



**Delaware Center
for Health Innovation**

Board and Stakeholder Open Forum Charting a Continued Course for DCHI

February 13, 2019

Agenda



■ Registration, Refreshments and Networking

- Welcome Remarks
 - Panel of Committee Reports
 - Break and Move to First Breakout
 - Committee Carousel
 - Wrap Up / Reflections
-



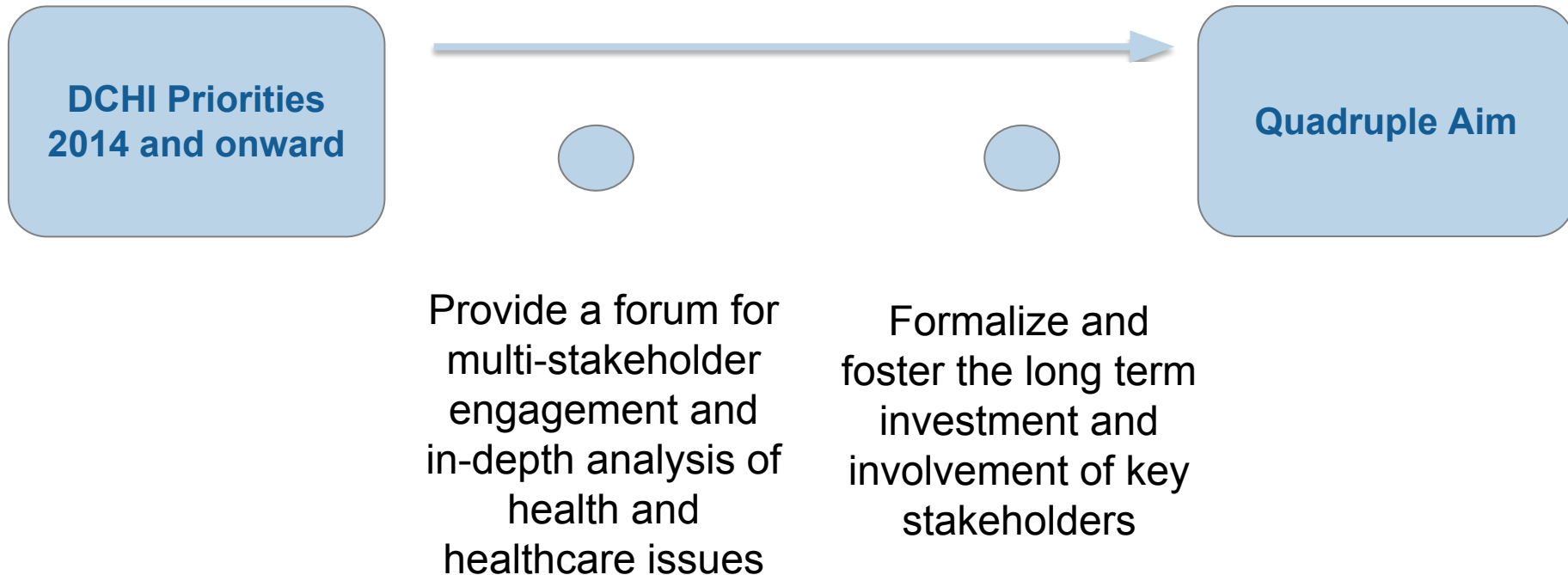
**Delaware Center
for Health Innovation**

DCHI
Health Transformation in Delaware
&
Advancing Forward

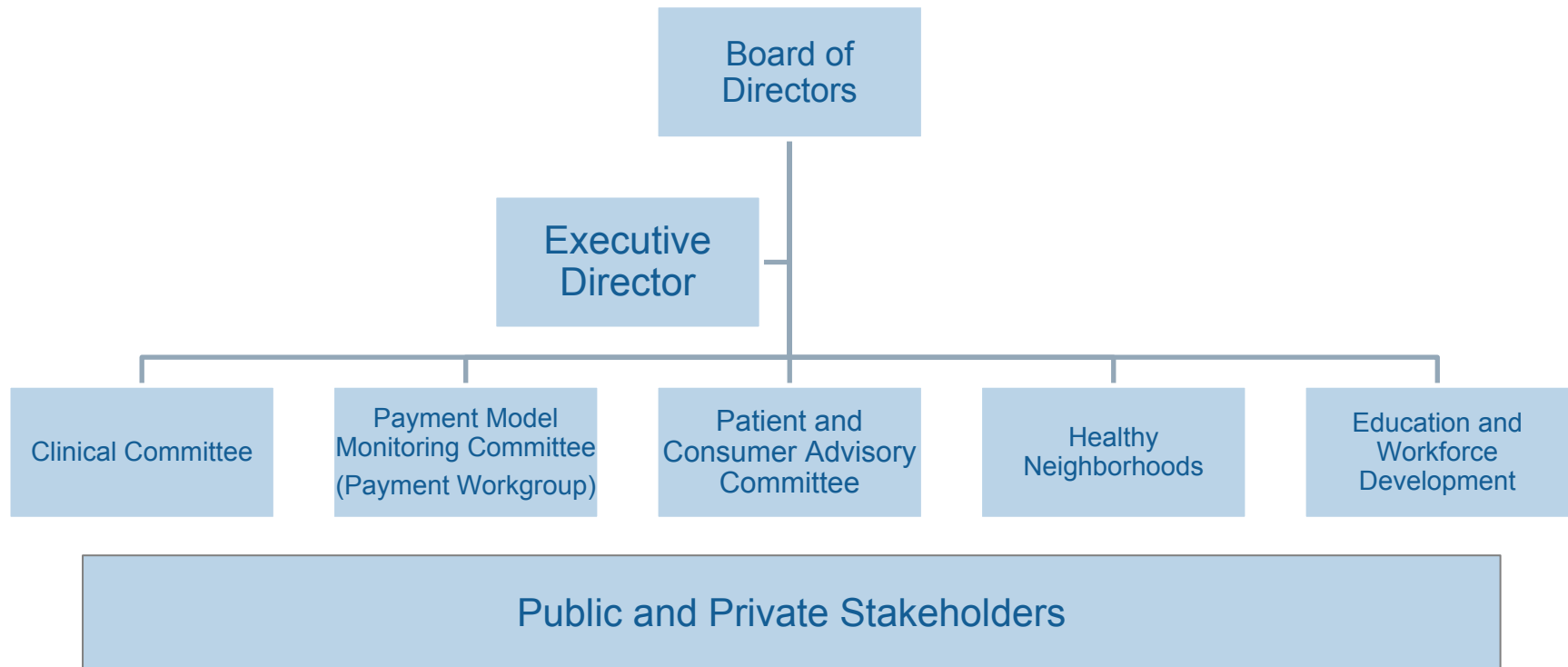
Matt Swanson; Chairperson

DCHI's Role in Health Transformation

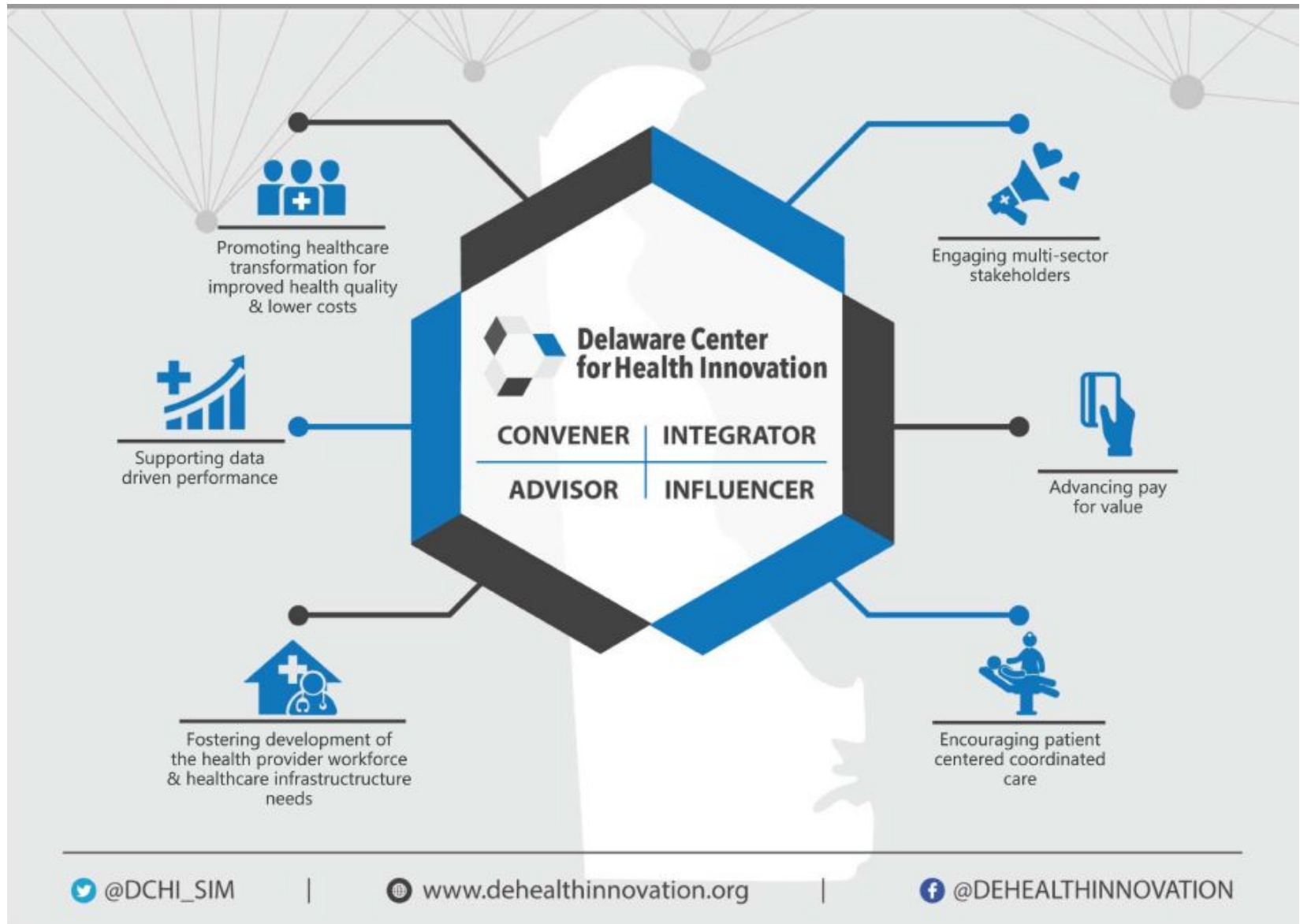
DCHI values the premise that health innovation requires the commitment and collaboration of public and private sectors over a sustained period of many years. DCHI was established to formalize and foster the long term investment and involvement of key stakeholders in achieving the Quadruple Aim.



DCHI Organizational Structure



Convener, Integrator, Advisor, and Influencer



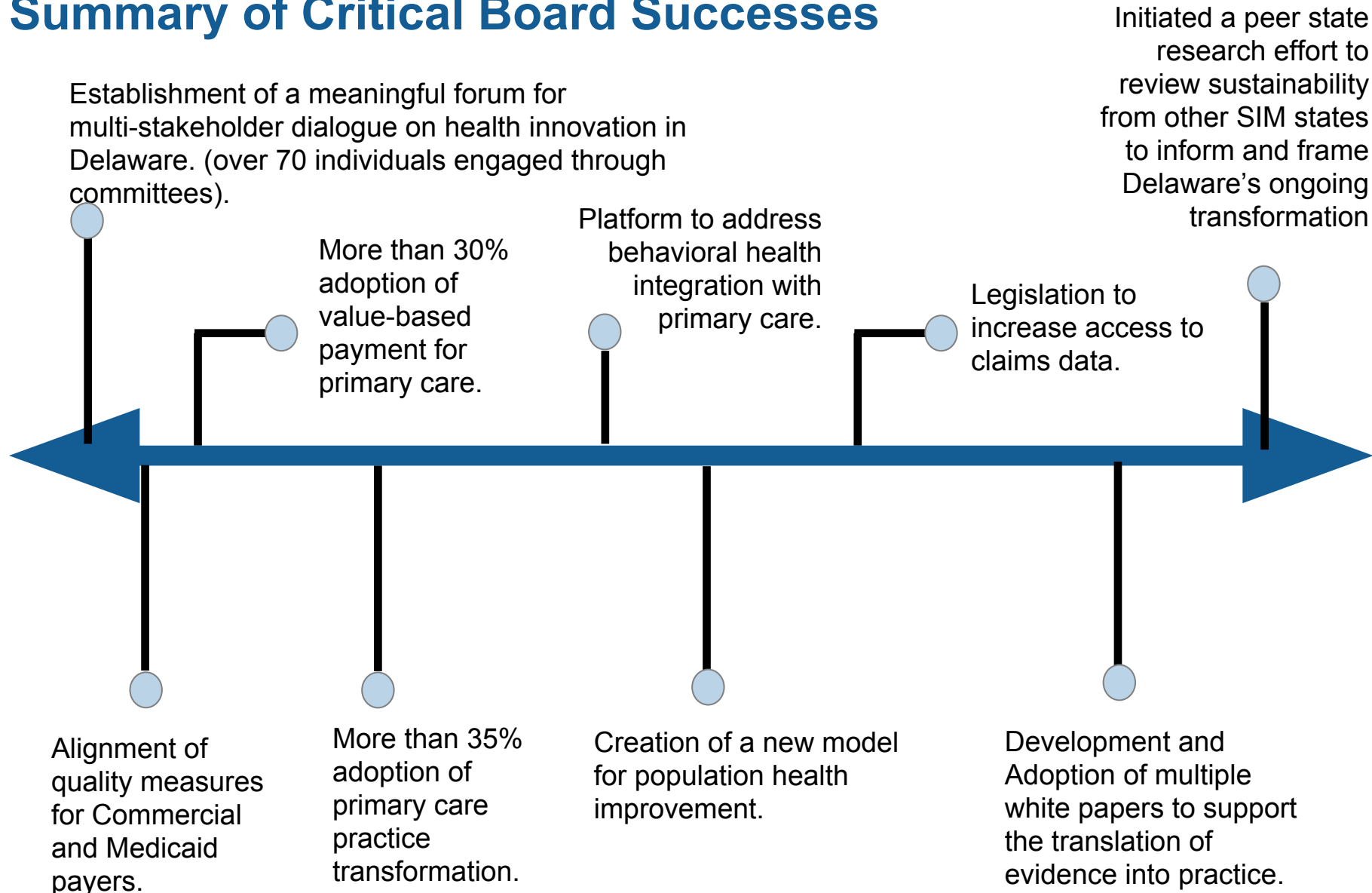
From the Start...

- DCHI was envisioned as the entity to drive long-term collaboration to ensure on-going extensive stakeholder involvement in achieving viable comprehensive, systemic transformation.
- The partnership led to the realization of the Center for Medicare and Medicaid (CMMI) State Innovation Model (SIM) initiative in Delaware. Therefore DCHI priorities have been closely aligned with the objectives established through the SIM.

DCHI...

- Remains a forum for vetting concepts, models, and strategies for change, all while gathering and synthesizing stakeholder input that informs and enables full transformation.
- Influences policy development, because its inherent value is in its ability to foster transparency, inclusion, and collaboration: empowering consensus building or compromise on shared priorities and goals.

Summary of Critical Board Successes



Challenges to Success



Focus Forward – Charting DCHI's Continued Course

Focus Resources to Enhance Stakeholder Engagement

Mobilize Stakeholders and Promote Inclusion

Further innovation.

Continue comprehensive transformation initiatives.

Drive quality and alternative payment models for the long-term.

Vary opportunities for gathering meaningful input and advice.

Draw from multiple perspectives and sectors of the State.

State Innovation Model

The Journey Continues

Kara Odom Walker, MD, MPH, MSHS
Delaware Center for Health Innovation Forum
January 13, 2019



*Delaware Health
and Social Services*



ChooseHealth
DELAWARE

Improving the state of health

Managing the SIM Grant



The goals and activities of the Delaware SIM Grant aligned with the Road to Value:

- Better health – through improved population health
- Improved quality and patient experience – through better integration of primary care, and behavioral health, and chronic condition management
- Lower growth in per-capita costs – through the establishment of cost and quality benchmarks
- Improved provider experience that promotes patient-centered engagement – through value-based payment models

Where We've Been



Managing the SIM Grant



The goals and activities of the SIM Grant :

- Implement payment reform that moves providers and insurers toward value-based care
- Focus on care coordination across providers
- Support primary care
- Enable more efficient and effective electronic health records
- Train providers in team-based care
- Create a common scorecard
- Promote healthy neighborhood coalitions
- Main a focus on the patient and gather input from consumers to guide changes
- Integrate behavioral health and primary care



Payment Reform the Toughest Challenge



- In 2017, CMMI made clear to us that Delaware had not made enough progress on payment reform
- In response, we explored and pursued the idea of a health care spending benchmark:
 - House Joint Resolution 7
 - Series of stakeholder summits
 - Ensuing reports and recommendations
 - Governor's Advisory Council
 - Governor's Executive Order 25 creating the health care spending and quality benchmarks, beginning in 2019

Sustaining and Aiming to Cover New Ground



- Better coordinated care between primary care doctors and other health care providers for those with chronic health conditions
- More transparency in how health care dollars are spent across the spectrum
- Reimbursements based on how well health care providers keep patients healthy — not on the volume of care



Sustaining and Aiming to Cover New Ground *(continued)*



- Better integration of behavioral health specialists in primary care offices, to meet patients' needs more efficiently
- Communities working with health care providers to promote population health, focusing on behavioral health, chronic disease prevention and management, and healthy lifestyles
- A Health Care Claims Database tracking the growth of Delaware's health care spending against the health care spending benchmark



Where We're Going

Delaware's Road to Value



Support **patient-centered, coordinated care.**

Prepare the health provider **workforce and infrastructure.**



Ensure **data-driven** performance.

Improve health for **special populations.**
Engage **communities.**



THE STRATEGIC SEVEN



1
Accelerate
Payment
Reform Readiness



2
Establish Cost
and Quality
Benchmarks



3
Strengthen
Primary Care



4
Advance
Behavioral
Health
Integration



5
Build Health
Care Claims
Database



6
Advance and
Shift Healthy
Communities
Work to
New Entity



7
Engage
Patients and
Consumers

1. Accelerate Payment Reform Readiness



Value-Based Purchasing with Medicaid's Managed Care Organizations (MCOs)

- Seven key measures will be monitored:

- Diabetes case management
- Asthma management
- Cervical cancer screening
- Breast cancer screening
- Obesity management
- Timeliness of prenatal care
- 30-day hospital readmission rates



**Accelerate
Payment
Reform Readiness**

1. Accelerate Payment Reform Readiness (continued)



Value-Based Payment Reform Mini-Grants Awarded

- 11 grants to 10 Delaware health systems or providers, totaling \$1.2M
- Facilitate data integration; improve coordination of patient care; increase readiness for Accountable Care Organization (ACO) or APM

State Employee Benefits

- Voluntary Centers of Excellence services for pre-planned, non-emergency surgical services
- Low or \$0 out-of-pocket costs for members utilizing preferred site of care for lab and imaging
- Focus on preventive care and pre-diabetes and diabetes services
- Promotion of interactive decision-making tools; cost and provider quality transparency tools



**Accelerate
Payment
Reform Readiness**

2. Establish Cost and Quality Benchmarks



- In November 2018, Governor Carney signed Executive Order 25 establishing health care spending and quality benchmarks
- EO establishes a Subcommittee of DEFAC for setting the health care spending benchmark for calendar year 2019. In December, that Subcommittee set the benchmark at 3.8%
- For subsequent calendar years, the benchmark will be:
 - 2020: 3.5% per capita Potential Gross State Product (PGSP) growth rate
 - 2021: 3.25%
 - 2022: 3.0%
 - 2023: 3.0%



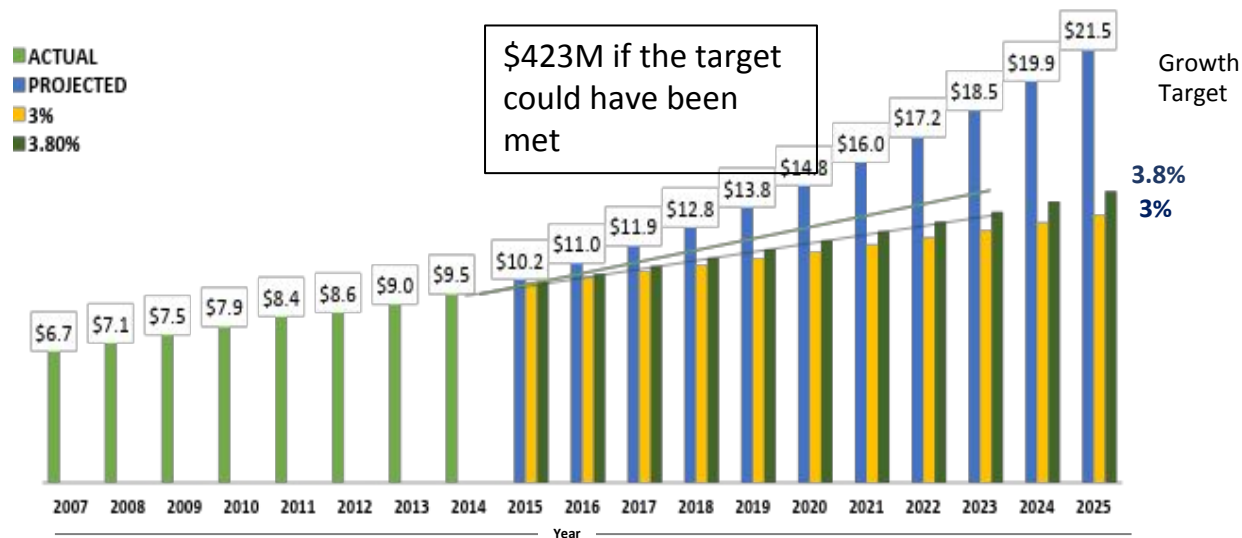
**Establish Cost
and Quality
Benchmarks**



Delaware's Total Health Spending Will Double from 2014 to 2025



DELAWARE'S ACTUAL AND PROJECTED PERSONAL HEALTH CARE EXPENDITURES, 2007—2025
(BILLIONS OF DOLLARS)



SOURCE: Centers for Medicare & Medicaid Services, [Health Expenditures by State of Residence](#), CMS, 2017;

2. Establish Cost and Quality Benchmarks



- Initial quality benchmarks set for 2019 are to remain in place for three years and focus on:
 - Ambulatory care sensitive emergency department visits
 - Opioid-related overdose deaths
 - Co-prescribed opioid and benzodiazepine prescriptions
 - Adult obesity
 - High school students who were physically active
 - Tobacco use
 - Persistence of beta-blocker treatment after a heart attack
 - Statin therapy for patients with cardiovascular disease



**Establish Cost
and Quality
Benchmarks**



3. Strengthen Primary Care



- We must address the shortage of primary care providers in Delaware.
 - UD survey found only 70% of primary care providers statewide expect to be practicing in the next 5 years
 - National average for primary care spending for an insurance plan is between 6% and 8% of the insurer's total medical expenditures
 - Delaware's average is between 3% and 4%
 - Some national studies have resulted in recommendations to implement a spending rate of between 12% and 15% to have an effective system



**Strengthen
Primary Care**

3. Strengthen Primary Care (continued)



- Senate Bill 227 aims to strengthen primary care by:
 - Creating a Primary Care Collaborative
 - Requiring all health insurance providers to participate in the Health Care Claims Database
 - Requiring individual, group, and state employee insurance plans to reimburse front-line health care providers for chronic care management and primary care, at no less than physician Medicare rates, for the next three years
 - Working on a long-term plan for sustainability for primary care providers



**Strengthen
Primary Care**

3. Strengthen Primary Care (continued)



- **DIMER:** Use 25 first-year admission slots reserved each year for Delaware students enrolled at Thomas Jefferson University's Sidney Kimmel Medical College and Philadelphia College of Osteopathic Medicine as way to recruit and retain practitioners statewide; record 38 students enrolled for 2018
- **DIDER:** Recruit and retain practitioners statewide to complete externship and residency training in Delaware; 5 first-year admission slots reserved each year for Delaware applicants at Temple University's Kornberg School of Dentistry



**Strengthen
Primary Care**



3. Strengthen Primary Care (continued)



- **State Loan Repayment Program (SLRP):** Use financial incentives for qualified medical, dental and behavioral health professionals to recruit them to underserved areas and to increase access to care for populations in need. Since 2001, 141 SLRP applicants have received awards:
 - Primary care: 104
 - Dentistry: 30
 - Behavioral health: 7
- **Delaware Health Sciences Alliance (DHSA):** Collaborate with DIMER to educate and recruit high school students, especially from Kent and Sussex, to go into primary care. Have DIMER students follow primary care doctors, especially in underserved areas



**Strengthen
Primary Care**



3. Strengthen Primary Care (continued)



- **My Healthy Weight:**

- Participation in a national Medicaid campaign
- Started January 2019
- Medicaid clients with a Body Mass Index (BMI) of 30 or higher will have access to a health care professional at least 12 times a year to support healthy weight
- Those with a BMI of 25 or higher and specific cardiovascular health risks, as well as children with at-risk BMIs, will also be offered visits with a health care professional
- Further support will be provided for eligible individuals to access community-based programs focused on obesity prevention and treatment



**Strengthen
Primary Care**

4. Advance Behavioral Health Integration



- SIM spurred interest and dedication from health care providers and teams to pursue integrated care opportunities
- Two cohorts participated in behavioral health integration technical assistance
 - Participating practices received:
 - Individualized coaching
 - Readiness assessments
 - Knowledge-sharing opportunities and learning collaboratives
 - Practice-transformation support
- Cohort 1
 - October 2017–June 2018: 14 practices
- Cohort 2
 - July 2018–January 2019: >25 practices (all Cohort 1 practices elected to participate in Cohort 2)



**Advance
Behavioral
Health
Integration**



4. Advance Behavioral Health Integration (continued)



- Each practice is implementing one of several models, including:
 - Referral management
 - Co-location of services
 - Collaborative care
 - Integration of primary care into a behavioral health setting
- Payment reforms support the need for integration of services for physical health and behavioral health
 - The Delaware Health Care Commission is working with payers, the Delaware Center for Health Innovation, and others to encourage payment incentives



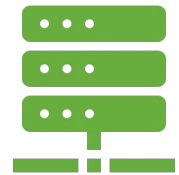
**Advance
Behavioral
Health
Integration**



5. Build a Health Care Claims Database



- SIM made investments in health IT totaling \$2.9 million to the Delaware Health Information Network (DHIN); projects included:
 - Health Care Claims Database
 - Common Scorecard
 - IAPD application for sustainability funding
- Most recently, SIM supported final steps toward the launch of the Health Care Claims Database and technical assistance on data collection and alternative funding sources
- The HCCD will contain eligibility and claims data, and report on cost, use and quality information
- DHIN must continue to support new providers in their efforts to interface with the network and expand use of DHIN tools among current users



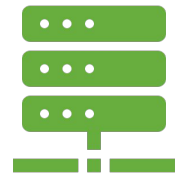
**Build Health
Care Claims
Database**



5. Build a Health Care Claims Database (continued)



- In addition, Senate Bill 236 provided:
 - \$2 million to Delaware Health Information Network (DHIN) to:
 - Make initial data sets available and provide a total budget by October 31, 2018
 - Provide a status update by March 1, 2019
- For the claims database, DHIN will be used to the fullest extent that is practical
- Additional support may be required for:
 - Submission of claims data by any insurer defined in Delaware law
 - Such entity will be treated as a mandatory reporting entity for the Health Care Claims Database
 - Analytic capability



**Build Health
Care Claims
Database**

6. Advance Healthy Communities Work and Shift It to a New Entity



- The Delaware Health Care Commission (DHCC) made progress supporting community programs that improved population health
 - Three local councils were formed:
 - Sussex County
 - Dover/Smyrna
 - Wilmington/Claymont
 - Task forces were charged with generating evidence-based, locally oriented initiatives
 - Each council selected priority targets and cultivated partners
 - DHCC funded eight initiatives, using SIM dollars



**Advance and
Shift Healthy
Communities
Work to
New Entity**



6. Advance Healthy Communities Work and Shift It to a New Entity *(continued)*



- Funded Implementation Partners focused on:
 - Improving mental health screenings and access to services in schools
 - Providing support and services to homeless individuals and survivors of domestic violence, using community health workers
 - Supporting healthy lifestyles by creating monthly open street events
 - Improving pipeline of peer support specialists to address addiction and mental health issues



**Advance and
Shift Healthy
Communities
Work to
New Entity**



6. Advance Healthy Communities Work and Shift It to a New Entity *(continued)*



- Funded the launch of a sustainability plan – Healthy Communities Delaware – with the assistance of Dr. Karyl Rattay, director of DHSS’ Division of Public Health, and Steve Peuquet from University of Delaware’s Center for Community Research and Service. The plan includes:
 - Engaging potential funders via a proposed community investment council
 - Transitioning backbone organization responsibilities to DHSS, UD and the Delaware Community Foundation to provide communities with technical support needed to implement population-health multi-pronged interventions
 - Launching a multisector guidance committee to oversee Healthy Communities Delaware



**Advance and
Shift Healthy
Communities
Work to
New Entity**



7. Engage Patients and Consumers



- Revamped DCHI Patient and Consumer Advisory Committee:
 - Led by Rita Landgraf, director of the University of Delaware Partnership for Healthy Communities
- New efforts will:
 - Engage the public in discussions about changes on the Road to Value, via public meetings, website, and social media channels
 - Invite participation at public meetings



**Engage
Patients and
Consumers**

SIM Lessons Learned



- Seize your own opportunities as they present themselves
- Partner to figure out how to help others seize their own opportunities
- Embrace better health through improved population health, inclusive of special populations



We Want to Hear from You

- Share your feedback with us through **ourhealthde@delaware.gov**
- Visit **ChooseHealthDE.com** for Road to Value information and to sign up for updates

THANK YOU

Questions?



*Delaware Health
and Social Services*



ChooseHealth
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Improving the state of health

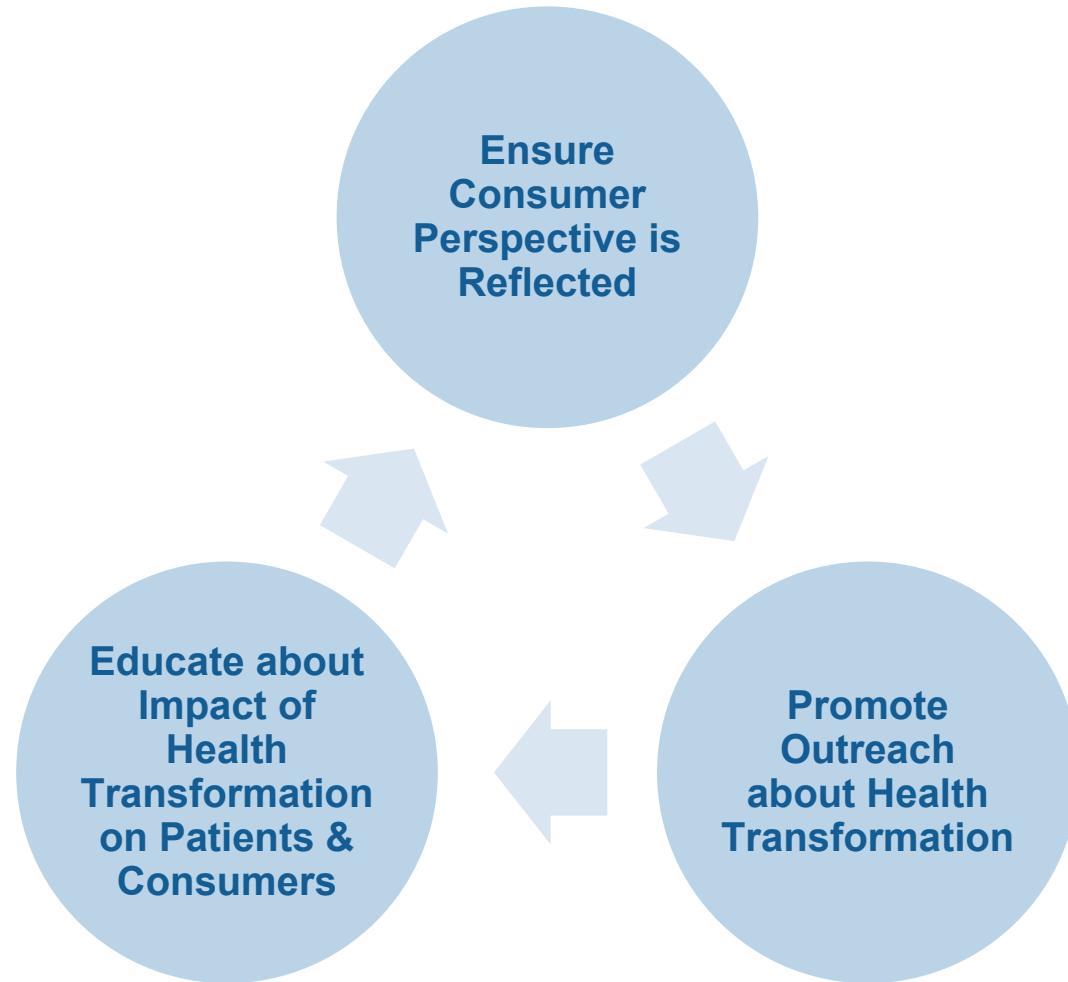


**Delaware Center
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Patient and Consumer Advisory Committee

Chairperson:
Rita Landgraf

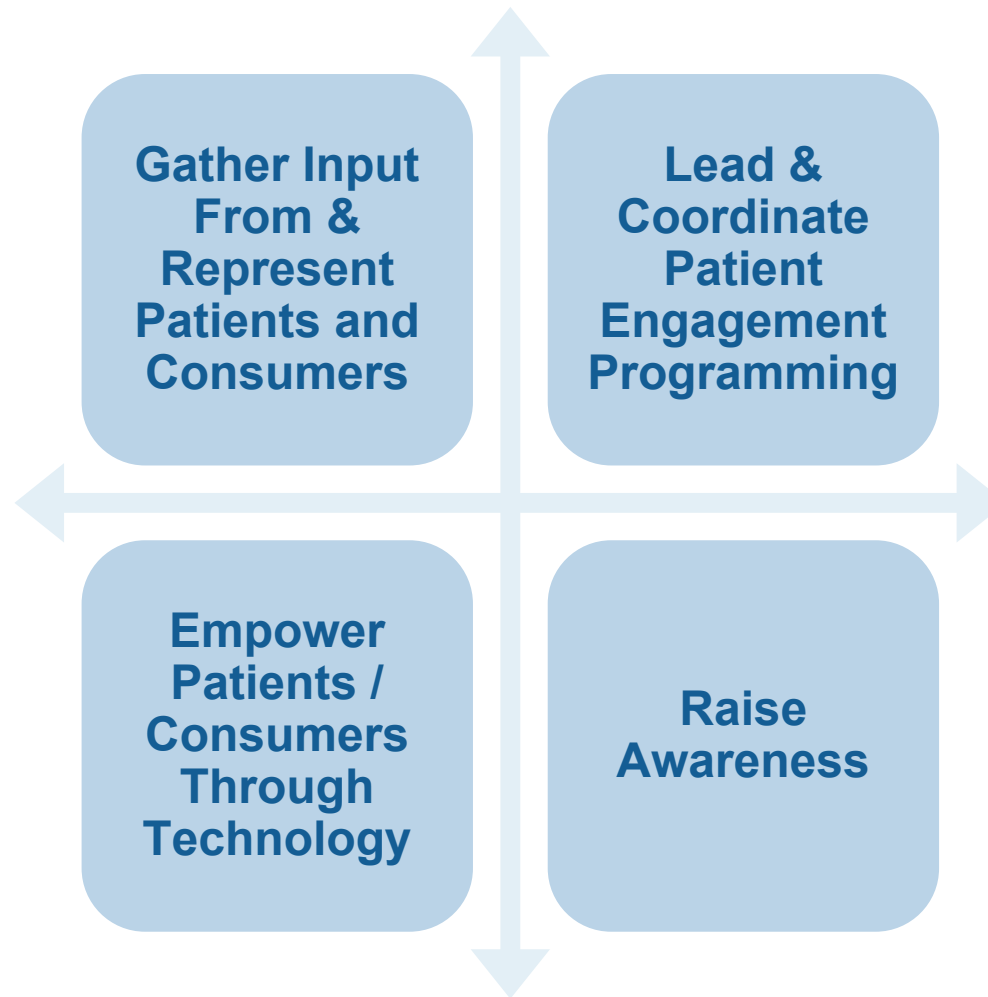
Patient and Consumer Advisory Committee Charter and Purpose



2019 DCHI Patient and Consumer Advisory Committee

Member	Affiliation
Rita Landgraf (Chairperson)	University of Delaware
Emily Coggin Vera	Mental Health Association of Delaware
Kirk Dabney	Nemours/Alfred I. DuPont Hospital for Children
Marianne Foard	Bayhealth
Joann Hasse	League of Women Voters
Charita Jackson-Durosinmi	Westside Family Healthcare
George Meldrum	AARP
Brian Olson	La Red Health Center
Ann Phillips	Delaware Family Voices
Timothy Rodden	Christiana Care Health System
Salvatore Seeley	CAMP Rehoboth

2019 Areas of Focus



2019 Areas of Focus

- Activate revised charter and new committee members
- Integrate stakeholder feedback from DCHI Open Forum
- Enhance patient and consumer engagement
- Address gaps in representation
- Enhance DCHI communication strategy to more fully encompass patient and consumer perspective

Charting the Course Forward...

Challenges and Opportunities

Patient Engagement

Consulted on DCHI Activities

Identify Needs, Perspectives
& Audiences

Ensure Broad Engagement
From Different Segments

Support Interdependencies
with Work of Other DCHI
Committees

Communications

Increase # Reached with
Messages About Activities
Related to Transformation

Increase # Reached with
Messages About Patient
Engagement Tools



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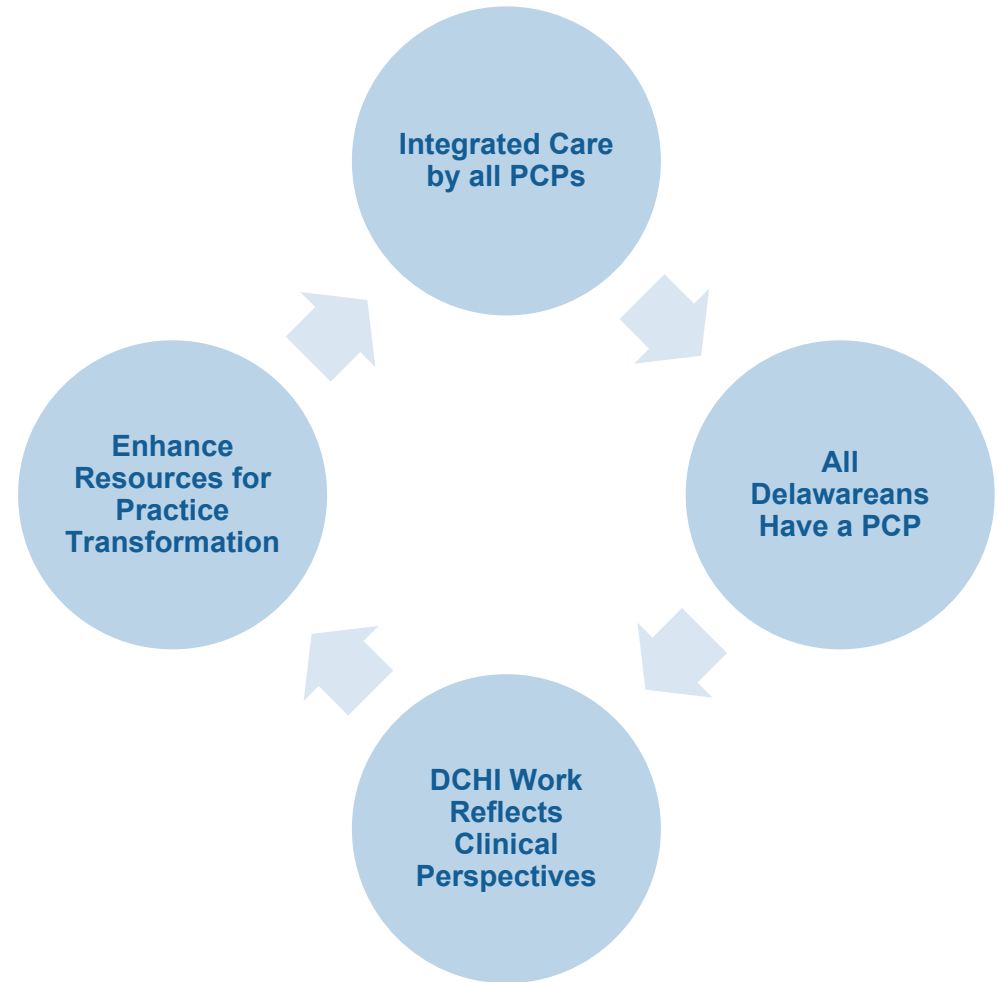
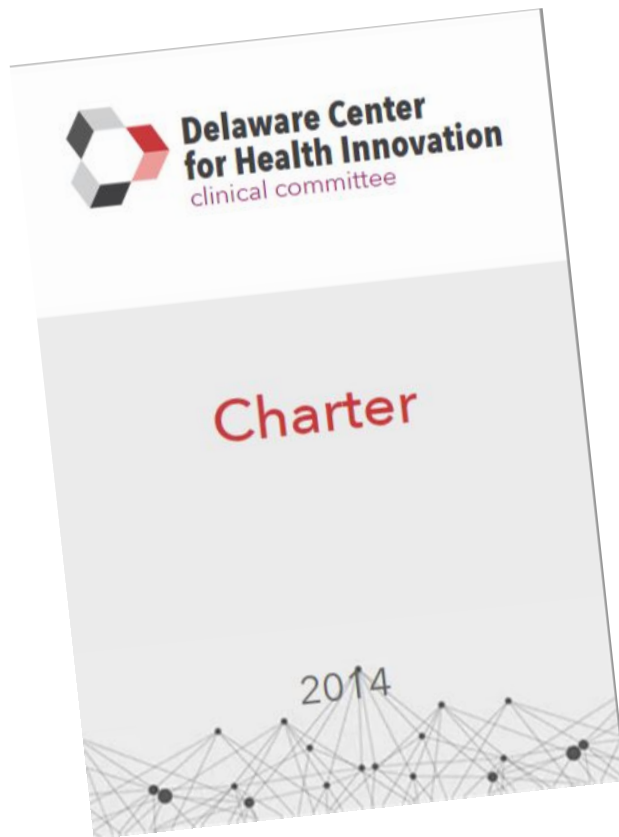
Clinical Committee

Co-Chairpersons:

Alan Greenglass, MD

Nancy Fan, MD

Clinical Committee Charter and Purpose



2019 DCHI Clinical Committee

Member	Affiliation
Alan Greenglass (Co-Chair)	Consultant
Nancy Fan (Co-Chair)	Women to Women OB/GYN; St. Francis Healthcare
David Bercaw	Christiana Care Family Medicine
Traci Bolander	Mid-Atlantic Behavioral Health
Donna Gunkel	United Medical
Robert Monteleone	St. Francis Healthcare
Joseph Rubacky	Bayhealth Medical Center; Dover Family Physicians
Sara Slovin	Nemours/Alfred I. Dupont Hospital for Children
Doug Tynan	American Psychological Association; Nemours/Alfred I. Dupont Hospital for Children; Jefferson Medical College; University of Delaware
Kathy Willey	Quality Family Physicians
Megan Williams	DE Healthcare Association

Steering and Advisory 2019 Committee Structure



Clinical Committee: SIM Related Initiatives

- Design and Implementation of the Common Scorecard
 - Development of a Common Scorecard to promote alignment around most meaningful measures across multiple payers.
- Practice Transformation
 - Design and monitoring of technical support tools and programs to aid practices to transition to new models of care delivery and payment
- Behavioral Health Integration
 - Initiated development of BHI testing program. Advanced work to develop sustainable pathway for BHI
- Care Coordination as an Extension of Primary Care
 - Development of a common framework for the key elements of care coordination related to expectations, funding, support, and participation.

2019 Areas of Focus



Charting the Course Forward...

Challenges and Opportunities

Efforts to Support Primary Care

Primary Care Collaborative

Payment Reform Committee

DIMER / DIDER

Advancing Quality Measures and Population Health

Learning Collaborative & Forums

Data Considerations

Sustainable Investment in Primary Care

Support to Ease Administrative Burdens

Support to Enhance Recruitment and Retention



**Delaware Center
for Health Innovation**

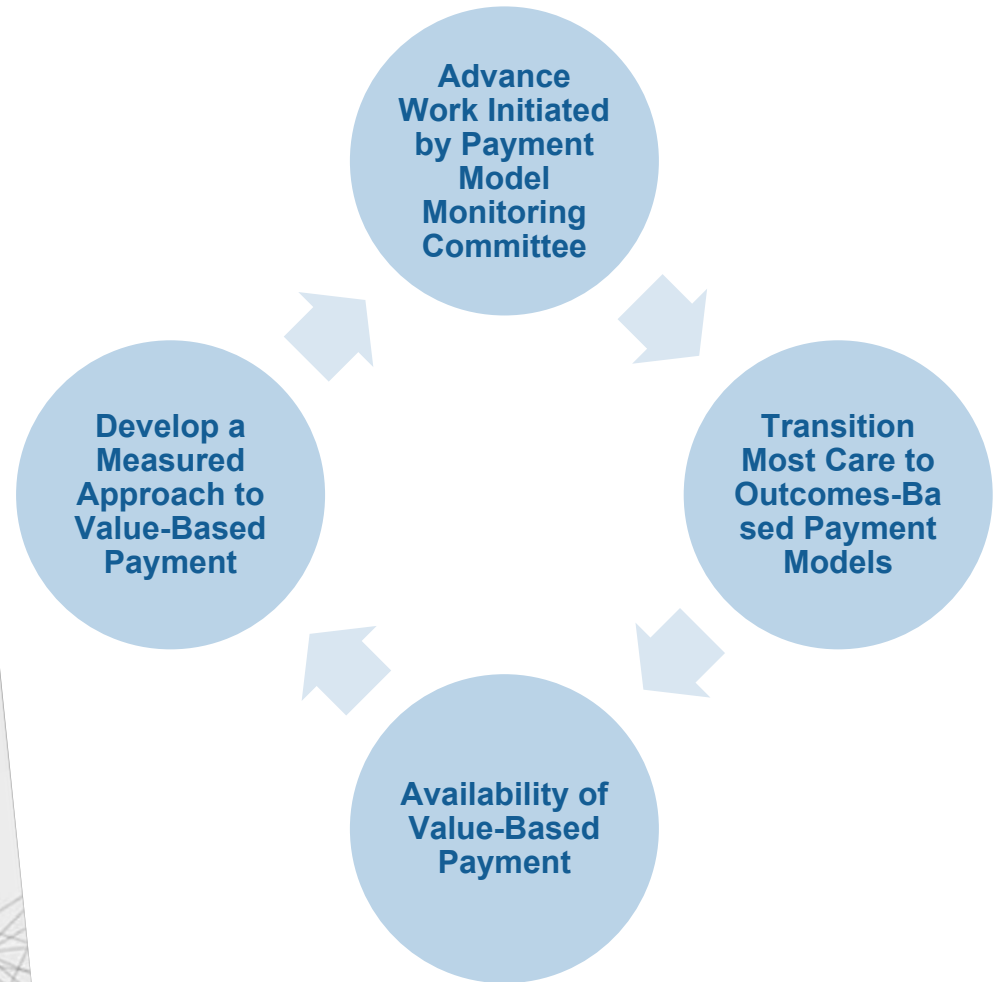
Payment Workgroup

Co-Chairpersons:
Traci Bolander
Tom Brown

2019 DCHI Payment Workgroup

Member	Affiliation
Thomas Brown (Co- Chair)	Nanticoke Health Services; Nanticoke Physician Network
Traci Bolander (Co- Chair)	Mid-Atlantic Behavioral Health, LLC
Steven Costantino	Delaware Health & Social Services
Carl Curto	Bayhealth
Barry Dalhoff	Christiana Care Health Systems
Ryan Foreman	Nemours
Donna Goodman	Westside Family Healthcare
Emmilyn Lawson	AmeriHealth Caritas Delaware
Keith Markowitz	Cigna
Chris Morris	Aetna
Kevin O'Hara	Highmark Blue Cross Blue Shield
Dwayne Parker	Highmark Blue Cross Blue Shield
Faith Rentz	Department of Human Resources
Matthew Swanson	Innovative Schools
Alex Sydnor	Beebe Medical Foundation
Mark Thompson	Medical Society of Delaware
Mike Tretina	Bayhealth
Cindy Winings	United Healthcare

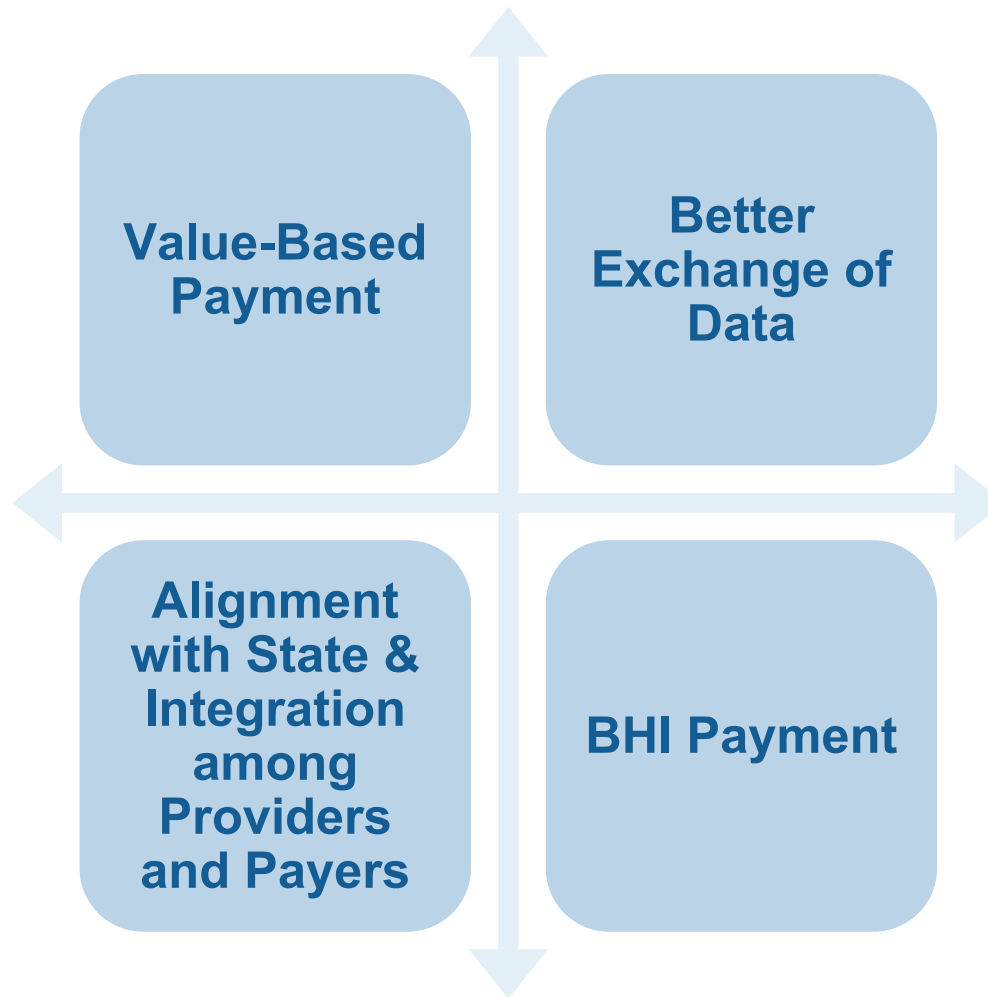
Payment Workgroup Charter and Purpose



Areas of Consensus among Payment Workgroup toward advancing VBP

- There has been significant movement toward VBP reimbursement models already
- The Health Care Payment Learning and Action Network Alternative Payment Models Framework is a meaningful tool to classify VBP arrangements and to track progress
- A concerted focus on facilitating the timely exchange of data is necessary to advance VBP
- Regulatory barriers exist that challenge development of VBP models
- Stakeholders should develop realistic goals and focus on areas that can be impacted first
- Advancing quality is fundamental to advancing VBP
- There is work to be done

2019 Areas of Focus





**Delaware Center
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Healthy Neighborhoods Committee

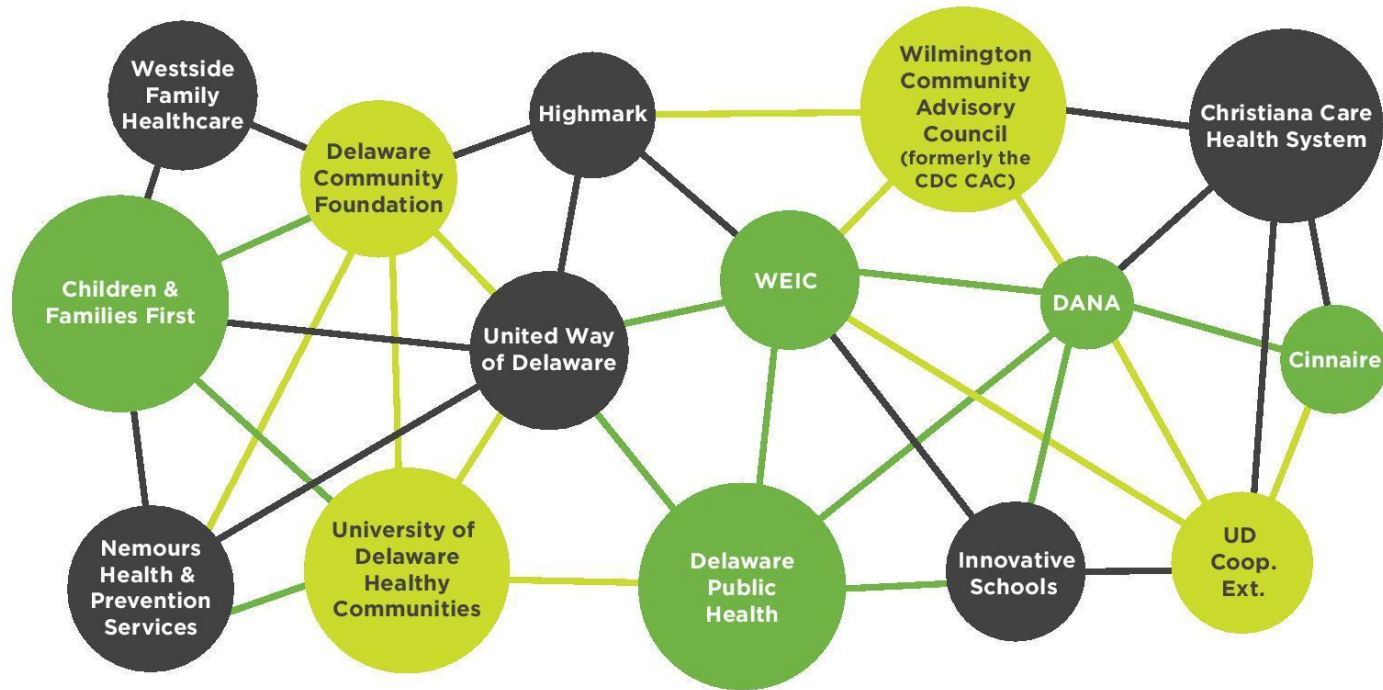
Co-Chairpersons:
Lolita Lopez
Matthew Swanson

Healthy Neighborhoods Charter and Purpose



Healthy Neighborhoods Infrastructure

DCHI Healthy Neighborhoods Committee



The Healthy Neighborhoods Committee has engaged multiple statewide stakeholders from statewide governments, local health systems, community organizations, insurers, and area employers and is responsible for oversight and support of the Healthy Neighborhoods Program.

DCHI Healthy Neighborhoods Committee

Member	Affiliation
Lolita Lopez (Co-Chair)	Westside Family Healthcare
Matt Swanson (Co-Chair)	Innovative Schools
Gwen Angalet	GBA Consulting
Sheila Bravo	Delaware Alliance for Non-Profit Advancement
Stuart Comstock-Gay	Delaware Community Foundation
Susan Frank	Delaware Community Investment Corporation
Tyrone Jones	United Way
Omar Khan	Christiana Care Health System
Rita Landgraf	University of Delaware
Leslie Newman	Children and Families First
Brian Rahmer	Enterprise Community Partners
Karyl Rattay	Delaware Division of Public Health
Michelle Rodgers	University of Delaware
Matthew Stehl	Highmark
Norma Everett	Nemours
Peggy Geisler	PMG Consulting

Healthy Neighborhoods Committee: Population Health Related Initiatives

- Support integration of resources and the development of a sustainable model to address social determinants
- Support convening of stakeholders for shared learning and collaboration
- Support dissemination of data and data-driven strategies to enable initiatives to improve population health

Charting the Course Forward...

Challenges and Opportunities

Sustain Population Health Initiatives

**Capacity
Building**

**Support at
Community
Level**

Address Social Determinants of Health

**Coordination
of
Innovations**

**Integration of
Innovations**

Healthy Lifestyles

Education

Engagement

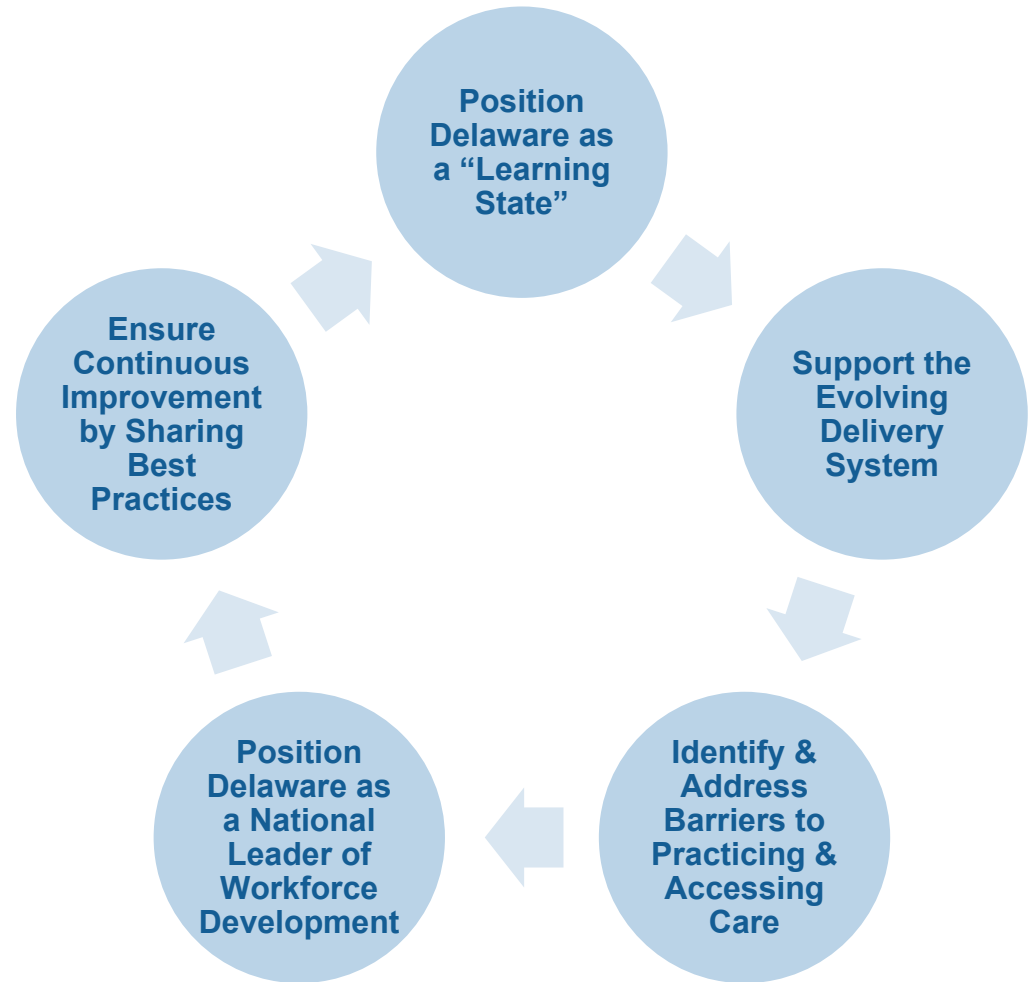
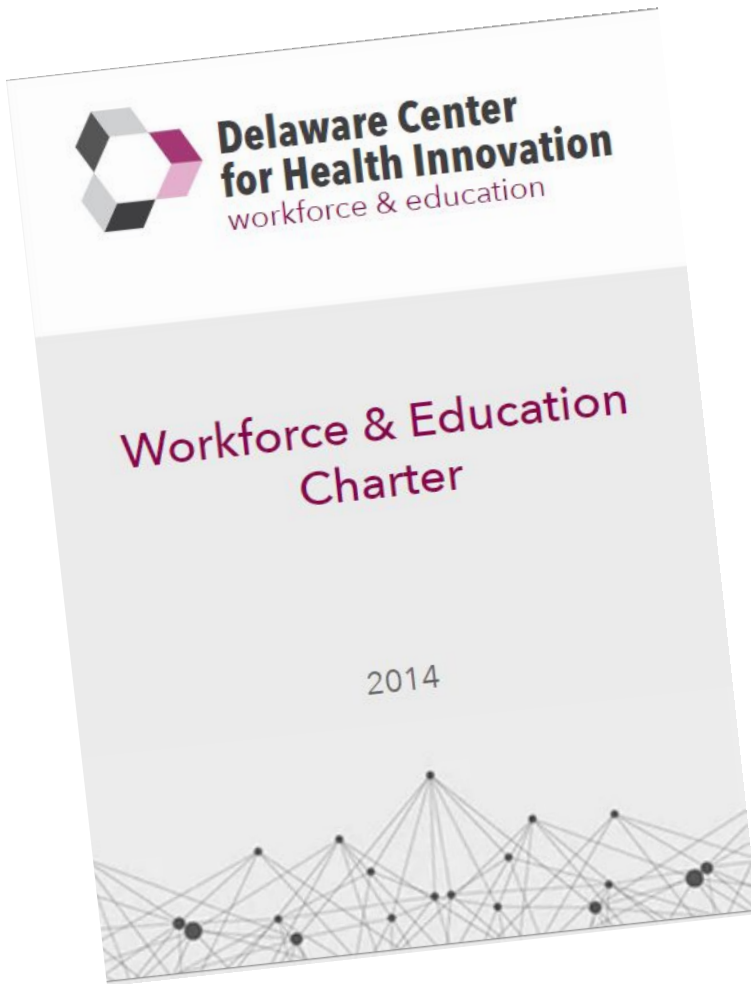


Delaware Center for Health Innovation

Workforce and Education ► **Private Employer Engagement**

Co-Chairpersons:
Kathy Janvier
Nick Moriello

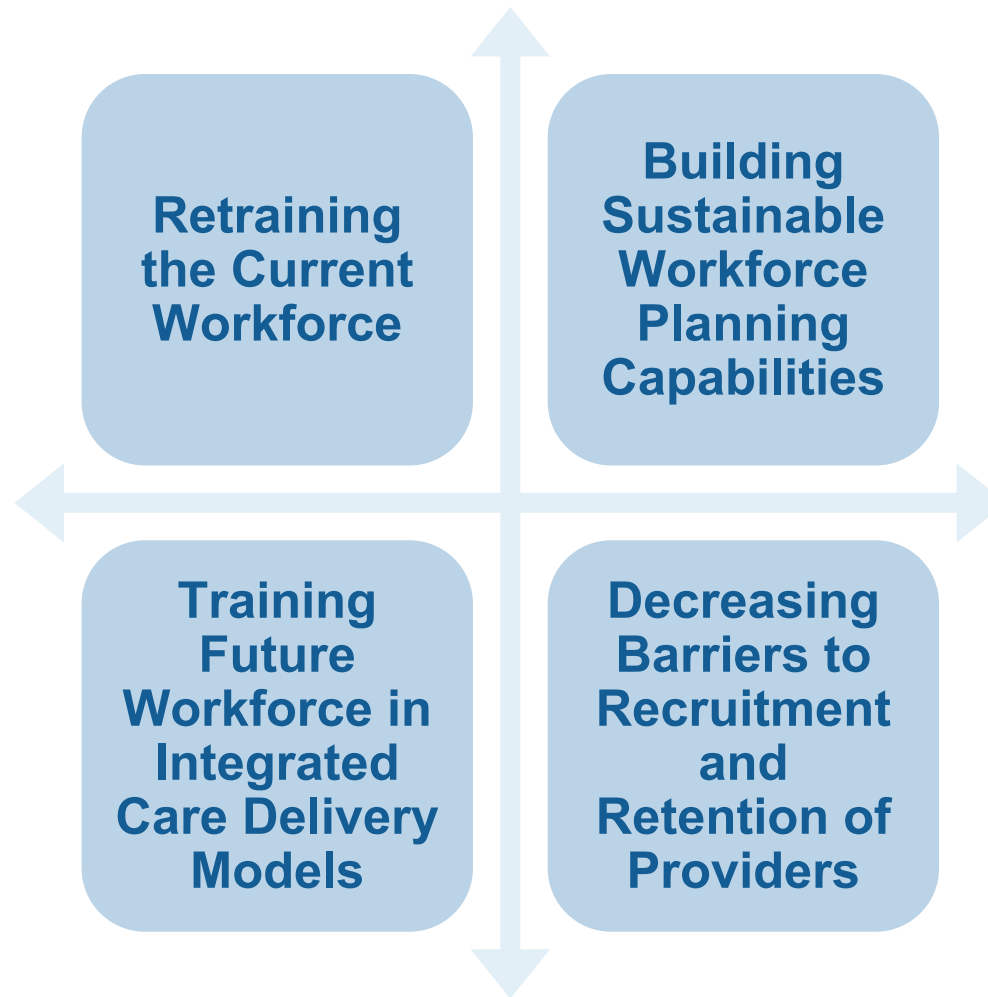
Workforce SIM Charter and Purpose



SIM Workforce and Education Committee

Member	Affiliation
Kathy Janvier	Delaware Technical Community College
Nadia Davis	Delaware Technical Community College
Jeffery Hawtof	Beebe Healthcare; Beacon Medical Group
Neil Jasani	Christiana Care Health System
Joseph Kaczmarczyk	Philadelphia College of Osteopathic Medicine
Bruce Kelsey	Delaware Guidance Services
Joseph Kim	Nanticoke Health Services
Tara Manal	University of Delaware: Physical Therapy Clinic
Christy Moriarty	Delaware Technical Community College
Emily Hauenstein	University of Delaware: College of Health Sciences
Sarah LaFave	Former member University of Delaware: College of Health Sciences
Shauna Slaughter	Delaware Division of Professional Regulation

Workforce and Education Committee: Areas of Focus



Workforce and Education Committee: SIM Related Initiatives

- Facilitated consensus and development of guidelines with respect to a healthcare learning and re-learning curriculum
- Developed a consensus White Paper to inform the development of a Learning and Re-learning curriculum and contributed to the vendor selection for the design and implementation of the curriculum. A Learning and Re-Learning Curriculum was scaled and partially implemented by University of DE.
- Convened stakeholders and with the DPH guided development of CHW Report and recommendations for certification and funding- *Development and Deployment of Community Health Workers in Delaware*. Guidelines have been used by organizations in DE.
- Remained an area of focus but postponed in response to the redirection of the SIM priorities, DCHI sought to integrate this focus in other on-going work to support a continued effort to regularly assess the state's workforce requirements.
- Supported the development of a graduate health professional education consortium. The Consortium was organized and initiated planning under the auspices of CCHS
- Developed a stakeholder consensus paper on workforce licensing and credentialing which contained recommendations which were submitted to DPR to stream line and eliminate barriers to licensing and credentialing

Focus on Private Employer Engagement

To collaborate with organizations/associations to foster greater involvement of DE employer community in health transformation, and especially to address cost, social determinants of health, and consumer education.

Establish an ad-hoc workgroup to develop and implement strategies for enhanced involvement and investment of DE's private employer community in health care transformation and payment reform initiatives.

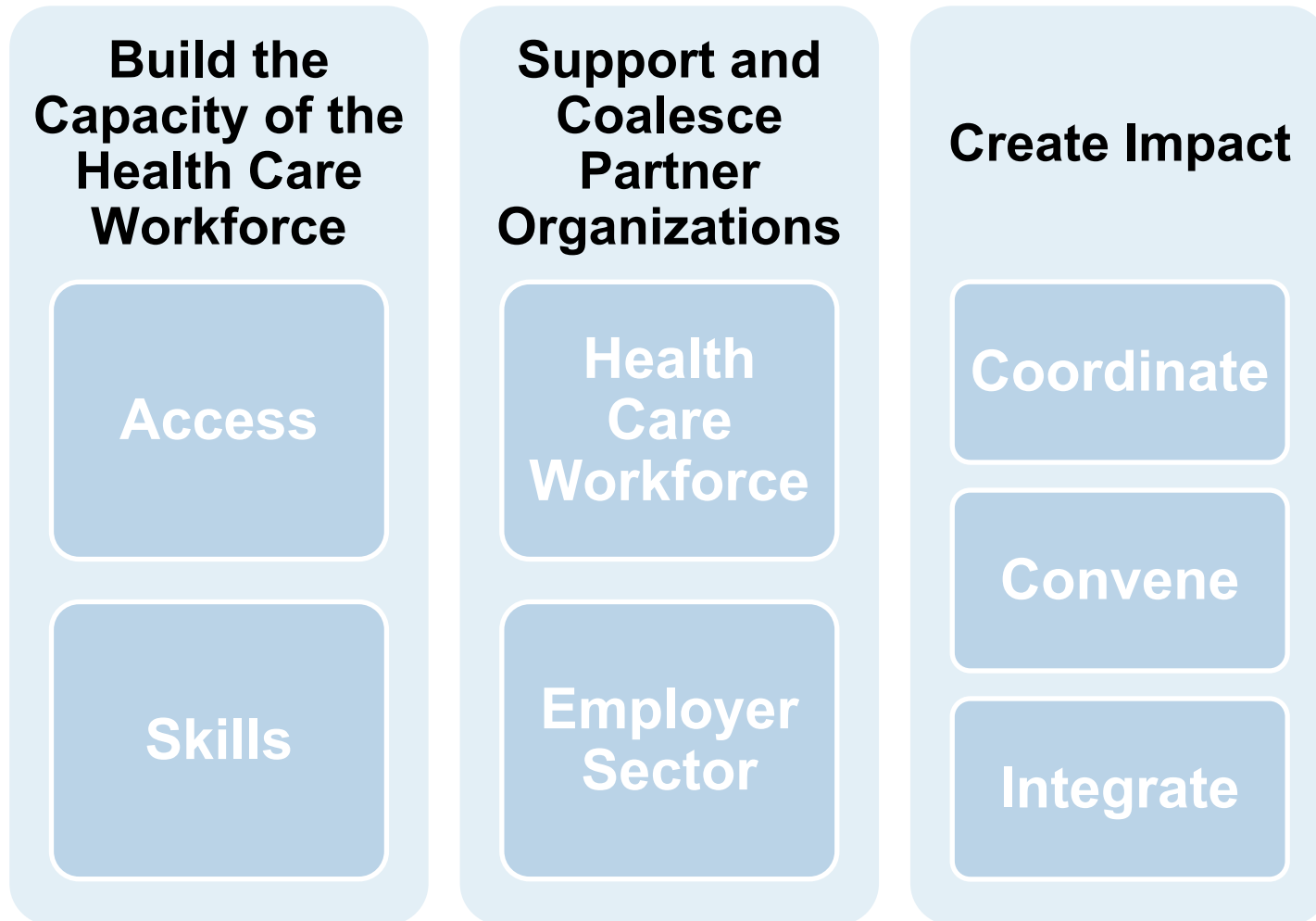
Convene employer forums for raised awareness, information sharing and to foster involvement.

Essential Areas to Understand and Explore with Private Employers as Key Stakeholders in Health Transformation

- Health of employees and health care as drivers in strategic business considerations
- Perspectives about healthcare transformation initiatives — State and National: Impact on industry, employee health status
- Goals and strategies to help drive down cost and to improve health and health care delivery for their employees?
- What are the challenges and opportunities ahead relative to health and health care for private employers?

Charting the Course Forward...

Workforce Development and Private Employer Engagement



Agenda



-
- Registration, Refreshments and Networking
 - Welcome Remarks
 - Panel of Committee Reports
 - **Break and Move to First Breakout**
 - Committee Carousel
 - Wrap Up / Reflections
-

But before we break...

A word about what's next.

Carousel Discussions

Objective: to make sure that each of you has the opportunity to learn about and comment on

- Each committee and its priorities for 2019
- DCHI as an organization and its priorities for 2019

Results: rich, inclusive feedback to inform priorities

- System of contributing ideas and partners to accomplish goals
- Clear guidance

Structure: Committee carousels

- Each of you is assigned to a rotating group (see the back of your nametag!)
- The order on your name tag is the order that you will visit each of 6 tables
- Tables are labeled to match your topics
- Each table has an “anchor”, to start the conversation and ask you some questions
- Each table needs a “scribe”

Carousel Discussions

People power:

- Each table has an “anchor”, to start the conversation and ask you some questions
- Each table needs a “scribe”... that’s where you come in

Topics

- Questions are on your table.
- Take notes yourself if you like. If so, please leave them at the topic table and we will collect them all.

Timing

- We will signal the start of each discussion
- 5 minutes before the end, 2 minutes before
- And time to switch

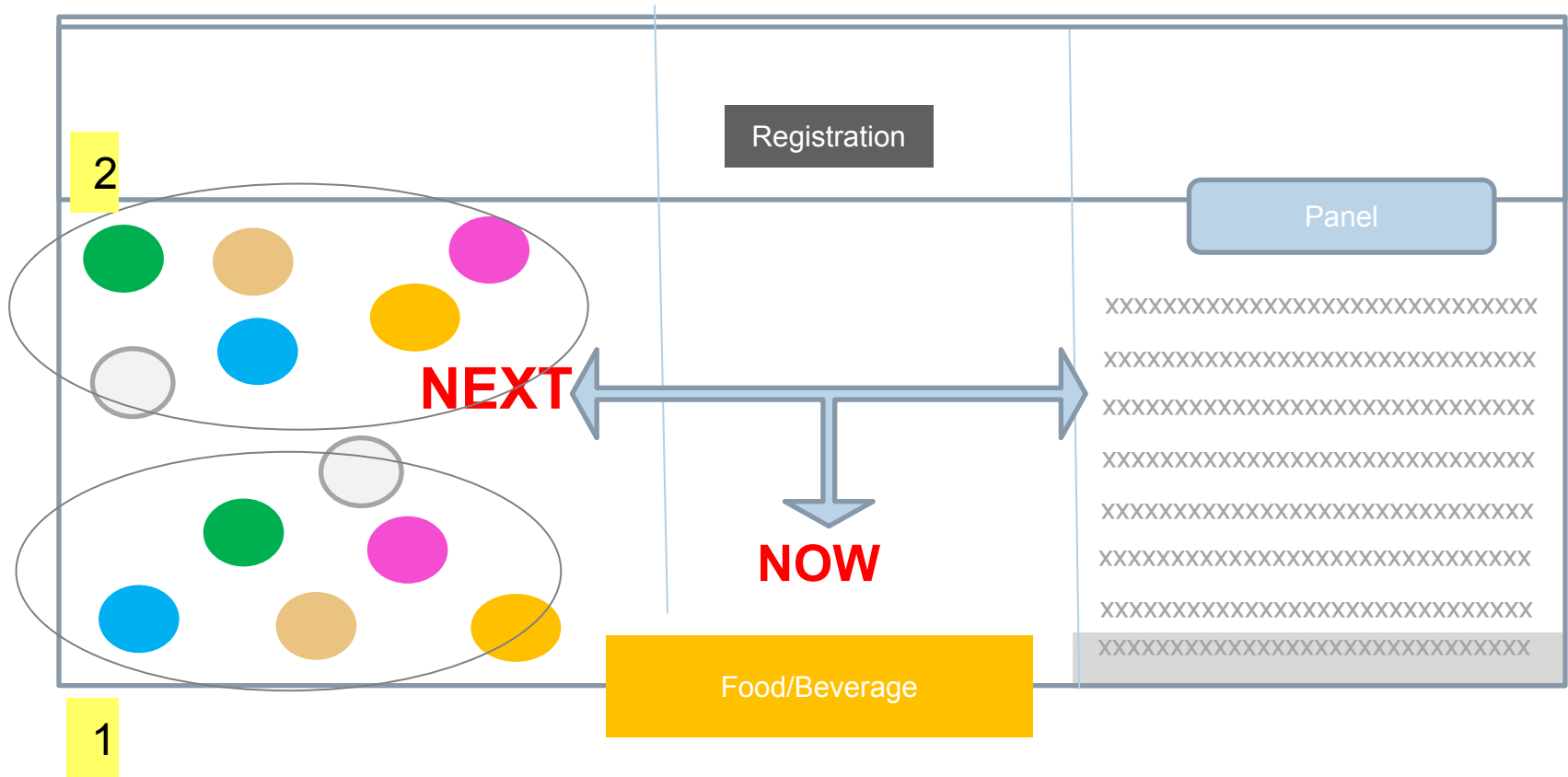
Committee Carousel: Table Color Codes

Committee	Table
Patient and Consumer Advisory	Yellow 1 and Yellow 2
Clinical	Tan 1 and Tan 2
Payment	Blue 1 and Blue 2
Healthy Neighborhoods	Green 1 and Green 2
Workforce and Education	Pink 1 and Pink 2
DCHI	White 1 and White 2

For example

- Look on the back of your badge; it will look like this:
 - Y1
 - W1
 - P1
 - G1
 - B1
 - Tan1
-
- This is code for the table colors
 - And your table—in this case, 1

Table Array



NOW

You deserve a Break!
10 minutes

Delaware Center for Health Innovation

THANK YOU