



## 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 4<sup>th</sup> Street NW-Room 1028

#### *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

#### *Quality Metrics Work Group*

April 18, 2016  
3:00pm-4:30pm

#### *Community Linkages Work Group*

April 20, 2016  
2:00pm-3:30pm

### Recent News

#### SIM Advisory Committee Meeting Update

The **SIM Advisory Committee** met on March 9<sup>th</sup>. During the meeting, DHCF updated the Committee on the progress of each work group and solicited feedback on the direction of the District's State Health Innovation Plan (SHIP). Members of the Committee discussed prioritizing upstream drivers of health and workforce development, specifically to enhance training for existing professionals, systematize methods for knowledge transfer, and emphasize greater use of interdisciplinary teams. The Committee also discussed developing more community-based provider teams rather than those that are place-based, and improving shared accountability between providers to better clarify responsibilities. **The next SIM Advisory Committee meeting is scheduled for May 11<sup>th</sup>.** Materials from previous meetings can be found [here](#).

#### D.C. Health Information Exchange Policy Board Meeting Update

The **Health Information Exchange (HIE) Policy Board** met on March 10<sup>th</sup>. The purpose of the Board is to advise the Mayor, the Director of the Department of Health Care Finance (DHCF), and other District agencies, regarding the implementation of secure, protected health information benefitting District stakeholders in accordance with DHCF HIE Action Plan. Several new board members were sworn in during the meeting. In addition, board members reviewed key tenants of the HIE roadmap and discussed goals for the year. For a complete list of current board members, [click here](#).

## Announcements

### **CMS Announces Second Application Cycle for the Next Generation Accountable Care Organization Model**

The Centers for Medicare & Medicaid Services' Innovation Center (CMS Innovation Center) announced the second and final round of applications for the Next Generation Accountable Care Organization (ACO) Model. Building upon experience from the Pioneer ACO Model and the Medicare Shared Savings Program, the Next Generation ACO Model offers a new opportunity in accountable care—one that sets predictable financial targets, enables providers and beneficiaries greater opportunities to coordinate care, and aims to attain the highest quality standards of care. All organizations interested in applying to the Next Generation Model must first submit a Letter of Intent (LOI). Only organizations that submit an LOI will be able to complete an application. An Open Door Forum explaining the opportunity will be held on March 22<sup>nd</sup>. More information can be found [here](#).

### **CMS Highlights Achievements in Health Coverage and Alternative Payment Methods**

Last week, the Centers for Medicare and Medicaid Services (CMS) announced two landmark achievements for the U.S. health care system. CMS first announced that 20 million Americans have gained health insurance, which has contributed to the lowest uninsured rate ever recorded in the U.S. Second, CMS highlighted that as of January 2016, more than 30% of Medicare Part A and B payments are tied to alternative payment models (APM). This latter milestone follows the U.S. Department of Health and Human Services' challenge to shift the way health care is paid for, away from the quantity of services to the quality and value of care provided. Future CMS goals seek to tie 30% of spending to APMs by the end of 2016 and 50% by the end of 2018 for the entire U.S. health care system.

### **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](#).

## Events

The **Center on Health Care Effectiveness** is sponsoring a policy forum and live webcast on **Thursday, March 24<sup>th</sup> 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

### **IOM's Report on Educating Providers to Address Social Determinants of Health**

The **Institute of Medicine** recently released a report titled **"A Framework for Educating Health Professionals to Address the**

**Social Determinants of Health.”** Experts from the National Academies of Science, Engineering, and Medicine developed a framework that aligns education, health, and other sectors to address the social determinants of health (SDH) and meet the local needs of communities negatively affected by SDH. By better understanding SDH, professionals are better equipped to identify the root causes of ill health, which contributes to better health and health outcomes. To read the full report, visit the [IOM website](#).

### **ONC’s Blog Post Series on HIPAA**

The **Office of the National Coordinator for Health IT** developed a **blog post series titled “The Real HIPAA.”** The series of blogs addresses common concerns from providers and payers about sharing personal health information (PHI). Many providers and payers wonder whether they can interoperably exchange PHI with each other and whether written patient consent is necessary for such exchanges. Some providers are not sharing PHI due to their health care organization’s policies, procedures, or protocols, even if the sharing is permitted under HIPAA, or because laws in the provider’s state apply in addition to HIPAA. The blog series helps to clarify information. To read the series, visit the [HealthIT.gov website](#).

### **Center for Health Care Strategies’ Brief on Digital Tools for Super-Utilizers**

The **Center for Health Care Strategies (CHCS), with support from Kaiser Permanente Community Benefits,** released a brief discussing the viability of digital products for low-income, high-need, high-cost patients. The brief, titled “Digital Health Innovation Super-Utilizer Challenge: Themes and Lessons,” seeks to provide insight and guidance on the development of future digital tools for patients with complex needs. Future work is needed to address the social determinants of health for these patients. To read the full brief, [click here](#).

### **Center for Health Care Strategies’ Brief on State Approaches to Value-Based Payment**

The **Center for Health Care Strategies (CHCS), with support from CMS,** released a brief titled “Value-Based Payments in Medicaid Managed Care: An Overview of State Approaches.” This brief highlights seven state Medicaid agencies — Arizona, Minnesota, New Mexico, New York, Pennsylvania, South Carolina, and Tennessee — that have used MCO contract requirements and request for proposals (RFPs) to advance value-based payment goals. It outlines five practical approaches for promoting VBP goals through MCO contracts and provides guidance for developing RFP questions to assess MCO interest in and experience with VBP. To read the full brief, [click here](#).

**Connect With Us**



@DCHealthCareFin #SIM\_DC

<http://dhcf.dc.gov/page/innovation>

If you have comments or suggestions for future newsletters, please contact [dc\\_sim@dc.gov](mailto:dc_sim@dc.gov).