Delaware State Innovation Model (DE SIM)

State-Led Evaluation

Quarterly Report

Quarter 4 (11/1/18 - 1/31/19)

Prepared for:

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

Submitted by

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January 31, 2019

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 (DHCC). 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 4 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 Q4. 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 qualitative data collected on the SIM stakeholder survey. 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. *** Process marker not met; moved to next quarter**

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		1.1.c Collaborate to align payment strategies* 1.1b TCC payment model for Medicaid and State Employee program use*	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
	1.5 Payment reform readiness investment fund				1.4a Minigrants distributed 1.4b Open Beds adopted 1.4c Telehealth technology webinars
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
	2.5 Carryover activities-Practice Transformation Sustainability				2.5a Primary Care Workgroup 2.5b Pediatric behavioral health 2.5c Enhanced behavioral health integration
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

Plan Progress for Quarter 4 by Driver:

Primary Driver 1: Payment Reform

Progress continues in Primary Driver 1. Benchmarks have been mostly identified and recommendations made. Some challenges have arisen in obtaining data for model impact analysis pushing the timeline.

Primary Achievements	Challenges Encountered
• Work on establishing 2019 benchmarks continues to progress and is on track. Feedback from the Governor was incorporated, and meetings with payers were held. • Common scorecard for Medicaid was prepared, refined, and will be released with the support of Mercer. • Rollout of the implementation manual for quality benchmarks began, and Mercer hosted a webinar with the State for commercial payers and Medicaid MCOs. The final version is expected to be delivered at the end of Q4. • The mini-grant funds were deployed, and technical assistance was provided to grantees. • Work related to data deployment has been moved to the benchmark process.	• Some of the work around modification of the payment model may extend beyond the grant period due to the timing of the ACO RFI. • There have been challenges in obtaining data from ACOs for use in model impact analysis which has delayed this work until after grant period ends. This also means stakeholder engagement on the topic will not happen in this grant period. • A carryover budget amendment will be requested for mini-grants.

Primary Driver 2: Practice Transformation

Gains are being made in the uptake of behavioral health integration practices. Concerns around sustainability persist.

Primary Achievements	Challenges Encountered
• A DE BHI Learning Network meeting was held on 1/30/2019 bringing providers together to discuss PT. • Webinars were held on 11/14/18, 12/12/18 and 1/9/19. • Coaching calls with providers continued. • A virtual learning community was established for both PT cohorts. • The Primary Care Collaborative continues to meet. It released a report on 1/10/19 with recommendations and receiving public comment.	• As in Q3 participating practices are expressing concern about the sustainability of practice transformation gains achieved through work with practice transformation coaches in AY 3 and how to support the BHI work going forward without some new payment mechanism during the time of implementation. HMA and Mercer are working with the Health Care Commission to create a summary of payment options to support this work. Further discussion around the State mini-grants and how that could help to build and sustain the BHI models is underway.

Primary Driver 3: Healthy Neighborhoods

The Healthy Communities Delaware (HCD) model has been finalized and officially launched as a way to sustain the healthy neighborhoods work.

Primary Achievements	Challenges Encountered
• Eight Healthy Neighborhoods (HN) initiatives have been approved by CMMI and funding has been released. • The Healthy Communities Delaware (HCD) kickoff was held on 1/14/19. • The backbone organization entities for HCD have been selected and are beginning to meet. • The leadership council for HCD continues to meet. • Efforts to identify funding mechanisms for the backbone organization are ongoing. • The HCD initiative continues to be integrated as a sustainability mechanism for the HN initiatives.	• Stakeholders in Kent and Sussex county have raised concerns that efforts may be too focused on NCC. Other questions have been raised in relation to the collective impact model and evaluation approach. It will be important for the leadership council and backbone organizations to work out these and other operational details and communicate them to the broader group of stakeholders.

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
• Legislation was passed to require self-insured payers to participate in the HCCD. • Medicare claim loads are ongoing. • Decision to not use electronic consent solutions for sharing behavioral health data was made. • DHIN hired chief information officer who will oversee HCCD.	• Concerns have been raised about long-term funding for the HCCD. • Although legislation requires payers to submit data for the HCCD, not all are complying at the moment. Issues related to comprehensiveness and quality of data will be ongoing challenges.

Analysis of the System

This section presents key findings from our review of responses on the stakeholder survey and our observations at DE SIM related meetings in Q4. These observations reflect the perceptions of key actors in the state who have in-depth understanding of DE SIM specifically, and healthcare transformation more broadly. The points included in this table should be considered opportunities for consideration, and prompt further discussion in an effort to further improve this work.

The table is partitioned by thematic areas that reflect recommendations made in the AY3 evaluation report as issues to review in AY4. The four columns represent the key drivers that are the focus of AY4, and the X's indicate whether an issue was observed or determined to be associated with that driver. The analysis is our interpretation of what we have heard and seen over the course of Q4. We acknowledge our ability to fully understand the system has some limitations and should be taken into account.

Highlights of the "systemness" of the system				
• The relationship between the state, payers, and providers continues to be an important one. There remains a need for an external party to facilitate that relationship. There is not always agreement about who that entity ought to be, but there is agreement that it is important.	**X**	**X**		**X**
• Delaware's small size seems in the eyes of respondents to be a blessing and a curse. The small size means few payers, and limited leverage with national companies. However, it also means a manageable system that ought to be able to respond to new ideas and innovations.	**X**	**X**	**X**	**X**
• There is recognition that while barriers to collaboration still exist, there is more willingness among key actors to come to the table and undertake new initiatives around transformation. It is crucial to continue considering how to align priorities to ensure commitment from all parties involved.	**X**	**X**	**X**	**X**
• There is a sense that there is broad agreement that transformation is important and needed. The challenge continues to be how to translate that broad agreement into specific and actionable initiatives that actually begin to transform the system.	**X**	**X**		

Highlights of the "systemness" of the system				
• The support given to HN initiatives and continued progress of HCD is encouraging. It reinforces that there is commitment on the part of many in DE to support population health efforts, as opposed to focusing only on the health care system. The progress made highlights what can happen when actors come together around a common goal.			X	
• While some stakeholders recognize the challenges faced by payers in the DE market there has been some recent attempt by them to come to the table, specifically around BHI and benchmarking.	X			

Stakeholder engagement				
• Perceptions of stakeholder engagement efforts seems to be mixed at the end of Q4. There are some respondents who suggest it has improved, but there are still voices that continue to speak about a lack of stakeholder engagement on the part of the state, and unwillingness on the part of payers to engage in authentic conversations about transformation. Similarly, there remain concerns about how to engage diverse providers (especially those in small or independent practices).	X	X	X	
• The divergence in philosophies of how to move forward with regards to engaging stakeholders in transformation efforts continues. Some respondents feel that the approach continues to be to top-down, while others believe that enough deliberation has occurred, and it is time for action. Still others believe that there is enough engagement of key partners. It is clear that there are varying points of view and the challenge will be reconciling these to some extent.	X	X	X	
• One stakeholder group that some stakeholders believe is not effectively engaged in discussions around SIM are consumers. The patient and consumer committee has been reconstituted, but it is still small. Some respondents reflected on this suggesting that these voices are not given enough attention, and too much focus is put on large actors.	X	X	X	

Stakeholder engagement				
• Providers continue to be a crucial group to engage in this work, although the demands on their time continue to increase. The DCHI Clinical Committee has continued to meet emphasizing importance of supporting provider voice. There are still smaller PCPs who feel that they are not paid enough attention in contrast to the large healthcare providers in the state.	X	X		X

Knowledge management				
• Activities to capture lessons learned have been organized which highlights an important commitment to knowledge management. Dissemination and reporting on those lessons learned should ensure many can benefit.		X		
• Tying into a prior comment on consumer engagement knowledge management for the consumer should be considered as a separate, but also important issue. The types of information consumers need in order to understand the issues being addressed by SIM and other healthcare transformation efforts differ from what professionals who are engage din this work on a day to day basis. Managing that knowledge and communicating it effectively is important.		X	X	X

Sustainability				
• As the DE SIM grant comes to an end there is concern about whether efforts will continue once resources are gone. Efforts to identify sources of funding to continue to support this work are ongoing, and in some cases have been developed.	X	X	X	X

• Progress in transformation takes time, and that scale is important to remember. It was described by respondents who argued that political leadership must commit to this over the long-term, even though short-term results are easier to champion.	X	X	X	X
• Concerns persist about how non-HCD components of this work will be sustained post-SIM. Behavioral health integration efforts have picked up some important momentum and providers are now concerned about whether this will be sustained after SIM dollars are gone.		X		

Conclusions and Recommendations

This report builds upon the third quarterly report of AY4 in examining both progress towards the four drivers, and the systemic issues that are affecting DE SIM. We recognize that many of the systemic issues raised in the Q3 report might take time to address.

The work of DE SIM is moving along well with regards to the activities and drivers that are the focus of AY4. There have been some barriers to progress with regards to payment reform that have pushed some of the work originally scheduled for Q3 and Q4 of AY4 beyond the grant period. Nevertheless, this report continues to focus more on systems-related issues and less on process monitoring considering the comprehensive bi-weekly reporting done by HMA. Therefore, our conclusions emphasize the systemic issues laid out in the second section of the report. Some key points are highlighted below:

- Substantial progress around the development and launch of the Healthy Communities Delaware model has been made. As the official launch occurred in Q4, there appears to be a fair amount of energy and optimism about the structure and its potential for addressing health issues in communities across Delaware. Some key issues are yet to be clearly addressed including how to balance the voice of communities with the wants of investors, how this work will effectively be evaluated both at the local level and at the structural level, and how to ensure there is not a geographic bias in the investments.

- Consumer voice is important. Despite the reconstitution of the DCHI Patient and Consumer committee, leaders will need to continue to pursue creative and varied strategies to share information and gather consumer feedback. Some consumers feel that information is not effectively being conveyed to the general public, and that their voices are crucial since this work ultimately effects people and their health. Consumers will need to clearly see the ways in which their issues have been heard and that there is at least an attempt to respond to the concerns that have been raised.

- The slow progress of working to un-restrict funds through CMMI highlights the importance of developing funding structures that can be responsive to local, regional, or statewide needs. This should be considered as the HCD model gets implemented, and as sustainability efforts more broadly are discussed. Given the complexity of this work it is crucial that the infrastructure reflects the messiness and can be nimble in response.

- It is crucial to consider who or what might be able to facilitate the relationship between the state, payers, and providers in Delaware. Multiple organizations, most recently HMA, have navigated this position well and the successful quarter and year has much to do with their facilitation of complex elements of the grant. This relationship is important as the work of transformation continues beyond the grant funding.