



GOVERNMENT OF THE DISTRICT OF COLUMBIA
SERVICE DELIVERY SUBCOMMITTEE
HEALTH REFORM IMPLEMENTATION COMMITTEE

Wayne Turnage, MPA, Chair

Linda Elam, PhD, MPH, Vice-Chair

AGENDA

Thursday, August 4, 2011, 2:00 pm – 3:30 pm
Department of Health Care Finance
Conference Room 1, Room 6130

- I. Introductions
- II. Review/Approval of July 7, 2011 Minutes & Attendance Record
- III. Presentation from The Crider Group
Dr. Elaine Crider, President
- IV. A Closer Look at Health Homes & Accountable Care Organizations
Mr. Burton Wheeler
- V. Opportunities to Impact the Health Care Workforce
Ms. Kelly S. McShane, HCSDS; Ms. Lauren Rater, DOH; & Dr. Lisa Alexander, GW Medical Center
- VI. Discussion
- VII. Recap Decision & Action Items
- VIII. Adjournment

Next Health Care Service Delivery Subcommittee Meeting:
Thursday, September 1, 2011
899 N. Capitol St, NE, Room 6130, Washington, DC 20002



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MEETING MINUTES

Attendees

Alina McClerklin, APRA	Lauren Ratner, DOH
Angela Katsakis, DHCF	Linda Elam, DHCF
Anne Sturtz, DMH	Mark Lassiter, APRA
Anthony Proctor, DHCF	Mary Lou Meccariello, Arc of DC
Bruce Griffin, HHCADC	Matt Rosen, Arc of DC
Cathy Anderson, DDC/DDA	Michael Williams, DCPCA
Claudia Schlosberg, DHCF	Nina Swanson-Marshall, DHCF
D. Brown, ANC	Orriel Richardson, DHCF
Dennis Gallagher, Mobile MD	Robert Axelrod, Kaiser Permanente
Diane Lewis, DC Coalition- DSP	Roula Sweis, APRA
Earnest Brown	Roy Brown, Leadership Insurance & Financial
Francis Smith, DC Chartered HP	Shannon Hall, DC Behavioral Health Assoc.
Gwendolyn Bell, DHCF	Shaun Snyder, APRA
Howard Liebers, DCPCA	Stefanie Jones, DC Hospital Association
Jackie Harley, Medical Mall Health Service	Susan A. Walker, DC Coalition on LTC
James Cobey, MD Society	Tim McNeil, Medical Mall Health Service
Janelle Goetcheus, Unity Health Care	Valentine Breitbarth, DHCF
John A. Washington, Medical Mall Health Service	Vince Keanes, Unity Health Care Inc.
Kelly S. McShane, Community of Hope	Wendy Carson-Smith, Carson Company

I. Introductions

Dr. Linda Elam, Vice-Chair of the Health Reform Implementation Committee, called the meeting to order at 2:05 pm. Introductions were conducted and Dr. Elam made opening comments.

II. Review/Approval of July 7, 2011 Minutes & Attendance Record

The meeting minutes and attendance record were approved with changes.

III. Presentation from The Crider Group

Dr. Elaine Crider, President

- ACA has made available \$15 billion for preventative care initiatives with additional emphasis on patient safety/quality improvement
- Opportunities to integrate care include health homes and accountable care organizations
- Fraud and Abuse Provisions
 - DOH/DHCF seeking planning funds for health home demonstrations (LOI completed)
 - “Independence at Home” options to promote home/community care

IV. Opportunities to Impact the Health Care Workforce

Ms. Kelly S. McShane, HCSDS; Ms. Lauren Ratner, DOH; & Dr. Lisa Alexander, GW Medical Center

- The District is one of 25 jurisdictions that qualified for planning funds
 - Virginia received both planning and implementation plan
- Planning is focused on primary care with team-based models for health care delivery
- Last meeting: July 2011 where the following were emphasized:
 - Primary care provider capacity lacking
 - HIT and PC literacy divide and/or issues
 - Innovation is a MUST
- Data gaps to inform the strategic plan were filled by Jacob France Institute at the University of Baltimore School of Business
 - Medical Society of DC noted that data is crucial for such an undertaking
 - Discussed some related activities in and around the District
 - Health Professionals Licensing Administration within the Department of Health is providing some data
 - HRSA expected baseline data at the planning phase
- Staffing Ratios
 - Data sources suggest understaffing
 - National Association of Community Health Centers (some data)
 - Department of Defense is another potential source
 - American Nurses Association has ratios (California mandates ratios)
 - Were community colleges and health workers involved?? Community College of DC is involved
 - Lack of stable funding makes work around health care workers difficult
 - Question as to whether Licensed Practical Nurses were addressed under ACA?
- Practical Training Requirements are a Deterrent
 - Experiential learning still not a doorway to new/recent graduates
 - There are 18 HIT Students at CCDC with no placement
- Expanding scope to include personal care attendants
- Nursing Assistant Regulations on the way
 - Certified Nursing Assistant
 - Home Health Aid/ Personal Care Aid
 - Certified Medication Aide
 - Dialysis and Patient Care Technicians
- Washington Regulation Area Grant Makers
 - Focused on long term care training
 - RAND and Community Foundation are looking at efforts around the region
 - DC is uniquely situated
 - Developmentally Disabled: Is it feasible to consider a partnership with ICFs/MR-partnership to train?
 - Good exposure point

V. A Closer Look at Health Homes & Accountable Care Organizations

- Prince George's County- University of Maryland PH – Jackson, MS

- Aaron Shirley, MD- Medical Mall
 - Iran Medical Honors
- State MH training Council (B. Wheeler) – DC Affiliation
- COO: Tim McNeil
 - CDC funded center at the University of Maryland with Beltway focus
 - Used RAND report (suggested Mississippi model) - based on similarities in population
 - Focused on chronic diseases
 - Advance Practice RN: discharging personnel
 - Skilled aid
 - Primary Care Visit within 7 days of discharge
 - Re-admitted patients largely did not have prescriptions or appointments
 - Drivers increase costs
 - Drivers increase emergency department utilization
- Shortage of primary made 7d window impossible
- Self-management for chronic diseases (Stanford Model)
 - Prince George's County approached to implement Jackson, Mississippi model here
- Care transition program at Washington Hospital Center
- Two purposes:
 - Meet 7 days requirements
 - Divert Emergency Department utilization
- Incentive is the pending re-admittance penalty
- Funding from CMS that can be shared with hospitals
- Approximately two year relationship with dimensions
 - UMD Epidemiology is conducting the data evaluation
 - One goal of Phase II work is to analyze
- Cloud based HIE used in Mississippi which is similar to the HIE infrastructure used in DC
- Community HC workers - Jackson State has certification; only of its kind
- Do sites = primary care sites?
 - Mississippi: 50/50 (with and without direct care providers)
- Is long term care included?
 - Contemplated as long term care health
 - Falls major cause of readmits
 - Reduce: Demonstrate Mobile Project
- Acceptance among stakeholders
 - Political:
 - Money for outcomes
 - 50% of the patients in UMC are from Prince George's County
- Jackson: School Health Clinics and Delta Health Initiatives are a good resource for DC comparisons
- Mississippi's nurse practitioners not as flexible in scope of practice as that used in the District
- Questions/Comments:

- Model is inherently hospital driven, but a critical consideration is how to interface with community centers?
- Partnering with Jackson Public Schools
 - Low cost prescriptions are a problem
- Community Health Centers = referral points
 - Financial problems begin at hospitals (one point-of-view)
 - Financial problems begin within the community
- 340 (b) (Incentive for hospitals) expansion
 - Greater than Baden (only federally qualified health center in Prince George's County)
 - Model based primary care physicians is critical to the District's environment
 - The model is supported by private money, but how is that sustainable over the long run?
- A third of the patients at the District's community health centers are not from the District
- DCPCA: Hospital-based model would be very problematic in the District; the ideal model would need to focus on community-centric option(s)

Dr. Elam made closing comments and noted that the September meeting will focus on synthesizing the information presented and developing action plans for service delivery improvements/innovations under health reform.

Meeting Adjourned at 3:34 pm