Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

STATE OF DELAWARE
DELAWARE HEALTH CARE COMMISSION
REQUEST FOR INFORMATION (RFI)

HSS-15-021

CARE COORDINATION SERVICES

Key Dates
Release Date: 1/21/2015
Response Date: 2/16/2015

A. INTRODUCTION & BACKGROUND:

Delaware aspires to be a national leader on each dimension of the Triple Aim: better health, improved health care quality and patient experience, and lower growth in per capita health care costs. In 2013, the Delaware Health Care Commission (HCC) convened stakeholders across Delaware – including consumers, providers, payers, community organizations, and state agencies – to work together to develop a strategy to achieve these goals. The culmination of that work was the development of Delaware's State Health Care Innovation Plan (SHIP). Delaware was recently awarded a four-year, $35 million State Innovation model (SIM) Testing Grant from the Centers for Medicare and Medicaid Services (CMMI) to support the implementation of the SHIP. Combined with additional investments being made by purchasers, payers, and providers of care in Delaware, grant funds are intended to support changes in health care delivery to create more than $1 billion in value through 2020.

Delaware is working to implement this strategy over the next four years. There are six core elements to Delaware's approach to health system transformation:

- Transformation of primary care through patient-centered medical homes (PCMHs), accountable care organizations (ACOs), and other innovative delivery models

- A workforce learning and development program focused on delivering team-based, integrated care
- Multi-payer transition to value-based payment models statewide (Pay for Value and Total Cost of Care), with 90% adoption of new payment models by primary care providers by 2018
- An innovative multi-payer provider performance scorecard, composed of quality, experience, utilization, and cost measures tied to new payment models
- A statewide population health improvement program linking community-based health initiatives with the delivery system
- Patient engagement to support individuals to manage their own health and health care

Delaware's approach to delivery system transformation will focus on more integrated and coordinated care for the highest risk individuals (approximately the 5-15% of individuals with the greatest need for care, typically those with multiple complex chronic conditions and/or behavioral health needs).

Leaders from Delaware's provider community have urged that many practices may require support to deliver ongoing highly integrated and coordinated care for their highest risk patients. As a result, the Delaware Health Care Commission is interested to understand the availability of potential services to enable providers across Delaware to transition to and sustain this approach to care delivery. Provider needs will vary as some practices already have formal care coordination programs, while others have not yet started.

Delaware's plan calls for significant commitment of funding to support care coordination on an ongoing basis. Both the State and multiple payers are interested in funding this initiative. While some Delaware payers already support care coordination through existing contracts, the goal is that a significantly greater number of primary care providers will begin accessing support across multiple payers by January 2016

Please note: The HCC is also releasing an RFI for practice transformation services. These are distinct from, but meant to complement the care coordination services described in this RFI.

B. DELAWARE'S HEALTH CARE SYSTEM:

Delaware has a population of approximately 925,000 across three counties including urban, suburban, and rural communities. Some facts about its health care system include:

- A relatively low level of uninsured (<10% of the population)

- Two major commercial payers
- Medicaid program that fully expanded following the Affordable Care Act
- According to the Health Resources and Services Administration (HRSA) and the US Census Bureau, all of Kent and Sussex Counties and portions of New Castle County (NCC) are federally designated shortage areas for primary care and dental care. There are approximately 38 of 131 primary care and 24 of 131 dental care census tracts in NCC deemed HPSAs. Mental health care designated shortage areas include all of Sussex County, 2 community-based facilities in Kent County and 3 community- based, 1 hospital and 1 correctional facility in New Castle County.
- Six major health systems, three Federally Qualified Health Centers with 10 locations statewide, and a Veterans Affairs hospital
- ~1,200 PCPs across ~500 practices, with ~75% of PCPs in groups of five or fewer
- Multiple innovative care models emerging, including:
- Co-location of services (e.g., primary care and behavioral healthcare)
- Population-specific care coordination (e.g., for a specific condition such as heart disease)
- Patient Centered Medical Homes
- Accountable Care Organizations
- Advanced health IT infrastructure, including:
- Industry-leading Health Information Exchange with strong connectivity to acute care hospitals and labs, and emerging connectivity to other ambulatory care sites
- Electronic medical records penetration of ~80%

C. PURPOSE OF THIS RFI:

HCC issues this RFI in order to gain a better understanding of the nature and scope of services offered by high-quality service providers. The results of this RFI will inform development of detailed implementation plans for supporting clinicians in Delaware with delivering coordinated care. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

D. OBJECTIVES OF CARE COORDINATION AND POTENTIAL PROVIDER NEEDS:

Delaware's providers recognize that care coordination models may vary from one another, but have identified the following as common elements of most care coordination approaches:

Identification of high-risk patients. Providers will have an attributed patient panel and rely on a validated risk prediction tool to segment the population. High-risk patients (5-15% of population) may have multiple chronic diseases and/or behavioral health challenges and are responsible for a substantial fraction (>50%) of total health care spend.

Enrollment of patients in care coordination programs. Engage the patient and family on the concept of a care plan and help them understand how working closely with his/her care team can help the patient meet health goals.

Development of care plan. Undertake a complete assessment of the patient's health status, background, and goals. Co-create care plans with patients, consolidating information from any external care plans.

Multidisciplinary team working together. Bring together as a team the primary care provider, behavioral health provider, and other health professionals as appropriate, facilitating conversations and referrals as needed. Support for the team and help for the patient to navigate efficiently through the system are critical elements.

Real time identification of care gaps and follow up. Designate patients into groups with set of care needs, compare this to care actually received, and proactively close any gaps.

Access to specialists and population health support. Ensure PCPs can engage specialists for timely advice on patient care. Routinely connect the care team and patients to social services and community resources.

Case conference discussions. All members of the care team meet regularly to discuss complex cases, review acute admissions, refer patients for relevant services, and have discussions regarding changes to care plans.

Review of performance and process. Hold regular performance reviews that extract insights from agreed upon indicators and experience-based learnings.

Recognizing that providers may vary significantly in their practice structure and current capabilities to deliver the above core elements of care coordination, Delaware seeks to learn more about services that can support providers to deliver those services. Providers have expressed a preference for easily accessible service

providers who offer some level of on-site support as well as longer-term, developed relationships, and service providers. Delaware expects that providers may need any of the following types of support:

Supporting practices to set up care coordination programs, including identifying the care coordination needs of a particular practice (e.g.,). It may also include helping providers partner with other practices to share care coordination resources

Providing access to trained care coordinators (dedicated or shared) whose responsibilities may include, but are not limited to: facilitating care team discussions and ensuring coordination across the team; coaching patients to promote education and engagement; and organizing and evaluating care plans.

Providing care coordination services directly on behalf of practices, working with providers across the care continuum to ensure high quality, integrated care for high risk patients

Providing care coordination tools and resources, including a host of tools/technologies, protocols, care pathways, training, and subject matter experts to enable the care coordination

Supporting providers with behavioral health integration (e.g., co-location of behavioral health providers within PCP practices)

Supporting transitions of care (e.g., providing follow-up after discharge)

Supporting practices to improve against **the quality measures in Delaware's common provider scorecard**

E. INFORMATION REQUESTED:

Delaware's PCPs work in a variety of contexts. Consider the following archetypes:

- Large health systems, medical groups, or independent practice associations (>25 PCPs) with relatively sophisticated capabilities to deliver coordinated care
- Medium-sized practices (5-25 PCPs) that may have an existing care coordination program but have gaps along certain dimensions
- Small practices (<5 PCPs) with little or no infrastructure or experience delivering coordinated care

Note: These archetypes are not exhaustive. Some large practices may be less developed, while small practices (particularly those affiliated with health systems) may be more advanced.

Please provide the following information:

1. Please complete the following table to describe your organization's relative experience or interest in delivering services to meet each of the needs outlined below—for each, indicate either "Extensive experience", "Some experience", "Interest in developing", or "Neither experience nor interest." In doing so, please rely on the brief definitions provided in Section D (above). Please also list below up to three [Other] provider needs for care coordination support (if any) that you believe should be considered for inclusion in any procurement of care coordination support to follow this RFI, again indicating for each your organization's relative experience or interest. (REQUIRED)

Provider need for care coordination support	**Your experience or interest**
Identification of high-risk patients	
Enrollment of patients in care coordination	
Development of care plan	
Multidisciplinary team working together	
Real time identification of care gaps and follow up	
Access to specialists, behavioral health, and population health support	
Case conference discussions	
Review of performance and process	
Supporting practices to set up their care coordination programs	
Providing access to trained care coordinators	
Providing care coordination services directly on behalf of practices	
Providing care coordination tools and resources, including technology, protocols, care pathways, training, and subject matter experts	
Supporting providers with behavioral health	

integration	
Supporting transitions of care	
Supporting providers in improving specific measures of quality of care	
[Other]	
[Other]	
[Other]	

2. Keeping in mind the practice archetypes described above, please describe the services, processes, and structures you would use to address the needs outlined in your response to question #1. Please describe the typical length of time needed to achieve meaningful results and how your organization's performance is evaluated by other clients. (REQUIRED)
3. Include a description of the resources and personnel you typically deploy (e.g., trained care coordinators, remote support, IT systems), frequency of on-site visits, duration of relationships with practices. How does this vary by practice size and location? (REQUIRED)
4. Please describe the pre-conditions (e.g., IT systems, competencies, payer mix), if any, that a practice must meet to enable a successful partnership with your organization. (REQUIRED)
5. Please suggest a pricing model(s) that would make development of care coordination services in Delaware viable and attractive (e.g., flow of funds, fixed versus variable pricing, risk sharing). Note any upfront investments required and risks you perceive. Please also comment on the minimum scale, if any, that your organization would need to consider participating. (REQUIRED)

Please describe your current presence in Delaware, if any. Describe the overall approach you would take to providing services in Delaware, including the source of on-the-ground personnel, whether you would establish a local managerial presence, and how much development time would be required before you could go live with services. How many practices do you typically support at one time? How rapidly can you scale to support additional practices? Include a discussion of any challenges you foresee and how you, the State of Delaware, or other stakeholders may address them. (REQUIRED)

Briefly describe how your organization's history and experience aligns with the goals of Delaware's plan. Provide contact information, relevant workforce size, and other pertinent information regarding your business. Include a description

of your current client base (e.g., number of practices, their size and organizational structure). (REQUIRED)

F. INSTRUCTIONS FOR RESPONDING:

Contact Person and Submission

HCC is the sole point of contact with regard to all matters relating to this RFI. All communications concerning this RFI must be addressed to the contact person:

Michelle Amadio
Executive Director
Health Care Commission
Margaret O'Neil Building
410 Federal St, Suite 7
Dover, DE 19901
(302) 739-2730
Michelle.Amadio@state.de.us

Submissions of responses are to be in either hard-copy delivered to the address below or electronic PDF to:
Kieran.Mohammed@state.de.us no later than 11:00 A.M. on February 16, 2015.

Hardcopy responses should be mailed to:
Kieran Mohammed, Purchasing Services Administrator
Herman Holloway Campus
Main Administration Building, Room 257
1901 N. DuPont Hwy
New Castle, DE 19720

Responses to this RFI should provide a straight-forward concise description of the Vendor's offer to meet the requirements of the RFI. Responses should be submitted electronically.

To streamline the review process, HCC asks that responses include:

1. A cover letter on the letterhead of the company submitting the responses. The cover letter must briefly summarize the vendor's ability to provide the services specified and identify all the materials and enclosures being submitted.

2. A contact person which includes a phone number and email address.

3. A table of contents with page numbers for each component of the response.

4. A reply to the requirements listed with a detailed description of how the vendor will provide each of the services outlined in this RFI. This part of the response should also include descriptions of any enhancements or additional services or qualifications the vendor will provide that are not mentioned in this RFI. Please limit this portion of your response to 20 pages or fewer, single or double-spaced with no less than 12-point font, and margins no less than 0.5 inches.

Neither HCC nor the State of Delaware shall be liable for any of the costs incurred by a vendor in preparing or submitting a response, including, but not limited to preparation or the expenses associated with any presentations. Each response should be prepared simply and economically, providing a straight-forward, concise description of the vendor's ability. Emphasis should be on completeness and clarity of content.

As noted, electronic submissions will be accepted. Electronic documents must be in PDF format and provide all pertinent content of the RFI request. Please anticipate receiving an email confirmation from HCC within one week of submitting your response. If you do not receive an email confirmation within one week of submission, please follow-up directly with the point of contact provided above.

Tentative Schedule

RFI Issued: 1/21/2015
Vendor Questions: 1/28/2015
Answers to Questions published:2/4/2015
Responses to RFI Due: 2/16/2015