CMS.gov
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 4 - Award Year 3	**Award Title**	Delaware:Test R2
Report Number	4	**Award Year**	3

Approval Status	Pending Approval	**Date Submitted**	3/3/2018
Date Approved		**Last Modified By**	Ann Kempski
Reporting Period Start Date	11/1/2017		
Reporting Period End Date	1/31/2018		
WBS Not Applicable	☐		

Executive Summary

Success Story or Best Practice

On December 15, 2017, with the support of the HCC and SIM, Secretary Walker delivered the Benchmark feasibility report requested by the Joint Finance Committee of the General Assembly. The report was delivered after providing an earlier draft for public comment and solicitation of comment both written and through in person small meetings from wide range of stakeholders.

In his State of the State address on January 18, Governor Carney highlighted the pressing need to put health care costs on a more sustainable path.
The HCC relaunched its primary public engagement platform, ChooseHealthDE, with a focus on public education and support for the health care quality and spending benchmark.

In January, HCC organized a well-attended Payer-Purchaser Summit to help re-launch the payment reform agenda and broaden engagement to include employers (Greater Philadelphia Business Coalition on Health) and labor leaders (New Jersey Education Association). The inclusion of both of these stakeholder has led to additional discussions among these stakeholders, and an employer focused meeting is tentatively set for May. It will be co-hosted by the Delaware Chamber of Commerce.

The Updated Choose Health DE website was relaunched at choosehealthDE.com with new focus on benchmark and payment reform.

Challenges Encountered & Plan to Address

Under SIM DE developed consensus-based Common Scorecard of quality and cost metrics to be used by payers for VBP, used by practices, and used for accountability to improve population health. The Scorecard has not taken hold as firmly as intended, but stakeholders agree there is unrealized value in the CS and seek a revised path forward. While we have cooperation from payers in providing claims-based data, we are only receiving it for Medicaid beneficiaries covered by our two MCOs, and for Marketplace QHP enrollees and state employees covered by the GHIP. We face some disruption in data due to changes in Medicaid MCOs, QHPs that left Marketplace.
1. Tool for VBP
Given high degree of overlap between DE CS metrics and HEDIS metrics, there is some alignment with Highmark True Performance, dominant DE payer and VBP model in commercial market currently.
DE Medicaid (DMMA) recently announced that it would use subset of CS measures for evaluating MCO performance.
2.Tool for Practice Improvement
We think combination of targeted promotion to practices and ACOs, and direct outreach (report delivered to secure inbox), will increase uptake.
We will de-link CS from custom-built portal and create low cost solution
3.For Transparency
We seek path for public release of aggregate scores on overlapping metrics between our CS and NCQA HEDIS metrics. We plan to benchmark DE’s scores against national and/or regional averages by end of Q2.
Small practices express concern about sustainability of practice transformation gains made through work with coaches in AY 3. HMA and Mercer are working with HCC to create payment options to support PT.
Wilmington Local Council lacks engagement. It lost stakeholders in AY3 as they believed SIM grant had stalled. Some initiatives, such as Boot camp for Dads and Open Streets, received funding from Christiana Care. Stakeholders hesitant about "hassle" of applying for federal funds. HMA has had to do intensive re-engagement at local level.

Governance

The role of Delaware Center for Health Innovation (DCHI) and its standing committees were redefined for AY 4.
New program manager (replacing Helen Arthur) was hired (start date Feb 19)
The AY 4 Operational Plan was approved.

Stakeholder Engagement

Throughout AY3, DE SIM has implemented steps to strengthen and broaden stakeholder engagement by enhancing communications strategy, and by developing new pipelines for information dissemination. Strategies include using websites and social media to promote events and share information on key elements of the program (e.g., Benchmark Initiative), convening stakeholders for information-sharing "summits" and small-group and individual discussions on specific topics related to payment reform, Behavioral Health Integration, Healthy Neighborhoods and the use of Health IT as a tool to support system reform.

The Behavioral Health Integration (BHI)Team reached out to and met with many key stakeholders across the state; provider groups, Department of Public health, department of Substance Abuse and Mental Health, DCHI clinical committee, Delaware Medical Society, ACOs, the state-wide BHI consortium, and DHIN, to understand the current work with BHI and gaps that the BHI pilot program could help to overcome.

The Health Neighborhoods team attended multiple meetings and presented a draft model and obtained excellent feedback which enabled them to create a model that should work for Delaware.

Population Health

After hosting multiple listening sessions to ensure a sound understanding of Healthy Neighborhood (HN) activities to date, HMA sought feedback on a draft model from multiple key stakeholders, including the DPH, Univ. of DE, United Way, DE Community Foundation, Lieutenant Governor’s Office, Christiana Care, Nemours, FQHCs, community behavioral health providers, and others. The final HN model published on December 15 and introduced via webinar on December 20th.

HMA created and published a Readiness Assessment Tool (January 15th). The tool is for use by neighborhood task forces to ensure readiness of their initiative prior to presenting to a statewide consortium. The tool assesses data driven community need, evidence-based research, community buy-in, a sound logic model and budget. HMA assigned a point of contact to each of the three local councils to convene the local councils and provide technical assistance (TA) to task forces.

HMA is working with DPH to obtain data and create a community-level data portal for the future. HMA provides TA to the task forces when they have a data request.

Health Care Delivery Transformation

The Behavioral Health Integration (BHI) Pilot program recruitment began in November. An introductory webinar was conducted on Friday, November 17th. The recorded webinar is available on the HCC web site. There are 17 primary care and behavioral health practices enrolled in Cohort 1 (January – June 2018). Throughout December and January, practice coaches conducted site visits and readiness assessments with the participating practices. Evaluation will be conducted during the pilot to assess each type of integration model using qualitative and quantitative metrics to drive continuous improvement and analyze the effectiveness of technical assistance provided through individual site coaching and learning community activities. These results and learning will be used to inform statewide implementation beyond the pilot period.

The BHI Pilot Learning Collaborative is scheduled for February 22 in Dover. Practices enrolled in Cohort 1 will be attending in addition to key stakeholders. Attendees will hear an overview of the BHI Technical Assistance program, BH Integration Models and Leading Change. Practices are assigned a practice coach and will attend a break out session in either BH Integration through Co-Location & Enhanced Referral Relationship, Collaborative Care Model or Primary Care Integration into Behavioral Health Practices.

Payment and Service Delivery Models

Benchmark feasibility report, requested by the Joint Finance Committee of the General Assembly, was published on December 15 and reflected public comment from a wide range of stakeholders.

In January, HCC organized a well-attended Payer-Purchaser Summit to help re-launch the payment reform agenda and broaden engagement to include employers (Greater Philadelphia Business Coalition on Health) and labor leaders (New Jersey Education Association). The inclusion of both of these stakeholder has led to additional discussions among these stakeholders, and an employer focused meeting is tentatively set for May. It will be co-hosted by the Delaware Chamber of Commerce.
DMAA announced stronger VBP focus for Medicaid in late January.

Leveraging Regulatory Authority

Close to 90% of current 225,000 Medicaid clients in Delaware are served by Medicaid's two managed care organizations (MCOs), Highmark Health Options Blue Cross Blue Shield Delaware and AmeriHealth Caritas Delaware.
As of January 1, 2018, our Medicaid MCO contracts include quality performance measures that relate to quality, access, utilization, long-term services and supports, provider participation, spending and/or member/provider satisfaction.

These key measures build on the Common Scorecard created in collaboration with the Statewide Innovation Model (SIM) Award and through the Delaware Center for Health Innovation's work.

Over the three year contract term, seven key measures will be monitored including management of diabetes cases, asthma management, cervical cancer screening, breast cancer screening, obesity management, timeliness of prenatal care and 30-day hospital readmission rates.
These measures will be tied to desired performance levels, with potential penalties being imposed if performance levels are not achieved.
In addition, the Department is working with Mercer and engaging key stakeholders in discussions with the intent to release a RFI in Q2 to gauge interest in and readiness for more aggressive shared risk between the MCOs and the provider community.

Efforts are underway to establish HCC as the "owner" of the benchmark and to engage a stakeholder group to provide input into the benchmark
Began review of the DHIN to determine what role, if any, the DHIN will have with payment reform.
The HCC used regulatory authority at the DE Health Resources Board (HRB-DE's Certificate of Need Board) in January to call attention to high cost hospital-based ancillary services and to question the value-add of similar services priced higher based solely on setting.

Workforce Capacity

HCC is supporting a working group of the DCHI Clinical Committee to look at the sustainability of primary care workforce in Delaware.
Milbank Memorial is providing some technical guidance outside of SIM. DE Department of Public Health Office of Rural Health is fielding a survey of primary care physicians in June and this will provide new data to inform policy.

Health Information Technology

The proposed regulation on data access in support of implementation of 16 Del.C. Ch. 103, Subchapter II, The Delaware Health Care Claims Database was posted in the Delaware December Register and open for public comments until January 16, 2018.
The HCC utilized a subset of measures from the Common Scorecard to health determine what measure to track on for new value-based Medicaid contracts. A release of the scorecard took place in Q4 with an additional release containing 2 quarters of data anticipated to be done in Q1 of AY4.

- Met with the BH providers previously involved in the HIT EMR assistance pilots. Summarized the learnings and remaining gaps from those groups.
- Created a draft plan for recruiting and holding a BH work group that will focus on creating some guiding principles and potential solutions for enhancing the HIT efforts within the BH providers and developing better integrated relationships, tools, and processes between BH and Primary Care. Work group will begin in February.
- Initiated work with DHIN to create a BHI registry and care plan template to be used within the BHI pilots. These tools will also drive standard data collection across the pilot groups.

Continuous Quality Improvement

Concept Systems (CS) published their report on Q3 activities, as well as a draft of Q4 activities, which serve as a reference to the DHCC Executive Director when identifying opportunities for improvement.

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	1	Low	Low	n/a	n/a	n/a
Curriculum is not implemented in timely way to support change	1	Low	Low	n/a	n/a	n/a
Elimination of collaborative agreement disconnects APRNs from care team	1	Low	Low	No feedback suggests that this is a problem. APRNs well-utilized in DE.	n/a	n/a
Inability to align on focus area	4	Medium	Medium	frequent checks against workplan and milestones with internal leadership, vendors.Stronger focus on primary drivers.	Decouple certain vendor supported activities to better manage and track	Y4 ongoing
Insufficient capacity within DHIN or other agencies to lead HIT initiatives	4	Medium	Medium	More realistic timetable for technology projects and attempt to establish proof of concepts and infrastructure for longer term success.	Work with HMA to design, build tools outside DHIN	AY 4 Ongoing

Lack of funding for sustainability	4	Medium	Low	Using Year 4 dollars to focus on sustainability, and looking at state laws governing DHIN, HCC, Medicaid for considering new authorities and resource, partnership structures.	See Year 4 Ops Plan, terms and conditions	By Q4 Year 4.
Lack of measurable success for pilot Neighborhood(s)	5	Medium	Medium	Intensive engagement in Year 3 to get broad buy in for model; creation of new statewide group to support local applicants with expertise, technical assistance, coordination	Meeting local neighborhoods where they are in terms of readiness, but moving ahead where ready so we demonstrate a "win" and regain credibility with stakeholders.	Get CMMI funds unrestricted to support local initiatives that have been vetted by end of Q1 Year 4.
Low consumer interest in engagement tools	2	Medium	Low	n/a We hope to get engagement when we release public scorecard in Q1 Year 4.	Pursuing public release of subset of Common Scorecard aggregate metrics using NCQA.	YR 4 Q2-Q4
Low payer participation	5	Medium	High	coordinated strategy of benchmark setting, state purchasing levers, organizing providers who want to accept risk	Complete baseline interviews, draft Medicaid ACO TCC model, complete Benchmark advisory committee work by end of Q2	See Year 4 Ops plan

Low provider participation in practice transformation services	2	Low	Medium	With about 33% of practices participating, we made some impact. For BHI, we are doing fewer practices and more intensive coaching while also informing payment models under development	Using BHI cohorts, primary care working group to keep practices engaged and at table.	AY 4 ongoing; complete PT by Q2, focus on BHI entire AY4
Low provider participation in VBP models	5	Medium	High	See Year 4 Ops plan.	Leverage conversations between BHI practices and payer via Mercer	YR 4 Q1-Q4 focus
Messaging does not reach target audience	4	Medium	Medium	Improved communications strategy with multi-channels, more frequent public meetings and summits, re-launched ChooseHealthDE	Quarterly transformation newsletter planned as addition to other communications tactics.	Launch first newsletter 3/18
Stakeholder participation wanes over time	3	Medium	Medium	Most apparent in Healthy Neighborhoods. Providers VERY engaged over benchmark, payers not so much.	See workplan by Driver for Year 4	Q1 gather proposed project applications; Q2 release funds for 1-2 projects in local communitieis
Stakeholders unable to deliver necessary data to produce scorecards	4	Medium	Medium	Making assessment in Q1 of Year 4 on next steps. We built expensive platform not well utilized, can't be sustained.	Decision on path forward by Q2 Year 4	Webinar 3/18 to get feedback from Q4

Vendors unable to deliver HIT functionality on time	5	High	Medium	DHIN going through a refresh of its core HIE platform and this is slowing down already lagging progress on Claims Database.	Hope to achieve at least a proof of concept which successfully does data matching of claims and clinical data.	finalize HIT workplan details Q1 AY 4 with HMA, DHIN

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)
A B & C	Contract	Driver 1	$300,000		No			$80,560
Travel	Other	Driver 1	$6,375		No			$2,829
Concept Systems	Contract	Driver 1	$249,881		No			$73,167
Health Management Associates	Contract	Driver 2	$1,298,000		Yes			$0
NJ Academy of Family Physicians	Contract	Driver 3	$420,000		No			$88,000
Associates in Health	Contract	Driver 3	$10,000		No			$10,000
MedAllies	Contract	Driver 3	$293,250		No			$60,562
Medical Society of DE	Contract	Driver 3	$264,000		No			$66,000
Remedy	Contract	Driver 3	$504,000		No			$110,000
Mercer	Contract	Driver 7	$822,547		Yes			$14,861
DE Health Information Network (DHIN)	Contract	Driver 8	$266,272		Yes			$201,878