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**D.C. MEDICAL CARE ADVISORY COMMITTEE**

**Access Subcommittee**

Meeting Minutes, Planning Meeting

Wednesday, August 12, 2020

District of Columbia Department of Health Care Finance (DHCF)

**Attendees**

* Robert Hay, Jr., Subcommittee Chair; Executive Vice President, Medical Society of DC\*
* Maude Holt, Administrator, Office of the Health Care Ombudsman\*
* Eric Scharf, Depression and Bipolar Support Alliance\*
* Marsha Lille-Blanton, Senior Advisor, Office of the Director, Department of Behavioral Health (DBH)\*
* Taylor Woods, Special Projects Officer, Health Care Policy and Research Administration (HCPRA), DHCF
* Lauren Ratner, Special Advisor Health System Transformation, Office of the Director, DC Health
* Trina Dutta, Director, Strategic Management and Policy Division, DBH
* Claudia Schlosberg, Principal, Castle Hill Consulting
* Nikhil Holla, Medical Student, George Washington University
* Kathy Bernstein, RN, Director, Managed Markets, Alkermes
* Sadie Bianco, Clinical Director, DC Counseling Center
* Gayatri Sanku, Doctoral Student, Georgetown University
* April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA, DHCF
* Ellyon Bell, Special Projects Officer, Division of Rates and Reimbursement and Financial Analysis, DHCF
* Bill Hanna, Special Projects Officer, Office of the Medicaid Director, DHCF

\*MCAC member or designee

**Summary of Meeting**

Robert Hay, Jr., Chair, called the virtual meeting to order at 9:34 AM. The group discussed the history and scope of the Access Subcommittee, the structure of the Workgroup over the next year, and topics that deserve consideration over the next year.

***History and Purpose of the Access Subcommittee***

Taylor Woods presented on the Access Subcommittee’s history and orientation. The Subcommittee was originally chartered as a permanent venue after taking public feedback related to the Access Monitoring Review Plan. The scope of the Access Subcommittee is to: 1) Provide feedback on DHCF’s ongoing efforts to enhance beneficiary and provider input.  This could include providing feedback on potential access measures, such as surveys, secret shopper programs, and topics for focus groups; 2) Alert DHCF to emerging access issues for particular providers, especially any for whom DHCF is pursuing a rate reduction or restricting through a state plan amendment; and 3) Alert DHCF to any other efforts to study or monitor access to health care in the District, such as studies conducted by research organizations or advocates.

***Scope and Format of the Access Subcommittee in FY21***

Robert Hay, Jr. presented on the planned scope of the Subcommittee. The Subcommittee will plan topics in advance and invite experts on the topic or stakeholders affected by the topic. Meetings will occur every 2 months starting in September, usually on the 2nd Wednesday of the month. Each meeting will start with follow up items from the previous session’s discussion.

***Potential Topics for Discussion in FY21***

The meeting issued an open call to Subcommittee members for topic ideas. The following reflect the topic ideas identified and the group discussion on the topic ideas.

*Perinatal Health*

* Robert suggested the topic, Taylor noted the Mayor’s interest in the topic, and Claudia and Marsha echoed the concern
* Claudia stated that MCO contracts have provisions that could be a tool for action
  + Claudia has the Nurse-Family Partnership as a client, which is an outcomes-oriented program to improve perinatal health outcomes and partnered with Mary’s Center
  + Families USA has a grant that DHCF could be interested in, related to best practices for community-funded health interventions to improve maternal and child outcomes
* Marsha stated that data should be reflective of the public insurance population, excluding the privately insured and uninsured populations
* Claudia believes many expectant mothers will be transitioning in the FFS/MCO transition and that could affect their access to quality care
* April Grady shared DHCF’s dashboard on perinatal statistics

*Network Adequacy*

* Claudia suggested the topic of whether network adequacy requirements adequately measure access in the District
* Claudia: Universal contracting’s effect on access needs to be examined
  + It clearly ensures access to hospital-based specialists, but does that have an effect on beneficiaries’ access to non-hospital specialists or other side effects?
* Maude: Doctors are contracting with insurance less and less, including Medicaid, because of the low payments
* Taylor noted the Subcommittee had attempted this discussion multiple times but did not frame an entire meeting around this issue because the complexity of legal requirements on network adequacy could be daunting

*Access Through Technology*

* Eric Scharf suggests telehealth as a topic: while access has expanded during the pandemic, there could be access-related concerns between age or income groups
* Marsha and Claudia agree
* Claudia suggests the Department of Aging and Community Living or Iona Health as an invitee, who have had to work through these challenges with seniors
* Eric suggests the Capital Clubhouse as a provider that’s been working on telehealth with a population not accustomed to it since the pandemic

*Monitoring of Managed Care Transition*

* Marsha suggested the topic because there are 19k people transitioning and new managed care contracts and the Workgroup should check in on whether that has affected access
* April Grady stated that we know who is moving and there are internal DHCF metrics for the transition that the data team is tracking
* Marsha and Maude are most concerned about the population transitioning that have behavioral health challenges
* Robert suggests a check-in early in the process and a retrospective after a year of this change
* Claudia suggests that continuity of care from the physicians that people were seeing before the new contracts and transition to afterward should be measured
* Claudia suggests that the SSI population is going to receive complex case management services and those need to be monitored
  + There is no guarantee that people engage with case management and Claudia believes DHCF should be tracking and sharing how many receive these services
  + She believes DHCF should measure what care they receive outside of case management

*MCO Marketing*

* The MCAC’s leadership has asked the Access Subcommittee to review MCO Marketing Materials in advance of their approval by the agency
  + The MCAC is assigned in statute to advise the agency on these materials
* The intention is to make sure that beneficiaries in those MCOs fully understand their Medicaid coverage and ability to access medical care
* Robert and Taylor think this is within the scope of the Subcommittee and plan to make the September 9th meeting focused on this
* There were concerns about MCOs being asked to present -the Subcommittee should be able to conduct its discussion without the MCOs in the room
  + Taylor clarifies that other MCOs will never be in the room when materials are presented

**Takeaways and Next Steps**

Taylor and Robert will confer to decide which topics should be selected, when they should be covered, what data will be requested, and who should be invited to sessions on each topic. Taylor will send out the meeting series to the group following the meeting.

***Adjournment:***

Subcommittee Chair Robert Hay, Jr. adjourned the meeting at 10:33 AM.