



Minutes of Board of Directors Meeting September 11th 2:00pm ET

**ATTENDEES**

- Matt Swanson
- Rita Landgraf (phone)
- Cindy Bo
- Traci Bolander
- Kent Evans
- Nancy Fan
- Alan Greenglass
- Stephen Kushner
- Jan Lee
- Faith Rentz
- Gary Siegelman (phone)
- Andrew Wilson
- Julane Armbrister
- Steve Constantino (guest)

**AGENDA**

- Call to Order
- Board Business
- DCHI Communications Plan: Alignment with New Structure & Strategic Reorganization
- Policy Discussion: 2020 Approach and Engagement
- Discussion: DCHI Annual Initiative Proposal
- DCHI Committee Updates
- Public Comment

**RESOLUTIONS**

- July minutes unanimously approved.
- Patient and Consumer Advisory Committee charter edits unanimously approved.
- DCHI Annual Initiative Proposal unanimously approved for further exploration.

## **SUMMARY OF DISCUSSION**

### **Call to Order**

The meeting was called to order by Matt Swanson at 2:04 PM.

### **Board Business**

#### *By Laws Review*

Julane invited the group to review the proposed changes to the By Laws:

1. Article II – Sole Member DHIN: Amend Articles of Incorporation to eliminate sole member provision
2. Board Composition: Designate additional seats / change designations
3. Non-Voting Directors: Executive Director – eliminate or maintain in the bylaws as non-voting director.
4. Annual Meeting: Change from October to December.
5. Standing Committees: Review for change to allow for flexibility of Standing Committees per terms (define terms)
6. Officers: Add Executive Vice Chairperson as Officer of the Board
7. Terms of Officers / Chairs / Committee Members: Review extending terms from one year to two years

We want to be sure this is the full list of changes.

#### Discussion Points:

- If it doesn't change Dr. Lee's status, fine with eliminating DHIN Sole Membership.
- Explore implications of a change to #1.
- There should be term limits.
- What is different about the Annual Meeting vs the Monthly Meetings?
  - Elections and reviewing budget.
- Should the Annual meeting be held at the end of the fiscal year or the beginning of the fiscal year?
  - Beginning of the fiscal year may be better.
- DHIN's fiscal year is the calendar year.

#### Next Steps:

- **DCHI Executive Committee will explore these discussion points further.**

### *Nominating Committee*

Cindy provided a snapshot of the current vacancies and term renewals. The nominating committee and Matt will reach out to Stephen Kushner, Traci Bolander, Alan Greenglass, and Kathy Janvier regarding term renewals. Dr. Teal from Christiana Care was recommended to fill the vacant designated slot of “one member with expertise in hospital/health system administration. Cindy reached out to her and she is interested. There are still 2 other vacant positions.

The Nominating Committee will present nominations for vacancy and term renewal candidates at the November meeting. The final slate will be presented at the December meeting and voting will occur at that time. Voting for committee members will occur in January.

#### **Next Steps:**

- **Board members are asked to submit recommendations for vacant positions: one practicing physician, as well as nominations of parties that are interested in serving and who will add to the work of the board. There is currently one at large seat that is vacant. Nominations are requested for all terms that are up for renewal, including officers, committee chairpersons, board term renewals. Sitting officers, committee chairpersons, board members who are up for term renewals can be nominated for a new term.**

### **DCHI Communications Plan: Alignment with New Structure & Strategic Reorganization**

Matt teed up the communications strategy. He explained that with our new structure and strategic reorganization we are engaging in a new communications strategy that compliments the new structure and that seeks to leverage the expertise of board members. We are in an ongoing conversation regarding changes to our current contract.

Joe from Tapp Network gave an overview of Tapp’s plan moving forward. Tapp will broaden the target audience to health professionals, involved / informed consumers, business community members, the future healthcare workforce, and legislators.

The scope of work will adjust to the following:

Phase 1: Website Facelift

External: Homepage and User Interface Enhancement

Internal: Communication Calendar and Content Sharing Repository

Phase 2: Strategic Plan

Phase 3: Launch Campaigns

## Phase 4: Ongoing Website Technology Support and Digital Communications Campaigns (Monthly)

Tapp will develop a communication calendar and repository focused on the following topic areas:

Innovation

Policy

Healthcare disruption

Member and organization highlights

Tapp will continue with current marketing methods (blogs, email, social, etc.), but with a more strategic focus on the specified content areas.

The DCHI Executive Committee is using this new direction to inform their hiring plans for the Operations Manager position.

Discussion Points:

- The way the Payment Work Group communicates may look different. We need to find a way to showcase that work while maintaining the sensitivity of the content.

**Next Steps:**

- **DCHI and Tapp are working to finalize contract.**
- **DCHI is in the process of interviewing for the Operations Manager position.**

### **Policy Discussion: 2020 Approach and Engagement**

Drew presented several options for how DCHI might engage in advocacy and policy going forward. Each option presents opportunity for engagement, as well as challenges for implementation.

- Option 1: Think Tank
  - DCHI operates as a healthcare policy idea generator that identifies Delaware-specific problems and opportunities and develops proposals from scratch to suggest to the policymaking and stakeholder community.
- Option 2: Evaluator
  - DCHI starts at the “evaluation” stage of existing policies and looks back at what has resulted, how it has been implemented, how it has not been implemented, evaluated strengths and weaknesses.
- Option 3: Idea Reactor 1.0
  - DCHI operates as a healthcare policy sounding board. Policymakers, stakeholders, advocates come to DCHI with ideas before filing or publication to garner DCHI input and support.

- Option 4: Idea Reactor 2.0
  - DCHI operates as a healthcare policy sounding board. Policymakers, stakeholders, advocates come to DCHI with ideas before filing or publication to garner individual DCHI board members' disparate input.
- Option 5: Public Input Reactor
  - DCHI tracks legislation and regulation to screen for priority items and at the time of public comment writes on behalf of "Delawareans" or "DCHI."
- Option 6: Implementer
  - DCHI bids on public contracts via RFP either as implementer or as consultant.
- Option 7: Benchmarker
  - Not to be confused with "The" benchmark, DCHI picks policies about to undergo implementation and tracks and reports on how it being rolled out, catalogues the efforts, and tracks if efforts are successful.
- Option 8: Sunshine
  - DCHI keeps a public-facing resource for Delawareans to digest and track the many different healthcare policy conversations, with timely updates, as well as offering basic information on policymakers to approach (e.g., bill sponsors' email)
- Option 9: Similar Tools, but Private Sector
  - Either on the front end or back end as an independent and objective evaluator on behalf of private sector seeking a validating source of their efforts

#### Discussion Points:

- Believe there is a middle space between Option 3 and 4. It doesn't have to be everyone out for themselves vs a unified body.
- If we go with an Option 3, we may need to identify majority rule.
  - This option may introduce internal dissension.
  - A possible solution is to offer letters of support on specific issues, with more information on a website or some public facing platform with information about the minority opinions, etc.
- Need to consider the differences in roles of the Health Care Commission and DCHI.
- The strategic planning and reorganization work underscored that stakeholders are interested in DCHI moving the organization in an advocacy / policy direction.
- We should think about the resources and staff that these options may require, but should also set that aside and first consider the optimal role for DCHI in policy discussions.
- When DCHI asks for feedback from all Board members, suggest putting context around the ask – that this is a "what if?".

### **Next Steps:**

- **DCHI will send out Drew’s presentation and create a survey tool for feedback in order to provide quantifiable results.**

### **Discussion: DCHI Annual Initiative Proposal**

Matt Swanson introduced the idea of an annual initiative proposal now that DCHI is no longer bound to the work of the SIM Grant. One suggestion is that we get back to our roots of innovation and work to highlight those initiatives that are already occurring throughout the state. Another suggestion is that we look aspiringly at what is occurring outside of the State.

There are opportunities to highlight, promote, and facilitate integration in innovation and work occurring in the following areas: technology (Telemedicine, Propeller Health); care delivery (UD / St. Francis Mobile Unit; Cityblock; and payment (CCHS / Medicaid, New CMS models).

### **Discussion Points:**

- Is the intent to be informative or to spur replication?
  - Both – if people are made aware, perhaps that will create a foundation for building partnerships and replicating meaningful work.
- Some members are struggling with the ability to understand what this body can do that is going to move the dial on innovation and reform in the State. Members were reminded of the following:
  - DCHI’s role is as a catalyst. We do influence the behaviors of those involved in the organization.
- We should heighten DCHI’s efforts to show successes / value. For example, with the CMS Forum, we need to have follow-up with the participants to see how knowledge or behavior has changed.
- One comment noted that DCHI should consider that the “danger” of claiming causal relationships; we should not seek to base or highlight successes on them.
- Is there interest in exploring this idea further?
- Members asked for clarification on the following: intended audience:
  - The intended audience. Should the audience be health professionals in the provider and payor space?
  - The format: Interest is in having more of a conference setting than a forum.
  - Does any other organization sponsor something similar to this? DCHI should not replicate existing venues that highlight and promote innovation in health care in DE.

### **Next Steps:**

- **The Executive Committee will continue to work to frame the goals/ format/ and intended outcomes for such an event.**

## **DCHI Committee Updates**

### *Patient and Consumer Advisory*

The Committee is meeting next week. They are piloting the Patient and Consumer survey with CCHS and Bayhealth.

#### **Next Steps:**

- **Add changes to Charter.**

### *Clinical*

Alan provided an update on the CMS Primary Care First (PCF) Model Options Forum. Attendance was good – over 50% of registrants. All Delaware ACOs and CIN participated on a panel to discuss the opportunities and challenges associated with the PCF Models. Aspects of the program are still developing. There is concern that the turnaround time to respond to the RFP is inadequate. Panelists and participants were optimistic about ability of Delaware to continue to work together to advance innovation and reform in the State. CMMI's aspiration is to have this in place by January.

Nancy provided an update on the 9/28 CMS meeting with health systems and other stakeholders. It was initiated by CCHS. It was not operational – more focus on social determinants of health. The event offered opportunity for sharing and discussion, no definitive outcomes.

#### Questions and Discussion Points:

- Is there ability for smaller practices to participate in the CMS -PCF models without having to partner with another organization?
  - There is, but they must demonstrate that they can take on risk.
- It was not explained how the PCF reimbursement model would interact with the cost benchmark in the ACOs.
- Several of the ACOs felt that there would be limited financial benefit to a participating practice.
- Providers seemed more interested in this model than previously. There seems to be more recognition that something needs to change.
- CMMI is looking at national models that states can adopt versus options that differ state by state. Their aspiration is that 25% of practices will adopt one of their models.
- Where does Medicare Advantage fall in all of this? It accounts for 9-12% in Delaware currently.
  - Not included at this time.
- If payment completely changes, how does that effect the Health Care Claims Database? Further exploration is needed to address this question.

**Next Steps:**

- **DCHI and Tapp are working to follow-up with speakers, panelists, and participants to gauge feedback on the CMS Forum.**
- **DCHI will develop a way to ask for more feedback on the CMS Primary Care First (PCF) Model Options.**

*Payment Work Group*

Due to time constraints, the update was postponed to next meeting.

**Public Comment**

None

**Next Meeting**

- October 9, 2019
- Time: 2:00pm ET – 4:00pm ET
- Location: 15 Innovation Way; Newark, DE 19716