

AIM

What are you trying to improve, by how much, and by when?

Improve health outcomes, experience of care, and value in health care spending for high-cost, high-need patients in D.C.

By 2020:

- 1) Significantly improve performance on selected health and wellness outcome quality measures and reduce disparities;
- 2) Reduce inappropriate utilization of inpatient and emergency department by 10% or meet DC Healthy People 2020 benchmark goal;
- 3) Reduce preventable readmission rates by 10% or meet DC Healthy People 2020 benchmark goal;
- 4) Better align overall health spending and re-invest savings towards prevention and addressing housing and other social determinants of health; and
- 5) Develop a continuous learning health system that supports more timely, efficient, and higher-value health care throughout the care continuum.

Primary Driver

What are the major categories of effort that will help achieve the aim(s)?
(Note: may impact multiple aims)

Support value-based payment models that reward quality, improved health and efficiency

Invest in capacity building infrastructure and supports to assist providers as they change their business model and workflows

Strengthen data exchange infrastructure to inform clinical and social services, measure performance, and engage patients

Improve and integrate coordination of health care and social services with an enhanced focus on high-need patients

Secondary Driver

What specific activities will be done to help achieve the primary driver? (Note: may impact multiple aims)

Develop personalized and integrated interventions for high-need patients that address social determinants of health

Identify or develop, monitor, and align health and wellness quality measures

Establish alternative payment model(s) that incentivize and improve provider accountability and outcomes

Provide an upfront investment to transform organizational structures

Recruit, retain, and continuously develop a workforce that meets the needs of all District residents and accelerates the integration of evidence-based knowledge in their practice

Incentivize providers to invest in EHR/HIE/data analytic tools and effectively utilize data for population health and quality improvements

Integrate data across Agencies in order to incorporate data into clinical workflow and for analysis by gov't agencies

Link PCPs, specialists, community-based providers, and social service providers to reduce avoidable hospital and ER use

Reward coordination of health and social services within payment model(s)

DC High-Cost, High Need SIM Driver Diagram