



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

November 19, 2015
 3:00 p.m. – 4:30 p.m.

Participants present: Karen Dale (Chair), Shelly Ten Napel, Joe Weissfeld, Veronica Damesyn, Leslie Lyles Smith, Lesley Wallace, Maya George, Amy Freeman, Michael Neff, Wes Rivers, Don Blanchon, Dennis Hobb, Robin Diggs, Mark Weissman, Emily Eelman, Anne Jacobs, Andrea Clark, Johanna, Barraza, Victor Freeman, Patricia Quinn, Christy Respass, Peter Tuths, Dena Hasan, An-Tsun Huang, Chris Botts, Angelique Martin, Yavar Moghimi, Michael Rhein, Amy Xing, Latasha Nixon, Musili Akinshernoyin, Josephine Morris-Young, Sharon Augenbaum, Seiji Hayashi, Brede Eschliman, Erin Loubier, Johanna Barazaa Cannon, Anne Jacobs

TOPIC	DISCUSSION
Goals of Work Group	<ul style="list-style-type: none"> This work group aims to establish ambitious goals to transform the District’s health care system through payment reforms. The reforms should not just be “shuffling deck chairs,” but transformative, sustainable, and measureable reforms that send a signal to the market that we are moving away from traditional fee-for-service.
National Trends in Payment Reform	<ul style="list-style-type: none"> See here (http://dhcf.dc.gov/node/1127037) for the presentation
Open Forum on Payment Innovation	<p><u>Goals</u></p> <ul style="list-style-type: none"> Set lofty goals and make a difference with disparities (don’t go incremental) Be bold — we have a good network of providers, small geography, and the political will Prioritize the patient and keep in mind how the reforms impact the patient Realign incentives across the continuum of care Implement reforms at a pace and level of effort that allows business to implement models/build the

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	<p data-bbox="627 224 945 251">infrastructure for reform</p> <ul data-bbox="581 293 1894 464" style="list-style-type: none"> <li data-bbox="581 293 1894 326">• Focus on outcomes & recognize that more appropriate spending doesn't always lead to lower costs <li data-bbox="581 363 1535 396">• Recognize that quality goals differ depending on patient/circumstances <li data-bbox="581 433 1110 464">• Address social determinants of health <p data-bbox="552 505 726 532"><u>Current Gaps</u></p> <ul data-bbox="581 574 1398 886" style="list-style-type: none"> <li data-bbox="581 574 1194 607">• Trust, transparency, and sustainable funding <li data-bbox="581 644 1253 677">• Patients are forced to navigate a complex system <li data-bbox="581 714 1398 747">• Providers don't have enough risk/accountability for patients <li data-bbox="581 784 951 816">• Reliance on grant dollars <li data-bbox="581 854 1398 886">• Current business models based on fee-for-service incentives <p data-bbox="552 927 680 954"><u>Strategies</u></p> <ul data-bbox="581 997 1894 1425" style="list-style-type: none"> <li data-bbox="581 997 1514 1029">• Need a clear strategy to build towards; set payment reform principles <li data-bbox="581 1066 1894 1138">• Decide what population health outcomes we want and decide what that system looks like; build the financial model after. <li data-bbox="581 1175 1386 1208">• Integrate community organizations into the payment model <li data-bbox="581 1245 1766 1278">• No need to reinvent the wheel; we can adopt best practices from other states/jurisdictions <li data-bbox="581 1315 1184 1347">• Integrate behavioral health into the reforms <li data-bbox="581 1385 1163 1417">• Build upon our current HIE infrastructure

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	<ul style="list-style-type: none"> • Prioritize provider-based strategies • Include/prioritize the dual eligible population • Realign hospital incentives or they won't give up their growth strategy <p><u>Principles for Payment Reform (initial list)</u></p> <ul style="list-style-type: none"> • Put the patient first • Develop a system that aims to eliminate disparities, reduces inappropriate utilization of services • No sacred cows • Be bold, but thoughtful with the timeline • Align across all providers (must include homeless/housing entities, behavioral health, etc) • Ensure all stakeholders have "skin in the game" • Must include effective transitions of care, resourced at the provider level • Develop more integrated systems (that is responsible for costs and quality) <p><u>"Homework"</u></p> <ul style="list-style-type: none"> • Providers: Identify the percentage of grants in non-FFS arrangements • Plans: Identify the percentage of payments in alternative payment models • Everyone: <ul style="list-style-type: none"> • Identify additional principles (qualitative) for payment reform in the District • Identify targets/benchmarks (quantitative) for payment reform in the District