



**SIM Steering Committee**  
**Thursday, May 14, 2015 5:30 pm**  
**Hewlett Packard Conference Room 203**  
**301 Metro Center Blvd, Warwick, RI 02886**

**SIM Steering Committee Attendees:**

Blue Cross Blue Shield of Rhode Island: Michele Lederberg , Esq.  
\_\_\_\_\_  
Neighborhood Health Plan of Rhode Island: Brenda White  
\_\_\_\_\_  
Tufts Health Plan: David Brumley  
\_\_\_\_\_  
United Healthcare of New England: Neil Galinko, MD  
\_\_\_\_\_  
Lifespan: Mark Adelman  
\_\_\_\_\_  
Care New England: Dennis Keefe  
\_\_\_\_\_  
South County Hospital: Lou Giancola  
\_\_\_\_\_  
CharterCARE: Chris Dooley  
\_\_\_\_\_  
Coastal Medical: Al Kurose, MD  
\_\_\_\_\_  
RI Health Center Association: Jane Hayward  
\_\_\_\_\_  
Rhode Island Medical Society: Steve DeToy  
\_\_\_\_\_  
RI Council of Community Mental Health Organizations: Rich Leclerc  
\_\_\_\_\_  
Drug and Alcohol Treatment Association of Rhode Island: Susan Storti  
\_\_\_\_\_  
RI Kids Count: Elizabeth Burke Bryant  
\_\_\_\_\_  
Rhode Island Foundation: Yvette Mendez  
\_\_\_\_\_  
YMCA of Greater Providence: Jim Berson  
\_\_\_\_\_  
Executive Office of Health and Human Services: Elizabeth Roberts  
\_\_\_\_\_  
Department of Health: Ana Novais  
\_\_\_\_\_  
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals  
(BHDDH): Maria Montanaro  
\_\_\_\_\_  
Office of Health Insurance Commissioner (OHIC): Kathleen Hittner, MD  
\_\_\_\_\_  
HealthSourceRI (HSRI): Anya Rader-Wallack, Ph.D.  
\_\_\_\_\_  
Office of the Governor:  
\_\_\_\_\_  
Rhode Island Primary Care Physicians Corporation: Andrea Galgay  
\_\_\_\_\_  
Carelink: Joan Kwiatkowski, Joan Kutler  
\_\_\_\_\_  
Rhode Island Business Group on Health: Al Charbonneau

**State Agency Staff:**

**Executive Office of Health and Human Services:** Deidre Gifford, MD/MPH; Tom Martin; Jennifer Wood, Esq.; Cheryl Wojciechowski; Hannah Hakim; Melody Lawrence; Elizabeth Shelov  
**Department of Children Youth and Families:** Jamia McDonald  
**Department of Health:** Michael Dexter; Samara Viner-Brown  
**BHDDH:** Michelle Brophy  
**Office of the Health Insurance Commissioner:** Cory King, Sarah Nguyen  
**HealthSourceRI:** John Cucco

**Other Attendees:** Tina Spears (RIPIN), Ed Quinlan (Quinlan Consulting), Therese Rochon (Coalition for End-of-Life Care/VNA of Care New England, Rele Abide (Senator Sheldon Whitehouse’s Office), Alok Gupta and Laura Adams (Rhode Island Quality Institute), Marti Rosenberg (The Providence Plan), John Keimig (Healthcentric Advisors).



## Introductions & Overview

The meeting was convened at 5:40 p.m. by Mr. Lou Giancola, President/CEO of South County Hospital in Wakefield, Rhode Island. Mr. Giancola has volunteered to serve as the Chairperson of the SIM Steering Committee. Mr. Giancola began the meeting by thanking the state staff for the preparation of materials for tonight’s meeting.

There was consensus that the minutes from the April 9, 2015 meeting were accurate as written and there were no additions, corrections, or deletions.

Deputy Secretary Wood reviewed the initiatives approved at the April 9, 2015 meeting:

- Hiring of a project manager (\$336,991 salary over 3.5 years)
- Procurement of a Statewide Common Provider Directory (\$1,500,000 over four years) and
- Procurement related to the All-Payer Claims Database (\$2,039,673 over four years).

Dr. Kathleen Hittner, Health Insurance Commissioner, indicated that the Project Manager will be based at OHIC. The salary range for the position is \$87,000- \$101,000. The job description for this position was provided to the Committee in the packet of materials. Dr. Hittner indicated that the Project Manager position is in the last round of approvals at the Department of Administration and it will be posted for a two-week period, once approved. Committee members are encouraged to “spread the word” to recruit a suitable candidate for this position. [The link where the job description appears online will be circulated to the Committee once approved and posted.](#)

## Next Round of Initiatives

Deputy Secretary Wood presented a proposed integrated approach for project management, population health plan development, and behavioral health transformation plan development. Ms. Wood indicated that she was seeking consensus on the following initiatives:

- Project management vendor

### Project Management Vendor

<b>Budget over 4 Years</b> <ul style="list-style-type: none"><li>• \$800,000</li></ul>
<b>Project Description</b> <ul style="list-style-type: none"><li>• Support project manager</li><li>• Support all SIM activities, the work of the Steering Committee, HIT projects, and Transformation Network activities</li></ul>



- Population health plan vendor that includes a behavioral health transformation plan

## Population/Behavioral Health Plan

**Budget over 4 Years**

- Population Health Plan: \$750,000
- Behavioral Health Transformation Plan: \$750,000

**Project Description**

- Pop. Health Plan: Assess population health and identify measurable goals, objectives, and interventions
- Behav. Health Transformation Plan: Assist in the implementation of the transformation and integration of the behavioral health system using a lifespan approach

A recommendation is being sought from the Committee to issue one single request-for-proposals (RFP) to accomplish all of the activities listed above. The total budget for these activities is highlighted below:

	Year 1	Year 2	Year 3	Year 4	Total
<b>Project Management</b>	\$200,000	\$200,000	\$200,000	\$200,000	\$800,000
<b>Population Health Plan</b>	\$375,000	\$375,000	0	0	\$750,000
<b>Behavioral Health Transformation Plan</b>	\$375,000	\$375,000	0	0	\$750,000
<b>Combined four year total:</b>					<b>\$2,300,000</b>

The population health plan will serve as a “road map” for the operational plan and the grant work that follows.

The aggressive time line for this work is as follows:

- July – August 2015: post and process RFP
- September 2015: complete procurement process and select vendor
- December 2015: population health plan (with behavioral health transformation component) completed.

Month	Task
May 2015	<ul style="list-style-type: none"> <li>• Steering Committee reviews approach</li> <li>• Draft RFP</li> </ul>
June 2015	<ul style="list-style-type: none"> <li>• Submit RFP to Purchasing</li> <li>• Select Review Committee and develop evaluation tool</li> </ul>
July – August 2015	<ul style="list-style-type: none"> <li>• Review proposals, select vendor, and negotiate contract</li> </ul>
September 2015	<ul style="list-style-type: none"> <li>• Vendor is <b>onboarded</b> and begins work</li> </ul>
October – November 2015	<ul style="list-style-type: none"> <li>• Vendor conducts population health planning process (incl. behavioral health)</li> <li>• Vendor initiates quality harmonization process</li> </ul>
December 2015	<ul style="list-style-type: none"> <li>• Finalize population health plan</li> </ul>
January – February 2016	<ul style="list-style-type: none"> <li>• Develop operational plan and revisit Transformation Network activities based on population health plan</li> </ul>
March 2016	<ul style="list-style-type: none"> <li>• Finalize operational plan to submit to CMS</li> </ul>



EOHHS will request permission from CMS to move the budgeted line items (above), totaling \$2,300,000, among these three projects. (These are the line item budgeted amounts that were originally approved by CMS in the grant application). One to three Steering Committee members may be asked to serve as subject matter experts and advise the state RFP review committee. These Steering Committee members will not be voting members of the review committee and will be asked to sign a statement regarding conflicts of interest.

### Steering Committee Comments

- Would it be possible to get a diagram of the project manager position as it relates to the entities participating in the grant?
- Director Montanaro indicated that tremendous subject matter expertise will be required to complete the three components of the RFP scope of work.
- After discussion, it was agreed that vendors will have the option of bidding on pieces of the RFP and will not have to bid on all three components. Bidders may reserve the right to only complete a portion of the work. Sub-contractors will be acceptable. It will be the responsibility of the project manager to coordinate all of the contracts that result from this procurement.

Consensus was achieved as follows:

- One single RFP/procurement process will begin for the three components noted above.
- There should be maximum utilization of existing data/research studies.
- There is value to an aggressive timeline.

The next item for consideration by the Steering Committee was the state staffing plan. The SIM four-year staffing plan and budget appears below:

	CY2015	CY2016	CY2017	CY2018	TOTAL
<b>STAFFING</b>	<b>287,150</b>	<b>574,297</b>	<b>574,297</b>	<b>526,297</b>	<b>1,962,041</b>
Project Manager (OHIC)	48,142	96,283	96,283	96,283	336,991
HIT Specialist (EOHHS)	48,000	96,000	96,000	48,000	288,000
Sr. Public Health Epidemiologist (DOH)	38,262	76,523	76,523	76,523	267,831
Principal Policy Associate (OHIC)	48,142	96,283	96,283	96,283	336,991
Health Plan Design Analyst (HSRI/EOHHS)	52,302	104,604	104,604	104,604	366,114
BHDDH Chief of Transformation	52,302	104,604	104,604	104,604	366,114
<b>BENEFITS</b>					<b>1,106,796</b>
Medical					282,739
42% fringe					824,057
<b>Totals</b>	<b>\$287,150</b>	<b>\$574,297</b>	<b>\$574,297</b>	<b>\$526,297</b>	<b>\$3,068,837</b>

These six positions will be “embedded” in the state agencies as noted above. They will be federally grant-funded, time-limited positions. It will take three to four months to fill these positions and bring grant staff on-board.



A comparison to other states' SIM-funded positions was presented and indicated that Rhode Island is not an "outlier" for staffing this grant, as compared to other states with SIM grant dollars.

### Steering Committee Comments

There was discussion about the SIM staff being "co-opted" and being pulled into non-SIM state work. Deputy Secretary Wood indicated that state agency directors will be responsible for ensuring the work is completed and that staff is dedicated to the SIM grant.

There were no objections and consensus was achieved on the SIM state staffing plan/budget as outlined above. State staff will begin the process of recruitment and hiring into these positions.

### Public Comment

Tina Spears (RIPIN) indicated that the SIM work is going well. She advocated for the child psychiatry component that is important; access points aggressively need reform now.

### Next Meetings

The next meeting is scheduled for: **Thursday, June 18, 2015 at 5:30 p.m.** in the Hewlett Packard Conference Room 203, 301 Metro Center Blvd, Warwick, RI 02886. Meetings are typically scheduled for the second Thursday of the month at 5:30 p.m. This meeting is being scheduled for the third Thursday in June in order to accommodate a guest speaker.

The table below presents the topics scheduled for future meetings, as currently configured:

Month	Tasks
June 2015	<ul style="list-style-type: none"> <li>▪ Updates on approved projects.</li> <li>▪ Discuss and develop consensus on an approach to statewide quality measure harmonization.</li> </ul>
July 2015	<ul style="list-style-type: none"> <li>▪ Updates on approved projects.</li> <li>▪ Develop consensus on SIM-funded initiatives and budget:               <ul style="list-style-type: none"> <li>▪ SIM-proposed HIT infrastructure for quality measurement and patient engagement initiatives and</li> <li>▪ Data and analytics capacity, collection platforms, and evaluation (data systems modernization, analytic capacity building).</li> </ul> </li> </ul>
August 2015	<ul style="list-style-type: none"> <li>▪ <b>No meeting</b></li> </ul>
September 2015	<ul style="list-style-type: none"> <li>▪ Updates on approved projects.</li> <li>▪ Introduce Project Management/Planning vendor.</li> <li>▪ Discuss approach to the population health (including behavioral health component) planning process.</li> </ul>
October 2015	<ul style="list-style-type: none"> <li>▪ Initiate population health (including behavioral health component) and quality measure harmonization planning processes.</li> </ul>
November 2015	<ul style="list-style-type: none"> <li>▪ Review and provide early feedback on development of the population health planning process to date.</li> <li>▪ Updates on approved projects.</li> </ul>
December 2015	<ul style="list-style-type: none"> <li>▪ Present Population Health Plan (with behavioral health component) for approval.</li> <li>▪ Happy holidays!</li> </ul>
January 2016	<ul style="list-style-type: none"> <li>▪ Begin development of the operational plan including driver diagram development of grant metrics (for quarterly reporting to CMS)</li> <li>▪ Preliminary discussion of "Transformation Network" investments based upon the results of the "gap analysis" completed as part of the population health planning process.</li> <li>▪ Updates on approved projects.</li> <li>▪ Happy new year!</li> </ul>



Month	Tasks
February 2016	<ul style="list-style-type: none"><li data-bbox="500 226 878 254">▪ Present operational plan for feedback.</li></ul>
March 2016	<ul style="list-style-type: none"><li data-bbox="500 268 894 296">▪ Finalize operational plan for submission.</li><li data-bbox="500 296 813 323">▪ Updates on approved projects.</li></ul>

With no further business or discussion, the meeting adjourned at 7:15 p.m.

Notes prepared and respectfully submitted by:

Elizabeth Shelov, MPH/MSSW  
Chief, Family Health Systems  
Executive Office of Health & Human Services  
May 29, 2015