MCAC Health System Redesign Subcommittee Update
October 7th Agenda

• 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 2nd 4-5:30pm
## Ranked Health System Re-design Topics

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<thead>
<tr>
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<th>First choice</th>
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<tr>
<td>1.</td>
<td>Behavioral Health</td>
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<td>2.</td>
<td>Care Management</td>
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<td>3.</td>
<td>Mayor’s Commission on Healthcare Transformation</td>
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<td>Value Based Payment Initiatives</td>
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<td>5.</td>
<td>Enhancing Access to Preventive Services</td>
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<td>6.</td>
<td>Communication &amp; Outreach</td>
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<td>7.</td>
<td>Telehealth Issues &amp; Digital Divide</td>
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<td>8.</td>
<td>Practice Transformation Needs</td>
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<td>9.</td>
<td>Monitor New MCO Population</td>
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<td>10.</td>
<td>Remote Monitoring Tools</td>
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15 Respondents Mentioned Other Health System Re-design Topics

• 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

- **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

• 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's 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

• 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

• 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

• 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

• 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\textsuperscript{nd} from 4-5:30pm