



**District of Columbia State Innovation Model**  
 Payment Model Work Group: Meeting Summary

December 17, 2015  
 3:00 p.m. – 4:30 p.m.

**Participants present:** Karen Dale (Chair), Shelly Ten Napel, Joe Weissfeld, Don Blanchon, Amy Freeman, Jacqueline Bowens, Michael Neff, Suzanne Fenzel, Dennis Hobb, Melissa Clarke, Victor Freeman, Peter Tuths, Brede Eschliman, Erin Loubier, Veronica Sharp, Leslie Lyles Smith, Lesley Wallace, Mark Weissman, Emily Eelman, Patricia Quinn, Patryce Toye, Amber Stumpf, Dena Hasan, An-Tsun Huang, Chris Botts, DaShawn Groves, Amy Xing, Hazelyn Martin-Henry, Josephine Morris-Young, Sharon Augenbaum, Johanna Barraza Cannon, Dan Weinstein

TOPIC	DISCUSSION
Goals of Work Group	<ul style="list-style-type: none"> <li>• This work group aims to establish ambitious goals to transform the District’s health care system through payment reforms. The reforms should be <b>transformative, sustainable, and measureable</b> reforms that send a signal to the market that we are moving away from traditional fee-for-service.</li> <li>• This work group will inform the development of the State Health Innovation Plan (SHIP) which will aim to bolster primary health care and better coordinate the care of the District’s most vulnerable resident, in order to achieve the triple aim (improve the health of the DC’s population; enhance the patient experience of care; and reduce or control healthcare costs in DC).</li> </ul>
Payment Reform in MN and OR	<ul style="list-style-type: none"> <li>• See here (<a href="http://dhcf.dc.gov/node/1132104">http://dhcf.dc.gov/node/1132104</a>) for the presentation</li> </ul>
Alternatives to Traditional FFS Payment Models in DC	<ul style="list-style-type: none"> <li>• Currently, there are not many alternatives to traditional FFS being implemented in DC, participants suggested that:               <ul style="list-style-type: none"> <li>➤ In Medicaid, the MCOs are beginning to implement programs; driven in part by DHCF new pay-for-performance program</li> </ul> </li> </ul>

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> <li>➤ For providers, grant programs are the most significant source of non-traditional FFS efforts</li> <li>➤ Payers not offering significant amount of risk-based contracts; CareFirst is leading the way with their primary care initiative</li> <li>➤ Medicare leading the way with alternative payment models</li> </ul>
<p>Guiding Principles for Payment Reform (Qualitative)</p>	<p><b>Care Delivery Transformation</b></p> <ol style="list-style-type: none"> <li>1. Put the patient first and meet the patients where they are</li> <li>2. Deliver the right care, right time, right place, right cost</li> <li>3. Foster team-based care</li> <li>4. Align across all providers (e.g. housing entities, behavioral health, etc.)</li> <li>5. Include effective transitions of care, resourced at the provider level</li> </ol> <p><b>Infrastructure/ Resources to Support Care Delivery Transformation</b></p> <ol style="list-style-type: none"> <li>1. Develop more integrated system(s) that aim to eliminate disparities and reduce inappropriate utilization of services</li> <li>2. Share information that is accurate, actionable and accessible</li> <li>3. Leverage existing strategies/resources</li> <li>4. Align financial incentives with health system goals (e.g. shared accountability)</li> </ol> <p><b>District's Transformation Process</b></p> <ol style="list-style-type: none"> <li>1. Allow all options to remain on the table</li> <li>2. Be bold, but thoughtful with the timeline</li> </ol>

TOPIC	DISCUSSION
<p>Guiding Principles for Payment Reform (Quantitative)</p>	<ul style="list-style-type: none"> <li>• Seek common metrics across the city with a transparent dashboard</li> <li>• Develop an integrated system and measure it, for example: <ul style="list-style-type: none"> <li>➤ <u>Participation Rate</u>: Year 1: 50%; Year 2: 75%; Year 3: 100%</li> <li>➤ <u>Proportion of payments tied to value</u>: Similar to Medicare requirements (30% of payments through alternative payment models by 2016 and 50% by 2018; and 85% of payments tied to value/quality by 2016 and 90% by 2018). <a href="http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html">http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html</a></li> </ul> </li> <li>• Identify and address top 4 dominant conditions; measure impact of intervention(s)</li> <li>• Payment should ultimately follow the patient (i.e. capitated payments)</li> <li>• Set targets around the number of community networks</li> </ul>