

## Proposed Medical Care Advisory Committee (MCAC) Health System Re-Design Subcommittee Overview

### Background

Over the past year, the District of Columbia's Department of Health Care Finance (DHCF) engaged a diverse group of over 500 private and public stakeholders, including health care insurers, providers of health and social services and consumers of these services, to develop a [State Health Innovation Plan \(SHIP\)](#) for the District. This SHIP describes how we will achieve five aims, in five years (2017-2021) to better District residents' health, which are:

1. 100% of chronically-ill Medicaid enrollees<sup>1</sup> will have access to a care coordination entity;
2. 15% reduction in non-emergent emergency department visits for all District residents;
3. 15% reduction in preventable hospital readmission rates for Medicaid enrollees;
4. Reinvest savings achieved through changing health system to promote prevention and health equity; and
5. 85% of Medicaid payments will be linked to quality and 50% payments will be tied to an alternative payment model (APM).

The District's SHIP will be updated annually with data provided from various sources, including input given by beneficiaries, providers and others vested in the well-being of District residents. As nearly 40% of District residents have healthcare coverage through Medicaid or the District's local Medicaid-like health insurance plan (DC Healthcare Alliance), the types, design and impact of services these programs pay for play an important role in ensuring that the District achieves our five SHIP goals.

Actively engaging and gaining input from the MCAC, and the stakeholders that participate in MCAC meetings, is a good way to ensure that the methods we've employed to re-design the District's health system are making a meaningful impact how beneficiaries receive care and the way providers deliver it.

### Charter

The *Health System Re-Design Subcommittee* would develop recommendations for the MCAC on which strategies described in the District's SHIP need to be updated to achieve the five SHIP goals. These recommendations would be guided by beneficiaries, providers and other stakeholders' feedback on how the key care coordination initiatives highlighted in the SHIP are impacting the way in which services are being delivered, and whether these services are helping to integrate community health and social services with medical care, and reduce the overuse of emergency room services. Additionally, this subcommittee would highlight challenges in the existing health system related to engaging beneficiaries in decisions around the care received, and propose approaches to better partnerships between the providers of services and the users of these services.

Realizing that the task of improving the District's health system requires changes to various policies, provider practices and other areas, the focus of this subcommittee could broaden to also include

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<sup>1</sup> A list of the health chronic health conditions are listed in the District of Columbia Municipal Regulations.

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discussions (and resulting recommendations to the MCAC) related to how health and social services are documented, assessed for quality, and shared with the provider community, beneficiaries and the general public.

### **Goals**

The goals of the Subcommittee would be to:

1. Provide feedback on Medicaid benefits that seek to better coordinate the care of beneficiaries, and what updates (if any) are needed to improve these benefits. These benefits include, but are not limited to:
  - a. My DC Health Home, which is a comprehensive care coordination service available to Medicaid beneficiaries with severe mental illness;
  - b. My Health GPS, which is a comprehensive care coordination service available to Medicaid beneficiaries with chronic physical conditions and less-severe mental illness; and
  - c. Federal Qualified Health Center services, which now allow beneficiaries to receive primary care, mental health and dental services on the same-day, and in some cases provide access to medical advice 24 hour/7 days per week.
2. Provide ideas on whether new Medicaid benefits that are designed to address the needs of a specific population(s) are desired.
3. Provide input on current gaps in health and social service providers' capacity to comprehensively coordinate care, and what actions should be put in place to close these gaps.
4. Provide input on what tools and data are needed by providers and beneficiaries to ensure that medical and social services are integrated.

### **Meeting Frequency**

The Subcommittee would meet at least quarterly.

### **Methods of Communication**

The Subcommittee could meet through a conference call or in person. Erin Holve, Director of DHCF's Health Care Reform and Innovation Administration (HCRIA) and Dena Hasan, Lead Project Manager, would be the DHCF points of contact for the Subcommittee. They would represent DHCF in Subcommittee meetings, and assist with preparation of agendas, minutes, and other Subcommittee deliverables as necessary. Other agency officials from DHCF and related agencies would participate as needed.