Minutes of Board of Directors Meeting March 13th 2:00pm ET

ATTENDEES

- Matt Swanson
- Cindy Bo (phone)
- Traci Bolander
- Tom Brown
- Nancy Fan
- Alan Greenglass
- Stephen Kushner
- Rita Landgraf
- Emmilyn Lawson
- Jan Lee
- Julane Miller-Armbrister
- Nicholas Moriello
- Faith Rentz
- Janice Nevin (phone)
- Gary Siegelman
- Kara Odom Walker

AGENDA

- Call to Order
- Board Business
- DCHI Board and Stakeholder Open Meeting: Feedback and Discussion
- BHI Payment Work Group Update & Discussion
- Follow up on discussion Items from January Meeting
- Public Comment
- Executive Session

RESOLUTIONS

- Unanimously approved January meeting minutes.

SUMMARY OF DISCUSSION

DCHI Board and Stakeholder Open Meeting: Feedback and Discussion

Reflections & Feedback on 2017-18 goals and initiatives

Matt briefly reviewed DCHI 2017-18 Position Statement and input from Stakeholders at that time. Recapping:

- There is a **universal desire** to continue the work of DCHI as a convener and forum for broad-based inclusion and involvement
- The value of DCHI is not as a designated authority – it is that it creates communication, visibility, awareness, alignment, collaboration across critical statewide stakeholders.
- By virtue of the **diversity** of the Board, its stakeholders, its **collaborative origins** and its **broad engagement**, DCHI is already established as a **natural convener**.

DCHI is positioned to serve as a convener, integrator, advisor, and influencer. DCHI's purpose includes:

- Convene stakeholders to foster transparency, involvement, and broad-based input to inform policy and initiatives aimed at achieving healthcare transformation.
- Explore and promote evidenced-based pathways toward instituting policy and sustainable practices, to influence long-term systemic focus and support for comprehensive change.
- Promote on-going undertakings to strengthen primary care and the integration of healthcare transformation initiatives aimed at engaging PCPs in new models of care and value-based payment models for a holistic approach to transformation.
- Support integration of clinical and community approaches to addressing social determinates of health as an essential tool for improving population health.
- Advise DHSS/HCC and other governing bodies to effect payment reform planning and implementation, as well as its impact across multi-sectors of the health landscape, inclusive of patients and consumers.

The 2018 priority areas were reviewed with subsequent discussion of implications for future work: Progress in each area briefly noted.

A. Sustainability
    - DCHI expanded stakeholder support for DCHI Operations
    - Additionally, DCHI continues to focus on pathways to sustain the overall healthcare reform efforts in Delaware through inclusion, broad stakeholder input and engagement, and preliminary identification of partnerships to advance the work and leverage resources
B. Payment reform
    - Facilitated discussion and foundational consensus among key parties on the challenges and opportunities ahead to continue to drive toward VBP.

Identified there has been significant movement among individual organizations, moreover there remains a willingness to continue to move VBP forward. Developed recommendations for adoption to assist advancing VBP. Preliminary consensus on use of the Health Care Payment Learning and Action Network - Alternative Models Payment Framework to measure progress

- Convened and facilitated a workgroup over several months to orient key stakeholders to sustainability issues for BHI and to develop near-term solutions to address those issues. Achieved commitment from some payers, including Medicaid to work toward a pilot program to advance BHI payment, initially focusing on opening some existing collaborative care codes and to work with MCO partners to test the model

C. Strengthening primary care
    - Convened the Primary Care Roundtable and shared learnings with the Primary Care Collaborative
    - Restructured the DCHI Clinical Committee to inform and integrate efforts across multi-sector stakeholders in addressing primary care challenges in DE, including the Primary Care Collaborative

D. Population health
    - Continued collaboration with UD/DPH to establish a pathway for DCHI to continue to support population health initiatives through active engagement and representation in the Healthy Communities Delaware work.

E. Focus on non-SIM grant, critical initiatives such as workforce development, Community Health Workers, and long-term care and quality of life
    - Initiated exploration growing employer involvement in healthcare transformation work- gaps remain in this area
    - Explored involvement with DQOLC and concluded to only monitor at this time as DQOLC is driving the work in this area.

F. Expand Stakeholder Engagement
    - DCHI has expanded communication and outreach to facilitate awareness and to educate stakeholders about innovation and transformation that is occurring across the state.

    - DCHI provided or supported critical opportunities for stakeholders to inform SIM related state level policy and decisions, including the Primary Care Roundtable; Benchmark discussions; and sustainability of BHI and HN initiatives

- Jennifer Reid, Director of TAPP Network's TAPP Health Business Unit, TAPP reported on DCHI's most recent Outreach & Engagement Stats.

  Jen presented the digital marketing outreach and engagement statistics for DCHI, starting with the Outreach and Engagement Marketing efforts for the DCHI Feb 13 Open Meeting. Promotion efforts included using social media, email, and content marketing:

  1. TAPP ran a targeted email drip campaign to 1,168 people.
     - The open rate was 67% (44% greater than the industry average)
     - The click-through-rate was 27% (25% greater than the industry average)
  2. TAPP posted live from the event to Facebook and Twitter
  3. TAPP wrote a post-event blog article posted to the DCHI website and shared across all three social channels (Facebook, Twitter, LinkedIn)

  Jen continued to describe the digital marketing outreach and engagement statistics for DCHI broadly throughout the month of February:

  - Social media reach across all channels has doubled since this time last year
  - DCHI is reaching 11,800+ individuals per month
  - Facebook has 109 followers with a reach of 1,544 / month
  - Twitter has 276 followers with a reach of 10.2k / month
  - LinkedIn has 57 followers with a reach of 176 / month
  - Facebook followers continue to climb each month
  - February's top tweet was about Governor Carney establishing the health care spending and quality benchmarks in Executive Order 25
  - February's top mention on Twitter was from DHSS at the Open Meeting

  The DCHI website analytics were the following:

  - Website views continue to climb each month
  - February website views: 1,126
  - February Top 5 Pages:
    Home
    Board of Directors
    Events
    About
    Resources
  - Website Top Traffic Drivers
    Organic – SEO – Content Marketing (45%)
    Direct – Brand Building (37%)
    Social Media (16%)

Referral (2%)

Jen concluded by explaining that TAPP does not expect the traffic to change much now that the SIM grant has ended. The top web searches continue to be about DCHI specifically, payment reform, and health innovation.

Additionally, to further improve stakeholder engagement, DCHI reconvened the Patient and Consumer committee to ensure a continued patient centered approach across all efforts driving toward healthcare reform.

Reflections on Preliminary Feedback from Feb 13th meeting

Matt continued the discussion, transitioning to feedback form the Feb 13 Board Open Board Meeting and preliminary analysis of stakeholder input. Feedback from the meeting is intended to help guide DCHI's continued efforts to advance health care transformation in DE in the aftermath of the SIM grant.

Rita and Julane reviewed a preliminary report from Concept Systems. Concept Systems collated the data collected during the Committee Carousels discussions.

Concept Systems grouped the data into four main categories for preliminary analysis. The data was organized to clarify priority objectives, the means by which those objectives might be achieved, and the resources or tools to effect change necessary to achieve desired outcomes, all of which were identified/offered by the meeting participants. The salient categories, definition of the categories and data points offered, DCHI wide, include:

- **Priority Areas**: those areas that must yield measurable change to move forward
    - Access
    - Behavioral Health/Mental Health
    - Care and Care Coordination
    - Health Equity
    - Health Literacy
    - Insurance, Payment and Reimbursement Structure
    - Practice Transformation
    - System Innovation
- **Targets Sectors to affect**: areas that DCHI might want to affect by focusing and making progress on the Priority Areas
    - Children and Schools
    - Community
    - Context
    - Consumer

    - Patients
    - Providers
    - Social Determinants of Health
    - Employers
    - Workforce
- **Means:** resources by which the above will be achieved
    - Advocacy
    - Best Practices
    - Committees
    - Communication
    - Community, Consumers, Cross-Sector Engagement
    - Convening
    - Data
    - Education/Training
    - Funding
    - Innovation
    - Integration
    - Knowledge
    - Partners and Representation

The data was also coded for specific information related to each committee in each category. Upon further analysis, committee specific information will be highlighted.

General Observations drawn from Concept System's preliminary report:

- There is overlap across responses received for the committees and the DCHI wide tables. A deeper analysis of the data will yield greater understanding of shared perceptions and priorities. There is clear cross –committee and cross organizational interest.
- While many indicated a continued role for DCHI as a forum to promote broad engagement/representation and partnering, they also emphasized other areas for DCHI focus, particularly those listed under the Target Sectors and Means (e.g. education/training for workforce development early at high-school levels).
- Participants continue to see patients/consumers as the center of the work.
- DCHI committees are important to the work, but the structure, purpose and type of committees should be re-evaluated in the aftermath of SIM. Consideration should be given to more integration between clinical and payment committees and to reinstituting the workforce committee (focus on workforce development, not employer engagement).
- Support to encourage and facilitate practice transformation and to assist independent providers remains a strong area of interest and area for DCHI focus.

<u>Discussion of Continued Path Forward:</u> Board members reflected on their general observations of the meeting and feedback from meeting participants.

Discussion Points:

- There should be tighter synergy between committees and others; and DCHI shouldn't be held to the legacy SIM members and work.
- DCHI should reevaluate the ideal organizational structure? Relook at committee structure. Consider completely reorganizing committee structure in aftermath of the SIM grant.
- Reexamine priority areas of focus in the aftermath of the SIM grant
- DCHI should explore and seek partnerships and focus on integration of efforts/resources
- Introduce learning collaboratives and bring back regular cross-committee meetings.
- Improve internal communication across committees.
- Communicate broadly to stakeholders AND general public. Make the public aware of the work that is being done, specifically on payment reform.
- Facilitate/promote efforts to improve access and innovation.

Next Steps:

- Further discussion of implications for organizational structure in Executive committee
- Board members to continue to reflect on preliminary analysis and offer all suggestions and input.
- Finalize report from the open meeting
- **All ideas for the organizational transition are welcome and can be sent to Rita at landgraf@udel.edu.**

BHI Payment Work Group Update & Discussion

Traci gave a report on the key outcomes of the BHI Payment Work Group and sought suggestions from the Board regarding the next steps to continue to advance the work.

Overview of BHI Workgroup conclusions:

- Delaware is way ahead of a lot of states
- Payment is the real stumbling block – not clinical
- There is very limited action happening outside of the health systems
- Collaborative codes will help control cost and improve access to care
- Codes are billed on a per member per month basis – still less expensive than if those patients seek Emergency care
- ROI is slow – need to figure out how to support that as things move forward
- There is value in shared learnings; efforts should be made to continue opportunities such as the BHI Cohorts

Key outcomes of Workgroup:

- Overall agreement about the importance of integrated care and significantly about the need to find solutions to sustain it

- Preliminary agreement and commitment from Medicaid to plan for and pilot opening specific collaborative care codes as an initial and immediate step to enhance BHI payment in the short-term. Medicaid will take the lead in this, with the MCO's agreeing to follow "state Medicaid guidance", over the next several months. Other payers are already reimbursing for some of the collaborative care codes, while some are not. Payers are open to further discussion and exploration of options.

BHI Payment Work Group Recommendations:

- Need to develop short term realistic interventions to keep progress moving forward
- Need to build a team that can support this work throughout the state
- Focus needs to be on lag time and keeping work going

Traci's ask of the Board was the following:

- Can the BHI Payment Work Group add continued value and should it continue to follow up on preliminary commitments and to keep the work moving forward?
- Should the group continue to convene?
- How do we fund this work today, so we don't lose momentum, and also optimize options for BHI payment for the long term?

Discussion Points:

- The Board agreed that it would be of value to continue the BHI payment efforts and offered support for continuing the work and the work group.
- Behavioral Health workforce training will be critical. Currently, there is not a workforce spread out across the state that can handle this work.
- Leverage the larger organizations that are already doing this work.
- Keep small providers in mind but focus on those who have the bandwidth to start the work.
- Partner with training programs that are deeply invested in this work.
- The foundation has been laid. Now the work needs to expand to a more integrated platform not just about payment, but the larger group has to include workforce from a training and education stand point and not just payment for reimbursement but also transformation lag investment.
- Clear discussion needs to continue around payment with immediate and long-term focus.
- Start work on the immediate focus.

Next Step:

Traci asked for suggestions for others who should be a part of the workgroup. Board members are asked to email her at tbolander@midatlanticbh.com with further input and suggestions.

Follow up on Discussion Items from January Meeting:

How to Provide Input to the Medicaid Buy-In Study Group

The Medicaid Buy-In Study Group recommends a reinsurance like option to increase affordability by decreasing premiums. It is dependent on a full actuarial analysis. An option for consideration is initiating an individual level mandate as a state policy. The mandate can be flexible. It does not have to match federal mandate levels.

Discussion Points:

- It was mentioned that the population at hand is still feeling unsettled about where this decision has landed.

Next Steps:

- Continue to monitor for opportunities to inform and to receive updates from those connected to the Study Group.
- Continue conversations around Medicaid Buy-In among stakeholders where needed to influence necessary decision making.

DCHI Input on the Primary Care Collaborative (PCC) Report

Overview and Discussion Points:

- There are still opportunities to influence decision making around the PCC. The Primary Care Collaborative efforts will continue for three years.
- There will not be a formal report. The original intent was to come to a resolution, which has not happened yet.
- The focus seems to jump from primary care and access to cost, value-based payment, and funding to attract physicians.
- A lot more work to be done to get a baseline of priorities in an orderly way.
- Need to identify common language.
- A timeline for the work needs to be determined.
- Not convinced that all of the right people are at the table.
- More focused discussion is needed regarding certain aspects and seeing where that leads in terms of a sustainable framework.

Next Steps:

- DCHI clinical committee is asked to develop recommendations to submit to the PCC to address issues raised, to ensure communication and awareness about how the work is being coordinated and how input is being received.

Public Comment

- No public comment.
- The meeting then adjourned into Executive Session.

Next Meeting

- April 10, 2019
- Time: 2:00pm ET – 4:00pm ET
- Location: 15 Innovation Way; Newark, DE 19716