

Care Delivery Work Group Charter

Mandate

The Care Delivery Work Group will develop recommendations to the Advisory Committee on the design of a Medicaid initiative (likely under the Section 2703 authority in the Affordable Care Act) designed to promote coordination of care, improve patient transitions and impact patient health outcomes.

Key Questions for Work Group Recommendations

1. What staffing models best promote improved outcomes among those who are currently not well-served by the health system?
2. Which providers should be eligible to deliver a care coordination benefit?
3. Are there ways the care model could incorporate social services or address factors related to social determinants of health?
4. Are there specific populations who require unique program design?
5. If so, describe population and care model.
6. Are there current gaps in workforce capacity and skills and what actions can close the gap?

Interdependencies

- Payment Work Group: Which long-term payment models can support improved care coordination?
- Community Linkages Work Group: What data exchange is necessary to promote linkages to community health and social services? What other types of connections promote a whole-person approach to care?
- HIE Work Group: Required systems and/or functionality to share data across providers and settings to capture and use data.
- Quality Work Group: Metrics to assess improved outcomes for targeted populations.



Payment Models Work Group Charter

Mandate

The Payment Model Work Group will develop recommendations for the Advisory Committee on a value-based payment model that ties payment to achievement of quality and health outcomes rather than just the provision of services. This committee will look beyond the near-term plans for an initial health home model to how payments can eventually be tied to performance. It will consider the long-term vision for District payment policy, considering such approaches as shared savings, pay for performance, accountable care organizations, bundled payments and other value-based purchasing strategies.

Key Questions for Work Group Recommendations

1. How can the District build on its current delivery system model to a more coordinated and accountable system?
2. What payment polices hold the most promise for improving health outcomes in the District?
3. How can payment model reward coordination between medical, community health and social providers?
4. After the implementation of Health Homes, what are other payment models the District may use to promote value?
5. What is the appropriate level of risk sharing, and what risk adjustments (e.g., provider/ patient exclusions) will be put in place?

Interdependencies

- Care delivery Work Group: Types of providers to include in new payment model, target behaviors of providers and consumers to enable under new payment model
- Community Linkages Work Group: Linking financial models to reward coordination of community health and social services
- Quality Measures Work Group: Financial incentives to improve metrics required to measure desired behaviors
- HIE Work Group: Key metrics that will be tracked under the new payment model, types of data and information required to support the new payment model, types of linkages across data required to support the new payment model, method to track key metrics



Community Linkages Work Group Charter

Mandate

The Community Linkages Work Group will develop recommendations for the Advisory Committee on ways to integrate community health and social services with medical care. The work group will explore which data is needed by both social and health services providers to better monitor population health and effectively coordinate services between the health and social service sectors. It will also look at models for better linking the financing of social services and medical care in order to better incentivize a whole-person approach to care delivery.

Key Questions for Work Group Recommendations

1. How does the District link PCPs, specialists, community-based providers, and social service providers to reduce avoidable hospital and ER use?
2. What levers can be applied to improve coordination of health care and social services with specific high need populations (e.g. chronic homelessness)?
3. What person-centered interventions can be promoted for high-need patients that address social determinants of health?
4. What will incentivize providers to coordinate of health and social services?
5. What tools and data are needed to monitor population health?

Interdependencies

- Care Delivery and HIE Work Groups: What data exchange is necessary to promote linkages to social services? What other types of connections promote a whole-person approach to care?
- Care Delivery Work Group: Staffing needs to coordinate care between health and social services.
- Payment Models Work Group: Linking financial models to reward coordination of social services.
- Quality Metrics Work Group: Outcome metrics linking community health and social services to health services.



Quality Metrics Work Group Charter

Mandate

The Quality Metrics Work Group will develop recommendations for the Advisory Committee to design a plan that would seek to streamline quality reporting across all District payers; promote agreement on a shared set of measures; identify quality report infrastructure needs; and strategies for quality improvement.

Key Questions for Work Group Recommendations

1. How does the District promote more coordinated and streamlined quality reporting?
2. What measures are needed to evaluate improved outcomes for specific target populations?
3. What options are available to promote a quality reporting data infrastructure?
4. What infrastructure do providers need to report quality measures?
5. How does the District spread the reporting of existing quality measures to more practices?
6. What are the specific metrics required to support the proposed payment model?

Interdependencies

- Payment Models Workgroup: financial incentives to improve metrics required to measure desired behaviors
- Care Delivery Work Group: Metrics to assess improved outcomes for targeted populations
- Community Linkages Work Group: Outcome metrics linking social services to health services
- HIE Work Group: Define the measures in order for the HIE Work Group to build or integrate the appropriate technology.



HIE Work Group Charter

Mandate

The HIE Work Groups (including a clinical and a technology work group) will develop recommendations related to the design, development, and implementation of technology that will support care coordination efforts. Leveraging existing HIE work groups, these committees will identify opportunities for technology to support care coordination and develop recommendations for the best way to build the technology. These recommendations will be considered by the HIE Policy Board in addition to the SIM Advisory Committee.

Key Questions for Work Group Recommendations

1. What are the current gaps in health information exchange that need to be bridged to facilitate care coordination?
2. What and where are the current data sources that could be leveraged to facilitate care coordination?
3. What tools or functions are needed to support providers in their care coordination efforts?
4. What is the value proposition of these tools or functions?
5. What is the quality measurement approach?
6. What technology exists, what needs to be built, and how will it connect to the existing infrastructure in the District?

Interdependencies

- Care Delivery Work Group: Define the use case(s) necessary to support providers in their care coordination efforts.
- Payment Work Group: Identify the functions providers would utilize under a value-based payment structure.
- Community Linkages Work Group: Describe the data sources necessary to improve care coordination efforts and identify how the data sources can be connected.
- Quality Work Group: Define the measures in order for the HIE workgroup to build or integrate the appropriate technology.

