



Better Health Together

This electronic newsletter will be produced weekly to provide high-level updates on the work of the DC Innovation office under the State Innovation Model (SIM) grant as DC develops the State Health Innovation Plan (SHIP). We look forward to your input on our activities and milestones as we work to improve healthcare for DC residents.

SIM Work Group Calendar

All Work Group Meetings will be held
at 441 4th Street NW-Room 1028

SIM Advisory Committee Meeting
March 9, 2016
2:00pm-4:00pm

Community Linkages Work Group
March 16, 2016
1:00pm-2:30pm

Payment Models Work Group
March 17, 2016
3:00pm-4:30pm

Quality Metrics Work Group
March 21, 2016
3:00pm-4:30pm

Recent News

SIM Work Group Updates

The **Care Delivery Work Group** met on March 2nd. The entire meeting was dedicated to gathering feedback from stakeholders about the Health Homes II Program. Stakeholders had an opportunity to ask questions, raise concerns, and offer suggestions for DHCF to consider during the policy development phase of the planning process. During the meeting, stakeholders emphasized the importance of leveraging health information exchange technologies in order for Health Home II providers to be able to effectively coordinate care. In addition, stakeholders suggested minimizing administrative burdens and undue reporting requirements for quality measures. An additional Care Delivery Work Group meeting will be held in April. Details are forthcoming. Summaries and meeting materials can be found [here](#).

Announcements

CMS Updates Guidance on HITECH Administrative Matching Funds

The Centers for Medicare and Medicaid Services (CMS) released updated guidance that expands the interpretation of the scope of state dollars eligible for the 90 percent HITECH federal match. This update to Health Information Technology for Economic and Clinical Health (HITECH) funding allows states to more aggressively support Meaningful Use Stage 2 and 3. Now Medicaid provider types, such as behavioral health providers, substance abuse treatment providers, long term care providers, correctional health providers, pharmacies, laboratories, emergency service providers, and community-based Medicaid providers can be supported for HIE or other interoperable systems, so long as such connections help an Eligible Provider demonstrate Meaningful Use. For more information, see the State Medicaid Director's letter [here](#).

National Safety Net Advancement Center Announces Funding to Address Barriers to Payment and Delivery Reforms

The National Safety Net Advancement Center, a newly-established organization at Arizona State University, is seeking proposals for grant-funded projects aimed at implementing replicable, high-impact solutions to payment and delivery reform barriers. Funding for the opportunity is provided by the **Robert Wood Johnson Foundation**. In addition, the Center is accepting applications for safety net organizations interested in joining one or more virtual learning collaboratives on payment and delivery reform challenges. Eligible applicants include: federally qualified health centers; community mental health centers; public county hospitals; tribal health centers; critical access hospitals; and safety net oral health providers. **Applications are due April 1, 2016.** To learn more about these opportunities, [click here](#).

HRSA Announces Funding for Telehealth Network Grant Program

The Health Resources and Services Administration announced the **Telehealth Network Grant Program (TNGP)**, with the objective of demonstrating how telehealth programs and networks can improve access to health care services in rural, frontier, and underserved communities. The TNGP networks are used to expand access to, coordinate, and improve the quality of care services; improve and expand the training of healthcare providers; and/or expand and improve the quality of health information available to health care providers, and patients and their families, for decision making. **Applications are due Friday, April 8th, 2016.** For more information about this funding opportunity, visit the [grants.gov website](#).

CMS and Stakeholder Collaborative Announce Alignment and Simplification of Quality Measures

On February 16th, the **Centers for Medicare and Medicaid Services and America's Health Insurance Plans** [released](#) seven sets of clinical quality measures. The effort was part of a broad Core Quality Measures Collaborative, which includes a variety of health care system participants. These measures, which will be updated to include more measure sets over time, represent multi-payer alignment on core measures for physician quality programs. Through this alignment, the Collaborative is seeking to address the confusion that providers face when reporting multiple quality measures to different entities. CMS and the partner organizations believe that by reducing the complexity for providers and focusing quality improvement on key areas across payers, quality of care can be improved for patients more effectively and efficiently. For more information, visit the [CMS website](#).

Events

The **Center on Health Care Effectiveness** is sponsoring a policy forum and live webcast on **Thursday, March 24th at 3pm**. During the event, speakers will present practical strategies from a new report that evaluates primary care transformation initiatives. Expert panelists who represent the perspectives of providers and state and federal governments will also talk about the kind of evidence they need if they are to understand the implications of primary care transformation for both the general population and people with chronic care needs. For more information, see the [CHCE event page](#).

Resources

CORE Releases Health In Housing Report

The **Center for Outcomes Research and Education (CORE)** released a report entitled **“Health in Housing: Exploring the Intersection Between Housing and Health Care.”** The report examines the direct impact of affordable housing on health care cost by assessing four metrics: connection to primary care, number of emergency department visits, access to and quality of care, and costs. The study found that costs to health care systems were lower after people moved into affordable housing and visits to primary care providers increased while emergency department visits decreased. For the full report, [click here](#).

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If you have comments or suggestions for future newsletters, please contact dc_sim@dc.gov.