



Minutes

SIM Steering Committee Meeting

Thursday, September 8, 2016 – 5:30 p.m. to 7:00 p.m.

Hewlett Packard Offices, Conference Room 203

301 Metro Center Blvd, Warwick, RI 02886

SIM Steering Committee Attendees:

Rhode Island Primary Care Physicians Corporation: Andrea Galgay, Chair
The Rhode Island Foundation: Larry Warner, Vice-Chair
BHDDH: Director Becky Boss
Blue Cross & Blue Shield of Rhode Island: Matt Collins
Carelink: Joan Kwiatkowski
Care New England:
CharterCARE: Rebecca Plonsky
Coastal Medical:
EOHHS: Secretary Elizabeth H. Roberts
HealthSource RI: Zachary Sherman
Leadership Council: Richard Leclerc
Lifespan: Mark Adelman
Neighborhood Health Plan of Rhode Island: Peter Marino
Office of the Governor:
Office of the Health Insurance Commissioner: Dr. Kathleen C Hittner
Rhode Island Business Group on Health: Al Charbonneau
Rhode Island Department Of Health: Ana Novais
Rhode Island Health Center Association:
Rhode Island Kids Count: Elizabeth Burke Bryant
Rhode Island Medical Society: Steve DeToy
South County Hospital: Kim O'Connell
Tufts Health Plan: David Brumley, MD
United Healthcare of New England: Neal Galinko
YMCA of Greater Providence:

State Agency Staff:

Executive Office of Health and Human Services: Rick Brooks, Mark Kraics, Melissa Lauer, Cheryl Wojciechowski , Amy Zimmerman

Department of Health: Mike Dexter, Samara Viner-Brown

Office of the Health Insurance Commissioner: Cory King

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Ann Detrick, Corinna Roy

HealthSource RI: Betsy Kerr

Department of Children, Youth, and Families: John Neubauer

SIM: Marti Rosenberg

Other Attendees:

Tina Spears (RI Legislature); Joanne Kalp (UMass); Reggie Tucker-Seeley and Libby Bunzli (ProvPlan); James

Beasley (RI Kids Count); Ira Wilson, MD (Brown University); Lynn August (Neighborhood Health Plan of Rhode Island); Tilak Verma (Tufts Health Plan); Garry Bliss (Integra); Scott Young, Elaine Fontaine, Alok Gupta and Laura Adams (Rhode Island Quality Institute); Tara Townsend (RIPIN); Lynn Blanchette (Rhode Island College); Bryan Blissmer and Catherine Taylor (University of Rhode Island); Maureen Glynn, Therese Rochon and Nancy Roberts (Coalition for End-of-Life Care); Patricia Flanagan, MD and William Hollinshead, MD (PCMH Kids); Pano Yeracaris, MD and Debra Hurwitz (CTC); Melvin Smith (Hospital Association of RI); Charles Hewitt.

1. Introductions

The meeting was convened at 5:30 p.m. by Dr. Kathleen Hittner with introductions. Dr. Hittner announced that Mr. Lou Giancola resigned as Chair to the Steering Committee. Dr. Hittner read a letter she had written to Mr. Giancola, publicly thanking him for his tireless efforts and participation as Chair of the Steering Committee. She then introduced Andrea Galgay as the new Chair and Larry Warner as the new Vice Chair of the Steering Committee.

2. Review Prior Meeting Minutes

The Steering Committee reviewed the meeting minutes from the July 14 Steering Committee meeting. The minutes were accepted as written.

3. Administrative Discussion:

- Ms. Rosenberg announced that Sarah Nguyen, Office of Health Insurance Commissioner, departed the SIM team and accepted a position at Steward Health. OHIC will be rehiring for the SIM position.
- Dr. Matt Collins, Blue Cross & Blue Shield of Rhode Island, announced that Rhode Island (statewide) was selected for CPC+ and that UnitedHealthcare and Blue Cross & Blue Shield of Rhode Island have signed Memorandums of Understanding (MOUs) with the Center for Medicare and Medicaid Services (CMS). Dr. Collins reminded the Steering Committee members and attendees that CPC+ is an advanced primary care medical home model that rewards value and quality by offering an innovative payment structure to support delivery of comprehensive primary care. He stated that eligible practices may apply to CPC+ (Track 1 or Track 2) from August 1 to September 15, 2016. He noted the tight timeline and reassured the group that OHIC and CTC are working together to identify and support potential practices in applying to CMS. Dr. Collins is attending a conference in Baltimore focused on discussing a strategy for transforming primary care and value based payments. Dr. Collins will provide an update to the Committee after attending the Baltimore conference.
- Mr. Rick Brooks, Executive Office of the Health and Human Services, announced that the Workforce Workgroup meeting is scheduled for October 7, 2016 at 8:30am in the Department of Labor and Training Conference Room, Building 73-1, Cranston. He invited all present to attend the upcoming meeting and stated that he will be sending out an electronic notice as well to those on the Steering Committee and Interested Party email list. Mr. Brooks' contact information is Rick.Brooks@ohhs.ri.gov.

- Mr. Cory King, Office of the Health Insurance Commissioner, announced the meeting dates for the Care Transformation and Alternative Payment Methodology Committees which will be held in the Department of Labor and Training Conference Room, Building 73-1, Cranston.
 - The Care Transformation Committee will meet:
 - i. Wednesday, October 5th, 8am-11am
 - ii. Friday, October 21st, 8am-11am
 - iii. Thursday, November 17th, 8am-11am
 - iv. Thursday, December 8th, 8am-11am
 - The Alternative Payment Methodology Committee will meet:
 - i. Wednesday, October 5th, 8am-11am
 - ii. Tuesday, October 18th, 8am-11am
 - iii. Wednesday, November 2nd, 8am-11am
 - iv. Wednesday, December 7th, 8am-11am

Mr. King’s contact information is cory.king@ohic.ri.gov.

- For more SIM Information, the webpage is: <http://www.eohhs.ri.gov/Initiatives/StateInnovationModel.aspx>

4. Strategic Discussion: SIM Steering Committee Development

Ms. Rosenberg moved the discussion to focus on the Steering Committee members’ and attendees’ thoughts on transitioning from SIM planning (including writing the Rhode Island Operational Plan) to SIM implementation – (procuring the investments). She opened up the discussion by summarizing feedback she received during phone conversations that she held throughout August and September with individual Committee members on their current state of thinking about SIM. The conversations included:

- Requests for more frequent information updates and data reports.
- Discussion about making SIM more accessible; increasing communication.
- The importance of consolidation – for example, fewer meetings and more alignment.
- Ideas about “keeping our eyes on the prize.” The “prize” means different things for different members, including:
 - Quality
 - Metrics
 - Informatics/Data
 - What SIM can do to facilitate system change
 - The need for data to support the Learning Collaborative
 - Healthcare cost & smarter spending
 - Workforce development: changes for those now working in the system, as well as working across the life span.

- Addressing people along the lifespan, including children and seniors/long-term care

Ms. Rosenberg stated that SIM staff has plans to address these comments as we move forward into the fall, including bringing work on population health alignment to the October and November Steering Committee meetings, developing a SIM one pager, a revised slide deck for SIM outreach, and other communications vehicles.

5. Steering Committee Input: SIM Steering Committee: Priorities, Member Roles, and Responsibilities

Ms. Rosenberg then asked the Committee members and attendees to reflect as a group on three questions: What priorities do you want to set for yourselves as the Steering Committee? What role(s) do you see for yourself as a member? What voices are we missing from the table?

What priorities do you want to set for yourselves as the Steering Committee?

- Dr. Collins identified the need for measures of success for each of these initiatives. Ms. Rosenberg noted that we have started to talk about measures of success as we write them into the contracts with vendors.
- Secretary Roberts stated a sense of momentum.
- Andrea Galgay identified, “Keep to task on timelines so we know what is successful.”
- Joan Kwiatkowski asked about the degree and type of authority the Steering Committee has to change course. She commented that SIM needs to be able to expand its thinking. She also requested that the presentations be sent out to committee members.
- Dr. Hittner stated that SIM needs to admit when things are not working and to be able to change course as needed.
- Elizabeth Burk Bryant added an appreciation to Ms. Rosenberg for reaching out to the Steering Committee members and asking their thoughts.
- Reggie Tucker-Seeley asked, “How does the Steering Committee define population health improvement?” He suggested we grapple with it and look at what we mean by population health and population health improvement, as two separate concepts.
- Lynn Blanchette said she was always concerned about workforce development as SIM represents significant changes for practitioners. She asked, “How do we get new information out to all who need it? Not just payers and providers.”
- Andrea Galgay stated that it is important to reflect on what we said we were going to do in the Operational Plan so that we do not stray from our original intent.
- Larry Warner stated that the workgroups are a great forum to gain and provide input for Request for Proposals (RFP) and that he sees a need for a balance of meetings.

What role(s) do you see for yourself as a member?

- Secretary Roberts reflected that she sees an important role for her outside of the Steering Committee room, bringing SIM work, approaches, and goals into her job each day.
- Ms. Rosenberg thanked Secretary Roberts and acknowledged that this is quite important. She suggested that

it would be helpful to ask people in organizations represented by Steering Committee members to connect with SIM when they are working on similar initiatives. This would be very beneficial to our integration and alignment efforts.

- Andrea Galgay appreciated that SIM is not working in a vacuum and asked that if organizations are working on an initiative they consider “How can we integrate with SIM?”
- Becky Boss emphasized maintaining the integration of behavioral health into overall population health, as it creates other opportunities for funding.
- Dr. Hittner reminded members of the breadth of SIM and the need to continue to focus on all aspects of the SIM Transformation Wheel.
- Ana Novais commented about integration and leverage within SIM. She stated that SIM needs to learn more about the people we service as well as the system we are trying to transform and that we need to challenge ourselves to think creatively.
- John Neubauer spoke of children’s behavioral health, indicating that Steering Committee members should bring information back to their staffs and that DCYF can help in population and children’s behavioral health.

What voices are we missing from the table?

Ms. Rosenberg introduced this section of the conversation by saying that a number of people have noted recently that there are missing voices from the Steering Committee table. While any non-member who attends is welcomed to participate in the Steering Committee conversations, it is important to ensure that the membership includes the voices that we think are important to the work. She said that for this brainstorm, staff had identified several areas where from where we might recruit new members – and that rather than having members suggest specific people or organizations for inclusions that they further clarify the types of organizations that we might pursue. The areas identified by staff were: Behavioral Health; Patient/Consumers/Family Members; Population Health, e.g. healthy eating/healthy food; Seniors/Long-Term Care; and Workforce Transformation/Higher Education.

- Elizabeth Burke Bryant suggested including a pediatrician, for recommendations for the integration of child behavioral health and pediatrics.
- Debra Hurwitz identified a parallel in the integration of behavioral health in the in Primary Care setting.
- Lynn August recommended adding a representative from housing.
- Becky Boss commented, “Not just higher education, but education in general.”
- Ana Novais suggested more employer representation and/or businesses affected by health care.
- John Neubauer inquired about involving adult corrections.
- Dr. Hittner asked about pharmacist involvement. Marti Rosenberg stated that she made a connection with the Dean of the College of Pharmacy and is pursuing that.
- Becky Boss proposed including more of the prevention community more.
- Dr. Hittner suggested including researchers such as Dr. Rena Wing, noting her work on weight loss at Lifespan.

Ms. Rosenberg concluded the discussion by asking the Committee members and attendees to email her any additional ideas and asked the members and attendees to think about outreach and where the SIM team can

present the new slide deck. She expressed the staff's gratitude that current members want to stay involved and summarized this discussion by noting that, while SIM is a grant, the work is really ongoing healthcare transformation. The relationships we are building here will ensure sustainability beyond the grant period.

6. Update on SIM Investments:

Ms. Rosenberg stated that we are in the process of signing the contract for the Child Psychiatry Program and finishing up the contract for Care Management Dashboards. She stated that both of these contracts are single source contracts.

Next, Corinna Roy gave an update on the Community Health Team (CHT)/Screening, Brief Intervention and Referral to Treatment (SBIRT) collaboration. She commented that the focus is on blending the two initiatives with the creation of new CHTs with SBIRT screening. The desired outcome is better coordination of care and referrals for those most in need; improving HIT, better sharing of data and a standardization of tools. She noted that the CHT grant represents \$2 million over 3 years and SBIRT Rhode Island was awarded totals \$8 million over 5 years.

Ms. Rosenberg stated that this is an example of building investments and systems around the transformation wheel. She stated that she hopes for a bidder conference to address questions. A question was asked if SBIRT funds can be used to expand screening to adolescents. Ms. Rosenberg and Ms. Roy responded that CHTs can expand substance abuse screening to adolescents but that SBIRT funding and evaluation's focus is on adults only.

Betsy Kerr then presented on the overall state procurement process. She defined it using the following steps:



Ms. Kerr stated that SIM's anticipated Requests for Proposal (RFPs) include:

- Quality Reporting and Feedback Mechanism
- Community Mental Health Center Provider Coaching

- CHT/SBIRT
- Patient Engagement Tools/End of Life & Advanced Care Planning

Participants made the following comments after Ms. Kerr’s presentation:

- Secretary Roberts stated that the procurement process is complicated but if you communicate well and frequently with the Division of Purchases, the process can move more quickly. She stated that the rules are rigorous and exist to protect the bidding process.
- Becky Boss stated that the procurement process affords everyone an equal and fair opportunity to bid.
- Rick Leclerc asked if there are any exceptions to the process. Ms. Rosenberg answered the only exceptions are for single and sole source contracts.
- Peter Marino stated that the front end design determines the outcome. It makes the process smoother. He also commented that there is a higher burden of proof with sole/single source contracts.
- Amy Zimmerman stated that the SIM team has met ahead of time with the Division of Purchases and performs a lot of pre-work before the formal process.
- Lynn Blanchette asked, “How do RFPs get announced?” SIM staff answered that the Division of Purchases has an RFP site. Additionally, they ask the requestor for a list of potential vendors who should receive the RFP. Finally, SIM will make sure everyone on the list knows of the RFP release.
- Andrea Galgay asked, “How long is an RFP out for bid?” Amy Zimmerman answered three to eight weeks, depending on its complexity.

7. Presentation and Discussion:

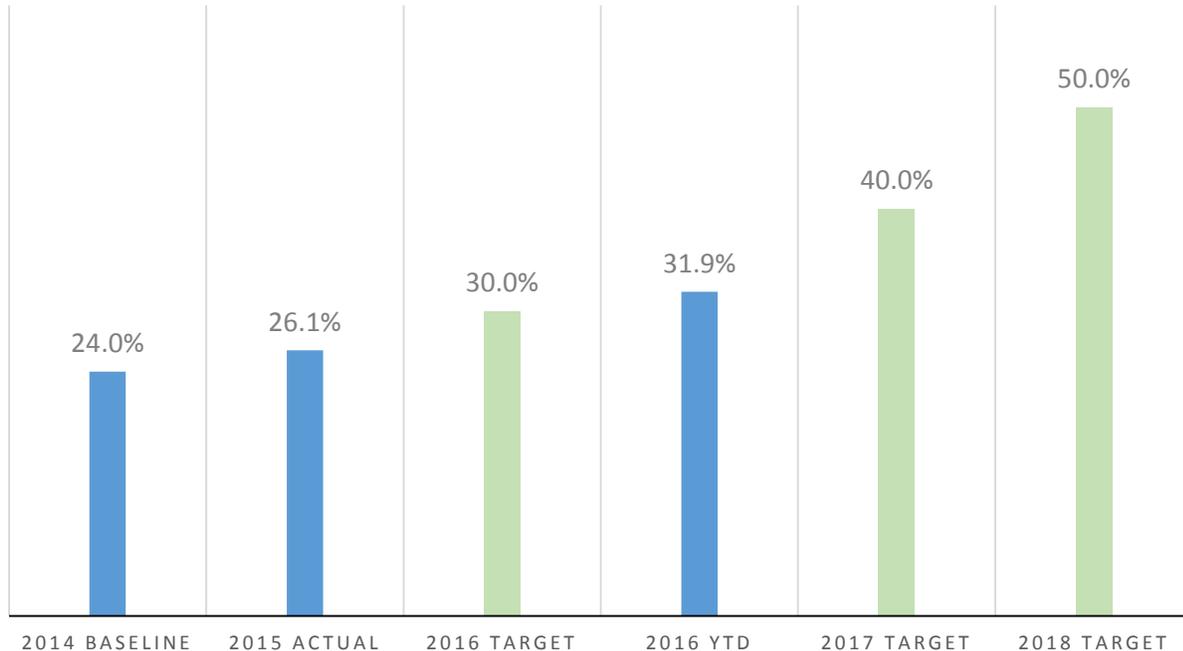
OHIC Affordability Standards by Cory King, Office of Health Insurance Commissioner:

Mr. King’s presentation discussed OHIC’s Theory of Actions and OHIC accomplishments. Several key points from his presentation is illustrated below:

- Mr. King described OHIC’s Theory of Action as:
 - Convene Stakeholders
 - Develop Policy
 - Enforce Policies Across Payers
 - System Reform From the Insurance Side
- Mr. King stated that in 2015, the first year of the revised Affordability Standards, OHIC accomplished the following:
 - Developed a three-part definition of PCMH and related financial payment models for PCMHs.
 - Defined Alternative Payment Models normatively and positively and set annual targets for payment reform.

- Worked collaboratively with other state agencies, including the Medicaid program.
- Mr. King displayed the aggregate alternative payment model targets, which is shown in the graph below. He also pointed out that through May 31, 2016; RI met the 2016 target of 30%, reaching 31% with seven more months of data to add.

AGGREGATE ALTERNATIVE PAYMENT MODEL TARGETS



- To answer the question “How did we do it?” Mr. King explained that the SIM grant is an important component, because it brings all members of state agencies to the same table. With OHIC and Medicaid meeting face to face, the two agencies can align more effectively and accomplish more. He repeated that OHIC’s two working committee – the Care Transformation and Alternative Payment Methodology Committees – will continue meeting beginning in October. The October 5th meeting will be a joint meeting of the two committees, and then they will meet with the following schedule.
 - Care Transformation Committee
 - Wednesday October 5th, 8am-11am
 - Friday October 21st, 8am-11am
 - Thursday November 17th, 8am-11am
 - Thursday December 8th, 8am-11am
 - Alternative Payment Methodology Committee
 - Wednesday October 5th, 8am-11am
 - Tuesday October 18th, 8am-11am
 - Wednesday November 2nd, 8am-11am
 - Wednesday December 7th, 8am-11am

- Mr. King concluded his presentation by outlining the Fall 2017 topics of the Care Transformation and Alternative Payment Methodology Committees:
 - Care Transformation Committee
 - Review baseline PCMH survey data.
 - Establish 2018 PCMH expansion targets.
 - Identify priority activities to advance practice transformation in the state.
 - Alternative Payment Methodology Committee
 - Review OHIC “meaningful downside risk” definition.
 - Discuss alternatives for specialist engagement, including aligned episode-based payment methods.
 - Consider MACRA implications

8. Public Comment

There was no additional public comment.

9. Adjourn

As the meeting concluded:

- Secretary Roberts welcomed and recognized Andrea Galgay and Larry Warner as Chair and Vice Chair of the Steering Committee. She also publicly thanked Mr. Lou Giancola for his time, efforts and service as Chair of the Steering Committee.
- Ms. Rosenberg thanked the attendees for their input and asked Committee members and attendees to send any comments, thoughts or ideas regarding any of the topics discussed at the meeting to her.
- The next Steering Committee meeting will be held on Thursday, October 13, from 5:30 PM to 7:00 PM at 301 Metro Center Blvd in Warwick.

With no further business or discussion, the meeting adjourned at 7:00 PM.

Notes prepared and respectfully submitted by:

Laurieann Grenier
UMass Program Management
September 12, 2016