



District of Columbia State Innovation Model SIM Advisory Committee

March 9, 2016
2:00 p.m.- 4:00 p.m.

Members Present: **LaQuandra S. Nesbitt, MD** (SIM Chair, Department of Health), **Christian Barrera** (Office of the Deputy Mayor of Health and Human Services), **Jacqueline Bowens** (DC Primary Care Association), **Karen Dale, RN, MSN, CS** (AmeriHealth Caritas District of Columbia), Chan Dang Vu (for **Tanya Royster, MD** (Department of Behavioral Health) **Lisa Fitzpatrick, MD** (Department of Health Care Finance), **Howard Liebers** (for Stephen Taylor, Department of Insurance, Securities and Banking), **Christopher King, PhD** (Georgetown University School of Nursing and Health Studies), **Kody Kinsley** (for Laura Zeilinger Department of Human Services), **Mara Krause Donohue** (Medicaid Beneficiary Representative), **Christy Respress** (Pathways to Housing), **Claudia Schlosberg** (Department of Health Care Finance), **Mark Weissman, MD** (Children’s National Health System).

Members Absent: **Richard Bebout** (Green Door), **Jonathan Blum** (CareFirst BlueCross BlueShield), **Amy Freeman** (Providence Hospital), **Maria Gomez, RN, MPH** (Mary’s Center), **Rayna Smith, Esq.** (Committee on Health and Human Services), **Reverend Frank D. Tucker** (First Baptist Church), **Reverend Christine Wiley** (Covenant Church),

TOPIC	DISCUSSION
Progress Report	Dena Hasan, SIM Director, highlighted the tremendous amount of work done over the past few months. Over 450 stakeholders have been engaged in the SIM planning process either by participating in work groups or subscribing to the weekly newsletter. There have been six work group meetings since the last Advisory Committee meeting in January. A couple of work groups have met jointly to discuss overlapping topics. While the focus of the work groups has been on Health Homes 2 (HH2), Dena stated the work groups need to pivot to address the long term SIM goals to transform the payment and delivery systems to hold providers accountable for outcomes.
Environmental Scan	Dena reviewed the highlights of the environmental scan on disparities, utilization, key data takeaways on Medicaid spending and the top10 conditions in the Medicaid population. The Advisory Committee recommended the utilization and provider (PCP) touch points be broken down by ward or Medicaid enrollment categories. They were also concerned that some of the data sources were from 2012. Staff explained while there are more recent data for DC Medicaid. There is a lag in the availability data that is used to provide a national comparison, but they would also look into using AHRQ data as the committee had suggested.

	<p>The SIM Core Team will be conducting the following stakeholder engagement activities over the month of March to gain insight.</p> <ul style="list-style-type: none"> a. <u>Consumer Interviews</u> Plans are underway to conduct 100 interviews at Mary’s Center, Unity Health Care, Providence Hospital and George Washington Hospital. The Advisory Committee suggested leveraging the Mayor’s office to reach consumers who speak different languages, have different race, ethnicity, and sexual orientation. The committee also suggested interview locations in health care settings may bias the results since it would not capture individuals not seeking care, but may need care. b. <u>Focus Groups</u> Navigant will conduct 4-5 focus groups of “high utilizers” defined as 6 ER visits and 4 inpatient visits. 350 individuals were identified using Medicaid claims analysis identified as “high utilizers.” The aim is to hone in on how these people access the system and the services used and look at the breadth of services. The Advisory Committee mentioned families (mothers with children who have multiple care needs) may also be an especially high-utilization, high-cost population to target. c. <u>Provider Survey</u> In order to get feedback on how the District’s healthcare system can improve the experience for providers and their patients, the SIM Core team and Navigant will field a survey to all providers. The Advisory Committee advised that to get survey participation, the introductory language should describe how findings will impact the provider. The survey must also be in a paper downloadable form or give providers a paper option use since there are providers who prefer paper surveys and not all providers use computers. Committee members also stressed the importance to capture providers in different settings. Dr. Nesbitt mentioned partnering with trade organizations to send out the surveys.
<p>State Health Innovation Plan</p>	<p>Several questions were proposed to the Advisory Committee to guide the work group efforts as they address the long-term goals for SIM.</p> <p><i>From the environmental scan findings and your stakeholder perspective, what are the specific dimensions of disparities that the District should consider as its top priority/ies?</i></p> <p>The committee discussed how there was a clear distinction between health and health care disparities. SIM should follow the IOM social and behavioral domains. Initiatives need to address more of the upstream causes and look at system changes that must occur before care coordination activities. HH2 starts to address these upstream factors but it will not be enough. The committee suggested that HH2 is ideal for in-home assessments or HH2 provider giving assessments at first contact. Screenings for social determinants and health risk factors can occur early and administered through community touch points for target populations (TANF benefits, PCP, OBGYN, other). There is also the need to align the SHIP with the DOH State Health Improvement Plan.</p>

	<p><i>How will the District know that it has made meaningful and measureable progress on reducing disparities?</i></p> <p>The Advisory Committee recommended that the SHIP evaluation and monitoring plan ensures that there is shared accountability and interventions should be grounded in evidence-based practices.</p> <p><i>What should the District's workforce look like in the future? What investments need to be made in order to transform today's workforce?</i></p> <p>The Advisory Committee suggested looking at Vermont as an example. Vermont's Blueprint for Health gave physician practices access to insurer-funded community health teams, public health expertise and real-time information for each community. Overall, Blueprint for Health's aim was to give physician practices the motivation, support and infrastructure needed to deliver coordinated, high-quality care within the existing work environment. The District could apply this concept to ward-based embedded community supports that can coach and assess residents' health. These community supports were previously siloed, they would now be working together in a coordinated effort.</p> <p>Some committee members suggested that the workforce needs to be able to go to the patient in order to help facilitate early contact and better health outcomes. If we wait for patients to come to the physician, we miss a key step. The team could be composed of Community Health Workers, navigators, or other professionals. The District could explore home visitation practices use "reverse" navigation to have community navigators target their residents. The use navigators to identify and connect with high-users could be done using an assessment score which prompts some sort of community contact or a health risk assessment done in-home. There needs to be an effort to connect physicians who don't have capacities to expand with these teams to create a more integrated system. This could be a ward-based care teams for general use by small provider practices.</p> <p>As for training, the assumption for continuing education is that the training will filter down to all levels. In reality, it does not. Future training needs to communicate the new care framework and the expectations at all levels. committee suggested working with workforce investment boards to create training programs and career ladders.</p>
Next Steps	<ul style="list-style-type: none"> ○ Consumer Feedback Webinar to be scheduled in late April ○ Next meeting will be held on May 11th