

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser



Office of the Deputy Mayor for Health and Human Services

COMMISSION ON HEALTHCARE SYSTEMS TRANSFORMATION
MEETING MINUTES

December 17, 2019

DC Hospital Association: 1152 15th Street NW #900.

WebEx: <https://dcnet.webex.com/dcnet/j.php?MTID=m1560cfec7c9105e8717dc25d8de002da>

1-650-479-3208; Access code 731 247 622

Commission Members

Name	Affiliation/ Designation	Attendance	Designee	Attendance
David Catania	Co-Chair	Present		
Sister Carol Keehan	Co-Chair	Present		
Kimberly Russo	George Washington University Hospital	Present		
Kevin Sowers	Johns Hopkins Medicine, Sibley Memorial Hospital	Present		
Oliver Johnson	MedStar Health	Not Present	Dr. Gregory Argyros	Present
Dr. Malika Fair	United Medical Center	Not Present		
Dean Hugh Mighty	Howard University Hospital	Present		
Corey Odol	Psychiatric Institute of Washington	Present		
Denice Cora- Bramble, M.D.	Children's Hospital	Present		
Marc Ferrell	Bridgepoint Healthcare	Present		
Don Blanchon	Whitman-Walker Health	Present		
Kim Horn	Kaiser Foundation Health Plan	Present		
Maria Harris Tildon	CareFirst BlueCross BlueShield	Not Present		
David Stewart	University of Maryland, Family Medicine	Present		
Kelly Sweeney McShane	Community of Hope	Present		
Maria Gomez	Mary's Center	Present		



City Administrator Rashad Young	City Administrator	Not Present	Ben Stutz	Present
Deputy Mayor Wayne Turnage	Deputy Mayor for Health and Human Services	Present		
Dr. LaQuandra Nesbitt	D.C. Health	Present		
Dr. Barbara Bazron	Department of Behavioral Health	Present		
Melisa Byrd	Department of Health Care Finance	Present		
Dr. Faith Gibson Hubbard	Thrive by Five	Present		
Chief Gregory Dean	Fire and Emergency Medical Services	Present		
Councilmember Vince Gray	Council of the District of Columbia, Committee on Health	Not Present	Eric Goulet	Present
Tamara Smith	D.C. Primary Care Association	Present		
Jacqueline Bowens	D.C. Hospital Association	Present		
Dr. Gregory Argyros	Washington Hospital Center	Present		
Karen Dale	AmeriHealth Caritas DC	Present		
Vincent Keane	Unity Health Care	Not Present		
Dr. Raymond Tu	Medical Society of DC	Present		

Additional District Government Attendees

Name	Role	Office or Agency
Amelia Whitman	Staff	Office of the Deputy Mayor for Health and Human Services
Rayna Smith	Staff	Office of the Deputy Mayor for Health and Human Services
Fern Johnson-Clarke	Staff	Department of Health
Lauren Ratner	Staff	Department of Health
Amha Selassie	Staff	Department of Health
Yeolman Owens	Staff	Department of Health
Terri Thompson	Staff	Department of Health
Karim D. Marshall	Staff	East of the River Services Office
Raessa Singh	Staff	Department of Behavioral Health
Marsha Lillie-Blanton	Staff	Department of Behavioral Health
John Coombs	Staff	Fire and EMS Department
Dr. Robert Holman	Staff	Fire and EMS Department

Public Attendees

Name	Role	Organization
Justin Palmer	Public	D.C. Hospital Association



Michael Crawford	Public	Howard University
Patrick Canavan	Public	IdeaCrew
Calvin Smith	Public	BridgePoint Healthcare
Regina Knox Woods	Public	MedStar
Feseha Woldu	Public	MedStar
Colette Chichester	Public	CareFirst BCBS
Yulondra Barlow	Public	CareFirst BCBS
Francisco Semiao	Public	MedStar Health
John Scher	Public	Cushman & Wakefield
Ambrose Lane Jr.	Public	Health Alliance Network
Claudia Schlosberg	Public	Castle Hill Consulting
Luis Clavijo	Public	First Citizens Bank
Patricia Quinn	Public	DC Primary Care Association
Robert Hay	Public	Medical Society of DC
Layo George	Public	Wolomi
Kevin Wrege	Public	Pulse Advocacy
Saman Rouhani	Public	Pew Charitable Trusts
Frances McGaffey	Public	Pew Charitable Trusts

1. Call to Order **Commission Co-Chairs**

- Co-Chair David Catania called the meeting called to order at 10:05 am
- Rayna Smith took roll of voting Commissioners, and a quorum of voting members were present.

2. Commission Administration **Commission Co-Chairs**

- Co-Chair Catania informed the Commission that Pew Charitable Trusts will give a presentation, the Commission will vote on the final recommendations, and finally, the Commission will discuss next steps.
 - This will be last meeting unless the Mayor decides that the Commission continues, or if others decide to continue it in another form.

3. Pew Charitable Trusts Recommendations on Opioids **Pew Charitable Trusts**

Co-Chair Catania introduced Frances McGaffey and Saman Rouhani from Pew Charitable Trusts, who provided a presentation on the recommendations developed regarding opioids in the District.

- Ms. McGaffey stated that in partnership with Bloomberg philanthropies, Pew Charitable Trusts provide states assistance regarding opioids
- Mayor Bowser asked them to assess the Districts efforts. The recommendations that were drafted are meant to build on the great work already being done. When there is a cost, Pew tries to recommend payment options, but generally how they are paid for is outside of the scope.
- Mr. Rouhani and Ms. McGaffey reviewed Pew’s recommendations
 - Accessing the Treatment System
 - Recommendation #1: The Department of Behavioral Health, with support from the Department of Health Care Finance, should create a ‘no wrong door’ approach to entering the treatment system by contracting with all SUD treatment facilities to provide assessment



and referral services and allowing non-SUD providers to perform assessments.

- The report will outline the regulatory and Medicaid changes that need to take place to implement this.
- Recommendation #2: The Deputy Mayor for Health and Human Services, with support from the Department of Behavioral Health, should coordinate District-funded outreach services to people who use drugs.
 - Current efforts are uncoordinated, which results in not reaching everyone. We also need to understand what is most effective.
 - DMHHS is the convener, but DBH would be the subject matter expert.
 - DMHHS and DBH should also work with the Lab to determine the most effective approaches.
- Recommendation #3: DBH should pilot a 24/7 assessment, medication initiation, and referral site at an existing SUD treatment provider.
 - Wait times discourage those who are seeking treatment.
 - DBH should conduct an evaluation to assess the effectiveness of this.
- Integrating Care and Supporting Care Transition
 - Recommendation #4: The Mayor should direct the Department of Health Care Finance, with support from the Department of Behavioral Health, to develop and implement a plan for enhancing Medicaid health homes' ability to coordinate care for Medicaid enrollees with OUD.
 - Recommendation #5: The Council should fund DBH, in collaboration with DC Health, to establish a one-time grant to support the co-location of primary care providers in opioid treatment programs.
 - Recommendation #6: DBH should create a co-occurring certification that can be added to an existing mental health or SUD certification. In support of this, DHCF should submit a Medicaid state plan amendment allowing providers to bill for co-occurring services.
- Ensuring Quality
 - Recommendation #7: The Council should require all residential SUD treatment facilities to provide on-site access to all three FDA-approved medications for OUD, either directly or through a contract with an outside provider.
- Preventing Fatal Overdoses
 - Recommendation #8: The Council should amend the District's 911 Good Samaritan law to ensure legal protections for overdose bystanders to encourage more individuals to call for help in the event of an overdose. Additional training should be made available to help people who use drugs and first responders regarding amendments to this law.
 - Recommendation #9: To improve DC's naloxone distribution, the Council should remove the legal requirement that staff of community-based



organizations receive training from DC Health to distribution naloxone. If this requirement is not removed, the Council should require DC Health to certify facilities and organizations for naloxone distribution and training.

- Supporting Recovery
 - Recommendation #10: The Interagency Council on Homelessness (ICH) should encourage non-profit hospitals in the District to build supportive housing by providing matching funds. In support of this effort, DHCF and the ICH should finalize efforts to allow providers to bill Medicaid for eligible housing support services.

Questions

- Dr. Barbara Bazron noted that DBH does have a co-occurring certification.
- Co-Chair Catania asked why the recommendation is to co-locate primary care providers at treatment providers, rather than vice versa.
 - Ms. McGaffey stated that the idea is to bring service to the population, who are already at these providers to get treatment, rather than trying to get the population to change what they are doing.
 - Co-Chair Catania asked if we have looked at census tracts to look at where opioid users are coming from, compared to where primary care facilities are located.
 - Dr. LaQuandra Nesbitt stated that we have, and that we have also funded this co-location work twice and it has failed twice. The first time was about 4 years and it was not successful as that the individuals did still not have high utilization of primary care – they still prioritized SUD treatment services. It is unclear why that was happening. There were some people that had increased management of chronic diseases, but not preventative care. The second time was focused on health screenings.
 - Co-Chair Catania asked about whether we could do office hours or select days at FQHCs.
 - Dr. Nesbitt stated that we see better health outcomes where the primary care providers and FQHCs get into the SUD treatment space. We see the outcomes improving for the patient, both in terms of behavioral and physical health.
 - Dr. Bazron stated that in Maryland, they put SUD services in primary care and that was working pretty successfully – particularly around induction and maintenance. However, they did not see the opposite working as well. People come for primary health care and there is less stigma, so they get treatment.
 - Ms. McGaffey stated that one of the challenges is federal rules around different medications and how that works. FQHCs are already doing a lot of work around buprenorphine. However, it's difficult to provide methadone in other settings, so this recommendation is really focused on those treatment settings.
 - Jackie Bowens asked about Pew's plan with respect to where these go. The Commission is working with a report that we are ready to adopt.



Many of the recommendations from Pew are laudable, but we aren't in a position to adopt them. Where is this going from here?

- Ms. McGaffey stated that they are not expecting Commission to take any action – they simply wanted to share this to the Commission as a group of important stakeholders. The plan for the future really depends on what District government wants to do with them. Pew's role is to provide technical assistance – they will work with the Mayor's Office and Council to implement those that they want to take up.
- Ms. Bowens stated that she wants to make sure there is another vetting opportunity. How is Pew getting stakeholder feedback? None of us want to see more recommendations that sit on the shelf. She hopes that before they are finalized there is opportunity for stakeholder engagement and vetting.
- Ms. McGaffey stated that they have discussed with a number of stakeholders, but welcome additional feedback.
- Mr. Rouhani stated that for the first few months of the project, they had face to face meetings with many stakeholders – 150 overall – getting their perspectives on what's working and what's not working. After that, they went back and looked at evidence-based practices on what works and what doesn't work. They then came back and discussed with DBH, DHCF, and DC Health.
- Co-Chair Catania stated that the purpose of them joining the meeting was for them to present to us. He shared his appreciation for them sharing and thanked them for their time and efforts thus far.

4. Discussion and Approval of Remaining Recommendations Commission Members

- Co-Chair Catania stated that we now go to Recommendations. There are five remaining from the Committee on Allied Health Care Professionals and Workforce Development. After that we can discuss if there are priorities we would like to highlight. Co-Chair Catania turned the floor over to Maria Gomez.
- Recommendation #4: Target provider retention by creating programs that offer incentives beyond loan repayment, such as: home buying support, rental assistance, malpractice insurance assistance, childcare benefits, and education benefits.
 - Ms. Gomez stated that the Committee recommends that this be integrated into Recommendation #1 from the Committee on Equitable Geographic Distribution of Acute, Urgent, and Specialty Care.
 - There was no discussion. Co-Chair Catania moved to table the recommendation and integrate it as indicated by Ms. Gomez.
 - The Commission unanimously approved tabling the recommendation.
- Recommendation #6: Promote the delivery of team-based, multi-modality clinical care by conducting a review of, update as needed, and educate providers on scope of practice regulations to ensure providers can practice to the top of their training and deliver state-of-the-art medicine (e.g. telehealth, robotics, etc.).



- Ms. Gomez stated that the Committee recommends that this be permanently tabled and that it be considered as one of the tasks of the Center for Healthcare Workforce Analysis.
- There was no discussion. Co-Chair Catania moved to table the recommendation.
 - The Commission unanimously approved tabling the recommendation.
- Recommendation #7: Pilot a zone-based population health management structure with zone health managers who jointly represent the zone's providers and are responsible for the health of the populations in their zones.
 - Ms. Gomez stated that the Committee determined this was beyond their scope, so they recommend it be tabled.
 - There was no discussion. Co-Chair Catania moved to table the recommendation.
 - The Commission unanimously approved tabling the recommendation.
- #8: Ensure VBP initiatives calculate the actual costs of and include sufficient reimbursement to support non-clinical patient care positions, such as care coordinators, discharge planners, community health workers, etc.
 - Ms. Gomez stated that the Committee has provided updated language.
 - Co-Chair Catania noted that he supports this recommendation.
 - There was no further discussion. Co-Chair Catania moved this recommendation.
 - The recommendation passed unanimously.
- Recommendation #10: Expand pool and targeted recruitment of multi-lingual DC residents into health careers by: (a) Establishing a Welcome Back Center to assist foreign-trained health care workers to transition into health care careers (clinical or non-clinical) in the US and provide targeted training programs (e.g. Instituto del Progreso Latino) for foreign-born/ESL residents; (b) Expanding bilingual education to DCPS schools across DC.
 - Ms. Gomez stated that the Committee recommends that this be permanently tabled and that it be considered as one of the tasks of the Center for Healthcare Workforce Analysis.
 - There was no discussion. Co-Chair Catania moved to table the recommendation.
 - The Commission unanimously approved tabling the recommendation.
- Co-Chair Catania stated that the Commission would now discuss any remaining issues in the remainder of the report. He noted that Kelly Sweeney McShane emailed about two issues.
- Ms. Sweeney McShane noted that the language regarding the CON funding (Recommendation #9 from the Committee on the Equitable Geographic Distribution of Acute, Urgent, and Specialty Care in the updated draft) has been updated as the language in the previous version and been reversed from the



intention of the Committee. The updated language reflects what the Commission discussed.

- Ms. Sweeney McShane stated that she is concerned about language in background for Recommendation #7 from the Committee on Emergency Room Overcrowding and General Reliance on Inpatient Hospital Care. The background states that it hasn't been successful, so it conflicts with the recommendation itself. She recommends sending it back to the Committee or removing the recommendation.
 - Dr. Robert Holman stated that he believes it should remain.
 - Melisa Byrd stated that incentives and disincentives can be used in Medicaid, but a lot of the states where you see copays are those with less robust programs and where people are incentivized for a particular behavior (for example, not using the emergency department gets you a dental benefit, which is already covered in DC's Medicaid program).
 - Co-Chair Catania asked if this is something Medicaid would like at their disposal and if they would like the Commission to support this.
 - Ms. Byrd stated that on the payment side it's difficult as copays are administratively difficult.
 - Kimberly Russo stated that we are spending too much time on background as that was there to inform what didn't work. There are many ways to get to the outcome from incentives. We are not suggesting a copay, but there are other mechanisms that will work.
 - Dr. Holman stated that the Committee talked about this for many hours and that they leave it to the future to come up with appropriate non-copay incentives.
 - Ms. Byrd stated that we have the opportunity to provide incentives, which most Managed Care Organizations do, so there are certainly incentives at our fingertips now.
 - Co-Chair Sister Carol Keehan stated that prioritization may be one option. For example, if you see a triage nurse first, you can be seen faster. There are some really creative ways people are doing this around the country. We do need to work within regulations.
 - Co-Chair Catania asked if there were others who want to weigh in. He asked Deputy Mayor Turnage's thoughts.
 - Deputy Mayor Wayne Turnage stated that he liked incentives, but he doesn't know what will work. However, we still shouldn't dismiss looking at it more creatively. He would support the notion of incentives.
 - Ms. Sweeney McShane stated that perhaps we should just add language that states that these don't work, and we want to come up with other creative ways that do work.
 - Ms. Bowens stated that we can add a sentence in the last sentence of the background that states: "We would like to explore creative strategies that would provide incentives to reduce the use of emergency rooms."
- Co-Chair Catania stated that there are technical issues that need to be changed in the report, but they are all relatively minor.
- Dr. Denice Cora-Bramble stated that on page 32, she would like privacy issues identified as a risk, and that all efforts will be made to address these concerns. It is



a data repository with very sensitive information. Depending on what is included, there is a significant risk regarding data breaches. Data will need to be de-identified.

- Amelia Whitman noted that she received an email from John Coombs, who staffed the Committee on Emergency Room Overcrowding and General Reliance on Inpatient Hospital Care. They would like the following language added to those recommendations.
 - Equality Implications: The Subcommittee recommendations are intended to improve access to emergent and primary health care by identifying the appropriate access points for all patients at their actual level of acuity. The Subcommittee believes that by implementing new strategies and innovative health care delivery methods, access to care by all members of the community will be improved. Emergency departments, emergency medical services providers, and other health care professionals can better deliver care when it is able to be targeted to specific needs, rather than one-size-fits-all. Ultimately, if these efforts are successful, more resources will be preserved for patients with life threatening injuries and illnesses, who are disproportionately low income patients of color who live in communities with high EMS call volume and other needs.
 - Social Impact & Sustainability: The Subcommittee members determined that its recommendations would better target resources to communities where the need is greatest. The strategies agreed to by the Committee are intended to systemically reduce EMS call volume, and divert patients from emergency departments when clinically appropriate, saving those resources for high acuity patients. This, in turn, will have the greatest social impact and will make the system in the District more sustainable.
 - This language was added with no objections.
- Co-Chair Catania moved to vote on the report as a whole, amended as discussed.
 - The Report passed unanimously.

Co-Chair Catania stated that he would like to open the table for next steps, including whether there is a desire to continue in this format or another format.

- Dr. Argyros stated he believes that this should continue in some way, shape, or form, at the very least in a monitoring capacity. It would be a disservice to not continue monitoring.
- Marc Ferrell stated that there has been great work done and there are some really exciting things that could really help the system. We should not just ending it here and at least being available to the Mayor or the Mayor's staff. He would support seeing us in some role regarding implementation or execution, whatever that may be.
- Co-Chair Catania stated that the Co-Chairs and Committee Chairs will be meeting with the Mayor and it would be good to get a sense of priorities heading into that. He asked that Commissioners state their top two priorities from each Committee. The following recommendations were selected via a tally of Commissioner votes.
 - Committee on Equitable Geographic Distribution of Acute, Urgent, and Specialty Care



- Recommendation #4: Develop a work plan for the success of a new hospital at St. Elizabeths, which should include the establishment of an integrated health system for all Washingtonians, with an emphasis on the East End.
 - Recommendation #5: Pilot a city-wide model, with a focus on Wards 7 and 8, to better connect prenatal care to the labor and delivery options in other parts of the city – through peer support networks, co-management, access to maternal and fetal medicine specialty, improvement in health information exchange, and assistance with transportation.
- Committee on Emergency Room Overcrowding and General Reliance on Inpatient Hospital Care
 - Recommendation #1: Develop a citywide, broad-based community public relations campaign regarding available health resources in the District, including how to access these medical services, along with the proper use of 911.
 - Recommendation #5: Use telehealth to provide initial consultations, pre-arrival assessments, and follow-up care to promote appropriate care intervention in a timely fashion. Incentives and regulatory constraints should be assessed to entice participation by providers and patients. A successful model should include telehealth reimbursement rates that meet the market rate/cost of the service.
- Committee on Discharge Planning and Transitions of Care
 - Recommendation #1: Place a DC Medicaid eligibility staff member onsite at certain qualified providers, such as hospitals or skilled nursing facilities (SNFs). This practice will allow care management departments to obtain eligibility decisions more quickly, thereby reducing delays in discharges, turning over patient beds for new admissions, and moving patients efficiently.
 - Recommendation #6: Establish a telecourt for involuntary commitment and probable cause hearings, and consider providing District funding for all District providers, which care for FD-12 (involuntary) individuals, to have a secure platform to interface with the courts in all commitment and probable cause hearings.
- Committee on Access to Critical and Urgent Care Services
 - Recommendation #4: Consider the final recommendations from the HIE Policy Board, which proposes to make available necessary patient information from the electronic medical record and the minimum data set that should be transmitted upon discharge, to improve transitions of care.
 - Recommendation #8: Incentivize the establishment of new Comprehensive Psychiatric Emergency Programs (CPEP) sites and endorse the Department of Behavioral Health proposal for a comprehensive waiver to redesign the CPEP.
- Committee on Allied Health Care Professionals and Workforce Development
 - Recommendation #1: Establish a health careers training consortium to strategize around and guide health workforce training investments to



- accelerate the expansion of training programs for position shortages and emerging (e.g., telehealth, data analytics) roles; expand early career education; recruit English as a Second Language (ESL) residents; and otherwise ensure training programs are responsive to resident and health system needs.
 - Recommendation #3: Ensure value-based purchasing initiatives calculate the actual costs of and include sufficient reimbursement to support non-clinical patient care positions, such as care coordinators, discharge planners, community health workers, etc.
 - Committee on Value-Based Purchasing of Health Care Services:
 - Recommendation #2: Expand quality measurement to capture more data on health system effectiveness and to inform care delivery, payment incentives, and population health. Measures should align with existing measures required by federal and other partners.
 - a. Refine the core measure set of health priorities.
 - b. Engage health care groups to achieve multi-payer alignment.
 - c. Adopt public reporting to disseminate performance on the core set.
 - Recommendation #3: Make key investments and policy changes to promote system integration for accountable care transformation.
 - a. Invest in practice transformation capacities.
 - b. Ensure alignment and integration to enable accountability.
 - Co-Chair Catania stated that when meet with Mayor will have a conversation about some being low-hanging fruit and we will also talk about what timing might look like. He doesn't want to drop off 42 demands for her to do – we also want to think about what we might do from our respective organizations.
 - Ms. Sweeney McShane asked what is happening Thursday with the Mayor.
 - Ms. Smith stated that Thursday, the Mayor will have a press conference to release the report and recommendations. Immediately before, she will have a meeting with Commission Co-Chairs and Subcommittee Chairs.

5. Public Comments

Public

- Co-Chair Sister Carol noted that we have time for public comment.
- Ambrose Lane Jr. introduced himself and raised concerns regarding the lack of real community input. He stated that Councilmember Gray has had expressed interest in a hearing for community input, and Ambrose has had conversations with Deputy Mayor Turnage and Melisa Byrd about community input and community education. He stated he also wanted to put this in the Commission's ear as well.
 - Eric Goulet noted that Councilmember Gray does want to have a roundtable on this, and that perhaps it could be folded into the Deputy Mayor's oversight hearing to allow the public to come in and comment on the recommendations.
 - Co-Chair Sister Carol noted that one recommendation in the report is to get input from the people being served, so this is embedded in the report.



6. Adjournment

Commission Co-Chairs

- The meeting was adjourned at 11:43 am.

