

### Background

Over the past year, the District of Columbia's Department of Health Care Finance (DHCF) engaged a diverse group of over 500 private and public stakeholders, including health care insurers, providers of health and social services and consumers of these services, to develop the District's [State Health Innovation Plan \(SHIP\)](#). This roadmap describes how we will transform DC's health system to improve residents' health through five aims. Our aim is that the following goals have been achieved on behalf of District residents by 2021: All chronically-ill Medicaid enrollees have access to care coordination; non-emergent emergency department visits are reduced by 15%; Preventable hospital readmission rates for Medicaid enrollees are reduced by 15%; savings achieved through health system reforms are reinvested to promote prevention and health equity; and the vast majority of payments are linked to quality. The District's SHIP will be updated annually with data provided from stakeholders and various sources.

### Subcommittee Mission

DHCF is proposing to form a *Health System Re-Design Subcommittee* to develop recommendations for the MCAC on strategies to achieve the five SHIP aims. These recommendations would be guided by beneficiaries, providers and other stakeholders' feedback. The committee would consider ways the key care coordination initiatives highlighted in the SHIP are impacting delivery of services, whether care coordination services are helping to integrate community health, social services, and medical care; and whether care coordination helps reduce inappropriate use of emergency room services. Additionally, this subcommittee would highlight challenges in the existing health system related to engaging beneficiaries in decisions around the care received, and propose approaches to better partnerships between the providers of services and the users of these services.

### Subcommittee Goals

The goals of the Subcommittee would be to:

1. Provide feedback on Medicaid benefits that seek to better coordinate the care of beneficiaries, and what changes (if any) are needed to improve these benefits. These benefits include, but are not limited to: 1) My DC Health Home<sup>1</sup>; 2) My Health GPS<sup>2</sup>, and 3) Federal Qualified Health Center services<sup>3</sup>.
2. Provide input on current gaps in health and social service providers' capacity to comprehensively coordinate care, and specific actions (if any) that should be put in place to close these gaps.
3. Identify existing models of care delivery that should be replicated and how to implement, distribute, and/or incentivize these practices throughout the District.

### Frequency of Meetings

The Subcommittee would meet at least quarterly.

### Methods of Communication

The Subcommittee would meet via conference call or in person. Erin Holve, Director of DHCF's Health Care Reform and Innovation Administration (HCRIA) and DaShawn Groves, Lead Project Manager, would be the DHCF points of contact for the Subcommittee. They would represent DHCF in Subcommittee meetings, and assist with preparation of agendas, minutes, and other Subcommittee deliverables as necessary. Other agency officials from DHCF and related agencies would participate as needed.

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<sup>1</sup> My DC Health Home is a comprehensive care coordination service available to beneficiaries with severe mental illness

<sup>2</sup> My Health GPS is a comprehensive care coordination service available to beneficiaries with 3 or more chronic physical conditions

<sup>3</sup> FQHCs can now deliver primary care, mental health and dental services on the same day and in some cases provide access to medical advice 24 hour/7 days per week.