Delaware Center for Health Innovation

clinical committee

Charter

JUNE 2019

1. SCOPE

1.1 Purpose

Delaware's goal is to be in the top 10% of states on health care quality and patient experience within five years by focusing on more person-centered, team-based care. Delaware will prioritize integrated care (including with behavioral health) for high-risk individuals (i.e., the top 5-15% that account for 50% of costs) and more effective diagnosis and treatment for all patients.

Delaware's market is both highly fragmented (for primary care practices in particular) and highly concentrated (i.e., six hospitals and the Veteran's Affairs hospital). Providers across the state are already actively pursuing models of integrated care. Delaware's plan supports independent providers as well as health systems. It is market-driven, and its goal is to support and accelerate adoption of existing models in the market. The plan emphasizes the role of primary care as a linchpin in the system that unites accountability for quality and cost for a defined panel of patients. Delaware's goal is for every Delawarean to have a primary care provider.

The Clinical Committee has the following specific goals:

- Enabling broad adoption of team-based, integrated care by all primary care providers across Delaware
- Supporting all Delawareans to have a primary care provider
- Ensuring the clinical perspective is reflected in all of the work of the Delaware Center for Health Innovation
- Fostering support to enhance resources/tools for practice transformation

1.2 Core areas of focus

The Clinical Committee has three primary areas of focus:

1. **Enhance focus on care coordination and opportunities to support practice transformation organizations and providers.** Promote resources that aid in establishing care coordination and a common solution across patient panels, agnostic to payers. A primary goal for support of care coordination will be to support primary care providers to better integrate with behavioral health.
2. **Encourage the development of shared resources** to support and enhance the development of learning collaboratives to increase communication and learning across providers with focus on such areas as health information technology (HIT) and clinical practice.
3. **Engage clinical leaders around adoption of clinical best practice.** Target focus on more effective diagnosis and treatment to address areas where high cost, variation in care, and lack of clarity occurs in guidelines (or lack of guidelines).

1.3 Interdependencies

The Clinical Committee's work is highly dependent on the overall strategy and approach that will be developed by the other Committees of the Delaware Center for Health Innovation. It will work closely with the other aligned committees.

There will be additional interdependencies with ongoing initiatives led by providers and provider associations as well as the State and other relevant stakeholders.

1.4 Reporting of quality metrics

The Clinical Committee will encourage and support enhanced communication with and between Delaware Center for Health Innovation committees to foster support for primary care and primary care practices in Delaware. This will include encouraging opportunities to achieve broader adoption of common measures and definitions, learning collaboratives to promote best-practices in quality data collection, analysis and application, and promoting shared reporting of quality metrics.

2. COMPOSITION

2.1 Expertise / experience required for Committee members

The Clinical Committee requires a diverse clinical expertise and experience. Where possible, the Committee should consider a balance of individuals with the following backgrounds:

- Representatives from across the provider community (e.g., private practices, hospitals, health systems) and across disciplines (e.g., family practice, behavioral health)
- Individuals with expertise in quality measures and clinical guidelines
- Individuals with knowledge of care coordination, practice transformation, and clinical learning collaboratives
- Individuals representing the care customer/consumer representation

2.2 Committee Structure

Expectations for Steering Committee members:

- Meetings will be scheduled at a minimum of 6 per year
- Committee members are expected to serve for a term of one year
- Because continuity and engagement are important, members are expected to attend at least 75% of all meetings either in person or by phone
- Members should not send delegates in their place
- Committee membership is likely to include some additional time commitment outside of scheduled meetings

Expectations for Advisory Committee members:

- Availability for engagement with the committee on a variety of topics to be determined by the steering committee up to 4 times per year.

Deliverables moving forward will come from the broader DCHI strategic planning process and reported to the broader group.

APPENDIX

Steering Committee Members: 2019

	Name	Organization
1	Nancy Fan (Co-Chair)	Women to Women OB/GYN; St. Francis Healthcare
2	Alan Greenglass (Co-Chair)	Health Care Consultant
3	David Bercaw	Christiana Care Family Medicine
4	Traci Bolander	Mid-Atlantic Behavioral Health
5	Joseph Rubacky	Bayhealth Medical Center; Dover Family Physicians
6	Doug Tynan	American Psychologist Association; Nemours/Alfred I. duPont Hospital for Children; Jefferson Medical College; University of Delaware
7	Megan Williams	DE Healthcare Association
8	Donna Gunkel	United Medical
9	Robert Monteleone	St. Francis Healthcare
10	Sarah Slovin	Nemours/Alfred I. duPont Hospital for Children
11	Kathy Willey	Quality Family Physicians