



July 14, 2016

Stephen C. Taylor  
Commissioner, DC Department of Insurance, Securities and Banking  
810 First Street, NE, Suite 701,  
Washington, DC 20002

Dear Commissioner Taylor:

The District of Columbia Primary Care Association (DCPCA) works to create healthier communities through advocacy and the development of a high quality, equitable, integrated health care system that gives every DC resident a fair shot at a full and healthy life. DCPCA recommends that any plan to invest the \$56 million CareFirst Surplus identified by the DC Department of Insurance, Securities, and Banking addresses the following priorities:

1. Health center capacity and technology infrastructure
2. Health care workforce training, particularly for patient support positions such as community health workers, patient navigators, and health educators
3. Programs that connect clinical care and social services to address social determinants of health

DCPCA acknowledges the important role CareFirst has played in supporting high quality care and innovation in the primary health care system. Their investments in community health centers, and in DCPCA itself, have laid a strong foundation for better health for District residents who seek safety net care. We are grateful for that commitment, and our recommendations for any surplus build on that important work.

We believe community investment of this funding should be governed by broad principles to maximize community impact:

- Develop programs which help to eliminate disparities and increase health equity
- Address social determinants of health
- Be evidence-based and protocol-driven
- Create alignment across providers such as: homeless/housing entities, behavioral health, etc.
- Speak to health needs identified in the Urban Institute report, *Health Needs in the Washington Metropolitan Area*.

DCPCA believes the District can champion these principles with an integrated approach that supports connections between the clinical and social services patients need, supported with technology that provides real time information and communication for providers. To address health disparities and improve community health outcomes, community health center providers are proactively planning service delivery transformation to move from a fee-for-service visit-based model of care to one promoting health outcomes and value. The foundation of this work is health care transformation that

brings together patients, payers, providers, and purchasers to align private and public sector change efforts. These change efforts strive to achieve the “Triple Aim” model – better care, better health. “Triple Aim” works to create better care for individuals, better health for the population, and lower costs through improvement.

This process requires a foundation built upon a structured system of population health management, which includes (1) Actionable Reporting & Analytics, (2) Care Management, (3) Workforce Development, (4) Value-Based Payment, and (5) Patient Engagement.

The Triple Aim approach is an evidence-based, best practice designed to deliver improved patient care as well as control the cost of health care delivery. After assessing the health centers’ readiness to redesign care delivery to effectively address the needs of their patients, we have identified several foundational areas in which health centers need support and resources to make these transformative changes:

#### 1. Health Information Technology (HIT)

Across the system, there are many health information systems with critical patient data and opportunities for patient population health analysis. However, none of these systems are linked, resulting in an inability to share data across sites of care. Access to and analysis of these claims and care data are critical to improving health outcomes in the District. The following represent specific HIT needs, which will require infrastructure investment:

- Health risk assessments and risk stratification tools: To better identify health risks and tailor care to provide needed clinical and social resources to “rising risk” patients, providers must implement and analyze assessments that address social determinants of health and clinical information.
- Access to and utilization of real-time hospital alerts: The health centers are using CRISP (Chesapeake Regional Information System for Patients, a Maryland-based HIE for hospitals in the Metro Washington DC region) to gain information about hospital ER and admissions.
- Connection of the DC Department of Health Care Finance claims data warehouse to the existing HIT in the care delivery system (CRISP, Health Center HIE, etc.) must be prioritized and funded. This data must be accessible and actionable, allowing two-way interface, ability to risk stratify based on conditions, SDH, and other factors affecting care outcomes and needed to plan highest quality interventions. Access to and analysis of claims data should also promote the creation of “super utilizer” lists to identify high-need/high-cost patients and target appropriate engagement with primary care and care coordination to improve health outcomes and reduce unnecessary hospitalization.
- Building interface between Primary Care and social services using technology that supports service delivery, tracking, reporting and interaction with patients across the continuum of care including the social determinants of health.

#### 2. Team-based Care Coordination:

Team-based Care Coordination plays a critical role in the care continuum and improving health disparities and outcomes. This is especially true of high utilizers and reducing unnecessary ER use and hospitalizations. Workforce development for community health workers and care coordinators will be needed as the demand for these positions increases with service delivery changes. Tools, training, and technology are needed to align service delivery, increase capacity, and enhance care.

- Tools to enhance team-based care and manage care transitions
- Centralized training for care coordination and care management
- Care management technology for tracking, reporting, and analyzing data

### 3. Enhanced Access:

Health centers need to better serve patients who are unable to receive care during normal operating hours and in-turn seek episodic, uncoordinated, high-cost care in local Emergency Departments.

Strategies include:

- Developing comprehensive 24/7 clinical triage, care coordination and phone consultation.
- Moving to same-day access including an extended hours

In partnership with the DC Department of Health Care Finance, DCPCA and the health centers and AmeriHealth (Medicaid MCO) are working on service delivery transformation focused on the triple aim. In that work, we have agreement across DHCF, AmeriHealth, and the Federally Qualified Health Centers that additional training and infrastructure in the above mentioned areas are critical investments needed to transform care and better serve patients. No existing government or private funds are available to invest in the health care transformation to address health disparities and health outcomes for the 4 in 10 patients in DC served by DC Medicaid.

We respectfully request that a portion of the \$56 million from the Care First surplus be invested in the priorities identified above. Investing in the community health centers – the primary care infrastructure in DC – will have a substantial impact on individuals, families, and our community as a whole. By investing in these priorities, we are building critical infrastructure to improve health outcomes, reduce health disparities and achieve the triple aim.

Thank you for your consideration.



Jacqueline Bowens  
CEO, DC Primary Care Association