

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director

D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC) {Retreat}

Location: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, February 15, 2017

1:00 p.m. to 5:00 p.m.

Meeting Minutes

ATTENDEES:

MEMBERS:

Donna Anthony, OSSE
Jacqueline Bowens, DCHA
Karen Dale, AmeriHealth Caritas DC
Guy Durant, Beneficiary
Nnemdi Elias, United Medical Center
Brian Footer, DCOA
Sharra E. Greer, Children's Law Center
A.Seiji Hayashi, Unity Health Care, Inc.
Maude Holt, DC Ombudsman
Suzanne Jackson, GW Law School
Jodi Kwarciany, DC Fiscal Policy Institute
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on LTC
Trey Long, DHS
Erin Loubier, Whitman-Walker Health
Angela Miller, Beneficiary
LaQuandra S. Nesbitt, MD, DOH
Tanya Royster, DBH
Claudia Schlosberg, DHCF
Heidi Schumacher, DCPS
Ron Swanda, Advocate for Seniors
Jim Wotring, DBH

MEMBERS VIA CONFERENCE LINE

No notes available

GUESTS:

Mark Agosto, DDS
Kivon Allen, DHCF
Michael Bolling, DHCF
Cyd Campbell, MedStar
Donald Clark, DDS
Melissa Clarke, MD
Olga Figueroa, DDS
DaShawn Groves, DHCF
An-Tsun Huang, DHCF
Christy Kramer, LeadingAge DC
Racheal Plaskon, DHS
Emily Price, DDS
Krysta Ricard, DHCF
Rebecca Shields, DHS
Leslie Lyles Smith, MedStar Family Choice
Yvette Thomas, DHS
Frank Tucker, FBHMS
Alice Weiss, DHCF
Carmelita White, DHCF

I. Call to Order/Approval of Minutes

Jacqueline Bowens (JB), MCAC Chair, called the meeting to order at 1:04 pm. She called for review and approval of the minutes. A motion was made, duly seconded, and the minutes were approved as presented, with the exception of one abstention.

JB welcomed the new MCAC member, Mr. Ron Swanda (RS) who previously served on the MCAC, and asked that he introduce himself.

RS stated that he has been a District resident for over thirty (30) years, and he is a volunteer advocate for seniors in the District.

II. Vote: MCAC Vice-Chair

JB introduced the two (2) candidates for the MCAC Vice-Chair set, Karen Dale (KD) and Nnemdi Elias (NE), MD. She reported that this role was vacated by the previous Vice-Chair, Hyesook Cheung due to her new role as the District's Deputy Mayor for Health and Human Services. JB noted that each MCAC member would receive a ballot, and once they have cast their vote, they would be tallied by Trina Dutta (TD).

After all ballots were received and tallied, it was announced that KD was elected as the new MCAC Vice-Chair.

III. MCAC Roles and Responsibilities

No notes available

IV. Report Out: Subcommittees to MCAC Body

The MCAC adjourned for Subcommittee breakout sessions at 2:30 pm. Each Subcommittee gave a brief report regarding their sessions as the regular MCAC session resumed (*see below*).

LONG TERM CARE SUBCOMMITTEE

The Long Term Care Subcommittee is chaired by Judith Levy (JL), and supported by DHCF Liaison, Michael Bolling (MB).

Members of the LTC Subcommittee currently include: Mary Williams (ESA); Brian Footer (DCOA); Angela R. Miller (Community Participant); Ron Swanda (Community Participant); Yvette Thomas (DHS/ESA); Judith Levy (DC Coalition on LTC); Michael Bolling (DHCF); Rebecca Shields (DHS/ESA); Olga Figueroa (DDS); and Christy Kramer (Leading Edge).

A draft Subcommittee mission statement and draft Subcommittee goals were distributed to all participants for discussion. After much dialogue about these topics, the mission statement and goals were determined to be an appropriate starting point. They are as follows:

Mission: The long-term services and supports Subcommittee's mission would be to enhance long-term services and supports for Medicaid beneficiaries so that they can age in the community safely and with dignity.

Goal #1: Review and provide feedback on proposed system redesign from the In-Home Supports task force.

Goal #2: Review the EPD waiver process to provide agencies community's experience and perspective on where barriers exist.

The Subcommittee agreed to determine the meeting frequency at its next meeting tentatively scheduled for March 2017.

ELIGIBILITY & ENROLLMENT SUBCOMMITTEE

The Eligibility and Enrollment Subcommittee is chaired by Jodi Kwarciany (JK), and supported by DHCF Liaison, Kivon Allen (KA).

Members of the Eligibility and Enrollment Subcommittee currently include: Jodi Kwarciany (DCFPI); Racheal Plaskon (DHS); Danielle Lewis (DHCF); Maude Holt (DHCF); Chelsea Sharon (Legal Aid DC); Suzanne Jackson (GW HICP); Donald Clark (DDS); Erin Loubier (WWH); Trey Long (DHS); Claudia Schlosberg (DHCF); Kivon Allen (DHCF); and Krysta-Lynn Ricard (DHCF).

The decision was made to hold the Subcommittee meetings on the 3rd Tuesday of each month. The meetings will be in-person with conference calling capabilities. The agenda will be dispersed 24-28 hours prior to each meeting. The decision-making processes will be consensus.

The proposed charter was reviewed and recommendations and revisions were made. Members suggested that the last sentence in paragraph two (2) be removed because it does not reflect current state of affairs.

The mission statement should be trimmed down to basic goals and include language about No Wrong Door. The mission should also include language that speaks to:

- Ensuring only eligible people get enrolled

- Addressing costs – budgetary constraints primarily with the Alliance; individuals who live other places than the District
- Program integrity

Goals for FY'17

Actionable recommendations to address issues concerning the Alliance Program

The Subcommittee stated that their next steps are regarding Alliance; business process improvement (*project manager attends meeting*); QMB; identifying priority issues; and moving the eligibility and enrollment report to the Subcommittee.

HEALTH SYSTEM RE-DESIGN SUBCOMMITTEE

The Health System Re-Design Subcommittee is chaired by KD and supported by DHCF Liaison, DaShawn Groves (DG).

Members of the Eligibility and Enrollment Subcommittee currently include: Donna Anthony (OSSE); Jacqueline D Bowens (DCHA); Marisa Brown; Cyd Campbell (MedStar); Melissa Clarke, MD; Karen Dale (AmeriHealth); Sharra E. Greer (Children's Law Center); Mark LeVota (DC Behavioral Health Assoc.); Leslie Lyles-Smith (MedStar Family Choice); LaQuandra Nesbitt, MD (DOH); Emily Price (DDS/NWD); Tanya Royster (DBH); Heidi Schumacher (DCPS); Jim Wotring (DBH); Sollange Clement; Ann Huang (DHCF); Joe Weissfeld (DHCF); and DaShawn Groves (DHCF).

The Subcommittee charter was modified so that it can have a clear path. It has been revised to build upon what has been done in the State Health Innovation Plan (SHIP), Healthy People 2020 and the Community Health Needs Assessment. The charter is consistent with the overarching philosophy of the Medical Care Advisory Committee (MCAC). Participants stated that the Subcommittee charter should include five goals since we don't know what they are. Members were reminded that SIM had broader goals and the Subcommittee is limited to Medicaid, but can offer recommendations about DHCF engaging in a multi-payer approach.

An update was provided on the four (4) HIE initiatives that will be designed, developed and implemented in FY17. These tools will bring together different data to promote health equity and improve health outcomes (*listed below*).

- **Electronic Clinical Quality Measure dashboard (eCQM):** Measures performance across providers to see how well they are improving their patient outcomes.

- **Specialized Registry for Prenatal Care:** An electronic form in the electronic health record (EHR) that brings together prenatal screenings and assessments to the district's OB prenatal specialized registry.
- **Ambulatory Connectivity and Supports:** Providing technical assistance to providers so that providers understand how to use these tools.
- **Analytical Population Dashboard:** Managing patient population.

The No Wrong Door Initiative (NWD) at DDS has planned to do work around a patient care profile and data sharing for DC residents who need long-term services and supports. NWD staff works with DC PACT, DCOA, DBH, DHS, DDS and DHCF.

DHCF is also working on a number of value-based initiatives that incentivizes better outcomes. DHCF currently implemented or is planning to implement the following initiatives:

- **My DC Health Home:** Care coordination for beneficiaries with severe mental illness (SMI)
- **Managed Care Pay-for-Performance:** To receive full capitated payment, MCOs must reduce preventable admissions, low acuity emergency department (ED) visits, and 30-day readmissions
- **My Health GPS:** Care coordination for beneficiaries with multiple chronic conditions; P4P payment withhold, with bonus opportunity for achieving benchmarks related to outcomes, efficiency, and clinical process measures
- **FQHC Pay-for-Performance:** Bonus payment for achieving benchmarks related to outcomes, access, and transitions of care measures

Overview and Discussion of District's Triple Aim

Members suggested two to three initiatives they would like to see designed and implemented and they felt was not currently being addressed. Participants then selected where the initiatives aligned among the three aims:

- Improving consumer health outcomes by addressing social determinants of health, and focusing on preventative activities and care management
- Enhancing consumers' experience of care so that the healthcare system is more accessible and user-friendly
- Creating value for high-cost, high-need consumers through integrated care delivery, coordination with community supports, and alternative payment models.

Discussion of District Goals – DG will take the suggested initiatives as well as those identified in Healthy People 2020, SHIP and the Community Needs Assessment in order for members to begin to formulate.

Members agreed to hold the Subcommittee meetings on the months between the MCAC meetings at 5:00 pm. The focus of future meetings will be around the five (5) SHIP goals.

ACCESS SUBCOMMITTEE

The Health System Re-Design Subcommittee is chaired by Seiji Hayashi (SH), and supported by DHCF Liaison, Yorick Uzes (YU).

Members of the Access Subcommittee currently include: Edwin Chapman, MD; Frank Tucker (Pastor, First Baptist Church); Greg Rockwell (Thrive DC); Guy Durant* (Medicaid Beneficiary); L.B. West (Senior Pastor, Mount Airy Baptist Church & Board Member, Faith-based Health Management Systems); Leona Redmond* (President, Save our Seniors Now); Mark Agosto, (DDS); Nnemdi Elias, MD* (United Medical Center); Seiji Hayashi* (Subcommittee Chair); Trina Dutta (DHCF); Yorick Uzes (DHCF) {*MCAC member}

Purpose of Subcommittee

YU provided background on the intended purpose of the Subcommittee. The Centers for Medicaid and Medicare Services issued a regulation back in November 2015. The regulation require each state to demonstrate that the rates it pays FFS Medicaid providers are sufficient to ensure there is access to covered services, at least to the extent those services are available in the state generally. States are required to not just analyze their own data (e.g., claims), but to obtain input from beneficiaries, providers, and the public.

DHCF envisions the Subcommittee as a source of beneficiary, public, and provider input on the access experience—not just for the FFS program, but for DC Medicaid generally. The Subcommittee would be a forum for discussion and information-sharing, with two specific goals in mind:

- notifying DHCF of potential or actual access issues experienced by beneficiaries and/or providers
- providing feedback on any studies or specific measures DHCF is developing to measure access

YU stressed that the Subcommittee would play an advisory role. While it could recommend DHCF undertake specific projects or analyses, ultimately it would be up to DHCF to decide whether or not to do the work based on resource limitations and other factors.

How to Define Access

Discussion ensued about the meaning of access. YU cautioned that it is easy to confuse issues about access with issues about coverage. Coverage issues concern the need for a service that is not currently covered. Access issues concern the difficulty, or inability to

obtain a service that is covered. Mr. Hayashi pointed out that the Institute of Medicine has a definition for access: "the timely use of personal health services to achieve the best health outcomes." Subcommittee members liked that definition.

Access Issues in the District

Subcommittee members then engaged in brainstorming about the kinds of access issues that exist in the District and which of those issues the Subcommittee should examine. A lot of discussion focused on suspected geographic disparities in access— providers located on one side of the Anacostia River while beneficiaries are located on the other. One Subcommittee member pointed out that the supply of providers can be adequate in terms of total numbers, but if providers are not located near where beneficiaries reside, there is still a problem. There was discussion the cost of physician malpractice insurance in the District, which according to one Subcommittee member (a physician), is so high it pushes many physicians outside its borders. There was discussion about beneficiaries sometimes not knowing how to access services, and how navigators could be helpful as long as they don't become a gatekeeper and potential barrier to care. One Subcommittee member stressed the importance of social determinants in health care outcomes. Another pointed out environmental factors in access—for example, personal care aides refusing to work in a home with a bed bug infestation.

Subcommittee Deliverables

SH said the group should focus on its four deliverables:

1. The next Access Monitoring Review Plan, due September 2019
2. Reviewing and providing feedback on DHCF's quarterly access monitoring reports, which are scheduled to begin in late spring 2017
3. Providing feedback on services for which DHCF is proposing to reduce or restructure rates with a Medicaid State Plan Amendment
4. Making recommendations for new directions to improve access (e.g. telemedicine)

Next Steps

The Subcommittee decided to meet again in April, prior to the planned publication of the first Quarterly Access Monitoring Report. YU agreed to send out an email with a summary of the meeting and suggested time and location for future meeting.

V. Opportunity for Public Comment

No notes available

VI. Announcements

No notes available

VII. Next MCAC Meeting

The next MCAC meeting is scheduled for Wed., April 26, 2017.

VIII. Adjournment

The meeting was adjourned at 5:10 pm.