

An aerial photograph of a city, likely Washington, D.C., showing a central square with a large, ornate building (the White House) in the center. The surrounding area is filled with various buildings, streets, and green spaces. The image is used as a background for the document.





State of Delaware














Annual Strategic Planning Timeline

October 8, 2020

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Annual strategic planning timeline

-  Quarterly Financial Reporting (WTW)
-  Quarterly Dashboards (IBM)
-  Quarterly Incurred Reporting (IBM)
-  Annual Care Management Reporting (WTW)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Data Availability	<p>Q4 vendor paid data</p> <p>Q3 care management engagement data (Aetna/Highmark/ESI)</p> <p>Q3 incurred data (IBM Watson Health)</p>			<p>Q1 vendor paid data</p> <p>Q4 care management engagement data (Aetna/Highmark/ESI)</p> <p>Q4 incurred data (IBM Watson Health)</p>			<p>Q2 vendor paid data</p> <p>Q1 care management engagement data (Aetna/Highmark/ESI)</p> <p>Q1 incurred data (IBM Watson Health)</p>			<p>Q3 vendor paid data</p> <p>Q2 care management engagement data (Aetna/Highmark/ESI)</p> <p>Q2 incurred data (IBM Watson Health)</p>		
Reporting Schedule		 			  			 			 	
Key Activities				<p>Measure progress toward existing goals for GHIP and SBO</p>			<p>Evaluate opportunities for new goals</p> <p>Formulate recommendations for adjustments to existing goals</p> <p>Review opportunities for plan / program design changes in following plan year</p>					
Meetings*												
SBO		✓						✓				
SC	✓			✓	✓	✓	✓			✓		
SEBC	✓						✓	✓	✓			

*Checkmarks denote when various topics for consideration will be reviewed by the SBO and/or shared with the SEBC and its Subcommittees (SC), as described on slides 2-3 of this document.

Annual strategic planning timeline

Key activities and meetings

Key Activity	Timeframe	Rationale
Measure progress toward existing goals for the GHIP and SBO	October – December	<ul style="list-style-type: none"> Timing allows for full year of incurred data to become available in the IBM database (necessary for evaluating trends in utilization and clinical condition prevalence) Complete care management program engagement data for prior fiscal year typically available from medical carriers around this time
Evaluate opportunities for new goals Formulate recommendations for adjustments to goals	November – January	<ul style="list-style-type: none"> Timing allows for informed decision-making based on complete picture of plan experience across plan payments, utilization trends, chronic condition prevalence and member engagement Goes hand-in-hand with timing for reviewing opportunities for plan, program design changes in following plan year
SBO periodic meetings with IBM and WTW <i>(denoted as “SBO” on timeline)</i>	August, February	<ul style="list-style-type: none"> Meet to review and incorporate new data/approaches (including work from other State boards, committees and workgroups) into strategic planning process Timing allows for planning meeting prior to kicking off strategic planning activities (in August) and again following completion of annual planning activities (in February, for debrief and discussion of considerations for following planning cycle)

Annual strategic planning timeline

Key activities and meetings (continued)

Key Activity	Timeframe	Rationale
<p>Progress reported to the Subcommittees</p> <p><i>(denoted as “SC” on timeline)</i></p>	<p>July, October – January, April</p>	<ul style="list-style-type: none"> ▪ July – report-out on new vendors / programs / initiatives considered using SBO prioritization matrix, provide other updates on upcoming strategic planning as needed ▪ October – January – ongoing dialogue around topics considered by the Subcommittees, start dialogue around items for SEBC consideration relevant to changes in goals, programs and/or plan design for the upcoming plan year ▪ April – provide updates on upcoming strategic planning as needed
<p>Progress reported to the SEBC</p> <p><i>(denoted as “SEBC” on timeline)</i></p>	<p>January – March, July</p>	<ul style="list-style-type: none"> ▪ January – update SEBC on topics considered by the Subcommittees, start dialogue around items for SEBC consideration relevant to changes in goals, programs and/or plan design for the upcoming plan year. Includes report-out on new vendors / programs / initiatives considered using SBO prioritization matrix ▪ February – further dialogue around items for SEBC consideration and possible vote on those items ▪ March – finalize discussion on items for SEBC consideration and vote on those items ▪ July – report-out on new vendors / programs / initiatives considered using SBO prioritization matrix

FY22 strategic planning

Topics for consideration

Topic	Part of annual strategic planning process or separate?	Rationale
Existing initiatives ¹	Annual strategic planning process	Follows established process/cadence for reporting on these initiatives
Coordination with complementary work and resources of other State workgroups, boards, etc. including DE Division of Substance Abuse and Mental Health, & Public Health	Annual strategic planning process, but allow for periodic re-evaluation as needed	Incorporates opportunities to leverage work/resources at least annually while allowing flexibility to periodically re-evaluate as new/existing workgroups, boards, etc. operate on various timelines that may not align with the needs of the GHIP and SBO
Primary care access and coordination	Annual strategic planning process, but allow for periodic re-evaluation as needed	<p>Include current state of primary care access and utilization in annual strategic planning considerations.</p> <p>Opportunities to coordinate efforts with the Primary Care Reform Collaborative, Office of Value Based Health Care and State Benchmark work will fall under timing associated with prior row above.</p>

¹ Includes evaluation of current performance/outcomes and opportunities for improvement of site of care steerage, high cost or high prevalence diagnoses and conditions, engagement and effectiveness of program enhancements such as Livongo and infertility coverage, management of facility cost increases, SurgeryPlus, medical TPAs' progress with value-based contracting with Delaware providers, Rethink Benefits, telehealth utilization (for acute care, primary care, behavioral health).

FY22 strategic planning

Topics for consideration (continued)

Topic	Part of annual strategic planning process or separate?	Rationale
HRA option for employees and spouses in lieu of electing to enroll in the GHIP	Separate – consider tie-in with Health Care Stakeholder RFI or with Medical TPA RFP	Per SBO, this new initiative would require statutory changes and further consideration of the value proposition since Delaware would be the first state to adopt this approach.
Retirement Benefits Study Group	Annual strategic planning process, incorporated by reference only	While the SBO and SEBC does not have complete control over the operations of the Retirement Benefits Study Group, it will require a significant investment of SBO time and resources and should be acknowledged as such on the SBO strategic plan.
Evaluation of establishing relative prices for various services	Separate – review as needed	May be evaluated periodically as trends in employer adoption of this approach may change, but it is not expected that this would occur more frequently than once every several years. May be coordinated with other State departments or offices such as the Office of Value Based Health Care.

FY22 strategic planning

Topics for consideration (continued)

Topic	Part of annual strategic planning process or separate?	Rationale
Collaboration with Delaware hospitals and medical TPAs on improvements to cost/trend management, care delivery, and health outcomes of GHIP members	Annual strategic planning process for SBO department Also consider tie-in with Health Care Stakeholder RFI or with Medical TPA RFP	SBO departmental coordination with hospitals and medical TPAs may result in activities that do not require review and input from SEBC/Subcommittees (such as broad communication efforts with GHIP participants). Any opportunities involving shared responsibility for patient management and/or health outcomes would require SEBC input.
Auditing claims for opportunities to negotiate reduced cost	Separate – review as needed	Consider reviewing vendor programs and other related opportunities as they arise in the context of the SBO’s medical/Rx claim audits and via the SBO prioritization matrix.
Incentive programs intended to enhance existing programs	Annual strategic planning process	Can be incorporated into existing process/cadence for reporting and socializing with SEBC/Subcommittees for consideration of member engagement and cost implications
Miscellaneous vendors and partnerships	Annual strategic planning process	Review during an upcoming SBO strategic planning discussion using SBO prioritization matrix.

SBO prioritization matrix

- Throughout the year, the SBO is frequently contacted by a wide variety of organizations seeking to demonstrate how their program or initiative can add value to the GHIP and its participants
- SBO and WTW developed a prioritization matrix to allow the SBO to quickly determine which new vendors, programs and initiatives are worthy of further consideration during the strategic planning process
 - Vendors are evaluated on a range of categories and scored by the SBO
 - A score of 75% or better is required for further consideration
- SBO will complete this matrix for organizations that have reached out within the last 12-18 months
 - Types of organizations to be evaluated include those offering solutions to better coordinate member experience and behaviors through use of technology, improved primary care coordination and delivery, and management of chronic conditions like musculoskeletal disorders
- Similar approach may be used to evaluate responses to the Health Care Stakeholder RFI

Prioritization Categories	
I. Ease of administrative set-up / ongoing operations by the SBO	30%
II. Alignment with GHIP strategic framework and/or SBO strategic plan	25%
III. Cost and value associated with this vendor / program / initiative	20%
IV. Requirements from plan participants	15%
V. Has linkages to or similarity with other State-level initiatives	10%
GRAND TOTAL	100%