



Delaware Center for Health Innovation Clinical Committee Meeting

MEETING INFORMATION

- Date: Tuesday, November 13, 2018
- Location: 15 Innovation Way, Newark, DE 19711
- Next Meeting: Tuesday, January 15th 5-7pm, 1 Innovation Way, Suite 300, Newark, DE 19711, Delaware Technology Park

ATTENDEES

- Julane Miller-Armbrister
- Alan Greenglass
- Donna Gunkel
- David Bercaw
- Megan Williams
- Nancy Fan (phone)
- Doug Tynan (phone)

AGENDA

- Call to order
- Discussion: Clinical Committee Reorganization
 - a. Clinical Committee Charter
 - b. Recommendations: Structure, Meeting Schedule
 - c. Membership
- Clinical Committee 2019 Priorities
- Updates/Discussion: DCHI and State
 - a. DCHI Payment
 - b. SIM Update
 - c. Primary Care Collaborative
 - d. Medicaid Buy-in
- Public Comment
- Adjourn

SUMMARY OF DISCUSSION

Call to Order

- September Meeting Minutes approved unanimously. Note there was no October Clinical Committee Meeting.

Discussion: Clinical Committee Reorganization

Clinical Committee Charter

- The committee members were requested to review the current Clinical Committee charter as part of the meeting packet. Innovation and priorities are evolving in the work to effect health care transformation; also, the SIM plan and grant, which guided much of the work of the clinical committee, is ending in January 2019. The charter will be updated to reflect the goals and priorities for the Clinical Committee, post the SIM grant.
- The charter was summarized to denote components that are no longer applicable to the work of the committee. The elements in consideration for change include:
 - Goals:
 - Enabling broad adoption of team-based integrated care by all primary care providers across Delaware. (Note DCHI stays committed to supporting efforts leading to team-based integrated care, but the Clinical Committee will no longer lead the initiatives as under the SIM grant, but seek ways to support team-based care efforts)
 - Developing and monitoring the common provider scorecard measures aligned with clinical best practices.
 - Core areas of focus:
 - Develop and update the common provider scorecard measures.
 - Prequalify or certify care coordination and practice transformation organizations to support providers.
 - Expand Learning Collaborative across the state.
 - Structure
 - Requirement to convene monthly meetings.

Recommendations for Charter Revision: Goals and Areas of Focus

- A questionnaire was distributed to committee members to give feedback on recommendations for the Charter and for priority areas of focus to drive meaningful contributions to strengthening primary care in DE. The feedback includes:
 - Recommendations for broad core areas of focus for the committee:
 - Support enhanced investment in primary care in Delaware
 - Support and advance advocacy for initiatives to decrease administrative burden for providers. The committee discussed possible strategies to address undue administrative burdens, including integrating best practices like on-site training for front office staff and furthering recognition of evidence-based methods to improve and expand workplace capabilities, such as patient centered medical team-based care
 - Coordination of efforts to enhance data availability and use through better communication, education, and outreach. The committee should explore with DHIN (Delaware Health Information Network) how it can best support information sharing, real-time access to data, and data utilization.
 - Issues marked for further discussion:
 - The committee will need to decide if it wants to continue, or how to continue, engaging in practice transformation work.
- Broadly, recommendations for revising the Charter should ensure: (1) collaborative learning through best practice sharing, collaboration, model testing and re-testing, advocacy and replication and (2) be consistent with the underpinning values and priorities of DCHI and its other committees. For instance, the Payment Committee is engaged in advancing Value Based Payment. The Clinical committee has an opportunity to collaborate with that committee in order to provide clinical-based feedback to inform the efforts toward VBP.

*** Action Item**

- **The committee recommended that the points of discussion be incorporated in a draft revision of the Charter and circulated to the committee for review and feedback.**

Recommendations for Charter Revisions: Structure, Meeting Schedule

- The Committee chairs suggest a restructuring of the group that includes a change in the frequency, location and membership of the committee.

- Meeting frequency: the group recommended a change from monthly meetings to every other month, starting this year. As such, the next Clinical Committee meeting will occur in January.
- The chairs recommend moving the meeting to 1 Innovation Way conference room. The location change is more fitting for the smaller group. There is no charge for use of the smaller room at 1 Innovation Way.
- Alan led a discussion of reorganization for the committee and introduced the opportunity to organize the group into a steering committee and at – large committee.
 - The steering committee would include participants who have been consistently engaged in the Clinical Committee since its inception. This small group would meet every other month.
 - The at-large or ad- hoc group could meet periodically, as needed. Its purpose would be advisory on specific issues. The group would offer expert advice on topics/issues policy decisions, or create advocacy agendas, etc. The ad-hoc committee could identify strategic topic areas and work to engage stakeholders in those areas of focus.

*** Action Item**

- **Remove the December meeting from the calendar and edit the meeting schedule to reflect every other month. The bimonthly meetings, for now will be scheduled for the 3rd Tues of each month, 5-7pm**
- **Confirm the core, steering clinical committee membership**
- **Confirm interest in serving on the at-large, ad-hoc committee and address recommendation to create a schedule of topical meetings to engage the at-large committee by early 2019.**

2019 Steering and Ad-Hoc, At Large Committee Membership

- The Clinical Committee membership list was circulated as a part of the meeting packet. Please note that the committee will accept recommendations for the at-large, ad hoc committee. Please submit any recommendations to Nancy and Alan by the end of December.

- **The recommendation is that the Steering committee for now will consist of those current members who have confirmed they will continue to serve on the committee for 2019.** The DCHI Board will vote on 2019 steering committee members in Jan. The names of existing committee members who are currently committed to staying on the committee will be presented to the DCHI board for vote at that time.

Clinical Committee 2019 Strategic Priorities

Based on the Committee's Questionnaire, the members' recommendations for priority areas of focus that can have the most meaningful impact for 2019 are below:

- Supporting enhanced primary care reimbursement
- Developing recommendations for decreasing administrative burden on primary care providers
- Supporting efforts to drive greater reimbursements for BHI
- Supporting Primary Care Collaborative work
- Increasing communications to drive learning to reduce fragmentation of the system and improve communication across providers

Updates and Discussion: DCHI and State

DCHI Payment Work Group

- The group has been meeting since earlier this summer with intent of wrapping up the current phase of its work in January. The goal is to provide a realistic, more complete picture of the Value Based payment landscape in Delaware, and ultimately to produce a stakeholder advised plan for advancing Value Based Payment over the next few years.
- Using the Health Care Payment Learning & Action Network (HCP LAN) Alternative Payment Models (APM) Framework to strategize VBP progress within each category, the group will be able to use this framework to project targets and to measure Delaware's progress. The payment work group has garnered the participation of providers and payers to work on mapping the landscape. Data transparency and measuring progress continue to be the biggest challenge, however all payers and most providers are involved in the effort.

- The Payment Work Group is looking forward to Clinical Committee engagement and feedback, however further progress is needed, before seeking additional input from the clinical committee. Nancy Fan will be attending this month's Payment Work Group meeting.

Practice Transformation

- Alan and Nancy proposed the Committee conduct a small survey regarding the impact and outcome of SIM practice transformation initiatives. SIM vendors have independently produced reports, but there has been no final report compiling lessons learned and recommendations regarding gaps and further needs.

BHI Work Group

- The Behavioral Health Integration Work Group has been able to map information from all the payers relative to payment for specific scenarios currently occurring in BHI. The group has assessed codes that could be used to enhance payments, who is paying for those codes and the barriers and solutions to opening additional codes for payment. Ultimately, the group hopes to assess the current status of payment and to agree to a path forward to identify near-term interventions and actions for short term relief for providers and strategies to effect sustainable BHI practices for the long-term.
- Some clinical committee members noted that the BHI consultants, Health Management Associates, have hosted the BHI learning collaboratives around behavioral health and asked if there were other related educational interventions through the SIM grant or other resources. United Medical ACO is participating in the BHI-SIM's cohort 2 that began in July. They have been meeting with Behavioral Health providers and planning to hire a social worker for the practice. In addition, the practice is still collaborating with Behavioral Health professionals to develop contracts in 3 locations. They are also exploring alternative or diverse contracts to be able to expand services statewide. NO contracts have been executed at this time and reimbursement is an issue. They are in the review stage.

SIM Update

- Nancy reported on the status of the SIM grant. The mini grant announcements are anticipated soon, pending approval from CMMI. The primary area of focus for the last quarter of SIM is the mini grants, benchmarking process, BHI, and Healthy Communities Delaware. A report on sustainability will be produced by HMA and should be completed by Jan 2019.

Primary Care Collaborative

- Nancy reported on the status of the Primary Care Collaborative. She summarized the legislation creating the Primary Care Collaborative and its purpose.
- Topics and deliberations for the PCC to date:
 - Review of initiatives and efforts to date to strengthen PC under the SIM
 - What is needed to support long-term sustainability of PC (i.e. reimbursement, workforce, technology, data, integration, quality reporting, and broad stakeholder input)
 - Provider perspectives and recommendations for investing in primary care
 - Lessons learned from other States: Investment in Primary Care in Connecticut and Rhode Island
- The November 28th meeting is going to engage payers in the discussion and December 12th meeting will include other stakeholders including Behavioral Health Providers and Nurse Practitioners.

Medicaid Buy-In

The group is currently focusing on a projection of 1322 waiver implementation (to the current Medicaid plan) to be able to expand the current plan based on income level in relation to poverty level. It is noted the group has not yet identified the need they are attempting to address with any specificity. Legislators, payers and at-large providers all serve on the committee. The state of Maryland presented on their experience with the implementation of the waiver.

The study group will weigh in and provide recommendations, then the legislators will be responsible to act, as it will ultimately have to have funding associated.

A question was posed in reference to the Primary Care Collaborative, requesting information on any upcoming legislation for the subject. It was noted that any legislation will ultimately stem from the report itself and what a legislator chooses to glean from the report. The collaborative is focused on payment reform currently but realizes there are other elements for the collaborative to focus on in the future.

PUBLIC COMMENT

- A public commenter from the education/evaluation sector provided positive feedback on the content of the Clinical Committee meeting.

Meeting Adjourned

Next Scheduled Meeting:

January 15, 2019, 5-7pm

1 Innovation Way Suite 300

Delaware Technology Park, DBI, conference Room102

Newark, DE