

Mayor's Committee on Health Reform Implementation
Subcommittee on the Health Delivery System
Minutes, Meeting of November 3, 2011

1. The Meeting was called order at 1:10 p.m. by Dr. Mohammad Akhter, the Chair of the Subcommittee
2. Dr. Richard Levinson provided an overview of the Subcommittee's scope of responsibilities
3. Dr. Akhter's opening remarks:
 - Dr. Akhter welcomed the members of the Subcommittee and of the public participants.
 - The public participants were acquainted with the rules concerning their contributions to the work of the Subcommittee including the fact that 20 minutes out of every meeting will be dedicated to public comment and that the public can send additions comments to him via e mail or surface mail.
 - The Subcommittee members were reminded that the focus of their efforts will be around 5 areas as defined in the Mayor's Order establishing the Subcommittee. These focus areas are: Integration of prevention into the delivery system; patient safety; quality of care improvement; health care delivery options and manpower training. The subcommittee members were invited to indicate their preference for a work group assigned to one of the focus areas.
 - The route for approval of the subcommittee's recommendations was defined as follows: Recommendations from the Work Groups is presented to the full Subcommittee and if approved is send to the Mayor's Committee on Health Reform Implementation (MCHRI) for review. If the MCHRI approves a recommendation it is sent to the Mayor for implementation, or to the City Council for legislative approval. Recommendations receiving Mayoral and/or City Council approval will then be implemented.
 - The participants were reminded that there is already a considerable legislative authority already available related to health reform. For example, many of the services previously paid for by local funds are now being covered by Medicaid.
4. Dr. Akhter's review of the Subcommittee's Focus Areas:
 - Incorporating prevention into the health delivery system: Many difficulties with the provision of prevention services in DC are recognized. For example, 30% of women who would benefit from screening for breast cancer fail to receive it.

There is a widespread failure to screen individuals with chronic illness for co-existing mental health problems. As a result co-existing mental health problems can significantly increase the cost of care for these chronic conditions. The health reform act provides greatly increased access to preventive services. What is needed is to remind and encourage people to use these services in a timely manner.

- Patient safety: The Institute of Medicine's publication, "Crossing the Quality Chasm" pointed out that some 44,000-90,000 deaths occur each year as a result of medication errors. In addition, other unfavorable outcomes as a result of medical care have been documented including excessive exposure to radiation as a result of diagnostic testing and preventable errors due to other diagnostic and treatment procedures.
- Quality of care improvement: There is a large and growing focus on improvement of the quality of care in hospitals. However, it is widely perceived that there should be a much greater emphasis on improvement in the quality of outpatient care. Opportunities for the implementation of studies in this area are being provided by the Centers for Medicare and Medicaid Services through the establishment of a Center for Innovation. This Center provides support for promising strategic approaches to the delivery of high quality health care.
- Manpower training: The future health care delivery system will need new types of manpower if it is to evolve in a favorable manner. Ideas for developing this manpower include integration of behavioral health expertise into primary care and joint training of the health disciplines so as to encourage them to function as a team.

5. Comments from the Subcommittee Members on Dr. Akhter's presentation:

- Transitions in levels of care should be a topic of discussion as well as access to care.
- Provision of behavioral health is "fractured" at the governmental level but not necessarily in the community. However, behavioral and physical health delivery systems need to be better integrated.
- The representatives from the universities indicated that they are incorporating cultural competence into health manpower training curriculums. In addition, efforts are being made to develop common curricular elements for the health professions.
- Education for the health professions in end-of-life care is a growing necessity.

- The health reform legislation will increase health insurance coverage among populations that currently lack it. However, coverage alone will not assure access to care or deal with the other pressing issues such as quality and safety.
6. Comments from the public participants:
- A major step in the improvement of the health delivery system is to assure that all health care providers practice to the full scope of their scope of practice.
 - There are often multiple reasons why some communities are “at risk” including lack of health care, limited access to fresh fruits and vegetables and lack of a safe environment. Health reform efforts should provide full consideration of these factors.
7. Other comments from the Subcommittee members:
- In response to a question, Dr. Akhter stated that the Subcommittee’s time frame for carrying out its efforts should parallel the proposed chronology of the Affordable Care Act. The Subcommittee should stay ahead of the dates in the ACA’s chronology.
 - Efforts should be made to document the activities relevant to health reform of all of the other components of DC Government.
 - Coordination of health care services for individuals with disabilities was mentioned as an area of significant concern.
8. Dr. Akhter’s comments on next steps:
- He will announce the names of individuals who will serve as chair of the 5 Work Groups.
 - The Work Group meetings are open to the public.
 - Work Group members will be sent relevant materials prior to Group’s meetings.
 - The Work Group meetings are designed to foster discussion of issues among the members. A small number of brief formal presentations can also be scheduled.
 - The Subcommittee will review all Work Group recommendations and decide which to send to the HRIC for final consideration.
 - There was a consensus that the Subcommittee will meet the first Thursday of each month from 1:00 p.m. until 3:00 p.m.