Delaware State Innovation Model (DE SIM)

State-Led Evaluation

Quarterly Report

Quarter 1 (02/01/18 - 04/30/18)

Prepared for:

Delaware Health Care Commission
Delaware Department of Health and Social Services
State of Delaware

Submitted by

Concept Systems, Inc.

University of Delaware's Center for Community Research and Service
May 30, 2018

Introduction & Overview

Background - The Delaware State Innovation Model (DE SIM) is a broad-based health system transformation effort funded by the Centers for Medicare and Medicaid Innovation (CMMI) and administered by the Delaware Health Care Commission. Concept Systems, Inc. (CSI) is under contract with the Health Care Commission to facilitate the state-led evaluation of DE SIM, and University of Delaware's Center for Community Research and Service is participating under a subcontract with CSI. The purpose of this report is to summarize the state-led evaluation team's findings related to the work done in quarter 1 of AY4.

The purpose of this report is to provide insight to HCC about the status of the system. The goal is to provide information that HCC can use to try and strengthen, stabilize, and optimize the system in its effort to achieve the goals for AY4. Because this is the last year information presented is also often tied into the issue of sustainability, and the question of what may happen once the grant funding ends. The first part of this report does focus on progress made towards the drivers, and briefly summarizes achievements and challenges specifically related to those drivers in Q1. The second section is made up of observations from the system more broadly and is framed using the guiding concepts from the AY3 annual evaluation report (i.e., knowledge management, stakeholder engagement, sustainability). This section also indicates within which drivers we have found evidence of that issue and is a way to organize these findings in relation to the work being done.

The information for this report comes from data and insight gleaned from meeting observations, committee presentations, meeting minutes, and "progress checks" (i.e., brief interviews) with principal stakeholders involved in DE SIM. We recommend that the summary be shared with stakeholder groups (e.g. Delaware Center for Health Innovation (DCHI) committees; DCHI and HCC staff, as well as other vendors) to check for accuracy. Due to the nature of our data collection, shifting priorities, and varied activities, we may have missed key pieces of information to fully describe progress.

Overall Summary of Progress Across Drivers

The table below references overall progress for the secondary driver action steps, along with the process markers listed in the quarter they are expected to be met. Across the 16 secondary drivers, all but two were on schedule, relative to the action steps specified in the AY4 Operational Plan.

Primary Drivers	Secondary Drivers	Quarterly Progress and Process Markers			
		Q1	Q2	Q3	Q4
1 Payment Reform	***1.1 Models developed and adopted by providers***	1.1a Assessment of current value-based alternative payment model activity	1.1b TCC payment model for Medicaid and State Employee program use	1.1.c Collaborate to align payment strategies	1.1.d Stakeholder engagement
	1.2 Reliable data for Quality and Payment methods		1.2a Recommendations for Common Scorecard improvements		1.2b Data strategy and deployment plan
	1.3 Regulatory and policy drivers	1.3a Review and recommend changes to statutes and regulations			
	1.4 Infrastructure for transparency, accountability, & continuous improvement				1.4a Cost and Quality benchmark
2 Practice Transformation	***2.1 Technical support and coaching for implementation of models***		2.1a Practices recruited, engage with coaches 2.1b Site visits and readiness assessments		2.1c TA and practice coaching
	2.2 Forum for learning and exchange ideas and benchmarking		2.2a AY3 PT vendors provide additional TA; support integration, learning and sustainability		2.2b Learning collaboratives and regional forums 2.2c End of year learning congress 2.2d Virtual learning community
	2.3 Provider engagement in delivery system reform		2.3b Evaluate pilot implementation 2.3c PT vendors close out		2.3a Engage provider community on system reform
	2.4 Decision-making support through data sharing				2.4a BHI Scorecard and reports on progress for improvement
3 Improved Population Health	***3.1 Community convening, goal-setting, and action planning***				3.1a Infrastructure established to evaluate and fund initiatives 3.1b Mini-grants distributed
	3.2 Community-specific data sources to drive decision-making and planning			3.2a Population data collected and made available	3.2b TA provided to Local Councils on data use and prioritization
	3.3 Governance and consensus bodies to promote engagement, accountability, and sustainability				3.3a Model for post-grant sustainability 3.3b Transition plan 3.3.c Stakeholder inclusiveness and participation at the local council and task force level
	3.4 Consumer level engagement to support community-based health promotion activities				
4 Health Information Technology	***4.1 Consistent and reliable data submission by payers and providers***		4.1.a HCCD built; policies for data access and use 4.1b Incentives for ambulatory practices to submit clinical data		4.1c HCC and Mercer collaborate to recruit self-insured purchasers to submit claims
	4.2 Technology platform, analytic tools and reporting infrastructure to meet requirements			4.2a Population Health reporting tools developed 4.2b Cost, utilization, and quality analytics tools	
	4.3 Governance/data steward to ensure the integrity of the data structures, reporting methodologies and access to data and reports		4.3a Stakeholders engaged, and standardization achieved		4.3b Tools for practice transformation 4.3c Linkages between primary care and behavioral health organizations
	4.4 Sustainability plan for funding to maintain and continually improve system and processes	4.4a Collaborate with DHIN on sustainability plans			

Key: On schedule/Adequate progress; Behind schedule/Limited progress; Behind schedule/No progress; Indefinitely postponed/Discontinued; No information

* Process marker not met; moved to next quarter

Plan Progress for Quarter 1 by Driver:

Primary Driver 1: Payment Reform

Work related to this driver has resulted in completion of anticipated steps through Q1. Interviews with providers were complete and the Benchmark Advisory Group was formed and convened.

Primary Achievements	Challenges Encountered
• 14 Interviews with providers regarding adoption of value-based payment models and total cost of care models for Medicaid and state employee benefit recipients were completed. • Convened the Healthcare Spending Benchmark Advisory Group. The group has met two times and minutes as well as slides from those meetings have been posted to the DHCC website (http://dhss.delaware.gov/dhcc/global.html) • Two subcommittees of the Healthcare Spending Benchmark Advisory Group have been formed; the quality subcommittee, and the cost subcommittee.	• Opposition to the benchmarking work has been expressed in both written comments to the DHCC and in person at the Spending and Quality subcommittee meetings by members of those committees. • There were some scheduling issues to setting up times with providers. Providers who were not interviewed in Q1 will be followed up with. • Given the political nature of this work and the systems it includes decision making can sometimes take an extended period of time.

Primary Driver 2: Practice Transformation

Cohort 1 practices continue to participate in technical assistance. Challenges exist with regards to the integration of technology into efforts for behavioral health integration.

Primary Achievements	Challenges Encountered
• Baseline Practice Readiness Assessments for all 14 Cohort 1 participants have been completed. • Work with Cohort 1 continues with practices participating in a virtual learning program, webinars and coaches assigned to practices. • Work has begun on the development of the behavioral health registry, scorecard metrics and supporting tools. • Recruitment of Cohort 2 is underway.	• There is little discussion of how this work can be sustained. It is crucial given the associated costs that providers might incur. • Stakeholders report a need for greater clarity around the requirements and expected outcomes of the HIT supported tools so that development can continue as it relates to practice transformation and behavioral health integration.

Primary Driver 3: Healthy Neighborhoods

The Healthy Neighborhoods (HN) model has been developed and adopted. One local initiative is being reviewed by CMMI for dispersal of funds. Sustainability planning has also been undertaken and will continue throughout the year.

Primary Achievements	Challenges Encountered
• HN Model was created and promulgated to the 3 Local Councils. • The HN Consortium has met twice with local councils presenting their ideas for potential initiatives to be funded. Disbursement of funds request for 1 initiative has been submitted and approved by CMMI and the process for a second initiative is underway. • Work on sustainability planning has been progressing in collaboration with multiple partners. A sustainability workshop is scheduled for June 12, 2018 to discuss this work and receive feedback from stakeholders. • Vendors have been working with various partners including DPH to identify sources of data for use by Local Councils. A webinar was held to discuss data sources and how to use them. Due to the popularity of the webinar and positive feedback received by stakeholders another is being planned to share additional data sources and how to access them.	• The final decision to release funding comes from CMMI. This means there is a fairly long delay between a local council submitting its proposal, HCC approving that proposal, and funds being released. • Stakeholders have expressed concern about the transparency of sustainability planning, in particular, who the backbone organization might be and their perceived legitimacy among stakeholder groups. Multiple stakeholders have expressed the need for the perception of the backbone organization to be an independent neutral party who can facilitate broad stakeholder buy-in and support to ensure long term sustainability efforts.

Primary Driver 4: Health Information Technology

Work continues on ways to develop a health information technology solution that provides value to Delaware stakeholders.

Primary Achievements	Challenges Encountered
• Discussions on a new contract between DHIN and administration that includes the Health Care Claims Database implementation have taken place. • DHIN held a webinar on the common scorecard on April 12, 2018. • Guidance and technical assistance was received from ONC/CMMI conference. • Alternative fee structures to support and improve ongoing HIT initiatives have been identified and are being discussed.	• There is a lack of direction as to how leadership in DE SIM envisions the use of health information technology to support the work in the final year of the grant. • Concerns about the source of continued funding for HIT related projects have been expressed. The lack of certainty has been cited as a potential barrier in moving forward with projects. • Technology seems to be viewed as a solution in and of itself. In contrast, technology might be better seen as a tool to support other activities and should be carefully linked with how it will support the work of DE SIM.

Analysis of the System

Highlights of the "systemness" of the system				
• Implementation of the drivers is perceived by stakeholders to be somewhat independent, so that the interactions between drivers is limited. From their vantage point, there may be missed opportunities for synergies to advancing the work.	X	X		X
• The approach to DE SIM work has shifted coinciding with the change in administration. The perception is the approach is now more directive, and less collaborative. Such a shift has created turbulence in the system, and initially resulted in tensions among key stakeholder groups. Some of the tension has been resolved. However, if it lingers and key stakeholders are not re-engaged, resistance to future work may result, with implications for sustainability and credibility. It is important to note that there is willingness on the part of key stakeholders to continue working towards the goals of DE SIM, but this willingness needs cultivated.	X	X	X	X
• The work of the State on benchmarking is systematically overlapping with the DE SIM work on payment reform. This appears to be purposeful but should be clarified for stakeholders to ensure transparency and prevent confusion.	X			
• Given the changes in the system there seems to be confusion among some key stakeholders as to who is responsible for what, who is to be held accountable for DE SIM related work, and what role stakeholders have in the system.	X	X		X
• Recognition of the system-wide vision of where DE SIM is headed in AY4 is variable and inconsistent. This leads to confusion among stakeholders and has been expressed as frustration for those seeking to contribute.	X			
• There are differing perspectives about the role of health information technology in supporting the work of DE SIM. The lack of cohesion around technology and how it can best support DE SIM		X		X

may lead to disconnects between the efficient use of technology to support transformation goals.

Stakeholder engagement				
• Previous boundaries and expectations related to the value, role, and means of stakeholder engagement have adjusted, consistent with the change in approach. This has led to some confusion regarding the value and desirability of broad stakeholder engagement.	X	X	X	
• Stakeholders perceive they are being engaged in ways that don't necessarily foster authentic, nor effective engagement. The communication from within DE SIM comes in the form of minutes posted online, Facebook Live streaming, and posting of webinars. This is seen more as an exercise in transparency than an approach to authentically engaging stakeholders and valuing diverse voices.	X			
• Some stakeholders question the priority of stakeholder engagement, feeling their time is sought out for participation in some activities, but it is not always clear why, and to what end. Such a result can produce a sense of tokenism and can quickly lead to frustration and disengagement on the part of important stakeholders[1].	X	X		X
• Key stakeholders report some hesitancy in carving out time to provide feedback though evaluation mechanisms, both state-led and Federal efforts. Their perception that input that is not utilized or valued is affecting their willingness to make time for these activities. This may hinder future efforts to collect information about the performance and progress of DE SIM.	X	X	X	X

[1] Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of planners*, *35*(4), 216-224.

Knowledge management				
• It is not readily known among key system actors how much of what was learned and/or developed over the course of the first 3 years of DE SIM has been incorporated or built upon in AY4.	X	X		X
• There is a connection between how knowledge is managed and how stakeholders feel engaged the DE SIM work. As many individuals have given their time to developing DE SIM to this point, continued vigilance on seeking and utilizing their knowledge is critical, especially for sustainability.	X	X	X	X
• There is a perceived lack of transparency among stakeholders as to how HCC is moving forwards in AY4. Stakeholders appreciate opportunities to provide feedback on these plans but feel that feedback is not always valued. There is a lack of understanding about how activities are being planned, what strategies are being taken, and how sustainability is being considered.	X	X	X	X

Sustainability				
• Sustainability is one of the key areas of work that is being done with regards to Healthy Neighborhoods. There has been substantial discussion about how to develop a model that will help to continue this work after the end of the DE SIM grant. Stakeholders suggest that an important component of sustainability is figuring out how to integrate ongoing work into the missions of existing organizations and entities.			X	
• Sustainability seems to be less of a focus across the other major drivers of focus in AY4. It is important that conversations and planning for sustainability do take place sooner rather than later with regards to that work.	X	X		X
• According to stakeholders sustainability can be conceptualized by thinking about three issues:				
○ **Political will:** change is difficult particularly when it involves complex systems like healthcare. But it is important for political	X	X	X	X

leaders to maintain their commitment once a decision to change has been made because there will be resistance to that change.

- **Human capital:** related to stakeholder engagement, it is important to recognize that after this fiscal year the current consultants will no longer be in place. It is important that there be stakeholders who are informed, willing, and able to take up the work once those consultants are gone.
- **Financial capital:** there needs to be a way to pay for the work, and for the initiatives being proposed to change the system. This highlights the importance of payment reform as a link to much of the other work that DE SIM is trying to accomplish (e.g., behavioral health integration). Without developing systems that can support the work financially it will be difficult for it to continue.

Conclusions and Recommendations

As the changes in the work of DE SIM in AY4 have begun to take shape, so too has our quarterly reporting process. Our reporting will shift away from the kind of detailed process monitoring that characterized the quarterly reports in the past. This is being done to avoid duplication of work with Health Management Associates (HMA) given their detailed bi-weekly reporting on progress towards the four key drivers. Instead, these reports will examine more systemic issues that may be affecting the system, including a focus on knowledge management, stakeholder engagement, communication, and sustainability. These themes were highlighted in the recommendations section of the AY3 final evaluation report.

The work of DE SIM is moving along well with regards to the activities and drivers that are the focus of AY4. Both Mercer and HMA seem to have accomplished what they had set out to do in Q1. The report though focuses more heavily on systems-related issues and less on process monitoring in light of the bi-weekly reporting done by HMA. Therefore, our conclusions focus more on the systemic issues laid out in the second section of the report.

Progress is being made towards the four target drivers for AY4, but some systemic issues have surfaced. These seem to stem from the shift in the approach being taken by HCC in AY4. That approach might be loosely described as directive, in contrast to collaborative. It is not our intent in this report to determine whether that approach is good or bad; instead we raise the issue to articulate potential issues related to stakeholder engagement, transparency, and the valuing of broad perspectives in decision making as DE SIM moves forward. These have implications for the sustainability of this work beyond this year, as well as for the credibility of decision making and the work being done. We raise the issue now so that HCC can

take appropriate action to address these issues and strengthen the system as a whole.

There is no doubt that change is difficult. That being said, less engagement of stakeholders in dialogue about the change can result in more chaos and turbulence. This is where there seems to be room for improvement given the evidence that we have collected for this report. A more directive approach to DE SIM does not preclude strong stakeholder engagement, or communication. We have found evidence that stakeholders are accepting of the approach to DE SIM work this year, but without addressing lingering frustration those issues can compound into resistance to future efforts.

It is also critical to note the linkages between the systems issues we describe above. There are connections between how stakeholders are engaged in this work, they way their input is used, the presence (or absence) of feedback loops to send information back to those who provide input, and issues of sustainability and knowledge management. Engagement is dependent upon bi-directional feedback loops, so that individuals who give of their time and provide technical knowledge perceive their contribution is worthwhile. This has implications for what happens beyond DE SIM, when vendor contracts end, and there is a need for state-level actors to move healthcare transformation work forward.