ChooseHealth DELAWARE

Delaware's State Innovation Model (SIM) Update

June 5, 2014

Topics for today's discussion

- Debrief from May 20th Cross-Workstream meeting
- Discussion of SIM Round 2 FOA

What we covered on May 20th

Time	Topic
08:30-08:40	Status update
08:40-09:00	Recap from Workforce Symposium
09:00-09:15	Transition to Innovation Center
09:15-09:45	Overall scorecard
09:45-10:15	Common provider scorecard
10:15-10:30	*Break*
10:30-12:00	Integration across delivery and Healthy Neighborhoods

Feedback on Overall Scorecard

Proposed overall scorecard (draft)

Roll-up from common provider scorecard

Health Improvement	Delaware goal	▪ DE's rank in America's Health Rankings (or some other ranking system)
	Behavioral risk factors	▪ Percent cigarette smoking ▪ Percent of Delawareans eating fruits and vegetables ▪ Percent of Delawareans who report physical inactivity
	Prevalence and incidence	▪ Hypertension prevalence ▪ Diabetes prevalence ▪ Obesity prevalence
	Health outcomes	▪ Cancer death per 100,000 ▪ Coronary heart disease deaths ▪ 30 Day Mortality Rate, all-cause, risk-adjusted post PCI intervention/cardiogenic shock/AMI ▪ Infant mortality
Care Improvement	Delaware goal	▪ DE's ranking on the 14 care improvement measures
	Quality of care	▪ Percent of primary care providers meeting benchmark for at least 10 out of 14 quality of care measures
	Patient experience of care	▪ Survey/measure for patient access and physician effectiveness (e.g., CAHPS)
Cost reduction	Delaware goal	▪ Actual total cost of care per patient vs. expected total cost of care (based on historic growth rate)
	Total cost of care	▪ Risk-adjusted, total of cost of care per patient
	Utilization	▪ Inpatient admissions per 1000 patients ▪ ED visits per 1000 patients ▪ Hospital All-Cause Unplanned Readmissions, Risk Adjusted ▪ Hospital ED Visit Rate that did not Result in hospital admission
Implementation	Delivery	▪ Percent of eligible patient population (i.e., top 10-15% highest risk) with a care plan
	Payment	▪ Percent of total healthcare spend linked to value-based plans
	Workforce strategy	▪ Percent of primary care providers/organizations with staff attending programs to build capabilities to support care coordination or integrated care
	Population health	▪ Percent of population covered by a Healthy Neighborhood
	Data strategy	▪ Percent of practices receiving the common provider scorecard
Provider transformation	Provider performance	▪ Percent of practice offering expanded access to care ▪ Percent of patients needing care plans (i.e. top 10-15% highest risk) that have them
Payer transformation	Payer performance	▪ Average medical loss ratio (across payers) ▪ Growth rate of healthcare premiums vs. growth rate of total cost of care in DE

Feedback

- Need to clarify definition and how to capture some measures
- Discussion about mix of measures (e.g., underlying risk factors vs. outcomes, number of measures)

SOURCE: May 20th Cross-Workstream Meeting

Feedback on Common Provider Scorecard

Common provider scorecard (current draft)

Domain	Category	Metrics
Care improve-ment	Quality of care – outcomes[1]	▪ Diabetes care: HbA1c control (< 9.0%) ▪ Controlling high blood pressure (i.e., BP was adequately controlled <150/90 during the measurement year)
	Quality of care – process	▪ Use of appropriate medications for people with asthma ▪ Avoidance of antibiotic treatment in adults with acute bronchitis ▪ Appropriate treatment for children with URI ▪ Adherence to statin therapy for individuals with coronary artery disease ▪ Screening for clinical depression and follow-up plan ▪ Preventive care and screening: tobacco use – screening and cessation intervention ▪ Colorectal cancer screening ▪ Adult weight screening and follow-up ▪ Weight assessment and counseling for nutrition and physical Activity for children/adolescents (WCC) ▪ Pneumonia vacc. status for older adults ▪ Childhood immunization status ▪ Hemoglobin A1c (HbA1c) testing for pediatric patients
	Transformation	▪ Transformation milestones over the initial years of the program (details follow)
Cost Reduc-tion	Patient experience	▪ Measures on patient experience/access (e.g., CAHPS)
	Total cost of care	▪ Risk adjusted, total cost of care per patient
	Utilization	▪ Inpatient admissions per 1000 patients ▪ ED visits per 1000 patients ▪ Hospital all-cause unplanned readmissions, risk-adjusted ▪ Hospital ED visit rate that did not result in hospital admission

Feedback

- Provide NQF definitions
- Develop further clarity on patient experience
- Consider how to further integrate population health measures

SOURCE: May 20th Cross-Workstream Meeting

Delaware's model for health and health care

SIM Round Two FOA Released!

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation

State Innovation Models:
Round Two of Funding for Design and Test Assistance

Cooperative Agreement
Initial Announcement
Funding Opportunity Number: CMS-1G1-14-001
CFDA: 93.624

Applicable Dates:

FOA Posting Date: May 22, 2014

Required Letter of Intent to Apply Due Dates:
Round Two Model Design: Due June 6, 2014
Round Two Model Test: Due June 6, 2014

Electronic Cooperative Agreement Application Due Dates:
Round Two Model Design: Due July 21, 2014, by 5:00 p.m., EDT
Round Two Model Test: Due July 21, 2014, by 5:00 p.m., EDT

Anticipated Notice of Cooperative Agreement Announcement Dates:
Round Two Model Design: October 31, 2014
Round Two Model Test: October 31, 2014

Anticipated Cooperative Agreement Period of Performance:
Round Two Model Design: January 1, 2015 to December 31, 2015
Round Two Model Test: January 1, 2015 to December 31, 2018 (Inclusive of a pre-implementation period of up to 12 months)

- Letter of Intent due June 6
- Application due July 21
- Notification on October 31
- Performance period begins January 1, 2015

Highlights from the SIM announcement

Some specific requirements

- Propose 4 year plan, with impact in 3-5 years
- Align with and build from existing initiatives
- Demonstrate specific population health focus on tobacco, obesity, diabetes, maternal and child health

Significant alignment with Delaware's plan e.g.,

- Propose a multi-stakeholder approach to achieving the Triple Aim
- Focus on both high-risk populations ***AND*** improving population health (e.g., through care coordination and Healthy Neighborhoods)
- Emphasis on value based payment and quality measure alignment (e.g., aligned with DE's multi-payer payment model and common provider scorecard)
- Leverage data and technology to improve health outcomes

Grant application contents

- Letter of Intent
- Standard Forms
- Project Abstract
- Governor's Letter of Endorsement
- Letters of support and participation from major stakeholders
- i. Project Narrative (addressing the following subject areas)
  1. Population Health Plan
  2. Health Care Delivery System Transformation Plan
  3. Payment and or Service Delivery Model
  4. Leveraging Regulatory Authority
  5. Health Information Technology
  6. Stakeholder Engagement
  7. Quality Measure Alignment
  8. Monitoring and Evaluation Plan
  9. Alignment with State and Federal Innovation
- ii. Budget Narrative
- iii. Financial Analysis
- iv. Operational Plan (incl. Key Personnel)

Grant scoring

	Description	Score (points)
Model Test Plan	▪ Demonstrate the ability to test innovate payment reforms that have the potential to accelerate transformation ▪ Decision to expand Medicaid ▪ Must offer and clearly demonstrate a pathway to a high potential for success in producing better health, better care, and lower costs ▪ Must describe in detail the target populations, geographical areas or communities ▪ Must identify specific implementable plans to collaborate with the CDC ▪ Must demonstrate engagement in HHS initiatives ▪ Integrated data is used not only to directly support the implementation of healthcare interventions but also to inform and improve the model throughout the period of the award ▪ Identify strategies to leverage State Marketplace Exchanges to further advance value-based payment methodologies	50
Provider Engagement Strategy	▪ Demonstrate a clear, sustained commitment to participation and implementation of the health transformation model of major stakeholders	10
Payer and Other Stakeholder Feedback	▪ Demonstrate participation on the part of commercial payers with respect to both financial and quality measurement alignment	10
Operational Plan	▪ Demonstrate the organizational and operational capacity, organizational structures, leadership, and expertise to successfully implement	20
Model Test Budget Narrative and Financial Analysis	▪ Budget is carefully developed, is consistent with the requirements, and is clearly linked to support of a successful implementation plan	10
Total		**100**

Grant approach

- Application will be submitted by Governor's office to CMMI, as required
- HCC designated as potential grant recipient and holder of funds
- Application content will be consistent with State Health Care Innovation Plan
- We may reach out to you for information during application process