



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	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	Q4 - 2015 Progress Report	Award Title	Delaware:Test R2
Report Quarter	Q4	Date Submitted	3/1/2016
Report Year	2015	Approval Status	Approved

Date Approved

3/8/2016

Last Modified By

Jessica Roach

WBS Not Applicable



Executive Summary

Success Story or Best Practice

The Health Care Commission has employed a specific communications strategy in support of the Practice Transformation initiative that has provided a cohesive, branded look and feel to the outreach efforts. Working with the Clinical Committee of the Delaware Center for Health Innovation, HCC and its media/PR subcontractor developed and executed a comprehensive campaign to provide information, introduce the four vendors, and encourage PCPs to participate. The campaign had several components. First, Dr. Nancy Fan, Chair of the Clinical Committee and Chair of the Health Care Commission, recorded a video that explained what practice transformation is and how it would benefit practices. This video is available on the www.dehealthinnovation.org website, to which other materials were directed. The video was also used in emails to over 600 clinicians and was included on a branded flash drive in a direct mail tube sent to 500 PCP offices. Brochures with top-line information, as well as detailed inserts on value-based payments and the four vendors, were distributed to partners and made available for the vendors' use. A dedicated section of the website was created to provide additional information and resources.

Review of the metrics of this campaign shows that video views and site visits increased in conjunction with the emails and mailers. The email received a 30% open rate, with more than a third of those going directly to the website or video. Visitors to the website are engaged, going to multiple pages and staying for almost four minutes.

HCC intended for the campaign to complement and enhance the direct efforts of the vendors and provide a consistent message for PCPs throughout the state. While early enrollment in practice transformation has been slower than anticipated, the metrics show there are many practices investigating the opportunity. Vendors will be able to take these practices who have an introductory knowledge and convert them to enrollees.

Challenges Encountered & Plan to Address

One challenge for the SIM project in Delaware has been the pace of roll-out for value based payment models from the state's payers. In our original grant project narrative, Delaware had proposed that payers introduce at least one pay for value and one total cost of care payment model option to eligible PCPs in September 2015. Unforeseen delays have occurred with this timing with many factors impacting the original, ambitious goal. These delays were primarily operational in nature, not significant differences in approach to VBP.

Throughout the planning year, and in Q4 particularly, HCC and DCHI leadership talked frequently with the payers to provide perspective and feedback as the models were developed and measures for the scorecard were finalized, leading to confirmation that the largest payers will roll out a new payment model beginning January 1, 2017. This dialog enabled HCC to understand the changes and incorporate them into the timeline submitted with the Operational Plan.

Additional efforts to engage payers and move the work on payment forward include filling the payer representative seat on the DCHI board. Confirmation of this new board member is expected in Q1 2016.

Another challenge facing the DCHI is the pace of stakeholder funding. The original vision for the SIM project was that \$35 million was to come from the CMMI grant, with an additional \$96 million to be provided by stakeholders, payers, foundations, and other grants. While there has been some progress in this area (the ONC grant to DHIN and the CMMI/TCPI grant to Health Partners Delmarva), funding for DCHI operations has lagged, partly due to the delay in hiring the Executive Director. The Chairman and Executive Director of DCHI have contacted various stakeholders in an effort to secure contributions and have received verbal commitments for support. These delays have not had a significant impact on progress but are important to address for long-term sustainability

Governance

In the fourth quarter, the governance of the DCHI and the HCC underwent some significant shifts. In December, Bettina Riveros, the Chair of the Health Care Commission, Secretary of DCHI, and Health Policy Advisor to Governor Markell, left these positions to pursue other opportunities. Dr. Nancy Fan, a practicing Ob/Gyn in Wilmington, DE, was named as the new Chair of HCC, effective December 4. Dr. Fan has been on the DCHI board since its inception and currently serves as the Chair of the Clinical Committee, giving her in-depth knowledge of the SIM work that will be extremely valuable to the continuity of leadership for the HCC. While we do not anticipate the position of Health Policy Advisor to be filled in the Governor's office, HCC has identified the Governor's General Counsel as its liaison on health policy and SIM. Meredith Tweedie joined the Governor's staff from the state Attorney General's office where she specialized in health policy issues. Ms. Tweedie is very engaged in the work of the SIM and regular communication with her has been established and continues.

The DCHI board also continued to evolve. Dr. Greg Bhattarian, who represented practicing physicians, left the board. Dr. Nancy Fan, who had represented practicing physicians, now sits on the board as the Chair of the Health Care Commission, leaving her slot vacant. The board plans to replace the practicing physician member in Q1 2016.

The board reelected its Chairman, Matt Swanson, and its Treasurer, Tom Brown, for another term. The Secretary position, vacated by Bettina Riveros, will be filled in Q1 2016. The board also added Mary Kate Mouser, Executive Director of Nemours Health and Prevention Services, to an at large position.

Stakeholder Engagement

Stakeholder engagement continues to be high. The DCHI board and each of its committees meet monthly and all meetings are open to the public. At its January meeting, the Board adopted operating norms for all committees so that public engagement and comments are consistent throughout the organization. The policy encourages public participation and feedback.

In addition, regular meetings with the Payment Committee Chair, DCHI leadership and the state's largest payer continue to provide an opportunity to discuss shared goals and provide insight and input into and each others' initiatives.

On November 10, DCHI hosted a Cross-Committee meeting at which over 70 participants attended. The agenda for the meeting built upon feedback received at previous meetings and included deep dives into two emerging and cross-cutting topics: Health IT and behavioral health integration. In addition, there was a "gallery walk" portion which allowed participants to spend time at each Committee's station to learn about current initiatives and provide input.

Participant feedback from the session was overwhelmingly positive on both the structure and the content of the session, with the vast majority of respondents agreeing or strongly agreeing that the session was both a valuable use of time and a valuable opportunity to learn more about the work of the DCHI and the committees.

Population Health

Following the successful adoption of the Healthy Neighborhoods Operating Model paper in September 2015, the DCHI Healthy Neighborhoods Committee made significant progress developing the approach to scale the Healthy Neighborhoods model statewide. DCHI established approximate timing to launch the 10 Healthy Neighborhoods across three waves. Using population health data and stakeholder input, a work group identified the three highest need communities to focus DCHI launch activities in 2016. DCHI also defined the operational processes required to establish each community, including targeted outreach to community leaders, establishing a formalized governance structure for the local council, assessing the community readiness via checklist, and supporting the community planning activities within each neighborhood. The DCHI formally approved Delaware's implementation strategy for Healthy Neighborhoods when it adopted the Healthy Neighborhoods Rollout Approach paper in January.

DCHI, in collaboration with partner organizations (e.g. Division of Public Health, Saint Francis Healthcare, Christiana Care Health System, Nemours, University of Delaware), pursued a population health grant that was consistent with and supportive of with Delaware's population health strategy. In January, DCHI in collaboration with Saint Francis Healthcare, submitted an application to Trinity Health for the Transforming Communities Initiative focused on addressing the social determinants of health.

Health Care Delivery Transformation

In the fall of 2015, the DCHI Clinical Committee convened a working group of primary care and behavioral health stakeholders to develop a strategy for behavioral health integration and primary care – an important step in enabling better coordination of care for the highest needs individuals in Delaware. The working group culminated its work in Q4, holding several discussions in November to develop the vision for behavioral health integration, identify strategies and the necessary supports, develop performance and evaluation measures and outline a timeline for implementation. Based on the recommendations from the working group, the DCHI Board approved the consensus paper in January. DCHI is now ready to begin implementation of this strategy.

The DCHI Clinical Committee also further enhanced its consensus approach on care coordination by identifying the vision for care coordination, the principles for funding care coordination, encouraging provider participation, and aligning on opportunities to support providers to adopt coordinated care models (e.g., by identifying areas to standardize common elements of care coordination across providers). The DCHI Board adopted the recommendation in January.

Delaware has also made significant progress in implementing practice transformation. The Health Care Commission selected four vendors and hosted four informational meetings with ACOs, CINs, and primary care practices to encourage participation in practice transformation. The Health Care Commission and vendors have used multiple channels to targeted outreach towards primary care providers including the use of electronic communication (e.g., email, websites, webinars), telephone, mail, and in person meetings (e.g., clinic visits and informal meetings).

Payment and Service Delivery Models

The DCHI Payment Model Monitoring Committee comprised of payers, providers, and state leaders has continued to meet regularly to monitor the availability and adoption of outcomes-based payment models in the Delaware. DCHI Payment Committee leadership has also held regular meetings with payers to learn more about the design of emerging models and provide feedback on alignment with the DCHI perspective on outcomes-based payment. Specifically, DCHI leadership has held meetings with Highmark, United, the Division of Medicaid and Medical Assistance and State leadership. During this quarter, DCHI learned more about risk sharing agreements emerging in the state, a pilot pay-for-value program for Medicaid members starting mid-year, and a tentative launch date for new pay-for-value programs from one of the payers at the beginning of the 2017. DCHI is working closely with the payers to align on messaging regarding the payment models. Based on the work of the Committee and discussions with stakeholders including the payer, the DCHI Payment Committee drafted a consensus paper that outlined the core beliefs underlying outcomes-based payment models, design principles, and strategies for adoption. After reviewing the behavioral health integration consensus paper and drafting the outcomes-based payment paper, the Payment Committee has also formed two sub-committees to further explore access to claims data and financial sustainability of behavioral health integration.

Leveraging Regulatory Authority

HCC has continued active engagement of state agency partners (e.g., through regular dialog with Medicaid) to ensure successful implementation of Delaware's plan. Independent of the State Innovation Model work, the Delaware General Assembly created a task force in the fall of 2015 to study the State Employees Health Plan to find cost savings and efficiencies, recognizing the state's current fiscal pressures. During the deliberations of this task force, DCHI Chairman Matt Swanson presented remarks and explained the role of the DCHI and the goals of the State Innovation Model work to improve health quality and outcomes and reduce costs. The task force submitted its recommendations to the Governor and General Assembly on December 1, 2015. In its final report, the task force specifically referenced the work of the DCHI and some of its recommendations reinforce and align with those of the SIM. For instance, the task force was interested in payment reform as a way to reduce the overall cost of healthcare and found that both the availability of and participation in value-based payments in Delaware was lagging behind other peer states. It recommended leveraging the significant contribution the State Employee's Health Plan makes to payers and providers to promote quicker adoption of pay-for-value and alternative payment models in an effort to bend the cost curve. The task force also noted the need for increased cost transparency for members to make informed health care choices and recommended further investigation into promoting such methods.

While the task force has completed its work and issued its final report, its recommendations were considered in the development of the Governor's Recommended Budget for FY17 as well as the Joint Finance Committee's deliberations on the budget.

Workforce Capacity

In Q4, the DCHI's Workforce and Education Committee completed a draft consensus paper on initial recommendations for streamlining the credentialing process for health care providers. The document was thoroughly reviewed and the Committee determined there was an additional need to include the licensing processes and requirements in the consensus paper as well. To capture this information, the Committee decided to conduct an online survey in order to reach a broad provider audience. This survey was released on January 28th. The survey was distributed in order to inform the consensus paper that addresses the State's need to streamline the licensing and credentialing processes for health care providers, while also facilitating more efficient on-boarding of health care personnel and reducing system-wide administrative costs.

In November, the Workforce Committee finalized and the DCHI board approved a consensus paper titled "Health Care Workforce Learning and Re-Learning Curriculum" which was integral to the development of a Request for Proposals released by the HCC in Q4.

In January, the Health Care Commission released an RFP for the facilitation of a Graduate Health Professional Consortium and the development and implementation of a Health Care Workforce Learning/Re-Learning Curriculum. The final RFP was released on the State of Delaware procurement website on January 19th. Bidders have the option to bid on one or both scopes of work in their proposals. Proposals are due by March 18th and the estimated notification of award is April 8th.

The Workforce and Education Committee also conducted research around health care workforce gaps and strengths in the mental and behavioral health fields across the state. DCHI representatives presented these findings to the Delaware Behavioral and Mental Health Task Force on January 7th. The Committee also finalized its outline for the workforce capacity planning consensus paper.

Health Information Technology

The SIM team continued to meet with stakeholders to develop the Health IT Roadmap, a key component of the Operational Plan. The Roadmap was refined and presented to the DCHI Technical Advisory Group and at the DCHI Cross-Committee meeting. The DCHI Payment Model Monitoring Committee presented the utility of health information technology tools to aid in access to claims data as part of the consensus paper on outcomes based payment and has formed a working group to develop a perspective and recommendation to the Board. Additionally, advancement of the Common Scorecard continued this quarter with a second release of data to the testing practices and commencement of an end-user validation and quality assurance process. The SIM team also continued to engage on improving the technical aspects of the Scorecard with refinement of the technical specifications and development of business requirements to add new functionality (e.g., enhanced goal setting, state performance metrics) to the Scorecard. The Board approved a new set of Scorecard measures in September, and DCHI worked with the payers, DHIN, and primary care practices to develop and align on technical materials to support implementation of the new measures.

Continuous Quality Improvement

Delaware has made significant progress this quarter in developing the overall program dashboard which provides a platform to track how Delaware is progressing on overall outcomes and implementation of SIM initiatives. The DCHI Board and Committees engaged in active discussions to refine the measure definitions and identify sources or data. Progress has also been made on the Common Scorecard. Version 2.0 of the Scorecard, which includes new measures, is under development and DCHI is engaging providers from the testing practices to build confidence in the quality of the data. The Health Care Commission completed its procurement process for its state-led evaluator, who will begin in Q1 2016.

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
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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)
McKinsey	Consultation Services		\$7,900,000		No			\$3,277,500
ab+c Creative Intelligence	Contract		\$211,475		No			\$116,380



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