District of Columbia State Innovation Model
Care Delivery Work Group: Meeting Summary

December 9, 2015
3:00 p.m. – 4:30 p.m.

Participants present: Joe Weissfeld, Angela Diop, Johanna Barazza, Lavdena Orr, Mark Weissman, Justin Palmer, Ashley Garvin, Dennis Hobb, Jonathan Perry, Liza Fues, Catherine Anderton, Theresa Silla, Ellie Beck, Shahid Shah, Lisa Alexander, Gwen Young, Emily Eelman, Cyd Campbell, Lara Pukatch, Jennifer Zutz, Barry Lewis, Donna Ramos-Johnson, Victoria Roberts, Guadalupe Pacheco, Luke Roth, DaShawn Groves, Chris Botts, An-Tsun Huang, Meghan Davies, Robert Howard, Michael Crawford, Melissa McCarthy, Angelica Journagin, Dallas Williams

TOPIC	DISCUSSION
Specific examples of data sharing breakdowns that prevented effective care coordination	• **When serving new or unfamiliar patients, past clinical information is useful. Collecting clinical data from other providers is difficult due to:** ➢ Lack of timely receipt of hospital discharge summaries that describe the services that were delivered, especially during ED visits; o The paper forms given to patients are less useful because they are not electronic and do not provide sufficient clinical information. ➢ Lack of follow-up information from referral visits; ➢ Lack of information on patient connection to CSAs; ➢ Lack of information about patients who receive home health services or those who have been in a nursing facility; and ➢ Lack of data on the mobile services delivered during home visits by social service agencies or clinical providers.

TOPIC	DISCUSSION
	• **Data breakdowns relating to medication and prescription drugs are most often due to:** ➢ Lack of information about prescription medications; ➢ Inadequate access to prescription fill history, which is currently limited to pharmaceutical providers; and ➢ Lack of access to medication and allergy lists.

Discussion of Potential HIE Tools for Development	• **Participants reacted to the presentation on potential HIE tools for development. These tools would build upon current HIE systems within the District, reactions include:**
	
	➢ Creating a map of the existing HIE infrastructure, how they connect, and how data flows. Additionally, what type of data is exchanged today and what data sources would be useful in the future. Ideally, this resource would be available and accessible to many different audiences.
	
	➢ There are a number of questions that need to be considered when building upon HIE systems, the most critical being: what are the sources of information and how will the information be used?
	
	    o Two types of information will be necessary, that which helps to identify the patients who are eligible for the health homes 2 program, and information that helps providers better coordinate care.
	
	➢ In addition to the risk assessment, predictive analytics, and risk adjustment tools that may be used to determine initial eligibility for the health homes 2 program, a measure of acuity should also be considered so that providers can communicate how and when a patient's condition changes.
	
	    o It would be helpful to include a tool/function that accounts for specific social determinants of health, such as housing status and transportation needs.

TOPIC	DISCUSSION
	• **Participants provided feedback on a draft, mocked-up care profile tool; highlights from the discussion include:** ➢ The care profile could facilitate information sharing by providing real-time or near real-time clinical, claims, and/or administrative data to providers delivering care. ➢ This tool may be especially useful to providers who lack access to these key data elements necessary for effective care coordination and the reduction in the duplication of services and prescriptions. ➢ Contact information for care managers rather than care plan details would be more useful for clinical providers, especially when considering that each care manager may have a different care plan for the same patient. ➢ It is important to consider the reliability of information included in the care profile, including how often is information updated in the system and what protocol is in place to ensure that updated information is accurate. ➢ DHCF should considering updating the "Medications" section in the care profile to include medications prescribed, the date prescribed, and the clinical provider who prescribed the information. ➢ In the "ER Visit(s)" section, it would be useful to know the discharge diagnosis of the patients. ➢ Other information to consider in the care profile include: emergency contact information, gender, and advanced directives.