



**Delaware Center
for Health Innovation**

Board Meeting

June 14th, 2017

Agenda



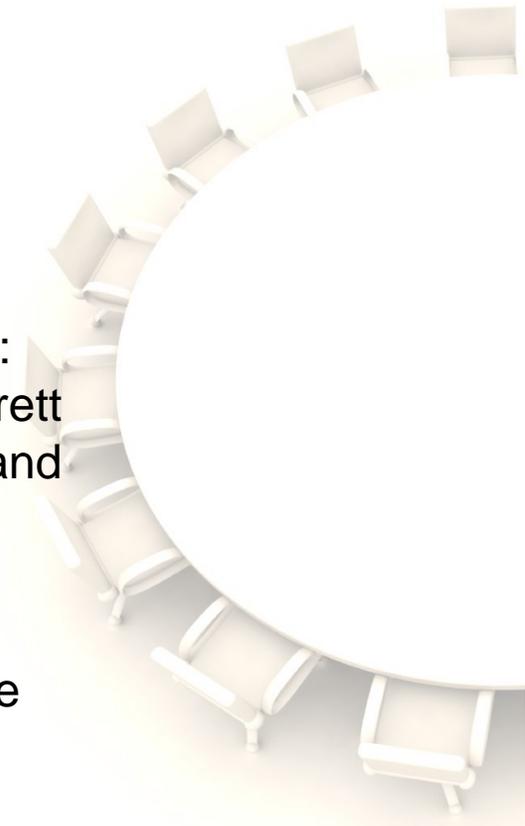
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- **Call to Order**
 - Status Updates
 - Board Business
 - ED Update
 - Public Comment
 - Executive Session
-

Agenda

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Summary of May DCHI Board meeting

- Discussed progress on the Community Health Worker initiative, reviewed and provided feedback on draft recommendations
- Shared feedback from Patient and Consumer Advisory Committee members on new structure
- Updated on Year 3 SIM activities and upcoming procurements
- Voted on and approved three new Committee members: Gary Kirchhof (Payment Model Monitoring), Norma Everett (Healthy Neighborhoods), and Peter Adebi (Workforce and Education)
- Approved minutes from April meeting
- Discussed draft agenda items for June Cross-Committee meeting
- Moved into Executive Session



DCHI 2017 Goals & Metrics

Critical path metrics

- 1 Common Scorecard accessible to PCPs statewide
- 2 50% providers participating in practice transformation
- 3 40% of Delawareans attributed to PCPs in value-based payment models
- 4 3 Healthy Neighborhoods launched

Supporting innovations metrics

- 1 Behavioral health integration testing program implemented
- 2 Health care workforce and education initiatives executed
- 3 Enhanced provider engagement
Transformation efforts aligned with regulatory changes/investments made by providers and payers
- 4

Operational sustainability metrics

- 1 Long-range sustainability options established
- 2 Continued development of 2017 initiatives
- 3 Broaden stakeholder engagement base

DCHI 2017 Goals & Metrics: Critical path

★ For further discussion

| Metrics | Initiative Description | Status |
|---|--|--|
| <p>1 Common Scorecard accessible to PCPs statewide</p> | <p>Exploring immediate uses for population health and VBP</p> | <p>★ Clinical Committee agreed that a de-identified Common Scorecard infographic should be published to inform providers of variation in quality across providers; follow-up with DHIN And HCC to confirm and pursue next steps.</p> |
| <p>2 50% providers participating in practice transformation</p> | <p>Preparing providers to participate in new models of care and reimbursement</p> | <ul style="list-style-type: none"> ▪ ~44% PCPs enrolled¹ ▪ HCC conducted a Practice Transformation Participant Survey in May and received 21 responses as of the June HCC meeting. ▪ 80+% of survey respondents reported improved care and patient outcomes resulting from practice transformation work. |
| <p>3 40% of Delawareans attributed to PCPs in value-based payment models by end of 2017</p> | <p>Improving access to affordable, enhanced care delivery</p> | <p>★ DHSS conducted several meetings/forums to introduce and vet a proposed approach to accelerating adoption of payment reform. The proposal includes a global health care spending benchmark and flexibility in payment models used and adopted to achieve the benchmark. DCHI will continue to align with DHSS to convene key stakeholders across the state to raise awareness and solicit input.</p> |
| <p>4 3 Healthy Neighborhoods launched</p> | <p>Integrating clinical and community-based services/practices to identify and address priority needs of high risk populations, especially social determinants of health</p> | <ul style="list-style-type: none"> ▪ Sussex: Set a follow up strategy opportunity for CHNA South providers to work collectively with major BH providers around substance abuse. Engaging in strategies to expand key Behavioral Health services for youth to Seaford, a high need area. Voting in two additional Lead Council members. ▪ Dover/Smyrna: Plan4Health Roundtable accelerated partnerships for Council and planning for obesity and chronic disease prevention strategies. ▪ Wilmington/Claymont: Council engaged in developing governing structure. By-laws have been drafted. 2/3 of task forces have moved into step 5 of a <i>Getting to Outcomes</i> strategic planning process for health outcomes (step 6 is written plan). Task Forces have mapped assets, identified gaps, developed criteria and are assessing strategies for local context/fit ▪ HCC released an RFP on June 12th that includes a component to solicit vendors to accelerate the HN work |

1 Includes TCPI participants

DCHI 2017 Goals & Metrics: Supporting innovations

★ For further discussion

| Metrics | Initiative Description | Status |
|--|---|---|
| <p>1 Behavioral health integration testing program implemented</p> | <p>Enhancing integration and improving care for high cost and high need patients</p> | <ul style="list-style-type: none"> ▪ HCC vendor working with Clinical Committee to systematically inform BH community about the changes in support for the BHI program, which will be managed through a contract under the auspices of the HCC. ▪ HCC released RFP on June 12th. |
| <p>2 Health care workforce initiatives executed</p> | <p>Building workforce capacity, ensuring an adequate workforce to meet the needs of the State</p> | <ul style="list-style-type: none"> ▪ Curriculum: in-person training session on population health management held on 6/7; 38 attended and 82 total enrolled; DHIN participated with overview of offerings and provided technical assistance. ★ Community Health Worker Sub-Committee will share near-final recommendations with the Board on June 6/14 in advance of 6/30 final report deadline. |
| <p>3 Enhanced provider engagement</p> | <p>Ensuring capacity of providers to practice and thrive in changing environment</p> | <ul style="list-style-type: none"> ▪ Clinical Committee discussed potential outreach strategies with HCC vendor to enhance awareness of Practice Transformation services and other available resources. ▪ HCC engaged Aloysius Butler & Clark to assist this initiative, they will provide a preliminary time line and work plan to the Committee on June 20th. |
| <p>4 Transformation efforts aligned with regulatory changes & investments made by payers and providers</p> | <p>Alignment with public/private partners to leverage all resources to drive reform</p> | <ul style="list-style-type: none"> ▪ Workforce and Education Committee is analyzing information from other states to gather best practices for implementing a statewide credentialing verification organization. ▪ Clinical Committee is exploring a collaboration with the Delaware Quality of Life Coalition and the ACO community to enhance awareness of advanced directives and palliative care offerings in DE. |

DCHI 2017 Goals & Metrics: Operational sustainability

Metrics

Status

1 Establish near-term operational support

- Outreach to stakeholders for operational support initiated.
- Affirmation of DCHI's value and ROI; Board to discuss on 6/14.

2 Implement 2017 strategic imperatives

- **Portfolio focus:** DCHI key initiatives will be reviewed and prioritized for long term sustainability.
- **Policy Focus:** Community Health Worker recommendations includes a systems level change and policy focus to drive that change.
- **Stakeholder Engagement:** Exploring collaboration with organizations such as the Delaware Quality of Life Coalition to enhance awareness of health care transformation initiatives.
- **Sustainability:** Exploration of models continues; Sustainability working group met to outline DCHI's approach to developing a sustainability plan.

3 Broaden stakeholder engagement

- Initiating discussion with Aloysius Butler & Clark and Clinical Committee to develop plan for broader stakeholder engagement; expanding stakeholder reach through digital marketing campaign.
- CMMI funding released to further provider engagement.



CHW SUBCOMMITTEE REPORT

J U N E 2 0 1 7

HMA COMMUNITY STRATEGIES



■ CHW Subcommittee

FINAL REPORT with
RECOMMENDATIONS

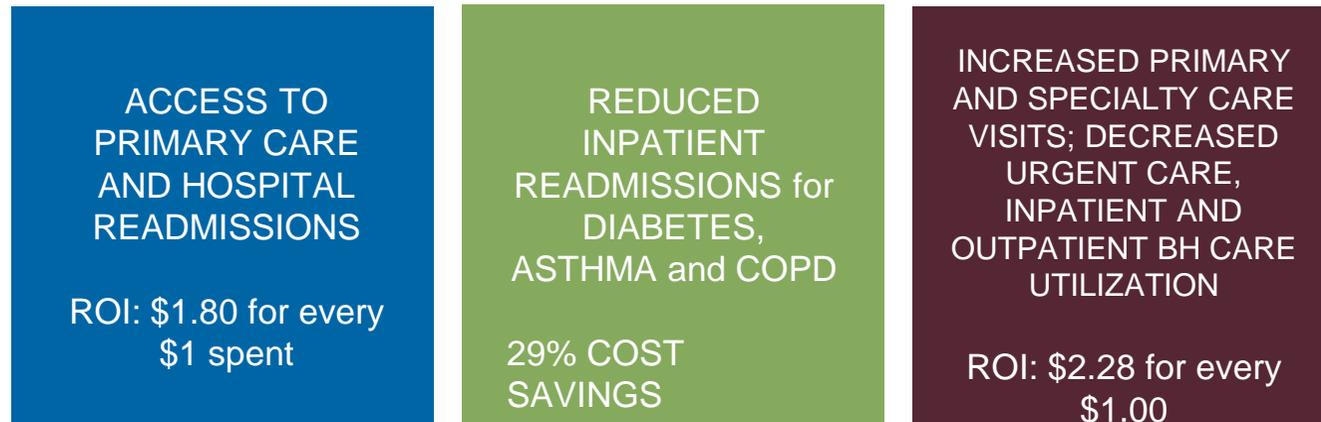
**PRELIMINARY
DISCUSSIONS** with
MCOs, CHW Employers,
and State Medicaid Office

NEXT STEPS:
Implementation



■ WHY COMMUNITY HEALTH WORKERS?

CHWs in Delaware have the potential to contribute to the prevention and better management of chronic conditions, improve care for populations and lower costs. A CHW certification program will help the state achieve its short-term and long-term economic development, workforce development, and population health goals while shrinking socioeconomic and racial or ethnic inequities in health.





DRAFT REPORT

Development and Deployment of Community Health Workers in Delaware

Establishing a Certification Program and Reimbursement Mechanism

JUNE 2017



PREPARED BY
HEALTH MANAGEMENT ASSOCIATES

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■ RECOMMENDATIONS FROM CHW SUBCOMMITTEE

1. ESTABLISH A CHW CERTIFICATION PROGRAM

The State of Delaware should establish a voluntary CHW Certification Program that provides approved training to meet established competencies to fulfill the role and responsibilities of the professional CHW.

Certification will be required for CHWs working under the supervision of a licensed, Medicaid-enrolled healthcare provider to allow for Medicaid reimbursement of CHW services.

The approved training program would be available to any/all prospective and current CHWs to further build competencies regardless of the setting of practice or intention to bill a third-party payer.

The proposed certification would be voluntary, but required for those who work under the supervision of/or in concert with a licensed, Medicaid-enrolled healthcare provider for whom reimbursement is desired.



■ RECOMMENDATIONS FROM CHW SUBCOMMITTEE

2. ESTABLISH A CHW CERTIFICATION BOARD

- The Certification Board (the Board) should reside within an established public agency, with the authority and capacity to guide and to sustain administration of the CHW program, such as the Delaware Health Care Commission (DHCC), in partnership with the Delaware Center for Health Innovation (DCHI), which shall serve as a “bridge” between the board and the community.
- The Board shall oversee functions related to the development and administration of a Community Health Worker Certification Program that is free of unnecessary barriers for the CHW workforce.
- Board membership shall include representatives of key public/private entities, organizations with expertise and commitment to the goals of improving population health, entities that providing CHW training or employ CHWs, community-based organizations, CHWs and representatives of consumer health care groups.
- The Board should have multiple responsibilities including but not limited to approving CHW training program/s, certifying and maintaining a registry of certified CHWs, and establishing a process to address grievances.



■ RECOMMENDATIONS FROM CHW SUBCOMMITTEE

3. ESTABLISH A CURRICULUM DEVELOPMENT COMMITTEE

The Board should establish and oversee a Curriculum Development Committee that will develop a curriculum that will serve as the basis of the CHW training program.

4. ESTABLISH ENTRY POINT FOR CHW TRAINING AND CERTIFICATION

- For high school students as part of the Department of Education's Pathways to Prosperity program;
- For current or prospective CHWs, who are not high school students.



■ RECOMMENDATIONS FROM CHW SUBCOMMITTEE

5. DEVELOP FINANCING MECHANISMS

Financing mechanisms should be developed to support the establishment of the Community Health Worker certification program and sustain the ongoing recruitment and deployment of Community Health Workers in clinical or community settings.



■ RECOMMENDATIONS FROM CHW SUBCOMMITTEE

6. FURTHER CONSIDERATIONS

- Delaware Center for Health Innovation and Division of Public Health should use “hot spotting” to identify neighborhoods to deploy CHWs.
- Common metrics should be collected by all organizations who employ CHWs to help track outcomes. Refer to Appendix A: Metrics from C3 Project.



■ PRELIMINARY CONVERSATIONS

- Delaware **Managed Care Organizations** are or will begin to employ CHWs and understand their value;
- **State Medicaid Office** supports the value of CHWs and indicated a willingness to work alongside the subcommittee's efforts
- **Community Health Workers** interviewed are supportive of creating infrastructure to support the development and deployment of CHWs and are interested in a certification program.
- **Employers of CHWs**, health systems, FQHCs, also understand CHWs value; and want to ensure sustainability from a financial perspective.



■ NEXT STEPS



Move to Phase III:
IMPLEMENTATION of
CHW SUBCOMMITTEE
Recommendations



Legislation to create CHW
Board that will create
infrastructure for
certification





Questions

HEALTH MANAGEMENT ASSOCIATES

DHIN Update: Flagship and Relevant Services



Flagship Services

Clinical Results Delivery: inbox similar to a webmail inbox, EHR integration

Community Health Record: aggregates patient data from sources across time, geography, and care setting; longitudinal record of care

Other Services Relevant to PT/Curriculum

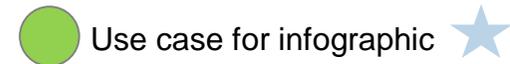
Event Notification System: subscribers provide DHIN with patient roster for whom they wish to receive notifications

CCD Exchange: care summaries can be exchanged with other providers via secure messaging

Direct Secure Messaging: offered as a stand-alone service at no charge through June 2018

Analytics (funded through SIM grant): Common Provider Scorecard and Health Care Claims Database

Reminder: Potential uses of the Scorecard



Use case for infographic

Use case

What it would take to achieve this use case

Summary perspective

| | | |
|---|--|--|
| <p>1 Shaping policy / strategy Use quality, utilization, and cost data to inform policymaking and monitor the impact of DCHI initiatives</p> | <ul style="list-style-type: none"> ▪ Create blinded comparisons of provider performance that surface variation in quality ▪ Share information broadly with stakeholders to raise awareness of variation in quality ▪ Highlight statewide initiatives that aim to improve the quality and delivery of care | <p>The Scorecard data demonstrates wide variation in quality of care, which underscores the importance of transformation efforts currently underway</p> |
| <p>2 Reference for payment Source of truth for quality, utilization, and cost measures for payers to reference in value-based payment arrangements</p> | <ul style="list-style-type: none"> ▪ Obtain commitment from payers to reference the Scorecard as the primary source for quality, utilization, and cost data ▪ Identify and address implementation hurdles including alignment between Scorecard and payers on technical issues | <p>DCHI should focus efforts on improving alignment and integration with reporting by payers of measures used for purposes of value-based payment</p> |
| <p>3 Consumer transparency Make provider performance accessible to consumers</p> | <ul style="list-style-type: none"> ▪ Give notice of intent to make performance accessible to consumers, while DCHI and payers address provider questions about the Scorecard ▪ DCHI / DHIN create and update consumer web page | <p>Use of Scorecard data for consumer transparency may be counter-productive to physician engagement at this time; it should be deferred</p> |
| <p>4 Clinical performance improvement tool</p> | <ul style="list-style-type: none"> ▪ Create a performance improvement tool that calculates performance based on clinical data (rather than using numbers/denominators from payers) ▪ Achieve sufficient density on CCD integration to make DHIN-powered tool a reliable basis for performance improvement | <p>This is not the intended purpose of the Scorecard; it would require a complete retooling of the Scorecard (measures, data sources, reporting functionality)</p> |

Delaware has set our sights on improving quality of care



The quality of care received by Delawareans varies widely

The quality of care delivered in Delaware can vary significantly across patients and providers. Identifying sources of high variation in quality of care can lead to opportunities for Delaware to improve quality and achieve better patient outcomes.

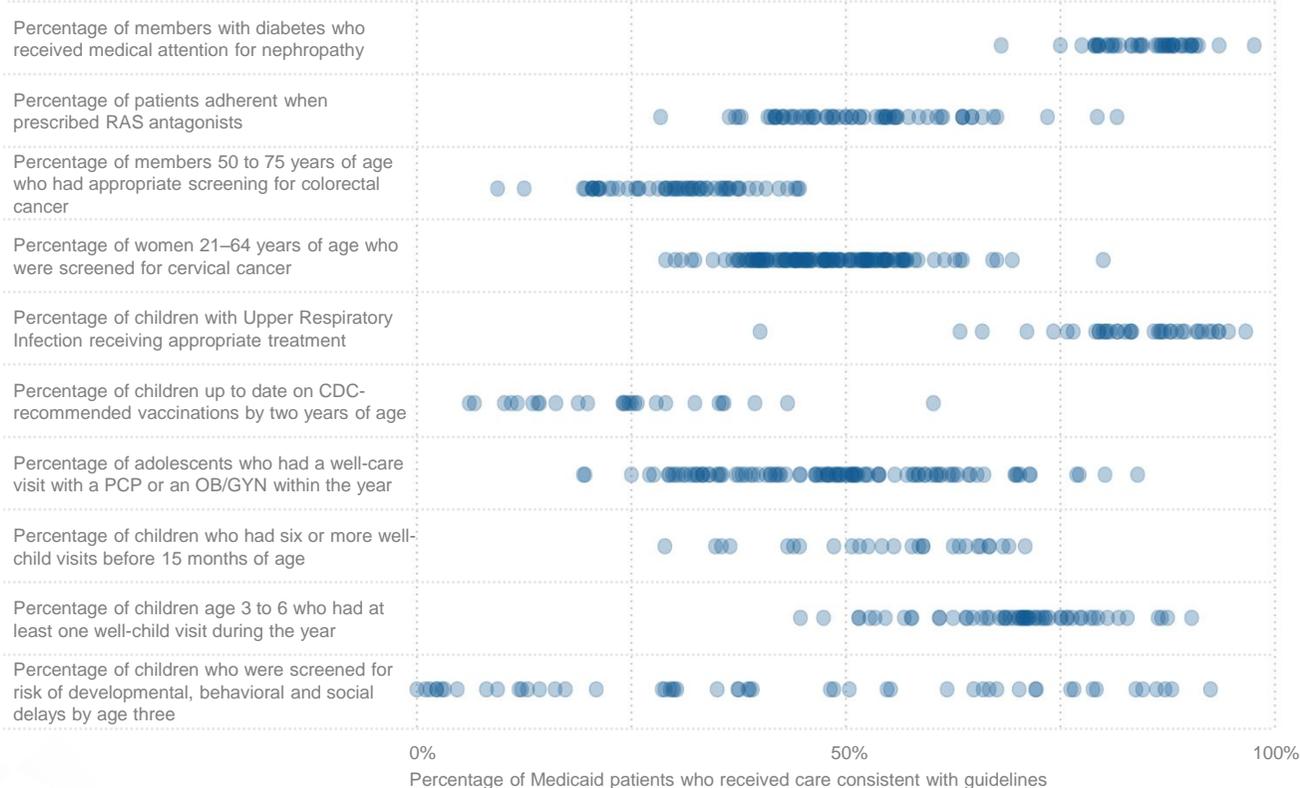
How did we get here?

Historically, little information has been available to providers about the quality of care patients are receiving (or not receiving). PCPs have not been meaningfully rewarded for quality. And there has been neither payment nor infrastructure to manage the care of patients outside of visits to the office.

Variation in quality of care for Medicaid patients

Selected measures from the DCHI Common Scorecard

● Each dot represents the performance of a single Delaware primary care practice



What steps are we taking to improve the quality of care for all Delawareans?

A Common Scorecard

Single, integrated quality scorecard across payers that shows providers their performance on quality, utilization, and cost measures across their patient panels

Value-based payment

DCHI encourages Delaware's payers and primary care providers to enter into value-based payment arrangements to reward high quality, low cost care

Transformation support

Clinical and operational change program designed to help you care for patients more effectively and to prepare you for value-based payment

Behavioral health integration

Provides practices with the support, resources, and expertise necessary to help you integrate behavioral health services into primary care

Healthy Neighborhoods

An innovative approach to population health that enables communities to design and implement locally-tailored solutions to the state's most pressing health needs

DHIN/HIT Integration across SIM work: Proposed Path Forward

Recommendations

Next Steps

- | | |
|--|--|
| <p>1 Provide HIT update at each DCHI Board meeting with specific calls to action/discussion topics as needed</p> | <ul style="list-style-type: none"> ▪ Facilitate discussion to prioritize and provide input on HIT needs, priorities and recommendations to DHIN and HCC on: (a) What are the IT needs to advance health care reform, (b) what is the best vehicle or organization to meet the identified needs; & (c) prioritization of SIM dollars and other resources to address needs |
| <p>2 Integration of IT considerations for recommendations and feedback to Board and DHIN at Committee level (consider adaption of Patient and Consumer model with a DHIN representative on each Committee</p> | <ul style="list-style-type: none"> ▪ Discuss preliminary thoughts of Committees regarding integration of IT considerations and needs at Committee levels, including DHIN representation on each Committee ▪ Facilitate DHIN/IT initiative orientation and update for each Committee ▪ Periodic reassessment of effectiveness of approach to integration of IT considerations in health care reform work |
| <p>3 Maintain current TAG operating structure; DHIN to call meetings as necessary with DCHI support</p> | <ul style="list-style-type: none"> ▪ Determine desired meeting frequency ▪ Maintain structure to advise on technical needs related to DHIN/SIM initiatives ▪ Assess current membership structure and augment as needed |
| <p>4 Explore the need for a DCHI - HIT Committee to ensure attention to, and integration of, broader HIT needs necessary to advance health care reform.</p> | <ul style="list-style-type: none"> ▪ Assess need for a Committee after evaluation of integration of IT considerations at Committee level and feedback to the board and DHIN ▪ Assess resources to support a new committee if needed ▪ Determine charge and scope of work for the committee if needed. |

DHSS Proposed Policy Approach to Payment Reform



- Secretary Kara Walker facilitated a town hall on 5/26 to discuss the Department of Health and Social Services' **proposed approach to accelerating the adoption of payment reform in Delaware**. This information was also shared during the 6/1 Health Care Commission meeting.
- The Secretary walked stakeholders through several data points including the **impact of rising health care costs** in Delaware, **where health care dollars go**, and the **drivers of spending growth**.
- This background information served as context to demonstrate the need to shift towards a new approach to payment reform, more specifically a **global health care benchmark** which would be implemented through a **phased approach**.

Link to 6/1 HCC meeting document:

<http://dhss.delaware.gov/dhcc/files/healthcarecosts062017%20.pdf>

Payment Reform: Progress and Path Forward



Progress to Date

- ~50% of PCPs in Medicare ACOs or Clinically Integrated Networks (CINs)
- 44% participation in primary care practice transformation¹
- ~30% of Delawareans attributed to PCPs in value-based payment
- Roll-out of Healthy Neighborhoods & integration with Clinical Community
- New TPA contracts for State Employee Benefits, including some changes in care management and value-based payment

Opportunities and Challenges

- Progress has been impacted by several factors:
 - Reliance on consensus-based approach
 - Payers managing priorities across multiple states
 - Many providers reluctant to enter into two-sided risk
 - Tension between meaningful risk deals and readiness, as reported by both payers and providers
 - Change overload among independent physicians
- Challenges at federal level: in Marketplace and Medicaid financing, with potential for increased cost pressure
- Rate of growth in health care cost unabated

Path Forward

- Align efforts with DHSS to accelerate payment reform
- Convene key stakeholders to develop recommendations, provide feedback and input on operationalizing a new proposed approach/including possible work on initial legislation (***move from what to how***)
- Support efforts to raise awareness and to educate stakeholders and consumers
- Support engagement for implementation/use of tools such as health care claims database and price transparency to foster reform
- Continue to monitor VBP challenges/opportunities

¹ Includes TCPI enrollment

Payment Reform Discussion Questions



- 1) Provide feedback or questions on DHSS' proposed approach?
Challenges/Opportunities?
- 2) How can each DCHI committee advance the innovative strategies identified by DHSS and support efforts to achieve a phased approach to implementing payment reform?

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Board Business

- 1 Approve minutes from May Board meeting

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Executive Director Operational Update

The Delaware Health Care Commission released two Requests For Proposals (RFPs) this week for **Health System Transformation Project Facilitation** and **Accelerated Payment Reform - Healthcare**. The links below provide details and instructions.

Health System Transformation Project Facilitation RFP:
http://bids.delaware.gov/bids_detail.asp?i=4505&DOT=N.
Responses are due July 31, by 11:00 AM EDT.

Accelerated Payment Reform – Healthcare RFP:
http://bids.delaware.gov/bids_detail.asp?i=4504&DOT=N.
Responses are due July 28, by 11:00 AM EDT.

Reminder: June DCHI Cross-Committee Meeting

The upcoming **DCHI Cross-Committee Meeting** will serve as a forum for stakeholders to discuss accelerating innovation, adoption and implementation of **value-based payment models** in Delaware

When: Wednesday, **June 28th** from 1:00-4:00PM

Where: The Outlook Center, Loockerman Street, **Dover**, DE 19904

June Cross-Committee Meeting Draft Agenda

- 1) Welcome
- 2) Opening Remarks
- 3) Panel 1: State Experience with Payment Reform
 - **Maryland: Dr. Joshua Sharfstein**, Associate Dean for Public Health Practice and Training at the Johns Hopkins Bloomberg School of Public Health
 - **Vermont: Robin Lunge**, Member of the Vermont Green Mountain Care Board
 - **Massachusetts: David Seltz**, Executive Director of the Massachusetts Health Policy Commission
- 4) Q&A /Open Discussion
- 5) Panel 2: Research/National Perspectives on Payment Reform
- 6) Q&A/Open Discussion
- 7) Closing Remarks

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Upcoming DCHI Meetings for June-July 2017



Workforce and Education

- July 13, 1:00 pm
- Del Tech Park-DCHI: 1 Innovation Way Conference Room DTP, Newark



Clinical

- June 20, 5:00 pm
- Del Tech Park-DCHI: 1 Innovation Way, Newark



Healthy Neighborhoods

- June 21, 1:00 pm
- DHSS -1901 N. Dupont Hwy, Chapel, New Castle



Board

- July 12, 2:00 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark



Payment Model Monitoring

- July 12, 4:30 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark

Please check www.DEhealthinnovation.org for the latest information about all DCHI Board and Committee meetings

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