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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**	Jessica Roach
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 Q1 - 2015 Progress Report **Award Title** Delaware:Test R2

Report Quarter	Q1	**Date Submitted**	5/29/2015
Report Year	2015	**Approval Status**	Approved
Date Approved	6/19/2015	**Last Modified By**	Jessica Roach
WBS Not Applicable	✓		

Executive Summary

Success Story or Best Practice

Over the first quarter of the grant period, Delaware accelerated stakeholder engagement through the diverse governance structure of the Delaware Center for Health Innovation (DCHI). A high-performing, multi-sector leadership coalition, the DCHI continues to shape the SIM program in Delaware, with strong guidance and oversight from the Delaware Health Care Commission (HCC) and the State more broadly. At the Health Care Payment Learning and Action Network meeting earlier this year, Governor Markell reflected that the strength of Delaware's stakeholder coalition is one of the state's greatest assets in making lasting change.

The DCHI Board of Directors and five committees include leaders from across all stakeholder groups: payers, health systems, independent providers, state government, FQHCs, behavioral health providers, community organizations, educational institutions, employers and the business community. As evidence of the strong support for the SIM effort among the private sector, one of the large health systems in the state has recently committed to supporting SIM work through a contribution of $1 million per year over the next two years. This contribution includes $500,000 per year for operational expenses of the DCHI and $500,000 per year in indirect funding, including in-kind staff time. This health system has expressed a conviction that Delaware's SIM activities have helped them advance their own goal of rapidly progressing towards value-based payment models.

The strength of Delaware's leadership coalition has already proven to be a key factor for success in defining a common approach across diverse stakeholders. For example, the DCHI Board and committees worked to draft a consensus paper on practice transformation, a document that articulates DCHI's vision for primary care and proposed approach for supporting practice transformation. The aspiration is that the consensus paper articulate an approach that payers and providers then support and adopt.

Challenges Encountered & Plan to Address

One of the challenges Delaware has faced has been ensuring alignment of new payment models being adopted across the state with Delaware's shared vision for value-based payment and care delivery. There has been a significant level of new activity among stakeholders around new payment models, including three of the five major health systems in Delaware initiating or enrolling into MSSP programs. Further, there has recently been a spurt of ACO activity in the state, with several physician aggregators competing to enroll providers into their ACO models. Many stakeholders have credited the State's SIM effort with catalyzing adoption of these models. In addition, payers continue to roll out their own value-based payment models at a national level.

While these developments represent positive movement towards value-based payment models, they do introduce complexity for providers and payers. It is important that the HCC and DCHI work closely with payers to build thoughtfully on existing innovations. Leaders from HCC and DCHI have been working to identify areas where alignment across these models can reduce complexity and accelerate adoption of value-based payment. For example, in the first quarter, conversations were begun with one payer to align rollout timelines for new payment models with the timelines described in Delaware's operational plan.

Delaware is confident that the appropriate structures are in place to systematically work through these challenges. As described in more detail below, the HCC and DCHI meet individually with payers on a regular basis. The DCHI Payment Committee and Technical Advisory Group continue to provide a channel for payer involvement and feedback. Further, the Secretary of Health and Social Services and the Director of the Division of Medicaid and Medical Assistance have been meeting with payers to encourage them to align their payment models and timelines, as necessary, with the recommendations that will be advanced by the DCHI.

Governance

The SIM initiative in Delaware continues to be led by Governor Markell, Secretary of the Department of Health and Social Services Rita Landgraf, and Bettina Tweardy Riveros, the Governor's Health Policy Advisor and Chair of the HCC. Leaders from the Division of Services for Aging and Adults with Physical Disabilities, Office of Management and Budget, the Division of Public Health, and the Delaware Health Information Network (DHIN), Delaware's health information exchange, also continue active engagement in Delaware's SIM work.

As the recipient of SIM Round 2 funding, the HCC continues to focus on the execution of the operational plan as laid out in the funding application. To support these activities and ensure accountability, the HCC will be bringing on a new staff member with responsibility to focus on SIM implementation.

The DCHI Board of Directors is the state's main channel for engaging stakeholders in the detailed design of Delaware's approach for transformation. The Board is fully operational and continues to meet monthly, with actively engaged leaders who dedicate significant time to Board and Committee activities.

The DCHI Committees are also fully operational, meeting monthly. Committees are chaired by Board members, with other members participating from across the state. Committees include the Patient and Consumer Advisory Committee, the Payment Model Monitoring Committee, the Clinical Committee, the Healthy Neighborhoods Committee, and the Workforce and Education Committee. The Technical Advisory Group has also been meeting regularly on implementation of the Common Scorecard; the DHIN plays a critical role in the TAG.

Finally, DCHI made significant progress this quarter in identifying an Executive Director. A job description was developed and publicized, with recruitment efforts ongoing. Interviews for the position will be held starting in June; HCC anticipates that an Executive Director will be in place by early fall.

Stakeholder Engagement

Delaware continues to actively engage stakeholders in designing and implementing the SIM initiative. Specific stakeholder engagement activities include the following:

Monthly meetings of the DCHI committees, with membership from across the state and stakeholder groups. DCHI has grown to be the State's primary channel for stakeholder engagement and input.

Regular meetings of State leaders and DCHI Board Officers with payers. In the first quarter, these meetings occurred with several of the state's major payers. Further, DCHI and the DHIN actively engaged payers through the Technical Advisory Group.

Meetings of State leaders and DCHI Board Officers with professional societies and associations. For example, DCHI representatives spoke at 2 large meetings of the Delaware Academy of Family Physicians (DAFP), and several DCHI Board members met with DAFP leaders in April. The State has also engaged with the Delaware Healthcare Association (DHA), which represents the leadership of all of the major health systems in Delaware. Meetings over the past quarter have included an update for health system CEOs and two broader meetings on care coordination and payment models.

Active input from the Patient and Consumer Advisory Committee of the DCHI, which has begun to function as a focus group of sorts – a forum where DCHI can test and refine communications for broad audiences.

Regular requests made by stakeholders to State leaders and DCHI to share information, including regular invitations to speak at relevant conferences and events.

In this quarter, Delaware also made progress in further defining its approach to stakeholder engagement for the rest of this year. For example, looking ahead to the next quarter, DCHI plans to host a large cross-committee meeting open to the public. Provider education and outreach will be a major focus. The State has contracted with vendor AB&C for communications support, including the design of a website.

Population Health

The Healthy Neighborhoods Committee of the DCHI, along with leadership from the Division of Public Health, is shaping the design and implementation of Delaware's population health strategy. Over the past quarter, the Healthy Neighborhoods Committee made significant progress on Delaware's population health approach, including meeting with potential funders (e.g., the Delaware Grantmakers' Association) and potential partners (e.g., the Public Health Management Corporation, which administers the Household Health Survey).

This quarter, the committee aligned on a Population Health Scorecard that will provide Delaware with a simple way to identify areas of need, track progress broadly, and celebrate success on a set of standard metrics. After evaluating various local and national options, America's Health Rankings was selected to comprise the scorecard while additional metrics, deemed critical to state goals (e.g., mental health shortages), will supplement the standard metrics.

Reviewing data on Delaware's health needs, Healthy Neighborhoods also aligned on four priority themes: Healthy Lifestyle, Maternal & Child Health, Mental Health & Addiction, and Chronic Disease Prevention & Management. These themes empower communities to identify local challenges while a structured approach (e.g., health assessment, needs heat map) will guide them to select high priority issues within each category. These themes encompass the priority areas identified by CMMI and the CDC, including tobacco use, diabetes, and obesity.

Looking ahead to the coming quarter, a priority for the population health approach will be to align with the State Health Improvement Plan in collaboration with the Division of Public Health. The Healthy Neighborhoods Committee will be finalizing details of the Healthy Neighborhoods operating model (e.g., defining the geographic boundaries of neighborhoods, the long-term funding model, and the approach to rolling out Healthy Neighborhoods pilots).

Health Care Delivery Transformation

Over the past quarter, the HCC and the DCHI Clinical Committee have been focused on finalizing the initial set of measures for the Common Scorecard, defining a plan for testing and getting feedback on Common Scorecard and developing recommendations on practice transformation (PT).

This quarter, the HCC and the DCHI structured a testing period for the Common Scorecard. This testing period is meant to:

- Give an expanded group of providers the opportunity to provide input on the Scorecard measures before they are linked to new payment models in 2016
- Test data accuracy and diagnose any issues (e.g., with attribution)
- Ensure smooth functioning of the Scorecard on the technical side, including resolution of provider questions.

To recruit providers to join the testing group, the DCHI Board conducted outreach to a wide variety of PCPs, with the goal of achieving a representative testing group. DCHI hosted a webinar and follow-up call for interested providers. Currently, more than 20 practices are enrolled for Scorecard testing, representing more than 120 providers of different sizes across each primary care specialty (internal medicine, pediatrics, family practice).

The Clinical Committee convened sub-group working sessions to develop recommendations related to practice transformation including milestones, capabilities required of practices that have undergone transformation, and the interdependencies between PT and care coordination. Joint Clinical and Payment Committee recommendations for the Board will take the form of a consensus paper on practice transformation which will be considered by the Board for approval in May.

In January, HCC issued RFIs on practice transformation and care coordination services. During this quarter, the HCC has used RFI responses as an input for developing an RFP for practice transformation services, to be released in early June. The consensus paper will be referenced in the RFP for practice transformation services.

Payment and Service Delivery Models

The DCHI Payment Model Monitoring Committee, composed of payers, providers, and state leaders, has the goal of driving the transition to outcomes-based payment models that incentivize both quality and management of total medical expenditures. This committee has met monthly since the fall of 2014 to discuss value-based payment model design, barriers to participation, and opportunities to accelerate adoption.

The committee has taken a structured approach to payment model design, organized around key topics including 1) patient panel size and attribution methodology; 2) practice transformation support models and participation requirements; 3) structure of care coordination support; and 4) Total Cost of Care payment model design. These topics have been discussed with a view to identifying areas where a standardized or common approach across payers can support and accelerate adoption of value-based payment models. In those cases where a common approach is beneficial, the committee is developing a perspective on the design elements.

Looking forward to the next quarter, the committee will discuss the design of Pay for Value models as well as quality requirements for all models.

Leveraging Regulatory Authority

The State continues to leverage its role as a purchaser of healthcare to encourage payer participation in SIM activities, in particular through the Division of Medicaid and Medical Assistance (DMMA) and the State Employee Benefits Program. DMMA's new contracts with Managed Care Organizations require participation in SIM and introduction of new payment and delivery models consistent with the vision of the HCC and DCHI. As an example of activity this quarter, DMMA engaged in active discussions with one payer to align timelines for roll-out of new payment models.

The standards for Qualified Health Plans selling products on the Health Insurance Marketplace have proven to be another important lever for the State. In recent discussions related to provision of data for the Common Scorecard, one payer specifically cited QHP requirements as the basis for their participation.

The HCC has also made an effort to ensure that all relevant state agencies are at the table through the DCHI committee structure, with the goal of ensuring that all relevant policy levers will be considered. Between the HCC and the DHIN, this includes, for example, the Secretary of Health and Social Services, the Director of the Office of Management and Budget, the Department of Insurance, the Director of the Division of Public Health, the Director of DMMA, and others.

Workforce Capacity

The Delaware Center for Health Innovation has convened leaders and experts from across the state to guide the work of the Workforce and Education Committee. The committee is chaired by Kathy Janvier, a vice president at the Delaware Technical Community College, and Bettina Tweardy Riveros, the Governor's Health Policy Advisor and the Chair of the HCC. Other members offer perspectives from several of the major health systems, the University of Delaware, and the Delaware Division of Services for Aging and Adults with Physical Disabilities.

In this quarter, areas of focus for the Workforce and Education Committee and the HCC have included:

Consideration of potential approaches for streamlining credentialing processes

Potential components of a re-learning curriculum for working professionals

A review of literature on workforce capacity planning, including research obtained from the National Center for Health Workforce Analysis, CMS/CMMI, and HRSA. The HCC has also contracted with an epidemiologist and biostatistician to advise on workforce capacity planning.

Finalizing input for the Delaware Health Professions Education Consortium – a structure for planning, implementing, and monitoring health professions workforce development.

The HCC is currently developing an RFP to identify contractor support for developing and implementing the Consortium concept. The goal of the Consortium will be to provide a centralized framework for leadership, innovation, and the continuous incubation of new and/or enhanced programs. Specifically, the Consortium will foster the development of innovative and interdisciplinary primary care teaching programs that support team-based care, and new service delivery models.

Health Information Technology

The HCC and the DCHI are advancing the implementation of Delaware's Common Scorecard through the Technical Advisory Group. Significant time has been dedicated this quarter to finalizing the metrics to be included in the initial version of the Scorecard – for testing and refinement this summer. Metrics have been modified in the process of developing payer data feeds to populate the Scorecard. For example:

Controlling high blood pressure (HEDIS): Instead of using the standard HEDIS definition of <140/90 mmHg, the committee had suggested using <150/90 mmHG threshold to account for guideline updates. However, there is no code set that allows coding for <150/90 mmHg. The Clinical Committee aligned on using HEDIS 2015 definition of <140/90 mmHg for the 18- to 59-year-old population, using claims data for identification.

DCHI has also gone through extensive deliberation to finalize metrics related to screening for clinical depression, as well as fluoride varnish application and hemoglobin A1c testing for pediatric patients.

Also this quarter, the DCHI enrolled over 20 practices into the testing group for the Common Scorecard. This group will provide feedback on data appearing in the initial reports of the Scorecard. Further, the group will provide input on the functionality of the Scorecard interface. The testing period will allow HCC, DHIN, IMAT, and payers to jointly develop processes for handling questions from providers.

Finally, the HCC has been working closely with the DHIN, who is ultimately responsible for developing the Scorecard interface and populating the Scorecard with data received from payers. The HCC holds weekly calls with DHIN and IMAT to track progress on building out the Scorecard interface, which is complete and awaiting payer-generated data. The HCC also holds weekly calls with individual payers to resolve issues in developing Scorecard data feeds. HCC continues to target July for the release of initial Scorecard reports to the testing group.

Continuous Quality Improvement

As described in Delaware's Round 2 SIM funding application, the State will develop 3 tools to monitor progress against program goals. Delaware has made important progress on each of these:

The Overall Program Dashboard will provide an overall picture of the State's progress against the goals outlined in the SIM Round 2 funding application. The DCHI Board discussed the Overall Program Dashboard at the November and April meetings; committees will now provide input on metrics for inclusion in the Dashboard.

The Common Scorecard, described above, will be linked to payment under the proposed new payment models. The Common Scorecard will include quality, utilization, cost, and patient experience measures, in addition to reporting on practice transformation milestones.

The Population Health Scorecard, also described above, will enable the State, DCHI, and stakeholders to track progress against key population health indicators

In addition, the HCC is in the process of issuing an RFP to identify an evaluation contractor in line with the guidance issued by CMMI.

Additional Information

N/A

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

WBS

Vendor	Category of Expense	Primary Driver	Total Expenditure	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Payments Received