



**Delaware Center
for Health Innovation**

Board Meeting


May 10th, 2017

Agenda



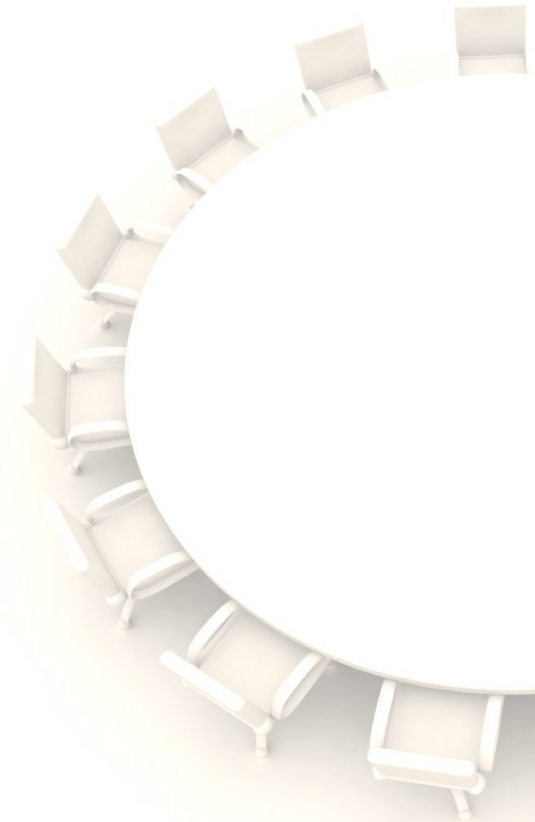
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- **Call to Order**
 - Status Updates
 - Board Business
 - ED Update
 - Public Comment
 - Executive Session
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Summary of April DCHI Board meeting

- Discussed progress on the Community Health Worker initiative
- Updated on payment reform work within the Delaware ACOs and the State Employee Benefits Committee
- Shared a deep dive update on Healthy Neighborhoods progress
- Discussed approach to transformation initiatives
- Approved minutes from March meeting
- Reviewed and accepted quarterly financial statements
- Updated on DCHI Communications Plan
- 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
- 4 regulatory changes/investments made by providers and payers

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

| Metrics | Initiative Description | Status |
|---|---|--|
| 1 Common Scorecard accessible to PCPs statewide | Exploring immediate uses for population health and VBP | <ul style="list-style-type: none"> Clinical Committee agrees that a de-identified Common Scorecard infographic can be published to the DCHI website; collaborating with HCC to explore resources and partners to develop and publish the infographics. |
| 2 50% providers participating in practice transformation | Preparing providers to participate in new models of care and reimbursement | <ul style="list-style-type: none"> ~37% PCPs enrolled¹ Clinical Committee provided feedback to HCC on practice transformation survey for participating practices. Committee members stressed the importance of gauging the practice's perception of improvements in care delivery and patient outcomes as a result of implementing practice transformation support services. |
| 3 40% of Delawareans attributed to PCPs in value-based payment models by end of 2017 | Improving access to affordable, enhanced care delivery | <ul style="list-style-type: none"> ~30% Delawareans in value-based payment models; payers continue to enroll practices. Payment Committee has explored other models and progress of other states; furthering discussions with new administration on the strategic path forward and aligning support to catalyze payment reform. |
| 4 3 Healthy Neighborhoods launched | Integrating clinical and community-based services/practices to identify and address priority needs of high risk populations, especially social determinants of health | <ul style="list-style-type: none"> HN Sub-committees operational Wilmington/Claymont HN- Lead Council and 3 Task Forces operational. Dover/Smyrna HN Council: Soliciting Council members/ nine candidates identified, including co-chairpersons. County Partnerships with Planners4Health- May 19th Summit planned to introduce HN to broad group of constituents in area. Sussex: the Council is actively working with the CHNA South hospitals to coordinate a community-based and clinical approach to addressing substance use disorder problems in the area. |

¹ February 2017 PT vendor report indicated 103 sites and 339 DOs, MDs, NPs, PAs; does not include 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"> Planning communications to inform BH community about the changes in support for the BHI program which will be managed through a contract run by the HCC. Supporting DHSS where needed to respond to SAMHSA grant for BHI |
| <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"> Licensing & Credentialing: deep dive research on similar approaches in other states to guide reform efforts in DE. ★ Community Health Worker Sub-Committee continues to meet monthly; developed draft deliverables for the Board's preliminary review on May 10. |
| <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 including regional focus groups with providers to enhance awareness of and familiarity with the Scorecard, Practice Transformation, and BHI. Collaborating with HCC on provider outreach and engagement plan |
| <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 reviewing lessons learned from other states re: 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

Long-range sustainability options established

- Request for renewal of stakeholder support for 2018 initiated.
- Exploration of sustainability models underway.

2

Implement 2017 strategic imperatives

- **Portfolio focus:** Assessing HN rollout and approach for Wave 2 neighborhoods and alignment of resources.
- **Policy Focus:** Licensing and Credentialing recommendations; Community Health Worker recommendations.
- **Stakeholder Engagement:** Initiating discussion with Aloysius Butler & Clark and Clinical Committee to develop plan for broader stakeholder engagement.
- **Sustainability:** Exploration of models for long range sustainability of transformation efforts.

3

Broaden stakeholder engagement base

- 2017 outreach plan includes targeted communications with strategic stakeholders.
- CMMI funding released to further provider engagement.

Recall: 12 strategic imperatives from DCHI Strategic Plan

- 1 Maintain a broad portfolio of initiatives as necessary to realize the goals on which DCHI was founded, but evolve that portfolio in response to changes in the landscape
- 2 Establish and sustain a strong implementation role for most initiatives that extends well through launch, but generally look to other organizations for ongoing operations
- 3 Identify where policy solutions are necessary to support innovation and work with policymakers as necessary to bring those solutions to fruition
- 4 Ensure that adoption of value-based payment for primary care supports our goals for transformation, while fostering other models to transform the full continuum of care
- 5 Work with the next administration to leverage the State of Delaware's purchasing authority to foster provider risk sharing as a critical enabler of quality & affordability
- 6 Align DCHI-led delivery system transformation efforts with regulatory changes and investments being made by payers and providers to achieve similar goals
- 7 Evolve our approach toward multi-payer alignment of quality measurement and reporting, to ensure impact and long-term sustainability
- 8 Accelerate the rollout of Healthy Neighborhoods by streamlining the proposed operating model and establishing priorities based on identified community needs
- 9 Adopt a systematic approach to communicating with stakeholders regarding DCHI's efforts and how they dovetail with the efforts of other organizations and individuals
- 10 Affirm our commitment to be transparent in our decisions and use of resources while creating channels to manage sensitive information and challenging discussions
- 11 Continue to fund DCHI operations through stakeholder contributions, but augment this with grant funding for design and implementation of specific initiatives
- 12 Continue staff hiring plan; rely on contractors for time-limited projects that require surge capacity and/or specialized expertise

Four themes emerged from these 12 strategic imperatives:

- **DCHI portfolio (1,4,7,8)**
- **Policy focus (3,5,6)**
- **Stakeholder engagement (9,10)**
- **Sustainability (2,11,12)**

We will develop **tactical plans** against each of these themes

Strategic Plan implementation: actions for Q2 and beyond

Themes

DCHI Portfolio

Ensure the availability and implementation of appropriate range of programs/tools and interventions to effect innovation and change

Q2 Path Forward

- Evaluate state procurements for Healthy Neighborhoods and Behavioral Health Integration to accomplish Year 3 goals.
- Align with DHSS on value-based payment model approach and rollout to advance payment reform.
- Support the development of recommendations stemming from CHW initiative.

Status Update

- RFPs seeking support for Healthy Neighborhoods, BHI, BH EMR, and value-based payment models proposed to be released in May.
- Preliminary CHW recommendations presented to Board on May 10 for review and consideration; final project deliverables due in June.

Policy Focus

Leverage opportunities at federal and state level to drive payment reform

- Pending CHW Subcommittee deliverable, evaluate opportunity to leverage legislation, joint resolution or regulatory vehicle to implement recommendations.
- Engage state agencies to evaluate opportunity to streamline provider credentialing.

- Workforce and Education Committee crafting an executive summary of recommendations and research findings on streamlining credentialing processes to share with appropriate stakeholders.

Stakeholder Engagement

Expand stakeholder support and engagement to effect change and buy-in for health care transformation

- Establish regular cadence and engagement opportunities through website and other social media.
- Collaborate with the HCC on provider engagement strategies.
- Continue to enhance consumer engagement through the P&C Advisory Committee.

- Engage Aloysius Butler & Clark and TAPP Network in Clinical Committee work to develop and implement proposed provider engagement strategies.
- P&C Advisory Committee will fill 3 open seats with consumer representatives from each Healthy Neighborhood.

Sustainability

Secure financial and operational partners to sustain DCHI implementation initiatives

- Secure stakeholder funding support for 2018.
- Assess sustainability pathways from other SIM states and consider adoption of long-term options for DE.

- Conducted a preliminary scan of sustainability plans and approaches from other SIM states for the Board's consideration; will continue to gather additional information to inform long range plan.

Community Health Worker Subcommittee



Research, discuss and recommend the steps that need to be taken to advance the role of Community Health Workers (CHWs) in Delaware:

- Adopt a **definition** for CHWs
- Identify a **scope of practice** for CHWs
- Establish a set of **core competencies** that can form the basis of a CHW **training curriculum**
- Describe the **infrastructure** that will be needed to create a CHW **training program** that can lead to a **CHW credential**

Final report and recommendations to be completed June 30, 2017.

Why Create a Credential for CHWs?



- CHWs:
 - Play a crucial role in helping individuals **secure and maintain better health** and obtain the services and benefits they need
 - Extend and enhance the work of clinicians by helping patients get the services they need and **address social determinants of health**
 - Are often not well-understood or appreciated in the health care system; their **work is often fragmented and grant-dependent**
- A CHW Credential will:
 - Help solidify the CHW as a respected, valued member of the health care team
 - Improve financial compensation for CHWs by **maximizing funding through third party reimbursement (such as Medicaid)**
 - Increase job stability for CHWs
 - Create opportunities for **more sustainable funding for CHW programs**

CHW Definition: Adopted by CHW Subcommittee



Definition

- A Community Health Worker (CHW) is a valued part of the health care team who serves as a **frontline liaison, guiding individuals and families through the health, social and community services systems** to foster health and well-being. As a trusted member of the community, the CHW is **sensitive to the demographics and experiences of the community, and provides culturally and linguistically competent and appropriate services.** The CHW has the skills and capacity to **address the social determinants of health to achieve better health outcomes and health equity** for the populations and communities served.

CHW Scope of Practice: Adopted by CHW Subcommittee

Scope of Practice

Community Health Workers build individual and community capacity by:

1. Serving as a link between communities and health/social service agencies
2. Administering screenings to **identify needs associated with the social determinants of health** and **facilitating access and information to services and resources** to address such needs
3. Promoting health and wellness within the community
4. Providing **culturally competent education and service delivery**
5. Enhancing community members' ability to **effectively communicate with health care providers**
6. **Connecting community members** to interpretation and medical translation services
7. Conducting **outreach** and **organizing health education**
8. Providing **information counseling** and **social support** on health behaviors

CHW Core Competencies: Adopted by CHW Subcommittee

Core Competencies

Community Health Workers have the following core competencies:

1. Effective **communication and documentation skills**, including computer literacy
2. **Cultural competency**
3. Professional skills and conduct, including interpersonal skills, and time and stress management
4. Advocacy, **community capacity building** and outreach
5. Health coaching; Education to promote **healthy behavior change**
6. **Service coordination, system navigation**, triage and safety
7. Public health, community knowledge and **needs assessment**

Sample Core Competency and Instructional Topics



5. Health Coaching; Education to promote healthy behavior change.

Possible instructional topics and competency level (list not exhaustive):

- Encourage clients to identify and prioritize personal, family, community needs
- Encourage clients to **identify and use available resources** to meet their needs and goals
- Realize widespread impact of trauma and understand potential paths to recovery; recognize signs and symptoms of trauma
- Apply information from client and **community assessments to health education strategies**
- Subcommittee solicited input from community, including current employers, CHWs
- Revised and finalized Core Competencies based on feedback

Draft Recommendations



- Establish **CHW Certification Program** for Delaware and create a user-friendly, barrier-free process for becoming certified.
- Establish **two “entry points”** for individuals interested in becoming certified CHWs to obtain training:
 - With **Department of Education**, develop matriculation agreement with the **Pathways Program** to launch program for **HS students**, and
 - With **Department of Labor**, establish mechanism to provide access for current and aspiring CHWs **who are not HS students**.

Draft Recommendations



- Establish a **Community Health Worker Board** that **resides within the Delaware Health Care Commission** (in DHSS) to oversee functions related to certification of CHWs:
 - Identify the **Delaware Center for Health Innovation** as an organization to serve as a “**bridge**” between the Board and the community.
 - Designate seats for specific organizations with an interest and commitment to **advancing CHWs** and **improving population health**.

Draft Recommendations



- Establish a **Curriculum Development Committee** (with Board Oversight) to create a **curriculum** that will form the basis of the **CHW training program**.
 - Membership of the Committee will include institutions of **higher education, health care industry leaders, prospective employers, CHWs**
- Financing Recommendation (still under development)
 - Explore opportunities through **Medicaid** (demonstrations, embed in alternative payment models, **through Medicaid MCO contracts**)
 - Explore role of hospitals (and community benefit dollars) in creating the **infrastructure** discussed in previous recommendations – **start-up funding, operations, community-building activities**.

Questions



- Is the CHW Subcommittee on the right track?
- Has the CHW Subcommittee missed any key topic on which recommendations should be considered?

Review: Changes to Patient & Consumer Committee Structure - 2017

- Patient and Consumer Advisory Committee will meet quarterly

- Committee members will attend monthly meetings of other DCHI Committees to represent the patient/consumer perspective

- Members will report on activities of the other Committees at quarterly meetings

- New structure took effect with the start of the new grant year (February 2017)

Review: Rules of Engagement

- Patient and Consumer Advisory Committee members are expected to attend their assigned Committee's monthly meetings as a member of the public, but with acknowledgment of their role and purpose in attending by the Committee chairperson(s)
- Patient and Consumer Advisory Committee members should not expect to actively engage in Committee business. Each member should actively listen for the inclusion of the patient and consumer perspective in relevant initiatives and provide public comment as appropriate.
- Members should bring key themes, lessons learned, and recommendations back to the quarterly Patient and Consumer Advisory Committee meetings to identify opportunities to engage the DCHI Board.

Patient and Consumer Advisory Committee members will contact Rita Landgraf and/or Julane Miller-Armbrister with any questions or concerns which require attention before the next quarterly meeting.

Feedback on DCHI Committee Assignments

Patient and Consumer Advisory Committee members were asked to complete a template capturing their feedback on the Committee's new structure based on their attendance/engagement with other DCHI Committees.

Questions

Summary of Responses

- | | |
|--|--|
| 1. Impression of Committee's ability to incorporate P/C perspective into its work? | <ul style="list-style-type: none"> ■ Some Committee members do not think about their role as P/C reps. ■ Easy to provide feedback on P/C perspective when sub-committees/vendors bring work to Committee for feedback and guidance. |
| 2. What initiatives should include P/C perspective? Is this currently included? | <ul style="list-style-type: none"> ■ Practice Transformation should focus on patient experience/outcomes. ■ Behavioral health, chronic disease and mother/infant health Committees. ■ Community Health Workers, possibly workforce curriculum |
| 3. What key takeaways would you like to share with the P&C Advisory Committee? | <ul style="list-style-type: none"> ■ Interesting meetings but not sure attendance has been useful. ■ Increase participation by including peer specialist; focusing on MH/SUD. ■ Better connected to DCHI work, input is sought and welcomed. |
| 4. Suggestions for how your Committee can include multiple stakeholder perspectives? | <ul style="list-style-type: none"> ■ Including peer specialists/educators as Committee members could be extended to other Committees. ■ Vendors should incorporate P/C perspective prior to bringing work products to Committee for review. |
| 5. Groups/audiences DCHI should target to message for the SIM initiative at this time? | <ul style="list-style-type: none"> ■ Senior centers. ■ Peer specialists and educators. |
| 6. Did you find this format of engagement to lend value to the Committee and you as the consumer representative? | <ul style="list-style-type: none"> ■ P&C Advisory Committee needs more actual consumers as members. ■ Very valuable; presence is gentle reminder and visual cue that the P/C perspective should be considered and incorporated when appropriate. |

Committee Recommendations

The Patient and Consumer Advisory Committee re-convened on May 4th. members proposed the following recommendations for the Board's consideration and feedback:

- The Committee should continue to meet on a **quarterly basis to monitor progress** on the inclusion of the patient and consumer perspectives into appropriate initiatives across DCHI Committees.
- A number of DCHI Committees have **working groups or Sub-Committees** in place to carry out work on the ground. Patient and consumer representatives should **engage in this work** as well.
- The patient and consumer perspective should be included in work products or deliverables **prior to Committee and/or Board review**.
- Committee members found that the consumer perspective was easier to interject into the discussion on those Committees that **engaged members of the public in the discussions more frequently** during the course of the meeting proceedings (i.e. Workforce and P & C committee)

SIM Grant and Program Administration

- Year 2 **Annual Report** was submitted to CMMI on May 1
 - Report included a summary of accomplishments, challenges encountered, and a report of expenditures
 - Will be available on HCC website once approved/final
- **Shift in approach** to Year 3 work
 - Contract with McKinsey & Co. ended mid-April
 - HCC is in the process of restructuring funding opportunities through **state procurement** to accomplish Year 3 goals
- Received feedback on **Year 2 carryover funds request** from CMMI; HCC will submit revised request
 - Carryover request amount was \$4.9 M
 - Carryover funds were targeted to **Clinical, Health IT, Payment Reform, and Workforce**
- **State led evaluator report** from Year 2 is final and available on HCC's website: <http://dhss.delaware.gov/dhcc/sim.html>

Year 3 SIM Budget

| Project/Component | Approved Budget |
|--|--------------------|
| Contractual | |
| Clinical (PT, BHI, provider outreach) | \$2,500,000 |
| Health IT (Common Scorecard, HCCD) | \$875,000 |
| Payment | \$400,000 |
| Healthy Neighborhoods | \$575,000 |
| Workforce (Curriculum) | \$300,000 |
| Patient and Consumer (Health literacy tools) | \$150,000 |
| Travel | \$10,780 |
| Other | \$25,654 |
| TOTAL | \$5,604,505 |

Year 3 SIM Activities (from approved Operational Plan)

| Project/Activity | Status |
|---|---|
| Health literacy tools | <ul style="list-style-type: none"> Started contract with Aloysius Butler & Clark on May 1 to provide support May 4 P&C meeting to kick off work |
| Support for Healthy Neighborhoods | <ul style="list-style-type: none"> RFP in development Proposed release in May |
| Practice Transformation support | <ul style="list-style-type: none"> Support for primary care providers continues through contracted PT vendors 103 practices enrolled (339 providers) as of Feb 2017 Provider survey to be conducted in May |
| Workforce Learning & Relearning Curriculum | <ul style="list-style-type: none"> Module 1 launched in February Module 2 in development |

Year 3 SIM Activities (continued)

| Project/Activity | Status |
|---------------------------------------|--|
| Promote provider engagement | <ul style="list-style-type: none"> Contracted with Aloysius Butler & Clark to create strategy and implement activities Attending May Clinical Committee meeting to gather feedback |
| BHI and BHI EMR support | <ul style="list-style-type: none"> RFP in development Proposed release in May |
| Promoting value based payment models | <ul style="list-style-type: none"> RFP in development Proposed release in May |
| Common Scorecard | <ul style="list-style-type: none"> DHIN working with vendor to update 2017 measures Next release scheduled for July |
| Establish Health Care Claims Database | <ul style="list-style-type: none"> DHIN board approved bylaws change to create governance structure Proposed regs to be published June 1 for public comment |

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Board Business

1 **Committee nominations**

2 Approve minutes from April Board meeting

Payment Model Monitoring Committee Nomination: Gary Kirchhof

- Gary serves as the Director for Provider Contracting and Network Development at Highmark Blue Cross Blue Shield Delaware.
- Holds a key leadership role overseeing all hospital, facility, professional and ancillary contracting for commercial managed care and managed Medicaid plans with more than \$1 billion in annual spend.
- Develops and maintains direct relationships with executive-level provider management allowing for collaborative and strategic negotiations with hospitals, physician groups and ACOs building value-based programs including gain-share, risk-share, site-of-service, and quality-based incentive contracts.
- Accountable for delivering a highly competitive provider network measuring both cost and quality.
- Establishes and implements strategies for all provider pricing and reimbursement, including data management and system configuration consistent with cost of care goals.

Healthy Neighborhoods Committee Nomination: Norma Everett

- For the past ten years, Norma has worked at Nemours Health & Prevention Services, the health promotion division of the Nemours Foundation. She currently provides direct supervision and guidance for the team responsible for projects that support practice transformation of the Nemours ambulatory and specialty care, including patient-centered medical home recognition, integration of evidenced-based preventive screenings within the primary care setting, enhancement of the medical neighborhood to improve health outcomes for pediatric population and innovative technology to improve efficiency and access.
- She has over twenty years of experience with the State of Delaware Health and Social Service systems as a Master Child Protective Specialist, Senior Medical Social Work Consultant and a Social Service Administrator, along with ten years of working in the non-profit health care system. She holds a Master's degree in Public Administration from Wilmington University.

Workforce and Education Committee Nomination: Peter Adeb


- Peter Adeb is a seasoned Human Resource (HR) and Organizational Development practitioner. In the past fifteen years, Adeb has served on the HR leadership team at Nemours, a leading pediatric health system. In this capacity, he participates in the development of HR strategy and provides guidance in the recruitment, development, and retention of associates. Adeb is particularly passionate about helping individuals maximize their potential.
- Published by the Society for Human Resource Management (SHRM), Adeb's whitepaper, Pruning Thorns from Roses: HR's Role in Managing Disruptive Key Employees (2008), advanced national discourse on the effectiveness of coaching in leadership development.
- He holds a master's degree in HR and is certified by Physician Coaching Institute as Certified Physician Development Coach. He serves on the board of Wow Science Corp, a nonprofit organization dedicated to promoting children's interest in science.

Board Business

1 Committee nominations

2 Approve minutes from April Board meeting

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ED Update

1 Operational Update

Cross-Committee Meeting Discussion

- The next DCHI Cross-Committee meeting is tentatively scheduled for June in Dover. The suggested focus is on Payment Reform and implications for SHIP going forward.


Proposed Agenda:

- 1) DCHI & SIM status update
- 2) Overview of all DCHI Payment Model Monitoring Committee activities and progress to date (progress and challenges to address to accelerate payment reform)
- 3) Presentation from DHSS – (introduction of team leading payment reform; overview of background and of approach)
- 4) Overview of Payment landscape nationally and trends that are affecting health care cost/MACRA
- 5) Panel discussion about challenges facing providers and payers (what is working, what is needed, and what are the opportunities - to include independent practitioners, health systems, Medicaid, and commercial payers)
- 6) Summary of panel discussion and next steps

Should the Cross-Committee meeting be held in June?

Is the agenda timely and can it serve as a forum for invigorating broader discussion on payment reform in Delaware?

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Upcoming DCHI Meetings for May – June 2017



Workforce and Education

- May 11, 1:00 pm
- Del Tech Park-DCHI: 1 Innovation Way Conference Room DTP, Newark



Clinical

- May 16, 5:00 pm
- Del Tech Park-DCHI: 15 Innovation Way, Newark



Healthy Neighborhoods

- May 17, 1:00 pm
- DHSS -1901 N. Dupont Hwy, Chapel, New Castle



Board

- June 14, 2:00 pm
- Del Tech Park-DBI- 15 Innovation Way Conference Room 102, Newark



Payment Model Monitoring

- May 10, 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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