

Better Health Together

This electronic newsletter will be produced weekly to provide high-level updates on the work of the DC Innovation office under the State Innovation Model (SIM) grant as DC develops the State Health Innovation Plan (SHIP). We look forward to your input on our activities and milestones as we work to improve healthcare for DC residents.

SIM Work Group Calendar

All Work Group Meetings will be held at 441 4th Street NW-Room 1028

Advisory Committee Meeting May 11, 2016 2:00pm-4:00pm

Payment Models Work Group May 12, 2016 3:00pm-4:30pm

Community Linkages Work
Group
May 18, 2016
2:00pm-3:30pm

Recent News

SIM Advisory Committee Meeting:

The next SIM Advisory Committee meeting is scheduled for May 11th. During the meeting, committee members will be briefed on the draft State Health Innovation Plan (SHIP), which describes the strategies and methods proposed to transform the structure and performance of the District's entire health system. The discussion will highlight the three foundational pillars and four enablers of the plan, including stakeholder engagement, care delivery, payment reform, community linkages, health information technology, workforce development, and quality improvement. Advisory Committee members will provide feedback about the draft SHIP during the meeting. All are encouraged to attend!

DHCF Continues to Solicit Feedback on Provider Survey

DHCF is still requesting feedback from District health care providers. In addition to the SIM Work Groups, this is a unique opportunity for providers to offer their input on the healthcare system and be part of the District's efforts to improve the health of its residents, enhance the patient and provider experience, and control health care costs. The information collected will be used to help the District design and implement new health service delivery and payment reforms. **To access the survey, click on the following link:** http://dc-sim.surveyanalytics.com.

Announcements

Washington, D.C. Selected to Participate in NASHP Value-Based Payment Reform Academy

Washington, D.C. was one of six states selected to participate in the **National Academy for State Health Policy's** (NASHP) Value-Based Payment Reform Academy. Other participating states include: Colorado, Hawaii, Michigan, Nevada, and Oklahoma. The goal of this academy is for selected states to develop and implement value-based alternative payment methodologies (APMs) for federally qualified health centers (FQHCs) and rural health clinics (RHCs) that support their goals for transforming how care is paid for and delivered. The District will receive 12 months of targeted technical assistance from May 2016 through May 2017.

Robert Wood Johnson Foundation Announces Play Everywhere Challenge

The **Robert Wood Johnson Foundation is collaborating with Kaboom!** to launch the *Play Everywhere Challenge*. This challenge was developed to help cities create the spaces and opportunities for kids to play as they grow. This is particularly important when considering that play is important to a healthy childhood. The \$1 million national competition will award innovative, replicable ideas that make play easy, available and fun for kids and families. For more information, <u>click here</u>.

Events

The **Health Management Associates are hosting a webinar on May 12th at 2pm** to discuss how D.C. launched major delivery system change through the Medicaid Health Home Program for individuals with serious mental illness. During this webinar, leaders from the DC Departments of Behavioral Health and Health Care Finance will describe how they set a course toward integrated care with the structure of the DC health homes, and provide important lessons learned for other states. The webinar will also address how providers can play an important role during the policy planning process to ensure the effectiveness and feasibility of state initiatives and requirements. Register here.

The **Commonwealth Fund is hosting a webinar on May 12th at 2pm**. The webinar will discuss lessons from New York State's Delivery System Reform Incentive Payment (DSRIP) program, a five-year, \$8.25 billion effort aimed at improving the way care is paid for and delivered to Medicaid beneficiaries and, ultimately, all state residents. The webinar will also offer insights from participants at the city, state, and federal level on early successes and challenges, and on how New York's experiences can influence new state payment and delivery system reform initiatives nationally. Register here.

The Institute for Healthcare Improvement is hosting an intensive three-day seminar, Transforming the Primary Care Practice, from June 13th to June 15th in San Diego. The seminar will provide leading edge insight on how to: implement key changes that lead to effective, high-quality, person-centered care; apply tested tools for forecasting appointment demand and tracking appointment supply as you work to improve access to care; identify opportunities for improving care delivery through partnerships with patients and families within your practice; use a set of key metrics to guide your empanelment, access, and continuity journey; and develop pragmatic ideas for change to achieve your goals and objectives. To register, click here.

Resources

CHCS Medicaid ACO Resource Center

The **Center for Health Care Strategies, Inc.** developed a Medicaid Accountable Care Organization (ACO) Resource Center. This new online resource center, developed through the Medicaid ACO Learning Collaborative, offers a collection of practical resources to help states that are interested in, or are in the process of, designing a Medicaid ACO program. The resource includes a resource compendium, an interactive map, and an "ACO's in the news" section. Explore the resource center here.

Mathematica Study on Primary Care Reforms

Mathematica Policy Research released a study evaluating the second year of the Comprehensive Primary Care (CPC) initiative, which launched in 2012 and is one of the largest efforts by the Centers for Medicare & Medicaid Services (CMS) to improve primary care. In their study of CPC's first two years, Mathematica researchers found the strongest improvements in care management for high-risk patients and in access to care. However, the estimated reductions in Medicare expenditures resulting from the CPC initiative were not enough to offset the fees that Medicare provided to participating practices. For more information, click here.

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If you have comments or suggestions for future newsletters, please contact dc_sim@dc.gov.