

# **MCAC Health System Redesign Subcommittee Update**

# October 7<sup>th</sup> Agenda

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- Welcome
- DHCF Update
  - Emergency Funding for Telehealth
  - Behavioral Health RFI Update
  - SUD Provider Capacity Grant
- Roundtable on MCO Transitions
- Health System Re-design FY21 Survey Results
- Next Meeting: December 2<sup>nd</sup> 4-5:30pm

# Ranked Health System Re-design Topics

1. Behavioral Health

2. Care Management

3. Mayor's Commission on Healthcare Transformation

4. Value Based Payment Initiatives

5. Enhancing Access to Preventive Services

6. Communication & Outreach

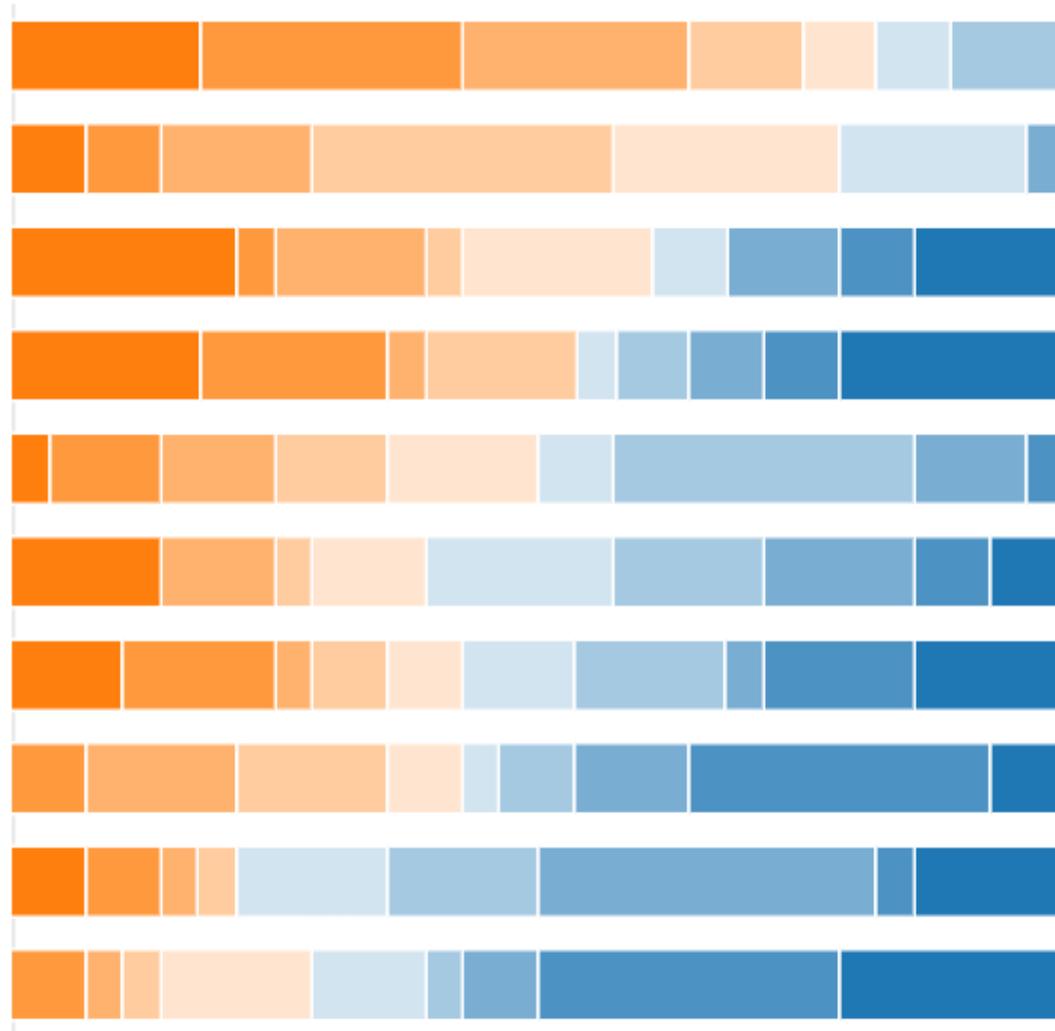
7. Telehealth Issues & Digital Divide

8. Practice Transformation Needs

9. Monitor New MCO Population

10. Remote Monitoring Tools

First choice  Last choice



# 15 Respondents Mentioned Other Health System Re-design Topics

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- Several mentions:
  - MCO
    - Accountability
    - Contracting
    - Provider readiness
    - Outreach and communication
  - Addressing Health Equity
    - Improving Outcomes
    - SDOH
    - Bias in Provider, Population Health Management
    - Systemic Racism
  - Perinatal Care
- Single mentions
  - School Health
  - Lag in cancer screening due to CoVID
  - Engaging beneficiaries in health systems change
  - Minority Business Participations
  - Review of DC pilot and Evidence-based practice projects and promising practices happening in DC
  - Expand to include Alliance

# **Top 5 Ranked Topics and Discussion Items**

# Behavioral Health Discussion Items

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- **System transformation and MCO carve-in**
  - Map out a plan of what the system should look like
    - Results from BH RFI and Needs Assessment
  - What does carve-in of Behavioral Health into MCO contracts look like?
    - What is the transition process?
    - How does will it impact beneficiaries and providers?
    - Are there tools to hold the MCOs accountable
  - Explore initiatives to de-stigmatize Behavioral Health especially in BIPOC communities
- **Broadening access**
  - What is the impact of 1115 Waiver?
  - How can we support behavioral health interventions occurring in non-traditional settings?
    - How can we support and incentivize care in settings where patients are - barber shops, community centers, places of worship.
  - Has there been any changes to service utilization?

# Care Management Discussion Items

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- Discuss transitions in care coordination, especially with the Medicaid reform
- How can care management benefit be expanded to a larger group?
  - How can the My Health GPS program (Health homes) be simplified and improved?
  - How can we expand support for this benefit?
- Improve an eligible enrollee' access to a wide range of appropriate services to
  - Promote continuity of care by coordinating service delivery arrangements
  - Enhance a beneficiary's health status and level of functioning
  - Promote efficiency by reducing or containing the overall cost of services
- Care management provided by many MCOs results in communication like "Unable to reach patient, care management cancelled." This is precisely why health care providers need CM - for those patients we can't reach - we need CM to move well beyond phone calls for our high needs patients if we are to improve the health of our communities.

# Mayor's Commission Discussion Items

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- What progress has been made on the recommendations from the Mayor's Commission on Healthcare Transformation in terms of measurement and data analytics, policy implications, time frames and community engagement?
- How the Mayor's Commission recommendations could apply to the Medicaid populations and what this would/could look like practically?
- What is the end goal for the transformation activities and how it aligns with the Quadruple Aim?

# Value Based Payment Initiatives

## Discussion Items

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- Discuss value-based payment options and strategies and alignment of stakeholder needs and District population health goals
  - Discuss financing social determinants of health across the health system
  - How do we develop and implement VBP pilots across the continuum?
  - How do we ensure effective patient care while decreasing costs?
    - Rewarding providers who save costs/money doesn't necessarily equate to safe, effective, and good healthcare.
- How do we help practitioners access and use data for rapid quality improvement and partnering on data transparency that will be critical to make care efficient and to forward a culture of performance improvement?

# Enhancing Access to Preventive Services Discussion Items

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- Develop a strategic plan emphasizes the ways access can improve across all audiences
- Explore the role of CHWs in enhancing access to preventative services & sustainable strategies to finance community health workers (prevention and care) across the health system in DC.
  - What are strategies to get CHWs into multiple settings in DC?
- Review preventive services by categories by census tracts and advocate for increasing services in areas of greatest need.
- How the Medicaid system can work with participants in receiving preventative services across the spectrum?

# Key Takeaways from October HSR Meeting

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- Suggested to discuss three perspectives at meetings:
  - Payor (i.e., DHCF and MCOs)
  - Provider
  - Beneficiaries
- There is connections not only between topics but also between MCAC subcommittees. For example:
  - Enhanced Access to Preventive Services or School Health could be a joint meeting with the Access subcommittee
  - Mayor's Commission contains several themes connected with Value-based Payment initiatives, Behavioral Health and Care Management
- Participants want to be able to monitor progress on initiatives

# **Next Meeting: Behavioral Health Transformation**

**Wednesday, December 2<sup>nd</sup> from 4-5:30pm**