



**District of Columbia Medical Care Advisory Committee
Health System Re-Design Subcommittee**

September 1, 2021
4:00-5:00pm

AGENDA

- 1. Welcome & Updates** (T. Smith - 5 minutes)
- 2. Report out from the Subcommittee recommendation on John Snow Inc. (JSI) Substance Use Disorder Report to full MCAC** (T. Smith - 5 minutes)
 - a. Discuss next steps and timeline to report back to MCAC on progress regarding the JSI recommendations in December 2021
- 3. Feedback on FY2022 Workplan- Establish Subcommittee Priorities and Timeline** (O. Enyia – 30 minutes)
 - The “pillars” of the subcommittee’s work as prioritized in prior meetings are:
 - Healthcare workforce
 - Race and Equity
 - Social determinants of Health
 - Value-based Payment
 - Digital Health
 - Potential topics for FY22 focus include:
 - Digital Health workforce development and pipeline
 - American Rescue Spending Plan Implementation
 - NCQA Measures Race & Ethnicity Stratification
 - Congressional Social Determinants of Health Caucus
 - Mayor’s Commission on Healthcare Systems Transformation Recommendations on Value-Based Payment*
- 4. Next meeting (scheduled for October 6 at 4p)** (O. Enyia – 5 min)
 - Subcommittee Chair transition
 - Call for agenda items

*[Mayor's Commission on Healthcare Systems Transformation](#) (p. 96 – Value-based Purchasing of Health Care Services section below)

1. Engage the community for the road ahead.
 - a. Survey patients and caregivers about current behaviors and perspectives informing access to care choices.
 - b. Share total cost of care information for specific populations by payer with all stakeholders.
 - c. Engage patients and other key stakeholders (i.e., health care groups, payers, and government) in ongoing community dialogue about current value-based purchasing (VBP) and accountable care models, and potential options for the District of Columbia.
 - d. Conduct operational readiness assessments of all major health care groups for VBP.
2. Expand quality measurement to capture more data on health system effectiveness and to inform care delivery, payment incentives, and population health. Measures should align with existing measures required by federal and other partners.
 - a. Refine the core measure set of health priorities.
 - b. Engage health care groups to achieve multi-payer alignment.
 - c. Adopt public reporting to disseminate performance on the core set.
3. Make key investments and policy changes to promote system integration for accountable care transformation.
 - a. Invest in practice transformation capacities.
 - b. Ensure alignment and integration to enable accountability.
4. Align payments with value-based care goals to move towards a risk-based model encouraging care coordination and health promotion.
 - a. Expand current VBP measures into other appropriate provider settings.
 - b. Establish a Medicaid accountable care organization (ACO) certification.
 - c. Adopt VBP models.