

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

June 25, 2019

1152 15th Street NW, Suite 900

10:00 am – 12:00 pm

Commission Members

Name	Affiliation/ Designation	Attendance	Designee	Attendance
David Catania	Co-Chair	Present		
Sister Carol Keehan	Co-Chair	Not Present		
Kimberly Russo	George Washington University Hospital	Present		
Kevin Sowers	Johns Hopkins Medicine, Sibley Memorial Hospital	Present		
Oliver Johnson	MedStar Health	Present		
Dr. Malika Fair	United Medical Center	Present		
Dean Hugh Mighty	Howard University Hospital	Not Present	Michael Crawford	Present
Corey Odol	Psychiatric Institute of Washington	Present		
Denise Cora- Bramble, M.D.	Children's Hospital	Present		
Marc Ferrell	Bridgepoint	Present		
Don Blanchon	Whitman-Walker Health	Present		
Kim Horn	Kaiser Foundation Health Plan	Not Present	Joe Butz	Present
Maria Harris Tilden	CareFirst BlueCross BlueShield	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	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	Not Present	Tiffany Wilson	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		

Additional District Government

Name	Role	Office or Agency
Rayna Smith	Staff	Office of the Deputy Mayor for Health and Human Services
Amelia Whitman	Staff	Office of the Deputy Mayor for Health and Human Services
Ben Stutz	Staff	Office of the City Administrator
Lauren Ratner	Staff	DC Health
Amy Mauro	Staff	Fire and Emergency Medical Services
Dr. Robert Holman	Staff	Fire and Emergency Medical Services
Phyllis Jones	Staff	Department of Behavioral Health

Public Attendees

Name	Role	Organization
Mark LeVota	Public	D.C. Behavioral Health Association
Justin Palmer	Public	D.C. Hospital Association



Jeff Hild	Public	George Washington Redstone Center
Roderic Woodson	Public	Leftwich, LLC
Regina Woods	Public	MedStar
Calvin Smith	Public	Bridgepoint

Agenda

1. Call to Order

Committee Co-Chair

- Co-Chair David Catania called the meeting to order at 10:05 am.
- Co-Chair Catania introduced himself to the Commission and informed Commissioners that Co-Chair Sister Carol Keehan sends her apologies, but is unable to make the meeting.

2. Swearing in of Members

Mayor's Office of Talent and Appointments

- Elizabeth Keaton, Mayor's Office of Talent and Appointments (MOTA), introduced Booker Roary, Jr., MOTA Director of Operations, to swear in all public members.
- Mr. Roary, Jr. swore in all public members.

3. Commission Member Introductions

Commission Members

- Commission members introduced themselves to the room.
- Co-Chair Catania provided opening remarks, stating that the co-chairs see the Commission as a collaboration among members and would like input from members about how the Commission is structured and the topics covered. Further, he indicated that the co-chairs have given a great deal of consideration about how to engage the public.
- Co-Chair Catania stated that the co-chairs would like the full commission to meet in person, but wants subcommittees to use technology (e.g., Skype, Slack, Zoom) for their meetings. He also indicated that the government agencies would be providing staff to each subcommittee.
- Co-Chair Catania requested that members send in their subcommittee preferences by Thursday. He reminded members that in order to achieve balance across subcommittees, all members may not get their top choices.
 - Voting members may be asked to serve on more than one subcommittee if they are not asked to chair a subcommittee.
 - If voting members are interested in serving as a subcommittee chair, or would prefer not to serve as a chair, they should let the co-chairs know.
- Commissioner Kelly McShane asked whether non-members can participate in subcommittees.



- Co-Chair Catania indicated that the bylaws are written so that the co-chairs have discretion to broaden participation to a few individuals and feel that this could apply to subcommittees. Subcommittee chairs should consider inviting additional expertise and help. We may look at what assistance the schools of public health in the area may be able to provide, as long as there is full transparency and recusal for any conflicts of interest.
 - Commissioner Jackie Bowens indicated that expanding subcommittee participation has been successful in other Councils or Commissions.
- Co-Chair Catania indicated that the subcommittee jurisdictions come from the Mayor's Order.
 - Dr. LaQuandra Nesbitt suggested that the subcommittee on allied health professionals be expanded to address workforce more broadly, with a focus on allied health professionals.
 - Co-Chair Catania indicated he did not have an issue with this and stated that he prefers to cast a wide net and will leave it to subcommittees to make recommendations.
- Co-Chair Catania reviewed the subcommittees:
 - ***Subcommittee on the Equitable Geographic Distribution of Acute, Urgent, and Specialty Care:*** Despite high rates of health insurance, we still see inequitable access and disparities.
 - ***Subcommittee on Access to Critical and Urgent Care Services:*** The data analysis and epidemiology capabilities of DC Health will be beneficial to this work; Transportation issues also come in to play on this issue.
 - ***Subcommittee on Emergency Room Overcrowding & General Reliance on Inpatient Hospital Care:*** It is essential for Chief Dean to serve on this committee and the City Administrator's input will also be valuable.
 - ***Subcommittee on Allied Health Care Professionals:*** Dr. Nesbitt's input would be valued on this subcommittee.
 - ***Subcommittee on Discharge Planning and Transitions to Care***
 - ***Subcommittee on Value-Based Purchasing of Health Care Services:*** The fee-for-service population has enormous associated costs; Hope to consider how we manage the care of our sickest beneficiaries.
- Co-Chair Catania indicated that the preferred structure for subcommittees is that they are chaired by a voting member and have at least three voting members, but hope that recommendations are largely reached by consensus.
- Commissioner Bowens asked if we could change the name of the Subcommittee on Allied Health Professionals.
 - Co-Chair Catania indicated that this was fine as long as the Mayor has no issue with this.
 - Rayna Smith indicated that she did not believe the Mayor would oppose this change.
- Co-Chair Catania indicated that he would like to make sure the Mayor and Chair of the Committee on Health's opinions were solicited in this process as, though



the recommendations will be independent, the more aligned we are, the more successful we will be.

- Joe Butz, designee for Commissioner Kim Horn, asked about whether the loss of hospital beds was encompassed in any of the committees.
 - Co-Chair Catania indicated that this can be included in discussions.

4. Discussion of Member Priorities and Goals

Committee Co-Chair

Commissioners went around the table and shared their priorities and goals for the Commission:

- **Deputy Mayor Wayne Turnage:** Two issues of focus: 1. Access – Despite the investments we have made, there is a serious problem with access to care, particularly East of the River. People either are not using or do not confidence in facilities and this leads to distributional effects that lead to overcrowding. 2. Capacity – We have more beds per capita than any jurisdiction in the country, but only Children’s, GW, and UMC are using all of their beds. It would be helpful if the committee explored the factors that lead to hospitals not operating at their full capacity.
- **Dr. Denise Cora-Bramble:** Most interested in equitable geographic distribution , as she sees patients in Wards 7 and 8 that are disadvantaged in terms of access to care, as well as patients impacted by the imminent closure of the hospital.
- **City Administrator Rashad Young:** Thanked everyone for attending and serving. His focus is largely on macro issue of health outcomes and health disparities: How to take all the resources and investments, both in government and private institutions, to really make sure that we are delivering the right care to the right people at the right time. He also stated that he was concerned about the state of hospitals with regard to the ER and inpatient system. We need strategies and tools to shore up the system, so that we have the ability to respond in a crisis.
- **Dr. Gregory Argyros:** There are challenges at the bedside, with the absorption of patients from Providence. He is interested in access to critical and urgent care services, as this population remains extremely challenging to the city. In addition, while there have been significant inroads, discharge planning and transitions to care are concerns as many people can’t go home, and we need to ensure they are connected to behavioral health resources. Finally, inflow continues to be an issue – appropriate utilization must be part of our long term strategy.
- **Commissioner Kelly Sweeney McShane:** First recognized that we aren’t going to solve problems overnight. She focuses on the primary care link as



part of the system: how to do prevention and education, maternal and child health, and behavioral health (with a focus on trauma).

- **Commissioner Marc Ferrell:** His subject matter expertise really pertains to post-acute care and skilled nursing facilities (SNFs). He wants to make sure the District and members understand what a specialty hospital is and the role they play. Compared to other states, we aren't using these hospitals properly and they have capacity to help.
- **Commissioner Oliver Johnson:** Shares the focus and priorities of Dr. Argyos: Complex behavioral health patients; maternal and obstetrics care in wards 7 and 8. He is committed to understanding problem in as full detail as we can and trying to find good solutions.
- **Chief Gregory Dean:** Focused on over use of emergency care for non-emergent situations and trying to change resident's mentality around calling 911.
- **Commissioner Don Blanchon:** Systems change is always difficult on human beings, so would like to focus on three things thematically: 1) Keeping patients first – always; 2) Money changes behavior; and 3) Ensuring greater accountability across organizations.
- **Dr. Malika Fair:** Focused on access to care. She hopes recommendations are aligned with the disparities already identified.
- **Commissioner Cory Odol:** Stated that coordination of resources is where we are lacking. 2/3 of PIW's detox clients are from wards 7 and 8, demonstrating an imbalance in services. We need to improve upon care transitions, disparities, geographic distribution, specifically with regard to behavioral health.
- **Dr. Barbara Bazron:** 1) Access to critical and urgent care services and access issues period – it is very difficult to get into the system and we need to think about how to make access easier, particularly around how people get into the substance use disorder system. Traditionally, there is only one portal in and more than one interaction may be needed to get someone in. 2) Discharge and transitions to care: What we find is that in terms of discharge planning and transitions to care, we need to make linkages, particularly around behavioral health. This feeds into the ER problem as people are stuck in ERs. Nursing homes also present a challenge as it is very difficult to get people into nursing homes when they have a history of behavioral health problems.
- **Joe Butz, Designee for Commissioner Kim Horn:** There are levels we need to go through: Maternal care and mother/child health is really where it starts for access. Then there is the question of where behavioral health fits in –



ideally want to get this on the front end. If we can get primary care figured out, then we can manage urgent and emergency care. Finally, we need to think about how to use technology to drive a reduction in care. With this, we need to think about how people are getting paid, such as through value-based payments.

- **Rayna Smith:** The Arthur Capper fire showed how fragile the system was – what happens after you get through the emergency: discharge planning, how to transition to the next stage and ensure that people receive the care they need after they leave the hospital.
- **Michael Crawford, Designee for Dean Hugh Mighty:** Social determinants of health (SDH) need to be included in our conversation. While he is principally focused on healthcare, if you look at concentration of resources – housing, food insecurity, and unemployment – all of these issues impact one’s overall health. We need to think about how we are addressing these more broadly. Care coordination is a huge issue – we need to provide care in a unified, synchronized way to ensure people are receiving optimal care and touch points. We also need to look at post-acute care as SNFs and specialty hospitals can play a role in terms of reducing length of stay, particularly around behavioral health.
- **Tiffany Wilson, Designee for Dr. Faith Gibson Hubbard:** Thrive by Five is focused on two things as it relates to the Commission: 1) How are we addressing the stated needs of residence and supporting coordination; and 2) Maternal health and the impact on mothers and their families.
- **Eric Goulet, Designee for Councilmember Vice Gray:** Councilmember Gray asked to chair the health committee with a focus on equitable care and disparities. He has focused his hearings on the fact that we have high insurance rates, but no convenient access to care in Ward 7 and 8. Finally, he is interested in how we bring the privately operated community hospital to Saint Elizabeths East campus, along with primary care, specialty care, urgent care, and a plethora of community-based physicians.
- **Commissioner Maria Gomez:** Agrees with everyone that has spoken already, and would like to add workforce development. There needs to be a lot of work done around support and staff for providers, including the right funding. With regard to SDH, we need to have recommendations about how providers can be responsive and compliant with putting patients first. So many people deteriorate because they are in and out of hospitals without the right care in their communities.
- **Commissioner David Stewart:** Agrees with comments so far – they have been right on point. He comes from a perspective of wearing two hats – a doctor and a resident of a densely populated, multicultural community .



Through these, he has learned about all the subcultures that go on. If we are not diligent about the transitions between these silos, the best of plans will fall through the gaps. We must consider all that maintains people outside of the hospital.

- **Commissioner Maria Harris Tildon:** Comes from the perspective of carrier and has worked with organizations around the table from health equity and community perspective. We have realized that arming with primary care physicians with resources to better coordinate care of patients, opportunities to address SDH, and creative approaches to access to behavioral health from a telemedicine perspective is vital. It helps ensure that best practices and strategies see light of day. From an SUD perspective, a lot of providers aren't savvy in navigating behavioral health concerns, so we must think about how to provide resources to providers. With regard to maternal and child health, we have almost a crisis in the District. We have a lot of great resources and a lot of points of access, but we need to think about how to ensure residents have a level of trust and understanding that there are facilities where they live. CareFirst also has access to claims data they can contribute.
- **Dr. LaQuandra Nesbitt:** All of the topics are of interest, but there are a couple of things that resonate in particular. 1) Regionalism impact: One of the things that is most challenging in terms of communicating is that patients are not the same as residents when we look at population health data, health care disparities, racial and ethnic disparities, etc. We need to figure out what is our compass: What we measure and who we measure it for; What are we trying to fix and for whom. 2) The District is behind as it relates to health care transformation compared to the rest of the nation. We have talked about paying for value, but value-based payment recognizes that inpatient care is not the direction we are going towards. Yet, we continue to go to stabilizing our hospitals rather than having a detailed conversation about a continuum of care and ensuring our health system is robust. She hopes the Commission will be very thoughtful about these things and will recognize that we need to add more things to our health system. We have the political will and resources to make the needed investments, but we need to do business differently and recognize that the staples of system have to change.
- **Commissioner Kevin Sowers:** His interest in the first two subcommittees, with a focus around acute care, primary care, and specialty care. We must also think about what other resources need to be in our community to address high utilization patterns: We have learned that diabetes and congestive heart failure are driven by SDH – how do we include this when we talk about access. He is also concerned that if only look at distribution of services as we know them today, we will failure. If we don't redesign primary



care practices, handoffs become more complex and we will fail, With regard to discharge planning and transitions of care, he appreciates the thought around transitions of care, but if 10,000 people are driving bulk of our costs what are we going to do around SDH, as SDH often drive utilization patterns.

- **Commissioner Tamara Smith:** A lot of time has been spent putting primary care in place, but something else is going on with regard to access to care – in part SDH and patient engagement. FQHCs serve 1 in 4 District residents. Two things she is excited about working on are value-based payment and transitions of care: How do you use population analytics and SDH data to understand what’s going on with patients and begin to understand the need to organize differently- in a more integrated, collaborative way. She is excited about the diversity at the table and the varied interests. She hopes we can create a new system that looks at new payment systems, new incentives, and really puts patients first.
- **Commissioner Melisa Byrd:** Echoes most of the sentiments we have already heard. DHCF is focused on behavioral health integrating with primary care and maternal and child health. She is interested in value-based payment because although they support coverage for 40% of District residents, it is still very hard to go to practices and ask them to change how they provide care for one payer. We need to shift how we pay for care to get outcomes we want to see.
- **Commissioner Jackie Bowens:** People have been spot on in terms of what we need to look at. We have done a lot of work before – we know that SDH is a problem, we have a myriad of data and publications – but how do we take what we already know and put it into action. At the end of the day, how do we not duplicate what we have already done and take advantage of what we know. How do we learn more and how can we be more sustainable. She reinforced that we are on a pathway towards a collision course with a real crisis if we don’t focus on workforce development issues, and this is not limited to nurses.
- **Commissioner Kim Russo:** Agrees that the District is behind the national landscape. We are a little fearful of change and have not been aligning resources. She is really interested in collating of all our resources to build partnerships and really integrate and innovate to close the gaps that exist in the District. This will drive the overall health of community and that’s what we are charged with doing. We can get patients the right care at the right place at the right time. We talk a lot about access to hospitals, but also need to look at primary care physicians and specialists. As thought leaders, we need to drive that change and need to look at root causes. There are a lot of challenges with workforce – there are regulatory and other changes that



impact the workforce, as well as the burden we place on the workforce due to a lack of resources in the system. We need to make sure that a lack of resources doesn't become a burden on providers.

- **Co-Chair David Catania:** Interested in the issue of respite care. We also can't support the entire region – we need Maryland and Virginia to assume their responsibilities for taking care of their citizens. While we welcome everyone, there is a limit to what the treasury can bear. We need to look at our underutilized acute care beds, as well as racial equity – the disparities are unacceptable and don't reflect our values. We need to look at this through the prism of immigrants, race, and the transgender community. If we do this, we will send a message about how a thoughtful community takes care of itself and its family. In some communities D.C. Villages are a tremendous support for residents, but they are only supported by communities that have resources to support them. We can also do more with providers sharing data. With regard to the city's budget, would like to see dedicated funding out of the revenue the city will make from commercial development on Reservation 13 and Saint Elizabeths. Would like the revenues from this to honor the legacy of those sites – behavioral health in the case of Saint Elizabeths and uncompensated care in the case of Reservation 13.

5. Consideration and Approval of By-Laws

Committee Co-Chair

- Prior to reviewing the by-laws, Co-Chair Catania reviewed the meeting schedule:
 - The first three meetings will focus on learning and hearing from departments.
 - The second half of the meeting will focus on hearing from subcommittees and the public.
 - Time can also be set aside to hear from stakeholders we want to invite and members of the public.
 - In addition to meetings and subcommittee work, the Co-Chairs would like to hold community meetings, holding one in Ward 5, 7, and 8 at a minimum.
- The by-laws were approved by unanimous consent.

6. Adjournment

Committee Co-Chair

Meeting adjourned at 11:26 am.

Any comments regarding these meeting minutes may be sent to Amelia Whitman at amelia.whitman@dc.gov

