivery System

- Describe how better care should be delivered and population health improved, including targeted analysis of utilization and case studies about different models and input from consumers (e.g., PCMHs)

Population Health

- Identify and prioritize potential wellness and population health programs

Payment model

- Identify the right payment model (e.g., pay for value, episodes and capitation) to incentivize providers to optimize quality and better manage costs

Data / analytics

- Define the requirements relative to the delivery and payment models, assess how well current systems meet these needs and then evaluate options for how to proceed

Workforce

- Define and identify path forward to achieve required changes in workforce numbers, composition and effectiveness

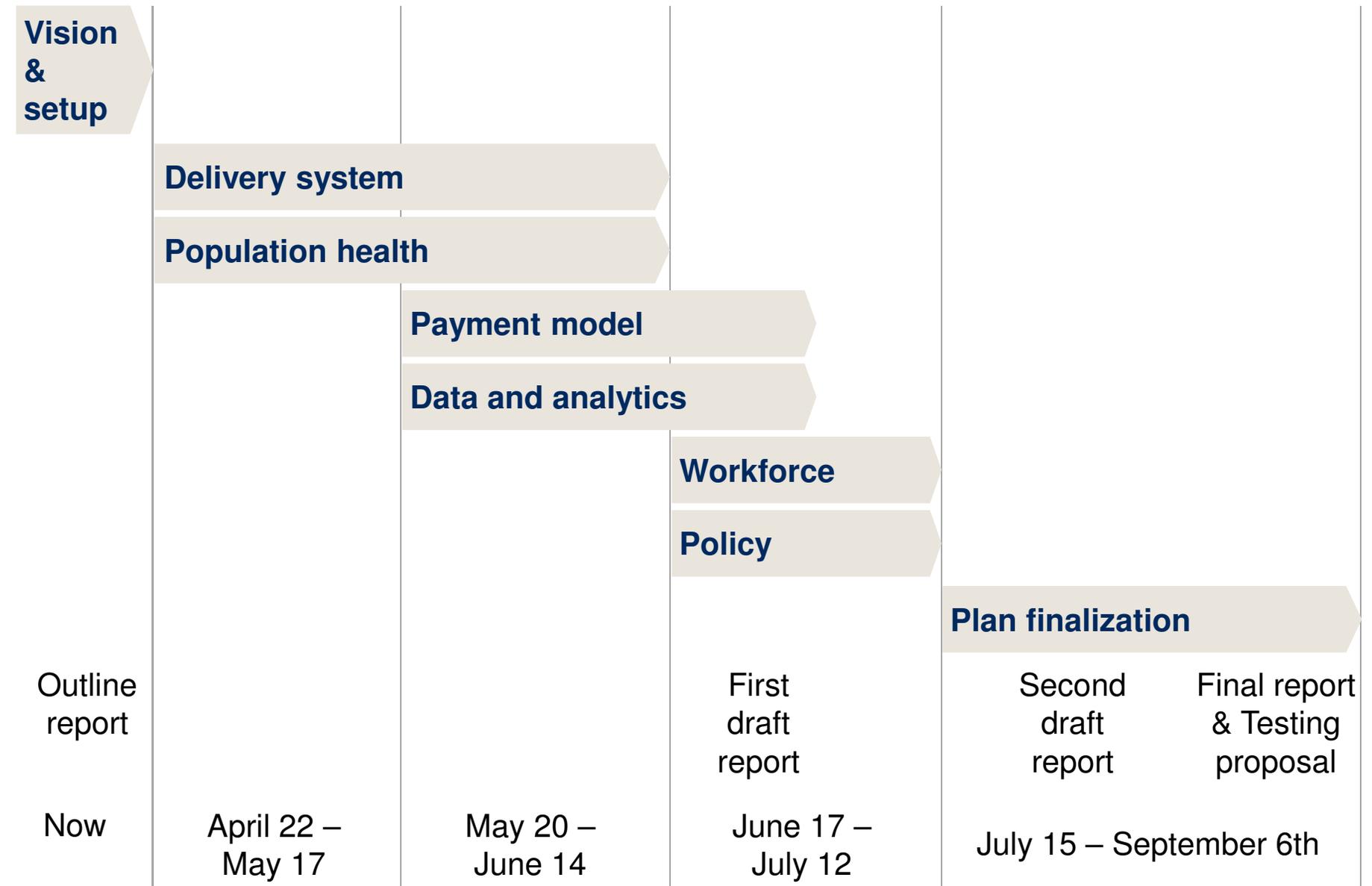
Policy

- Identify opportunities to align state agencies, policies and purchasing to support care delivery and payment model changes

Plan for achieving change

- Build a robust plan that reflects how to achieve all of the above and sets out clear measures of what is achieved by when

Workstreams will follow a tight timetable this spring and summer



What we need from you

- Connect Health Resources Management plan redesign with policy workstream
- Participate in SIM workstreams and cross-workstream public sessions
- Raise issues and share your ideas (more information at Health Care Commission meeting on May 2nd)