Proposed 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 the District's State Health Innovation Plan (SHIP). This roadmap describes how we will transform DC's health system to improve residents' health through five aims. Our aim is that the following goals have been achieved on behalf of District residents by 2021: All chronically-ill Medicaid enrollees have access to care coordination; non-emergent emergency department visits are reduced by 15%; Preventable hospital readmission rates for Medicaid enrollees are reduced by 15%; savings achieved through health system reforms are reinvested to promote prevention and health equity; and the vast majority of payments are linked to quality. The District's SHIP will be updated annually with data provided from stakeholders and various sources.

Subcommittee Mission

DHCF is proposing to form a *Health System Re-Design Subcommittee* to develop recommendations for the MCAC on strategies to achieve the five SHIP aims. These recommendations would be guided by beneficiaries, providers and other stakeholders' feedback. The committee would consider ways the key care coordination initiatives highlighted in the SHIP are impacting delivery of services, whether care coordination services are helping to integrate community health, social services, and medical care; and whether care coordination helps reduce inappropriate use 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.

Subcommittee 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 changes (if any) are needed to improve these benefits. These benefits include, but are not limited to: 1) My DC Health Home[1]; 2) My Health GPS[2], and 3) Federal Qualified Health Center services[3].
2. Provide input on current gaps in health and social service providers' capacity to comprehensively coordinate care, and specific actions (if any) that should be put in place to close these gaps.
3. Identify existing models of care delivery that should be replicated and how to implement, distribute, and/or incentivize these practices throughout the District.

Methods of Communication

The Subcommittee would meet via conference call or in person. Erin Holve, Director of DHCF's Health Care Reform and Innovation Administration (HCRIA) and DaShawn Groves, 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.

[1] My DC Health Home is a comprehensive care coordination service available to beneficiaries with severe mental illness

[2] My Health GPS is a comprehensive care coordination service available to beneficiaries with 3 or more chronic physical conditions

[3] FQHCs can now deliver 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.

Proposed MCAC Health System Re-Design Subcommittee Overview

MCAC Feedback

- I think this is a highly relevant topic as the District moves forward with delivery reform initiatives like My DC Health Home and My Health GPS. I think the goals are also very specific, which is helpful.
- Item iii only says identify "existing" models of care. What about trying out of the box thinking and new models of care? If we are truly going to "Re-Design" our health System, we have to be bold to think about non-existing models that we can create to improve and "Re-Design" our health system to improve it. Specifically, let's re-design how we improve benefits for beneficiaries such as Prescription and Vision and Dental benefits.
- Alignment between initiatives will be critical and should be a SMART goal.
- Add to i. "4) managed care pay-for-performance." Add as ii (and renumber accordingly): "Provide feedback on opportunities to apply population health framework and methods to improve health outcomes for beneficiaries."
- Based on my experience related to the sub-committee topic, these areas seem an appropriate starting point.
- Include coordination for early intervention services as part of this subcommittees focus. Incentives for the delivery of evidence-based practices.
- Specificity as relates to observed needs or issues is important so efforts can be concentrated. This applies to all groups. Overall, these appear to be broad goals, therefore it is the objectives that should be SMART as objectives may evolve over time but overall goals remain the same. I think these objectives can be worked out within the committees in concert with DHCF's specific needs
- Support movement of system to value based purchasing by creating consumer and stakeholder awareness.
- Practice transformation support for providers -- how to engage small and non-affiliated physicians in system redesign-- will require an appropriate alignment of incentives (reimbursement equity)
  Health Information Exchange -- what are the barriers to establishing an effective DC HIE
  Behavioral Health Integration
  Patient Accountability and Engagement
- Consider whether resources are accessible to non-English speakers