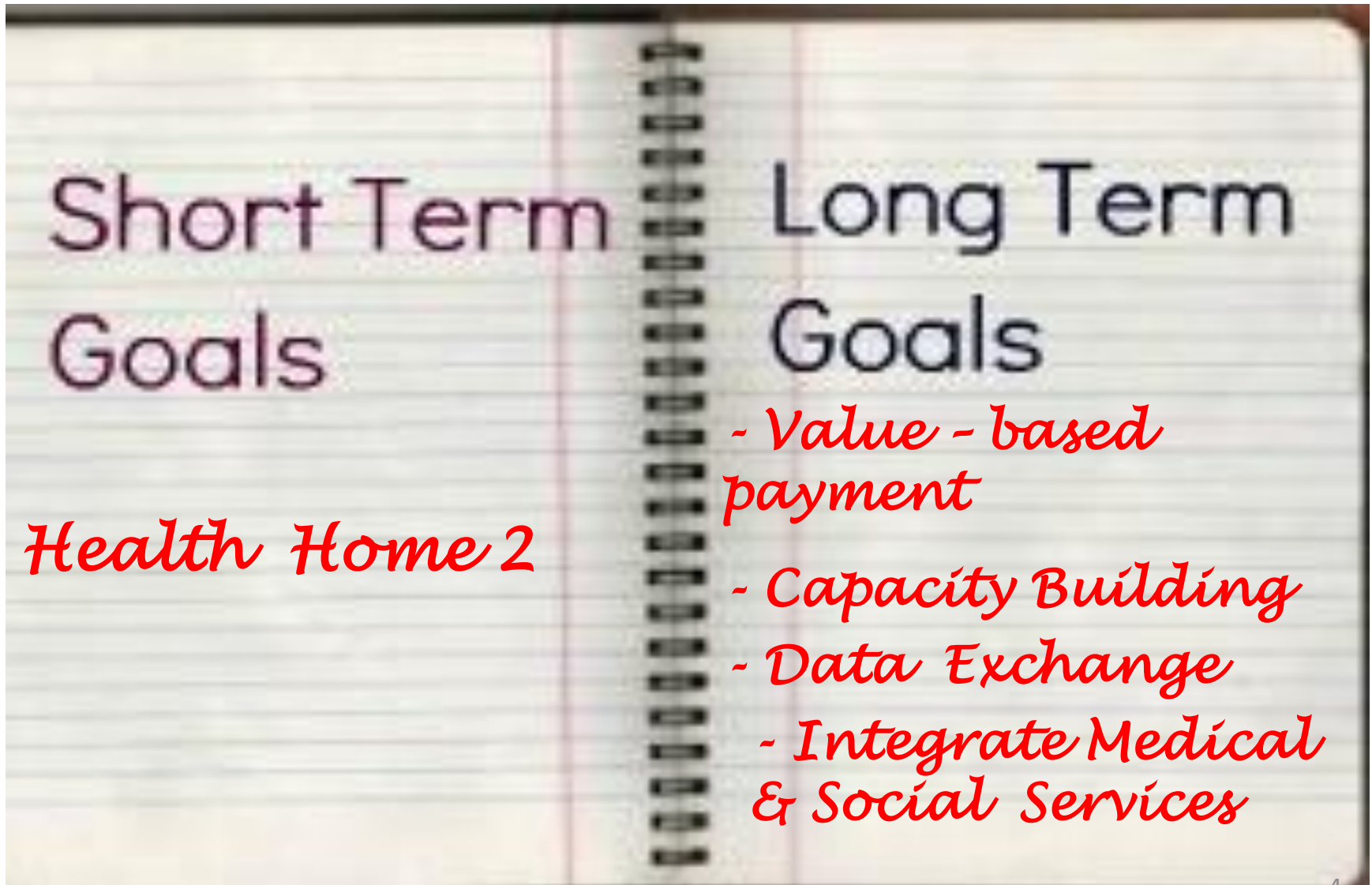# DC SIM Advisory Committee Meeting

March 9, 2016

Agenda

- **Introductions**

- **Progress**

- **SHIP Overview**

- **Environmental Scan**

- **Long-Term Strategy Discussion**

- **Next Steps & Questions**

Progress Since Last Advisory Committee Meeting

- **Work Group Meetings** *with 453 Stakeholders*
  - <u>Care Delivery</u>: February 3rd, March 2nd
  - <u>Joint Community Linkages/Care Delivery</u>: January 12th
  - <u>Joint Quality Metrics/Care Delivery</u>: January 20th
  - <u>Payment Models</u>: February 5th
  - <u>Community Linkage</u>: February 17th
  - <u>Quality Metrics</u>: February 22nd

- **Innovation Updates –** SIM Weekly Newsletters

- **Consumer Engagement –** Soliciting feedback on healthcare in the District from consumer perspective, especially targeting super-utilizers
  - Consumer Interviews: Mary's Center, Unity, Providence, George Washington
  - Focus Groups: Scheduled March 29th and March 30th

- **Provider Engagement** – Feedback on healthcare in the District from the provider perspective
  - Developed online survey that will be sent to Medicaid providers

Pivoting from Short to Long-Term Goals

Short Term Goals

Health Home 2

Long Term Goals

- Value - based payment

- Capacity Building

- Data Exchange

- Integrate Medical & Social Services

Driver Diagram Frames SIM Workgroup Discussions

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.

Support value-based payment models that reward quality, improved health and efficiency
- 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 incentize and improve provider accountability and outcomes

Invest in capacity building infrastructure and supports to assist providers as they change their business model and workflows
- Provide an upfront investment to transform organizational structures
- Recruit, retain, and continuouly develop a workforce that meets the needs of all District residents and accelerates the integration of evidence-based knowledge in their practice

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

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

SHIP as Part of the State Innovation Model (SIM)

- Main deliverable to CMS as part of the District's SIM is the State Health Innovation Plan (SHIP)

- Iterative process that requires significant feedback from the Advisory Committee and Workgroups

Today's meeting: Present high-level Environmental Scan findings and solicit feedback from Committee on Key Discussion Topics

DC Environmental Scan Findings

First Component of the SHIP

DC Environmental Scan: Population Health, By Ward

Measure	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	US
Health Status as Fair or Poor	12.6%	8.9%	4.2%	17.4%	17.0%	7.9%	17.6%	29.5%	**16.7%**
Adults with High Blood Pressure	28.6%	23.8%	24.0%	32.3%	37.2%	29.6%	42.9%	37.7%	**31.4%**
Obesity	24.9%	15.3%	12.0%	27.2%	32.1%	22.1%	35.0%	42.8%	**29.4%**
Current Smoker	15.5%	8.6%	9.3%	14.4%	20.4%	17.3%	24.1%	41.0%	**18.8%**
Diabetes	6.6%	4.8%	3.1%	8.4%	10.9%	6.5%	14.5%	16.0%	**9.7%**

*All data is self-reported through the Behavioral Risk Factor Surveillance System (BRFSS)

District of Columbia, Department of Health. (2015, June). Annual Health Report: behavioral Risk Factor Surveillance System. Retrieved from
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2013%20Final%20BRFSS%20Annual%20Report%207%2029%2015.pdf.

DC Environmental Scan: Health Care Utilization

Healthcare Utilization Metric	DC	United States
Medicare 30-day hospital readmissions per 1,000 beneficiaries, 2012	65	45
Emergency Department Visits per 1,000 population, 2013	746	423
Mortality amenable to healthcare, deaths per 100,000 population, 2012-2013	119	82

The Commonwealth Fund. (2015). Health System Data Center: District of Columbia. Retrieved from http://datacenter.commonwealthfund.org/scorecard/state/10/district-of-columbia/.

The Kaiser Family Foundation. (2013). Hospital Emergency Room Visits per 1,000 population by ownership type. Retrieved from http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/

The Commonwealth Fund. (2015). Health System Data Center: District of Columbia. Retrieved from http://datacenter.commonwealthfund.org/scorecard/state/10/district-of-columbia/.

# Key Data Takeaways (FY14)

Total Medicaid Population

- **Average Per Person Spending:** $10,050
  - FFS: $27,378 (based on 58,034 beneficiaries with a claim in FY14)
  - MCO: $4,014 (based on 166,586 beneficiaries with a claim in FY14)

- **ED Visits:** 70,649 MCO beneficiaries had an ED visit (42% of MCO as compared to 23% of FFS)

- **IP Visits**: 12,987 FFS beneficiaries had an IP visit (22% of FFS as compared to 9% of MCO)

- **Long-Term Care:** Comprises 32% ($757,026,295) of total Medicaid expenditures

High Cost Beneficiaries

- **Proportion of Spending (FFS and MCO):**
  - Top 1 percentile: 2,339 beneficiaries make up 27% of total Medicaid spending
  - Top 5 percentile: 13,855 beneficiaries make up 60% of total Medicaid spending

- **Average Per Person Spending within Top 1 Percentile:**
  - FFS: $495,861
  - MCO: $206,125

- **Top 10 Chronic Conditions within Top 1 Percentile:** 1) Hypertension; 2) Behavior Problems; 3) Diabetes; 4) Dementia; 5) Paralysis; 6) Cerebrovascular Disease; 7) Chronic Renal Failure; 8) CHF; 9) Hyperlipidima; and 10) Depression

DC Environmental Scan: Medicaid Spending

- High utilization of healthcare services by a small number of Medicaid beneficiaries has led to a majority (60%) of Medicaid spending by the top five percent of Medicaid beneficiaries

- High-Cost DC Medicaid Beneficiaries Proportion of Spending, 2014

1%
4%

95%

27%

33%

40%

MEDICAID POPULATION   MEDICAID SPENDING
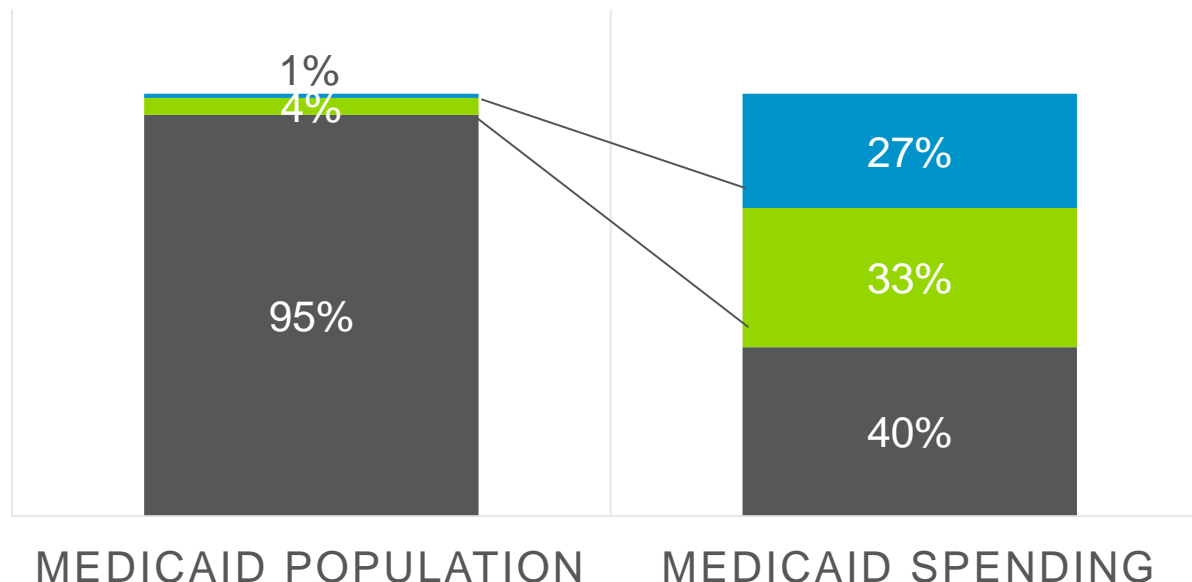
DC Environmental Scan: Health Care Utilization
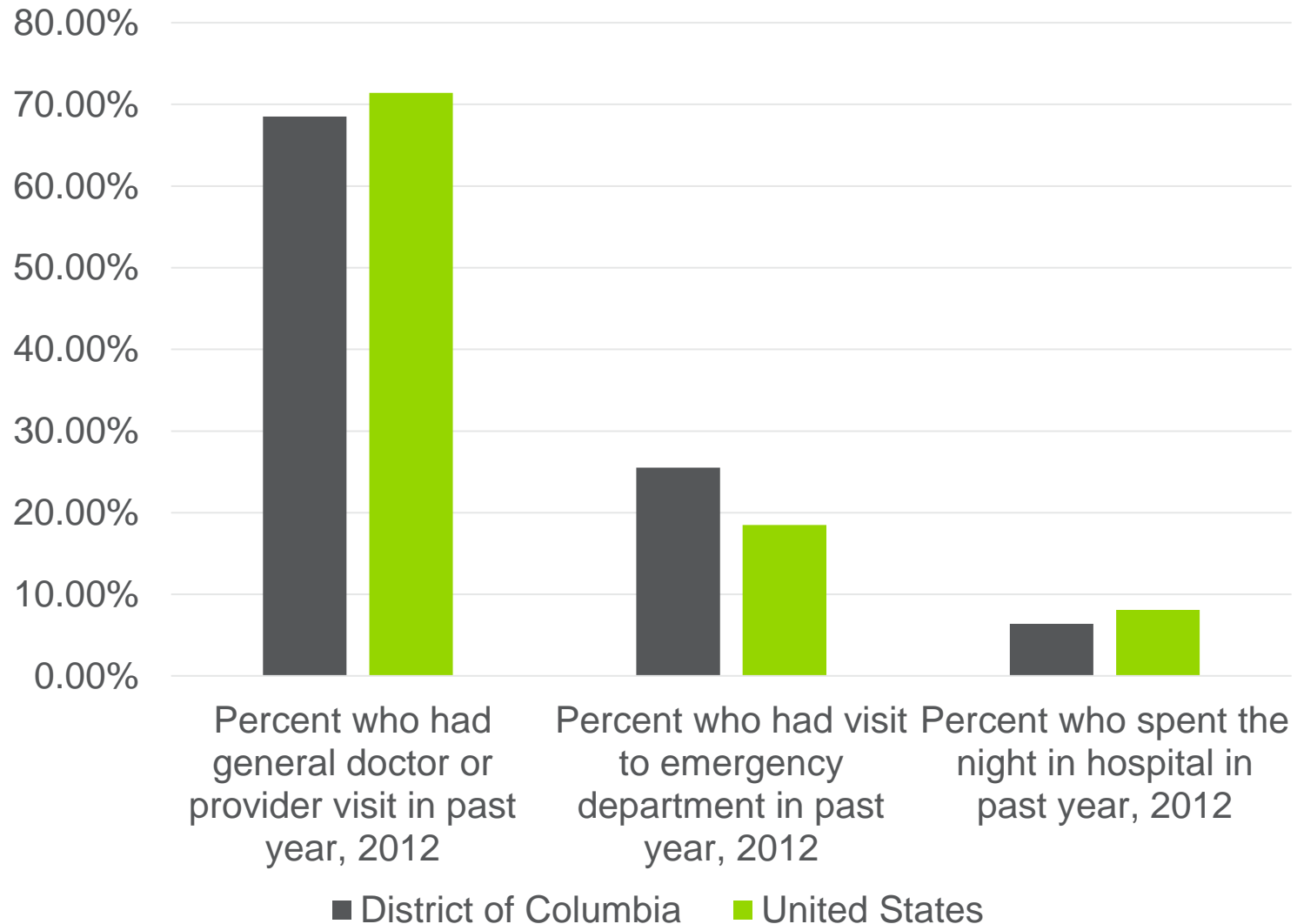
<u>Overview of Environmental Scan</u>

- Establishes baseline and informs goals for SIM transformation efforts

- Includes multiple published and unpublished data sources
    - American Community Survey (ACS) 2014
    - Behavioral Risk Factor Surveillance System (BRFSS) 2015
    - Centers for Disease Control and Prevention, Health Disparities Report
    - The Commonwealth Fund, Health System Data Center
    - U.S. Census Bureau, District of Columbia Quick Facts
    - District of Columbia Department of Health Board of Medicine
    - District of Columbia Department of Health Annual Health Report
    - District of Columbia Interagency Council on Homelessness
    - Kaiser Family Foundation, State Health Statistics
    - RAND Corporation, Assessing Health and Health Care in District of Columbia
    - State Health Access Data Assistance Center, District of Columbia State Profile
    - The District's Medicaid Management Information System 2015

Question for the Advisory Committee:
Is the scan missing any vital data or information sources to frame the issue?

Consumer and Provider Engagement Incorporated into Environmental Scan

Consumer Interviews & Focus Group

- General Information
- Access to Primary Care and Provider Satisfaction
- Gaps in Health Care
- Emergency Department Utilization
- Ability to Manage Chronic Conditions *(Focus Group Only)*
- Access to Social Services
- Overall Satisfaction with DC Healthcare System

Provider Survey

- General Information
- Patient Demographics
- Barriers to Accessing Care for your Patients
- Information Sharing
- Healthcare Transformation
- Hospital-Based Providers only
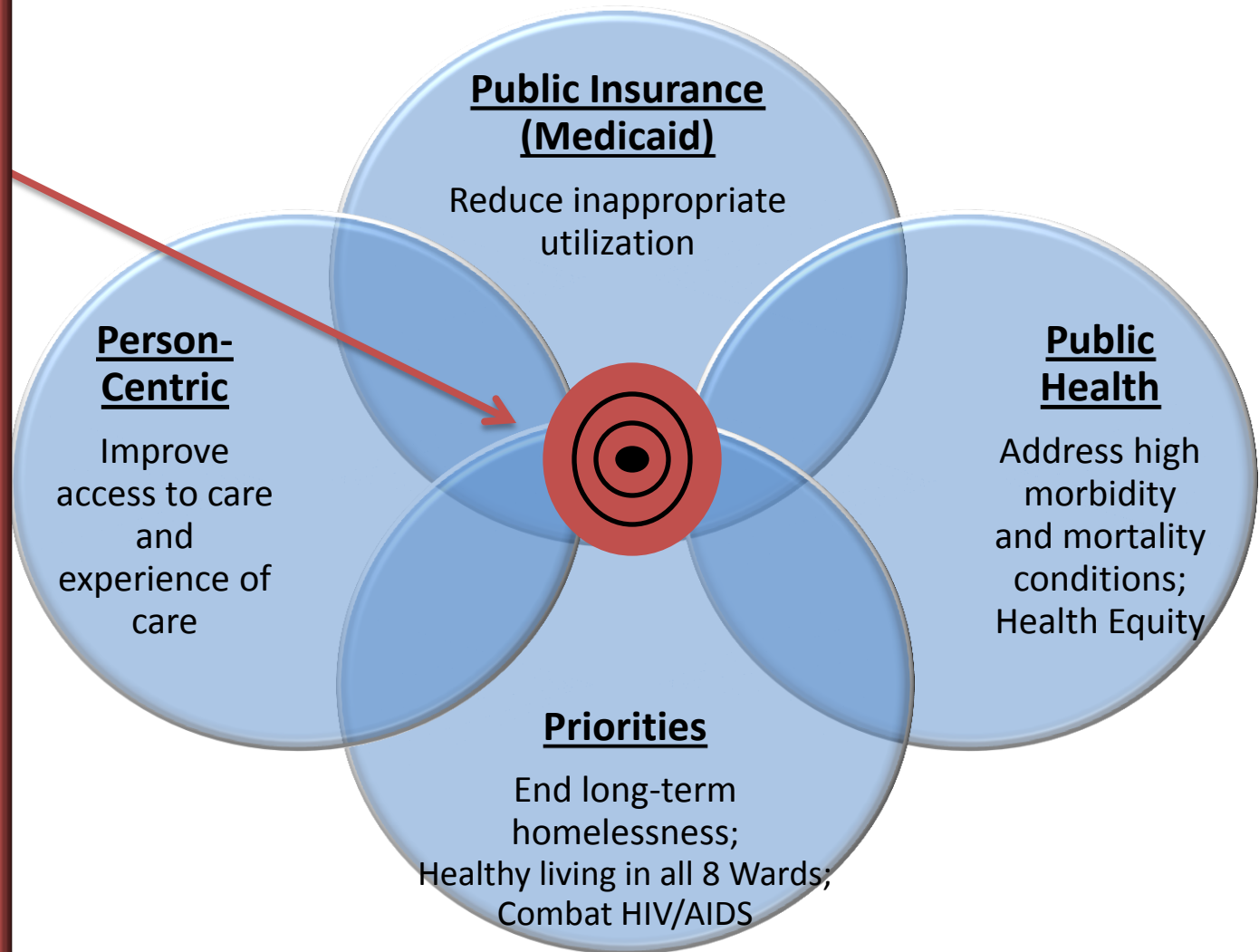
Five-Year Innovation Roadmap

Identify Overlapping Priorities

SIM Priorities:

Leverage Payment and Delivery Reforms to:

- Address high-mortality & morbidity conditions (e.g. cancer, diabetes, cerebrovascular, heart disease & respiratory)

- Address high-cost conditions (e.g. hypertension, heart disease, diabetes, HIV/AIDS, behavioral health)

- End chronic homelessness

- Reduce disparities

Public Insurance (Medicaid)

Reduce inappropriate utilization

Person-Centric

Improve access to care and experience of care

Public Health

Address high morbidity and mortality conditions; Health Equity

Priorities

End long-term homelessness; Healthy living in all 8 Wards; Combat HIV/AIDS

16

What Is the District's Long-Term Vision?

Reducing Disparities

- What are the specific dimensions of disparities that the District should consider as its top priority/ies?

Monitoring & Evaluation

- How will the District know that it has made meaningful and measureable progress on reducing disparities?

Capacity Building

- What should the District's workforce look like in the future? What investments need to be made in order to transform today's workforce?

Next Steps

- Gather information through consumer interviews and focus groups, and provider surveys; present finding in mid-April

- Continue to develop SHIP based on Work Group and Advisory Committee recommendations

- Interim SHIP Presentation at May Advisory Committee Meeting (see next slide)

SHIP Development Timeline

Midterm SHIP Report

- **2/12/16** – Outline complete
- **3/09/16** – Solicit and Incorporate Advisory Committee Comments on Key SHIP Discussion Areas

Interim SHIP Report

- **5/09/16** – Finalize Interim SHIP
- **5/11/16** – Present to Advisory Committee
- **5/16/16** – Share Interim SHIP w/ Work Groups
- **6/01/16** – Incorporate Feedback

Final SHIP Report

- **6/17/16 –** Submit to DHCF for Final Edits
- **7/13/16** – Submit Final SHIP to Advisory Committee for Approval
- **7/31/16** – Submit to CMS