



District of Columbia State Innovation Model
 Payment Model Work Group: Meeting Summary

November 19, 2015
 3:00 p.m. – 4:30 p.m.

Participants present: Karen Dale (Chair), Shelly Ten Napel, Joe Weissfeld, Veronica Damesyn, Leslie Lyles Smith, Lesley Wallace, Maya George, Amy Freeman, Michael Neff, Wes Rivers, Don Blanchon, Dennis Hobb, Robin Diggs, Mark Weissman, Emily Eelman, Anne Jacobs, Andrea Clark, Johanna, Barraza, Victor Freeman, Patricia Quinn, Christy Respass, Peter Tuths, Dena Hasan, An-Tsun Huang, Chris Botts, Angelique Martin, Yavar Moghimi, Michael Rhein, Amy Xing, Latasha Nixon, Musili Akinshernoyin, Josephine Morris-Young, Sharon Augenbaum, Seiji Hayashi, Brede Eschliman, Erin Loubier, Johanna Barazaa Cannon, Anne Jacobs

TOPIC	DISCUSSION
Goals of Work Group	<ul style="list-style-type: none"> This work group aims to establish ambitious goals to transform the District’s health care system through payment reforms. The reforms should not just be “shuffling deck chairs,” but transformative, sustainable, and measureable reforms that send a signal to the market that we are moving away from traditional fee-for-service.
National Trends in Payment Reform	<ul style="list-style-type: none"> See here (http://dhcf.dc.gov/node/1127037) for the presentation
Open Forum on Payment Innovation	<p><u>Goals</u></p> <ul style="list-style-type: none"> Set lofty goals and make a difference with disparities (don’t go incremental) Be bold — we have a good network of providers, small geography, and the political will Prioritize the patient and keep in mind how the reforms impact the patient Realign incentives across the continuum of care Implement reforms at a pace and level of effort that allows business to implement models/build the

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	<p data-bbox="625 224 945 250">infrastructure for reform</p> <ul data-bbox="583 295 1894 464" style="list-style-type: none"> <li data-bbox="583 295 1894 328">• Focus on outcomes & recognize that more appropriate spending doesn't always lead to lower costs <li data-bbox="583 363 1537 396">• Recognize that quality goals differ depending on patient/circumstances <li data-bbox="583 431 1113 464">• Address social determinants of health <p data-bbox="550 503 726 529"><u>Current Gaps</u></p> <ul data-bbox="583 574 1398 886" style="list-style-type: none"> <li data-bbox="583 574 1197 607">• Trust, transparency, and sustainable funding <li data-bbox="583 643 1255 675">• Patients are forced to navigate a complex system <li data-bbox="583 711 1398 743">• Providers don't have enough risk/accountability for patients <li data-bbox="583 779 953 812">• Reliance on grant dollars <li data-bbox="583 847 1398 880">• Current business models based on fee-for-service incentives <p data-bbox="550 925 684 951"><u>Strategies</u></p> <ul data-bbox="583 997 1894 1422" style="list-style-type: none"> <li data-bbox="583 997 1516 1029">• Need a clear strategy to build towards; set payment reform principles <li data-bbox="583 1065 1894 1136">• Decide what population health outcomes we want and decide what that system looks like; build the financial model after. <li data-bbox="583 1172 1386 1205">• Integrate community organizations into the payment model <li data-bbox="583 1240 1768 1273">• No need to reinvent the wheel; we can adopt best practices from other states/jurisdictions <li data-bbox="583 1308 1188 1341">• Integrate behavioral health into the reforms <li data-bbox="583 1377 1163 1409">• Build upon our current HIE infrastructure

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	<ul style="list-style-type: none"> • Prioritize provider-based strategies • Include/prioritize the dual eligible population • Realign hospital incentives or they won't give up their growth strategy <p><u>Principles for Payment Reform (initial list)</u></p> <ul style="list-style-type: none"> • Put the patient first • Develop a system that aims to eliminate disparities, reduces inappropriate utilization of services • No sacred cows • Be bold, but thoughtful with the timeline • Align across all providers (must include homeless/housing entities, behavioral health, etc) • Ensure all stakeholders have "skin in the game" • Must include effective transitions of care, resourced at the provider level • Develop more integrated systems (that is responsible for costs and quality) <p><u>"Homework"</u></p> <ul style="list-style-type: none"> • Providers: Identify the percentage of grants in non-FFS arrangements • Plans: Identify the percentage of payments in alternative payment models • Everyone: <ul style="list-style-type: none"> • Identify additional principles (qualitative) for payment reform in the District • Identify targets/benchmarks (quantitative) for payment reform in the District