The State of Delaware

GHIP Strategic Framework

January 13, 2020
Overview of today’s discussion

- Initial proposed changes to GHIP strategic framework reviewed with SEBC in November 2019
  - Discussion focused on revisions to GHIP goals
  - Updates to strategies and tactics would follow after obtaining SEBC feedback
- Today’s discussion incorporates SEBC input from the November 2019 meeting along with new strategies and tactics aligning with the revised goals
- Additional input is requested of the SEBC to finalize updates to the strategic framework
Components of the GHIP strategic framework

**Mission**
- Mission Statement
  - Statement articulating GHIP purpose

**Program Goals**
- Provides an outline of what the GHIP strives to accomplish over the next 3-5 year time period
- Goals follow SMART principle (Specific, Measureable, Attainable, Relevant and Time-bound)

**Strategies**
- Advances the goals
- Strategies tie specifically to goals (each may advance >1 goal)

**Tactics**
- Action-items intended to advance a specific strategy
- Tactics are a means of achieving program goals through furthering specific strategies

Original strategic framework including all four components above was finalized and approved by the SEBC in December 2016
**Revised proposed GHIP goal #1**

**Mission Statement**

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

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**Goal**

Using the Alternative Payment Model (APM) Framework and FY2021 medical spend as a baseline, increase GHIP spend through Category 3 and Category 4 APMs¹ to be at least 30% of total by the end of FY2023.

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**Strategies**

- Continue to support the DHIN, including encouraging participation by Highmark and Aetna, and other data-driven approaches to provider care delivery.
- Continue to support Highmark and Aetna efforts to establish advanced APM contracts (e.g., bundled payments, shared savings with downside risk, global budgets) with Delaware providers.
- Continue to ensure members are aware of how to find high quality, high value providers.
- Consider opportunities to partner directly with Delaware providers to promote greater adoption of advanced APMs.

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**Tactics**

- Continue to require medical TPAs to submit GHIP claim data to the DHIN and to support value-based provider contracts (e.g., ACOs) where applicable.
- Leverage the Delaware Health Care Claims database to compare cost across other state populations.
- Continue to hold medical TPAs accountable for expanding their pay-for-value contracts with providers.
- Continue to promote tools and resources that help members identify high quality, high value providers.
- Evaluate the readiness of the provider marketplace in Delaware to assume additional financial risk.
- Work with providers and TPAs to ensure non-claims payments are collected and reported to the DHIN.

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¹ Defined by the APM Framework as Category 3 and Category 4 models.
**Revised proposed GHIP goal #2**

**Mission Statement**

*Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.*

**Goal**

*Reduction of GHIP diabetic cost per member-per-month (PMPM) by 8% by the end of FY2023*

**Strategies**

*In addition to those noted for proposed goal #1:*

- Continue leveraging vendor-provided and community-based diabetes prevention and management programs
- Continue to offer GHIP coverage of select diabetes prescriptions and supplies at no cost to members
- Continue to encourage member awareness and use of diabetes self-care resources and lifestyle risk reduction programs
- Continue exploring opportunities to expand access to primary care for GHIP participants

**Tactics**

- Continue to offer condition-specific resources for diabetes and metabolic syndrome through the State Group Health plan (e.g., Livongo, Diabetes Prevention Program, CareVio, CCMU), including coverage of select diabetes prescriptions and supplies at no cost to members
- Continue to educate members on the availability of preventive care and condition-specific resources through the GHIP and other community resources (e.g., hospital-based health and wellness courses)
- Continue measuring diabetes prevalence, medical service/Rx utilization and cost ongoing vs. baseline
- Continue the Health Policy & Planning Subcommittee task of evaluating primary care access in Delaware
Revised proposed GHIP goal #3

**Mission Statement**

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

**Goal**

Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark\(^1\) by the end of FY2023 by focusing on specific components, which are inclusive of, but not limited to:

- Outpatient facility costs
- Inpatient facility costs
- Pharmaceutical costs

**Strategies**

*In addition to those noted for proposed goal #1:*

- Continue managing medical TPA(s) and GHIP coverage provisions
- Continue to offer and promote resources that will support member efforts to improve and maintain their health

**Tactics**

- Evaluate competitiveness of State Group Health medical and Rx vendors’ pricing for covered services and drugs against their competitors
- Continue to explore, implement and promote medical TPA programs and plan designs that help steer members to most appropriate sites of care (without impacting quality of care delivered)
- Continue to educate GHIP members on lower cost alternatives to the emergency room for non-emergency care (e.g., telemedicine, urgent care centers, retail clinics)
- Continue to educate members on the availability of GHIP care management and risk reduction programs

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1 Currently pegged at 3.8% for 2019.
Revised proposed GHIP goal #4

**Mission Statement**

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

**Goal**

In light of the GHIP’s changing demographic profile, strive for an incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool\(^1\) by at least 5% annually.

**Strategies**

- Drive GHIP members' engagement in their health and benefit coverage decisions
- Ensure members understand benefit offerings and value provided
- Promote decision support tools for plan selection and provider price/quality comparison
- Offer meaningfully different medical plan options to meet the diverse needs of GHIP participants, and targeted programs to support special needs

**Tactics**

- Continue to promote health care consumerism and the importance of making informed decisions when enrolling in or changing benefits
- Continue to communicate the value of benefits provided along with member education resources
- Explore and implement new decision support tools and/or engagement solutions as the vendor marketplace for these continues to evolve
- Periodically evaluate opportunities for changes to GHIP medical plan options and price tags, to encourage meaningful differences to prompt a greater need for members to utilize decision support tools

1 Through FY2021, this tool will continue to be administered under the purview of the SBO. Post-FY2021, selection of a specific engagement platform / consumerism tool will be at the discretion of the SEBC.
GHIP strategic framework has several goals related to reducing total cost of care

One of the primary areas of influence on total cost of care is the quality and cost efficiency of medical providers in the health plans’ networks

SEBC has recently engaged Highmark and Aetna in discussions about these vendors’ future plans to expand their value-based contracts with network providers

Opportunity to engage representatives from the Delaware provider community and other health care stakeholders to understand perspectives on opportunities to reduce GHIP total cost of care
Health care stakeholder request for information

- Consider issuing a request for information (RFI) to health care stakeholders to:
  - Gather best practices in cooperative approaches and innovative solutions to reducing the total cost of care for the GHIP
  - Gain a better understanding of the interest from, and readiness of, the provider market to go deeper into more advanced categories of the APM framework
  - Identify third party providers that could play a role in the Delaware health care marketplace to support the goals of the SEBC
  - Focus the RFI on health care stakeholders’ ability to help the SEBC promote innovation around reduction in total cost of care, without sacrificing quality of care
  - Responses to the RFI could be used to shape the development of the medical TPA RFP, which will need to start in Q3 FY21

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<thead>
<tr>
<th>FY20</th>
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- **Provider RFI**
  - (proposed timeline)

- **Medical TPA RFP**

Note: Above timelines reflect entire RFI and RFP processes, from the internal development of questionnaires through presentation of the results to the SEBC.

- While the RFI would not result in an award of business, it would help inform the SEBC of how the State’s medical TPAs could partner with health care stakeholders that are ready to implement more advanced APMs and identify providers that could operate as a standalone solutions
Potential RFI topics

- Health care stakeholders’ proposed solutions for partnering with the State to reduce GHIP total cost of care, including considerations for contracting, administration, reporting and oversight/governance

- Health care stakeholders’ experience with risk contracting and clinically integrated systems

- Health care stakeholders’ perspectives on movement into advanced APMs (Category 3 and 4), including:
  - Keys to success in these models
  - Barriers to adoption
  - Expected costs and savings (to providers and the State), including tolerance for taking on risk
  - Current technology capabilities and constraints (e.g., electronic medical records)
  - Timeframe for readiness to adopt
  - Implications for clinical practice transformation
  - Requirements for data and reporting from medical carriers, other providers, the DHIN, etc.
Next steps

▪ SEBC to determine readiness to vote on the revised components of the GHIP strategic framework at the conclusion of today’s SEBC meeting
  ▪ If no vote taken today, i.e., if SEBC member feedback is extensive, then select components of the framework will be revised and reviewed with the SEBC at the February 2020 meeting

▪ SEBC to vote on approval for SBO to issue proposed health care stakeholder RFI
Appendix
GHIP mission statement
Approved by the SEBC in December 2016

*Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.*
GHIP mission statement

**Core concepts defined**

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

<table>
<thead>
<tr>
<th>Core Concept</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Adequate access</td>
<td>Access to various types of healthcare providers that meets generally accepted industry standards (e.g., ( x ) number of ( y ) PCPs, specialists, hospitals within ( z ) miles of GHIP participant’s home zip code).</td>
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<td>High quality healthcare that produces good outcomes</td>
<td>Healthcare that meets nationally recognized standards of care established by various governmental and non-governmental health care organizations (e.g., AHRQ, NCQA, The Leapfrog Group).¹</td>
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<td>Affordable cost</td>
<td>Annual health care cost trend that is lower than national average for both GHIP participants and the State. For GHIP participants, at minimum, medical plans meet the minimum value and affordability requirements under PPACA; cost reflects both out-of-pocket cost sharing via plan features and employee payroll contributions. For the State, program costs are monitored and budgeted to promote greater fiscal certainty.</td>
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<td>Healthy lifestyles</td>
<td>Combination of behaviors that reduce health risk factors, including regular exercise, proper nutrition, avoidance of tobacco, moderation of alcohol use, preventive care, and active management of chronic conditions.</td>
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<td>Engaged consumers</td>
<td>GHIP members who have taken ownership of their health by using all available resources provided by the State (e.g., provider cost/quality data, SBO consumerism website and online training course) to make informed decisions on how, where and when they seek care.</td>
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¹ AHRQ = Agency for Healthcare Research and Quality, a Federal agency within the U.S. Department of Health and Human Services (HHS).
NCOA = National Committee for Quality Assurance, a 501(c)(3) not-for-profit organization.
The Leapfrog Group is a nonprofit watchdog organization and a national advocate of hospital transparency in cost, quality and safety data to support informed decision-making among healthcare consumers.
GHIP goals – approved by SEBC in December 2016
Tied to the GHIP mission statement

**Mission Statement:**
Offer State of Delaware employees, retirees and their dependents **adequate access to high quality healthcare that produces good outcomes**... at an **affordable cost**... promotes **healthy lifestyles**, and helps them be **engaged consumers**.

**Goals:**
- Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018
- Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020
- GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020

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1 Gross trend is inclusive of total increase to GHIP medical plan costs (both “employer” and “employee”) and will be measured from a baseline average trend of 6% (based on a blend of the State’s actual experience and Willis Towers Watson market data).

2 Note: To drive enrollment at this level, the State will need to make plan design and employee contribution changes that may require changes to the Delaware Code.
GHIP strategies – linked to GHIP goals
Framework for the health care marketplace

<table>
<thead>
<tr>
<th>Providers</th>
<th>Health Care Services</th>
<th>Participant Care Consumption</th>
<th>Revised Proposed Goals:</th>
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