



ChooseHealth
D E L A W A R E

State Innovation Model (SIM) – Update

March 6th, 2014

Topics for today's discussion



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- Check-in on where we are today
 - Workstream updates
 - Further discussion on Delaware Center for Health Innovation
 - Upcoming dates
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Status update

- Many stakeholders have shared helpful feedback on the Innovation Center
- First cross-workstream meeting held on February 11th to discuss
 - Program update and timeline
 - Innovation Center
 - Workforce
 - Provider scorecard
- Work progressing across all workstreams e.g.,
 - Drafted scorecard developed and discussed
 - Launched care coordination survey on February 17th
 - Scheduled workforce symposium for April 8th



Draft provider scorecard (first draft)

PRELIMINARY

Domain	Category	Metrics ¹
Care improvement	Quality/ effectiveness of care – outcomes	<ul style="list-style-type: none"> Diabetes Care: HbA1c control (< 8.0%) Ischemic Vascular Disease: Lipid Profile and LDL control <100
	Quality/ effectiveness of care – process	<ul style="list-style-type: none"> Use of appropriate medications for people with asthma Screening for Clinical Depression and Follow-Up Plan Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Adult weight screening and follow-up
	Quality/ effectiveness of care – structure	<ul style="list-style-type: none"> Qualification for EHR incentive payment
	Quality/ effectiveness – transformation	<ul style="list-style-type: none"> Basket of transformation process, structure, outcome measures
	Patient experience	<ul style="list-style-type: none"> CAHPS survey
Health improvement	Health outcomes	<ul style="list-style-type: none"> Cancer death per 100,000 Infant mortality
	Risk factors	<ul style="list-style-type: none"> Percent cigarette smoking by adults Percent of patients who are obese
	Prevalence of disease	<ul style="list-style-type: none"> Hypertension prevalence Diabetes prevalence
Cost reduction	Total cost of care	<ul style="list-style-type: none"> Risk adjusted, total cost of care
	Utilization	<ul style="list-style-type: none"> Hospital All-Cause Unplanned Readmissions, Risk Adjusted Hospital ED Visit Rate that did not Result in hospital admission

Received feedback from clinical discussion on 3/4 about types of measures and opportunities to refine for next draft

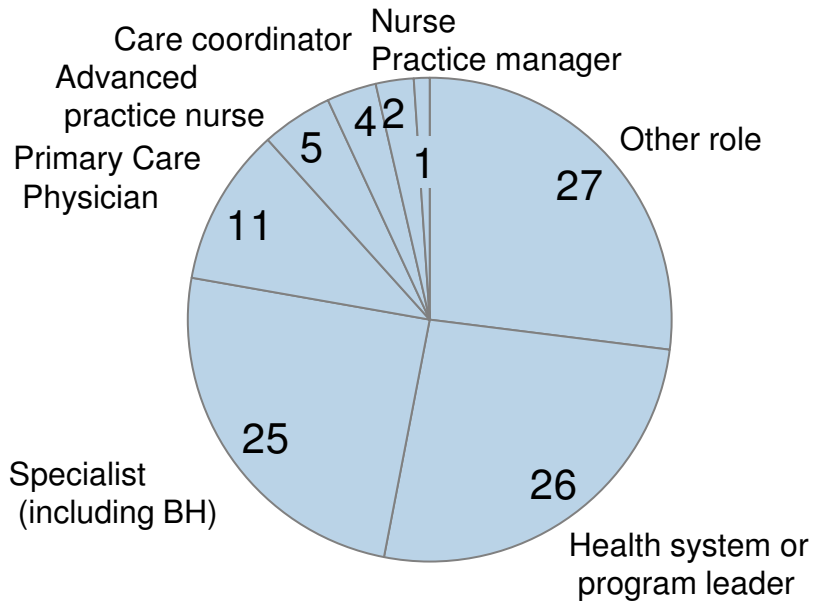
1 Used CMMI core, Meaningful use, CPCI, CMMI ACO Shared Savings, 4 private payer PCMH demonstrations (one from DE), and DE Medicaid measure sets

Initial observations on survey responses

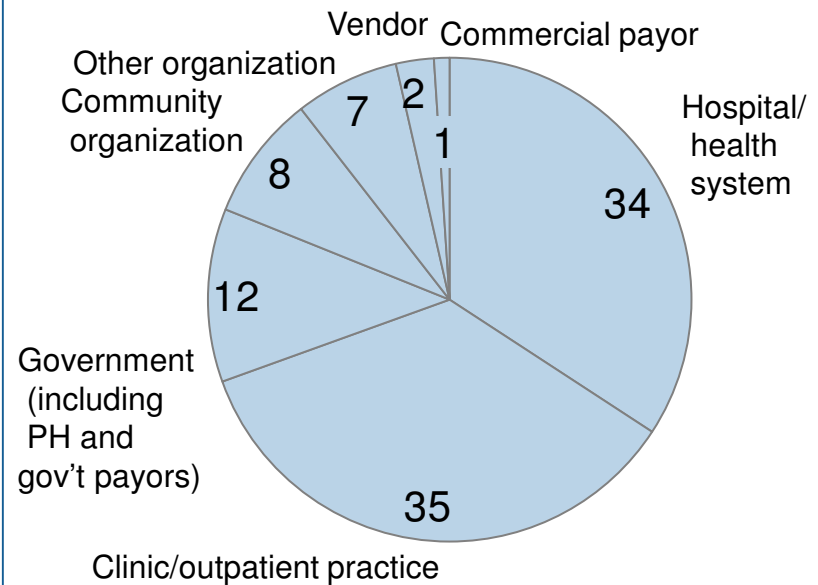
Initial numbers

- Survey released on Monday, February 17th
- 84 completed responses
- Respondents came from 39 unique organizations¹

What is your role?



What type of org. do you work for?



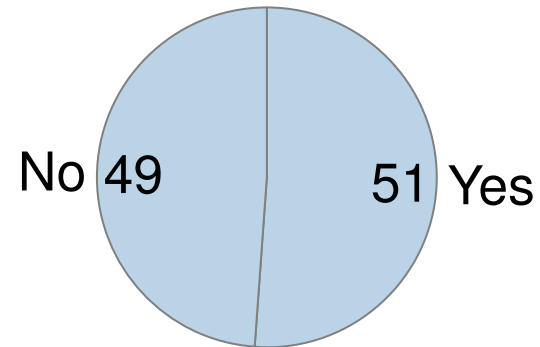
¹ Does not include organizations listed as 'anonymous'
SOURCE: CC survey

Some initial responses – DRAFT

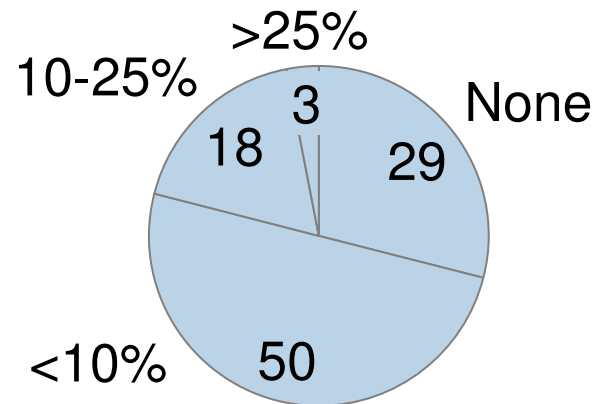
Question

Does your organization have a formal care coordination program?

Responses



For respondents that answered 'yes' to having a formal care coordination program: What proportion of your revenue is tied to an innovative payment model?

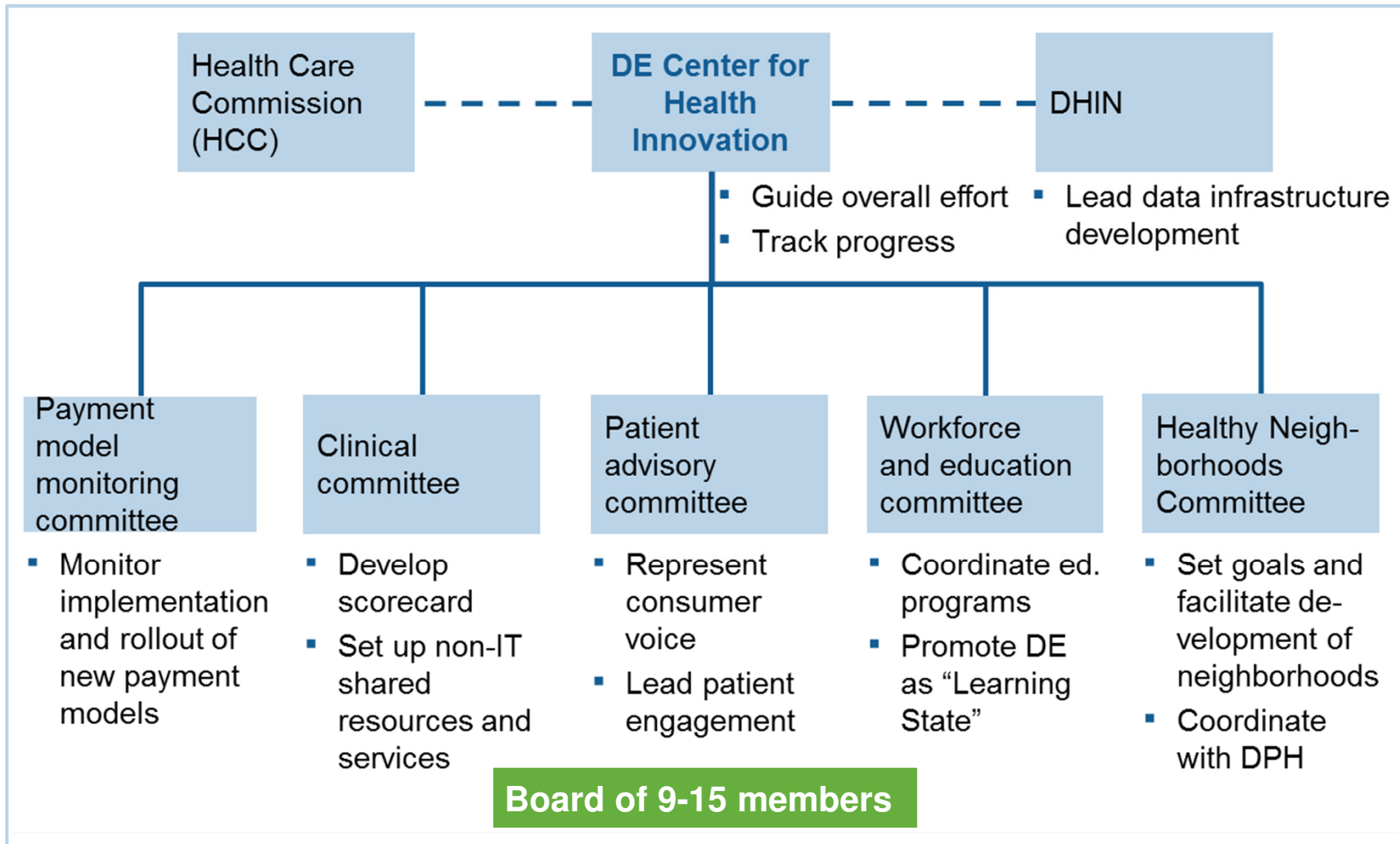


Agenda for workforce symposium – DRAFT

Welcome and overview of the day	9:00 – 9:15
Overview of the future workforce requirements in Delaware	9:15 – 10:30
<ul style="list-style-type: none">▪ What delivery in 2018 needs to look like and what this means for today's workforce (illustrated with healthcare theatre)▪ The current workforce landscape in Delaware, and the journey from today to 2018	
<i>Break</i>	<i>10:30 – 10:45</i>
How others have approached workforce transformation – what worked, what didn't	10:45 – 12:45
<ul style="list-style-type: none">▪ Speakers▪ Roundtable discussions, Q&A: takeaways/learnings for Delaware	
<i>Lunch</i>	<i>12:45 – 1:30</i>
Building the learning and development journey for select roles	
<ul style="list-style-type: none">▪ Breakout discussions▪ Plenary report back and discussion▪ Next steps and close	1:30 – 3:00 3:00 – 3:45 3:45 – 4:00
<i>Reception</i>	<i>4:00 – 4:30</i>



Reminder: Delaware Center for Health Innovation – proposed model



Reminder: Delaware Center for Health Innovation overview

What it is

- ✓ Meant to continue the way we have worked together so far
- ✓ Help to build from existing initiatives and implement core elements of the plan
- ✓ Designed to be representative and inclusive

What it is not

- ✗ Government led
- ✗ Organization with authority to replace ongoing initiatives
- ✗ Designed to be a large bureaucratic organization

Feedback you have shared

Composition of Board

- Ensure not government led
- Consider additional perspectives (e.g., on community health)

Authority

- Should engage in more than just monitoring but should not have authority to replace existing initiatives
- Ensure clinical components led by clinical experts

Appointments

- Consider nominating committee

Current perspective on Innovation Center role in transformation process

- Expectation is for participation on a multi-payer, multi-stakeholder basis
- Current belief that there is not widespread support for mandatory participation while we design and implement models that are still new
- Innovation Center role is to:
 - Put forward a consensus approach after broad input and consistent with core principles (i.e., builds from ongoing innovation)
 - Develop measures to monitor implementation across Delaware
 - Invite state to implement across its levers (e.g., Medicaid, state employees, public health)
 - Policy support from Health Care Commission
- Health Care Commission role is to continue to be the main policy and convening body for the state



Specific updates since last HCC discussion

- Innovation Center to be formed by DHIN
- Added additional members to Board
(more detail follows)
- Members recommended by Health Care Commission for first year
- Nominating committee to recommend members after first year



Innovation Center Board overview – DRAFT

Overview

- Board of 9-15 Directors, 2 non-voting Directors
- Board members must be knowledgeable about delivery, reimbursement, and/or regulation of health care services, community health, patient engagement, health education, or as a health consumer

Expertise required

- Board should include at least the following members
 - One member of patient or consumer groups
 - One practicing physician
 - One practicing non-physician clinician
 - Chair of the Health Care Commission
 - One member with expertise in hospital/health system administration
 - Secretary of the Department of Health and Social Services
 - One member with expertise in payor administration
 - One member with experience in administration of a community health provider
 - One member involved in purchasing health care coverage for employers
 - Director of the Office of Management and Budget
 - One representative of an institution of higher education
- Non-voting Directors
 - The Executive Director of the Board
 - The CEO of the DHIN



Next steps for Innovation Center

- Goal is to have final design and structure by April 10th (i.e., next HCC meeting)
- We will discuss again at cross-workstream meeting on March 18th
- Please continue to send feedback on structure, scope, approach, and recommendations for Board members



Upcoming meetings

	Date	Meeting
Cross workstream	<ul style="list-style-type: none">▪ March 18th	<ul style="list-style-type: none">▪ Focus on Clinical and Data workstreams
Workstreams	<ul style="list-style-type: none">▪ March 11th▪ April 8th	<ul style="list-style-type: none">▪ Population health▪ Workforce symposium
Health Care Commission	<ul style="list-style-type: none">▪ April 10th	



Questions

