



Healthy RI Steering Committee
Thursday, April 9, 2015 5:30 pm
Hewlett Packard Offices, 301 Metro Center Blvd
Conference Room 203
Warwick, RI 02886

Steering Committee Organization Attendees:

Blue Cross Blue Shield of Rhode Island: Michele Lederberg
Neighborhood Health Plan of Rhode Island: Peter Marino
Tufts Health Plan: David Brumley, MD
United Healthcare of New England: Neal Galinko, MD
Lifespan: Mark Adelman
Care New England: Gail Costa
South County Hospital: Tom Breen
CharterCARE: Chris Dooley
Coastal Medical: Al Kurose, MD
RI Health Center Association: Mary Evans
Rhode Island Medical Society: Steve DeToy
RI Council of Community Mental Health Organizations: Rich Leclerc / Dale Klatzker, PhD
Drug and Alcohol Treatment Association of Rhode Island: David Spencer
RI Kids Count: Elizabeth Burke Bryant
Rhode Island Foundation: Neil Steinberg
YMCA of Greater Providence: Jim Berson
Executive Office of Health and Human Services: Elizabeth Roberts
Department of Health: Nicole Alexander-Scott, MD
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Maria Montanaro
Office of Health Insurance Commissioner: Kathleen Hittner, MD
HealthSourceRI: Anya Rader-Wallack
Office of the Governor: not present
Rhode Island Primary Care Physicians Corporation: Al Puerini
Carelink: Joan Kwiatkowski
RI Business Group on Health: Al Charbonneau

State Agency Staff:

Executive Office of Health and Human Services: Deidre Gifford, Tom Martin, Elizabeth Shelov, Jennifer Wood, Amy Zimmerman, Noelle Wood
 Department of Health: Samara Viner Brown, Valentina Adamova
 Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Michelle Brophy
 Office of Health Insurance Commissioner: Sarah Nguyen
 HealthSourceRI: John Cucco
 Department of Children Youth and Families: Jamia McDonald

Other Attendees: Laura Adams; Alok Gupta (Rhode Island Quality Institute), Patricia Flanagan, MD; Melody Lawrence (PCMH Kids), Marti Rosenberg; Mark Gray (The Providence Plan), Tina Spears (RIPIN), Mike Souza (HARI), John Keimig (Healthcentric Advisors), Jeff Taylor (Mayforth Group)



Welcome and Introductions

The meeting was convened at 5:40 by Dr. Kathleen Hittner, Health Insurance Commissioner. Amy Zimmerman, State HIT Coordinator, discussed materials included in committee members' packets. The meeting materials included the agenda, SIM governance graphic, March 10th meeting minutes, and a draft inventory of payment reform initiatives. Ms. Zimmerman explained that the inventory of payment reform initiatives was not complete and information was taken from the SHIP and from other documents. She encouraged committee members to add to or edit the list of initiatives. Also included in the meeting materials were a SIM grant summary, SIM goals document, a list of the funded initiatives with budget amounts, grant deliverables, a staffing packet, and a list of proposed "ready for action" SIM initiatives.

Approval of March 10, 2015 Meeting Minutes

The March 10th meeting minutes were approved as written by the committee members.

Review Criteria for Investments

Jennifer Wood, Esq., EOHHS Deputy Secretary, announced that Lou Giancola, South County Hospital, will be the Chair of the Steering Committee.

Ms. Wood stated that the Steering Committee will discuss and debate the funded initiatives in the SIM application. There are a few projects that have been proposed to be "ready for action" and these will require approval from the Steering Committee to be moved forward.

The slideshow for the presentation is available at: <http://www.eohhs.ri.gov/SIM.aspx>. Please refer to the presentation for greater detail.

Ms. Wood continued by stating that all of the SIM funding investments must reflect the goals of the grant: population health improvement, delivery system transformation, and a decrease in health care costs.

Steering Committee Comments: Committee members asked specifically about the inclusion of child health and long-term care in the grant. Ms. Wood responded that the 80% goal outlined in the SIM application was inclusive of all health care, including child health and long-term care. Behavioral health care is separately articulated because of the alarming RI statistics and because during the development of the State Health Innovation Plan [SHIP], there were many stakeholders that specifically discussed the methodologies being used nationally to increase integration. Secretary Roberts stressed that it can be easy to lose sight of long-term care and that every effort should be made to include it in these discussions.

Discuss and Develop Consensus on SIM-funded Initiatives and Budget

In this next part of the agenda, Ms. Wood asked the committee members to consider the following questions for the three categories of grant activities (state support, HIT infrastructure, and the transformation network) as they are currently constructed: Are these investments in the right category? Are they impactful towards the SIM goals? Do we want to examine these investments more deeply and are they valid investments?

HIT Tools:

Health Care Quality, Measurement, and Feedback System: Ms. Wood explained that the intent of this initiative was to "harmonize" health care quality measures to have an agreed-upon common measure set for providers to submit. This is a multi-payer initiative and would also be proposed to Medicare. In addition to measure harmonization, this initiative would include building an IT system that could collect clinical and quality measures, ideally from electronic health records [EHRs], and



house the agreed-upon measures, benchmark them, and transmit feedback to providers and practices. This system could potentially be paired with claims data.

Steering Committee Comments: Committee members remarked on the difficulties associated with developing a common measure set. Maria Montanaro, Director of BHDDH, also remarked that it is important to keep behavioral health measures in the forefront of this work as they often get added to these measure sets as an afterthought. Committee members also brought up potential concerns: external bodies may not agree on the right quality indicators, there can be substantial differences between data from EHRs and data from claims, can this system provide real-time cost and utilization data for providers in order to drive a high-performing system is there a way to achieve efficiencies across the system if other entities are already starting this work, and how does the consumer fit into this project? Committee members requested additional context and background information on the measures to familiarize themselves with this initiative. It was noted that working towards measure harmonization is a requirement of SIM, and has begun to occur through CTC-RI and is being attempted at the federal level.

Common Provider Directory: Ms. Wood explained that this particular initiative would be a continuation of funding – the work is underway and there is an existing work plan. Ms. Zimmerman added that the provider directory would receive data feeds from a variety of sources, including commercial sources and licensure data. The directory would also link individual providers with practices and other affiliations. Currently, the word “provider” is loosely defined and the ability exists to define provider as broadly or as narrowly as needed. Behavioral health providers will also be integrated early on in the process. There was consensus around the table that this piece of work could move forward into procurement.

Steering Committee Comments: Neil Steinberg, President and CEO, RI Foundation, remarked that the dollar amount allocated to the provider directory was a relatively small amount of funding over four years but that the project was appealing if the allocated budget would allow for the directory to be completed. There was consensus among committee members that this project could move forward into the procurement phase.

All-Payer Claims Database (APCD): Ms. Wood remarked that this project is currently underway and that three years of historical data have been submitted by all of the payers and the first set of reports were completed in January. The proposed funding for the APCD will bring the project to fruition, especially if the state intends to look at the global cost of care in RI and how trend is being affected – this work cannot be done with the existence of the APCD.

Steering Committee Comments: Al Charbonneau, Executive Director, RI Business Group on Health, asked whether the value of the APCD’s work has been translated into an impact on premiums and that it is important to invest money into projects that can make an impact. Anya Radar Wallack, Director, HealthSource RI, remarked that the APCD in Vermont was used for price and utilization variation analyses but that it was very hard to track this back to the impact on premiums. There was consensus among committee members that this project could move forward into the procurement phase.

Patient Engagement Tools for CurrentCare: Ms. Wood framed this initiative by indicating that this would be an “add-on” to an existing system and that there may be other grant funding that could be



used for this project. She also added that the grant application required the State to specifically discuss patient engagement with some degree of specificity.

Committee Member Comments: There was not general consensus around the table about this initiative. Secretary Roberts suggested holding the decision on this project until Year 3 of the grant. Committee members also suggested further exploring the link between this patient engagement tool and other transparency tools and seeing what has worked in other states before making a decision. Ms. Wood told committee members that they would receive more information about this project for the next round of discussions.

Transformation Network: Ms. Wood remarked that state staff would bring back the project plan for each of these items to the Steering Committee.

Community Health Teams (CHTs): Steering committee members asked whether the \$1 million allocated to this project was enough to propel this project forward and whether there were other funds that could be used for CHTs. Additionally, committee members had a discussion on the needs and future of small practices, including discussing what happened in Massachusetts when the Blue Cross Blue Shield of Massachusetts Alternative Quality Contract was enacted and the importance of building an infrastructure for communities that takes into account social and environmental determinants of health. There was no consensus around the table as to whether this initiative should be funded at the level proposed in the grant. Ms. Wood proposed bringing this initiative back to the committee members with more information.

Provider Practice Assistance: Committee members discussed whether \$650,000 over 4 years would be sufficient for this project and whether it would be more appropriate to focus on a few projects rather than spread the money more widely. Additionally, there was some discussion around bringing specialists into this work.

PCMH-Kids Expansion: Ms. Wood mentioned that this is an existing initiative. As was the case with both the CHT and provider practice assistance discussions, committee members discussed whether a \$500,000 investment was an appropriate amount of funding to move this project forward.

Childhood Psychiatry Access Project: Ms. Wood described this new initiative as a start to assisting primary care providers with behavioral health integration with a particular focus on pediatrics. This initiative was added to the SIM in response to a shortage and was modeled on a Massachusetts project. Committee members discussed whether it would be appropriate to integrate this project with the PCMH-Kids expansion and about the sustainability of the project beyond SIM funding.

Hospice/Advanced Care Illness Initiative: Ms. Wood mentioned that Senator Whitehouse has held a convening to address this topic and that this would cover palliative care for people of all ages. Steering committee members discussed whether the amount budgeted for this project would be enough to make a meaningful difference.

Behavioral Health Care Transformation: Ms. Wood pointed out that this project makes up a major investment in the Transformation Network category and suggested bringing more detail back to the Steering Committee about this project. Ms. Montanaro commented that the behavioral health care provider community is serving patients with complex diagnoses and that there are several initiatives that are in need of funding either because they have not received funding in the past or because they need to be redesigned.



Ms. Wood ended this section of the presentation by telling committee members that state staff would develop more detailed project descriptions for all six of these Transformation Network activities for further discussion by this group. She mentioned that there was no consensus around the table that these were the correct items to include in this category and that there was a general feeling that it may be best to limit the number of items funded in this category in order to bring projects to scale or bring projects to the next level. Dale Klatzker, RI Council of Community Mental Health Organizations, stated that the behavioral health plan should inform the behavioral health care transformation project. Committee members also expressed a need to categorize and prioritize these projects. Additionally, Al Kurose, MD, President, Coastal Medical, stated that he did not believe that these projects constituted a transformation network and that the committee should discuss how a system of resources can be created to form a transformation network.

State SIM Support: Ms. Wood informed committee members that the projects in this category were mandatory SIM activities. The grant requires the creation of a population health plan and RI wanted to have a particular focus on behavioral health which is why a behavioral health plan was proposed. Additionally, Ms. Wood mentioned that program evaluation was an area that is typically underfunded and that state staff will need to provide committee members with more detail about the category of funding under “state data analytics capacity.” Ms. Wood also discussed the need to make sure that the initiatives under this category are interfaced with ongoing initiatives, including the current development of health planning documents.

For the project manager, Ms. Wood asked for a commitment from the committee members to procure this position. The Steering Committee agreed that this project manager position could move forward. Peter Marino, CEO, Neighborhood Health Plan of Rhode Island, suggested that funding initiatives generally be categorized as ongoing efforts or as one-time investments.

Next Steps

More detailed project descriptions will be provided to Steering Committee members in advance of the next meeting.

Public Comment

There was no public comment.

Next Meeting

The Healthy RI Steering Committee will reconvene on Thursday, May 14, 2015 in the same location (HP Offices, 301 Metro Center Boulevard, Conference Room 203, Warwick, RI 02886). The next discussion will specifically focus on the state support category in greater detail.

With no further business or discussion, the meeting adjourned at 7:40 pm.