

HEALTH MANAGEMENT ASSOCIATES

DHSS Strategic Planning Engagement Updates: Secretary Walker Briefing

September 17, 2019

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STRATEGIC PLANNING APPROACH

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PROGRAM INVENTORY ANALYSIS

HMA collected data on DHSS and divisions to inform the strategic planning process, with a focus on restructuring of programs, resources, or technical infrastructure. In order to maximize existing resources, the inventory built on a 2017 data collection exercise.

In total, information on 193 individual programs and services, including administrative functions were captured.

Category	Data Collected
General Service Information	Service/Program/Business Function within Division
	Division
	IPU
	Primary Function (e.g. regulatory, direct service provision, financial management, eligibility and enrollment, resource management, etc.)
	# of people served
	Primary Client Population (e.g., custodial and non-custodial parents, Medicaid beneficiaries, operators of nursing homes and other healthcare facilities, individuals with disabilities, etc.)
	Geographic Area Served (i.e. county, statewide, neighborhood)
	Entitlement (Y/N)
Funding Sources/Amounts (estimated)	Is the service mandated? If yes, by whom (i.e. federal or state)? Please list citation.
	General Funds
	Appropriated Special Funds
	NSF/Federal
Service Delivery	Does the service generate revenue?
	# of Employees (FTE)
	# of Employees (C/S)
	# of Employees (contracted)
	Are provider contracts used?
Indicators of Core Services	What IT systems are used to support program?
	Does this service directly impact the health and well-being of Delawareans? (Y/N)
	Does this service support the Governor's Action Plan? (Y/N)
	Is this service core to the mission of DHSS? (Y/N)
Efficiency	Reporting Requirements
	When did the program/service start?
	Has the program/service been evaluated in the last 5 years?
	Is this service duplicated within DHSS?
	Is this service duplicated outside of DHSS?
Other	Can this service be outsourced?
	Does DHSS need to continue providing this service in the case of a disaster?
	Comments/ Additional Information



PROGRAM INVENTORY ANALYSIS: SUMMARY OF FINDINGS

Summary of Findings

- Most DHSS divisions vary in size and scope of services and populations served
- Current DHSS structure does not lend to information sharing across populations
- There appears to be areas of overlap suggesting opportunities for realignment of staff and integration of data
- A possible area for cost effectiveness is centralization of administrative support
- Many divisions use contracted staff to meet organizational mission
- Divisions reported that a number of current services are not core to DHSS' mission, are duplicative internal or external to the department, and/or could be outsourced



Internal Stakeholders

- Voice of Customer Survey
- Small group interviews by functional area
- One-on-one interviews (as needed)

External Stakeholders

- Voice of Customer Survey
- Focus group conversations to follow up on survey findings
- Key informant interviews (as needed)



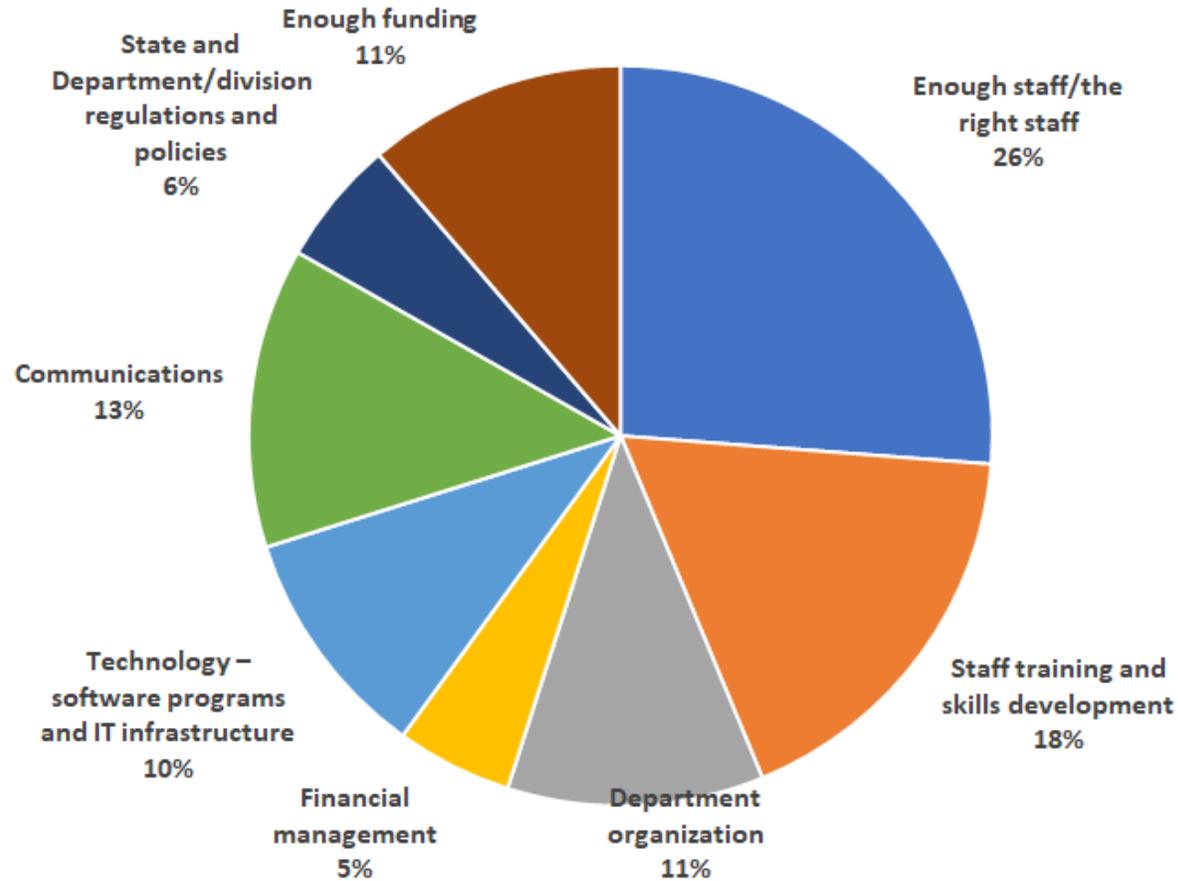
■ SMALL GROUP INTERVIEWS

- Aim: To identify internal (organizational) factors that may have an impact (positive or negative) on DHSS' ability to meet its goals
- Five small group topics:
 - Communications
 - Financial Resources
 - Organizational Capacity
 - Technology
 - Policy and Program Trends
- Summary of Findings
 - Good communication from the Secretary down; opportunity to do more across divisions and to external stakeholders
 - Divisions continue to successfully deliver services despite staffing and talent management challenges
 - Strong relationships with Governor and state partners; need to reinvigorate connection with legislative partners
 - Department need for holistic approach to IT and data integration

■ DHSS STAFF SURVEY: HIGH LEVEL FINDINGS

- 1,503 of 3,900 employees responded (39% response rate)
- Strengths:
 - + Shared understanding of and commitment to the department and division-specific mission
 - + Aspects of communication
- Opportunities for improvement:
 - + Talent management (staffing, training, performance evaluation, advancement)
 - + Leadership and management accountability
 - + Department organization
 - + Inter-departmental collaboration thru a patient-centered approach
 - + Program performance measurement
- Risks:
 - + Aging workforce
 - + Lack of documentation of policies and procedures
 - + Inefficient processes, technology, and aging systems

DHSS STAFF SURVEY: HIGH LEVEL FINDINGS



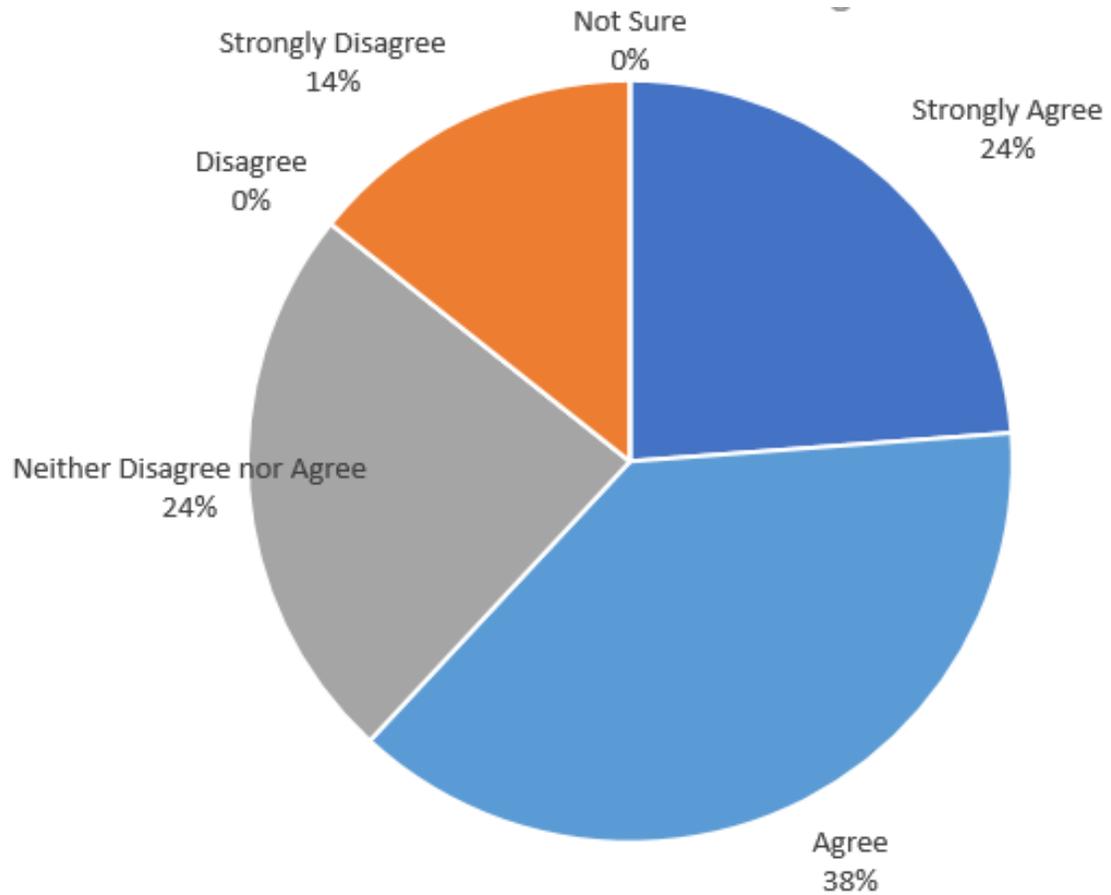
DHSS: IN YOUR OPINION, WHAT ARE THE TOP THREE CHALLENGES FOR THE DEPARTMENT FACES IN THE NEXT ONE TO THREE YEARS?



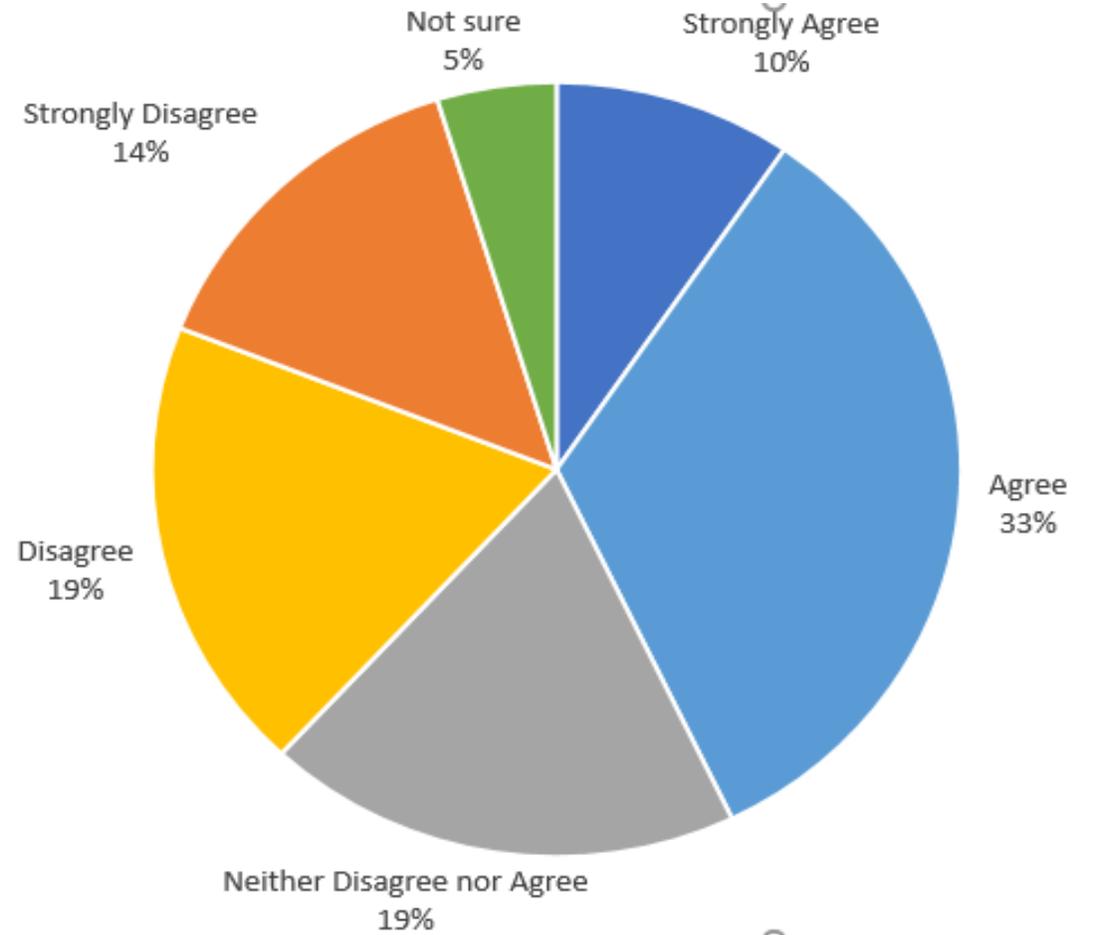
■ DHSS EXTERNAL STAKEHOLDER SURVEY: HIGH LEVEL FINDINGS

- + Outreached to sixty stakeholders prioritized by division leaders
- + Twenty-eight responses received (46.6% response rate)
- + Stakeholders represented three stakeholder groups:
 - State Agencies
 - Advocates
 - Provider or Provider Association
- + Overall most respondents agree that DHSS delivers high-quality services
- + Areas for the Department to improve include:
 - Improve structure to more effectively function as a part of a larger system of state agencies and service organizations
 - Increase collaboration with Social Service Organizations across the state
 - More effectively align health strategies with social services strategies to benefit Delawareans

DHSS EXTERNAL STAKEHOLDER SURVEY: HIGH LEVEL FINDINGS



DHSS DELIVERS HIGH-QUALITY SERVICES TO DELAWAREANS.



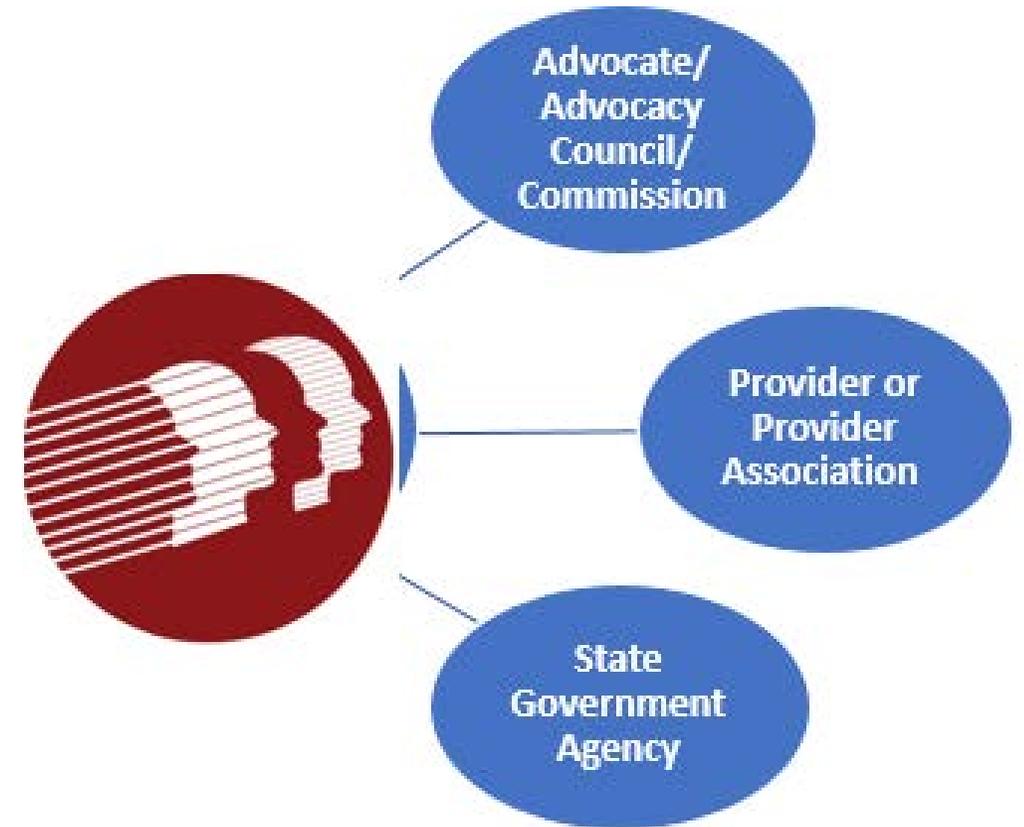
DHSS IS STRUCTURED EFFECTIVELY TO MEET THE NEEDS OF ITS CLIENTS.



DHSS EXTERNAL STAKEHOLDER FOCUS GROUPS

General structure of focus group sessions:

- Conducted September 16th and 17th
- Informed by DHSS External Stakeholder Survey Findings
- Three categories of participants
 - Advocates/Commissions,
 - Providers
 - Provider Associations/Hospitals
- May conduct additional targeted focus groups with DDDS stakeholders late in the fall
- Information collected will be compiled into the SWOT analysis to further help guide work on strategic plan





RAPID NEEDS ASSESSMENT: NATIONAL TRENDS IN HEALTH POLICY

Concept	Trend/Description
Delivery System Initiatives (VBP, ACOs)	Medicaid policy has an increasing focus on delivery system initiatives, including expanding value-based payments and growing use of accountable care organizations and health home programs. 28 states require MCOs to engage in VBP with network providers. From SFY 2015 – 2018, the number of states reporting an accountable care organization in place increased from 7 to 14. States may consider all-payer alternative payment model approaches, as seen in MD.
Social Determinants of Health	CMS and states are beginning to focus on impacts of social determinants of health within Medicaid. NC has been authorized \$650 million in grants for linkages to programs and services addressing SDOH and is formally requiring standardized SDOH screening by MCOs and providers. MA recently developed an enhanced risk adjustment model that aims to account for the impact of SDOH on the State’s Medicaid spending. In January, OR released its CCO.2, which aims to address SDOH and health equity.
Block Grants	Under the current administration there has been state interest in rolling Medicaid into block grants. TN passed a bill requiring the state to seek federal approval of Medicaid block grant this Fall.
1332 Waivers	More states are turning to Section 1332 state innovation waivers, largely focusing on implementing reinsurance programs. 1332 waivers allow states to implement innovative ways to provide access to quality health care that is at least as comprehensive and affordable as would be provided absent the waiver, provides coverage to a comparable number of residents of the state as would be provided coverage absent a waiver, and does not increase the federal deficit. DE is one of eleven states with an approved 1332 waiver.
Care Coordination	There are efforts to reduce high-costs for Rx, inpatient stays, ER visits, etc., through better care coordination. CMMI has released models aimed at better coordinating care, especially within the Medicare population and Medicare and Medicaid alignment. Some efforts to improve care coordination include use of ACOs, patient-centered medical homes, disease management, and primary care transformation.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (SWOT) ANALYSIS

Strengths

- Shared understanding of and commitment to the department and division-specific mission
- Aspects of internal communication
- Commitment of staff to programs and populations
- Strong relationships with Governor and state partners
- DHSS leadership investment in mission and programs
- External stakeholder and client satisfaction

Opportunities

- Governor's support for DHSS program integration
- Provider interest in APMs and SDOH
- Realignment and integration of staff and programs, including consolidation of functions
- Strengthen communication and collaboration with external stakeholders
- Transformations in Medicaid and other health programs

Weaknesses

- Talent Management (staffing, training, performance evaluation, advancement)
- Leadership & management accountability
- Department organization- breadth and variation of scope of service and populations served
- Inter-departmental collaboration thru a patient centered approach
- Program performance measurement
- IT and data integration - inefficient processes, aging systems

Threats

- Aging DHSS workforce
- State staff merit system
- Legislative Task Force
- Lack of documentation of policies and procedures
- Programmatic and administrative resource limitations/ poor leveraging of federal resources
- Uncertainty at the Federal level- transformations in Medicaid and other health programs, reductions in social services, changes in health policy