



Minutes

SIM Steering Committee Meeting

Thursday, February 11, 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:

Blue Cross Blue Shield of Rhode Island: Rich Glucksman

Tufts Health Plan: David Brumley

United Healthcare of New England: Neil Galinka

Lifespan: Mark Adelman

Care New England: Alexander Speredelozzi

South County Hospital: Louis Giancola

CharterCARE: Lester Schindel

Coastal Medical: Al Kurose, MD

RI Health Center Association: Charles Hewitt

Rhode Island Medical Society: Peter Hollmann, MD

RI Kids Count: Elizabeth Burke Bryant

Rhode Island Foundation: Neil Steinberg

Leadership Council: Richard Leclerc

Department of Health: Nicole Alexander-Scott, MD

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH): Maria Montanaro

Office of Health Insurance Commissioner (OHIC): Kathleen Hittner, MD

HealthSourceRI (HSRI): John Cucco

Medicaid: Anya Rader Wallak

Office of the Governor: Sam Marullo

Rhode Island Primary Care Physicians Corporation: Andrea Galgay

Rhode Island Business Group on Health: Al Charbonneau

State Agency Staff:

Executive Office of Health and Human Services: Anya Rader Wallack, Cheryl Wojciechowski; Kim Paull; Hannah Hakim; Elizabeth Shelov; Amy Zimmerman; Melissa Lauer;

Department of Health: Ana Novais; Dr. Ailis Clyne, Samara Viner-Brown; Dr. Ted Long

Office of the Health Insurance Commissioner: Cory King; Sarah Nguyen

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Rebecca Boss

Governor's Office: Sam Marullo

SIM: Marti Rosenberg

Other Attendees:

Laura Adams, Alok Gupta, and Scott Young (Rhode Island Quality Institute); Pano Yeracaris, MD (CTC-RI); Dr. Ira Wilson (Brown University); Steven DeToy (RIMS); Lisa Tomasso (TPC); Kara Butler (Healthcentric Advisors); Dr. Beth Lange, Bill Hollinshead, MD (PCMH-Kids); Jim Beasley (RI Kids Count); Larry Warner (RI Foundation); Dean Briggs, Joanne Kalp (UMass); Reginald Tucker-Seeley (ProvPlan; Harvard/Dana Farber)

1. Welcome and Introductions

The meeting was convened at 5:30 p.m. by Health Insurance Commissioner Kathleen Hittner.

2. Review October Meeting Minutes

Meeting minutes from January 14 and January 28 were reviewed and accepted.

3. Vendor Introduction

SIM Project Director introduced the new SIM vendors from UMass (Program Management), ProvPlan (Population Health), TAC (Behavioral Health), and Bailit (Measurement).

4. February Monthly Report.

Ms. Rosenberg reviewed the progress of the workgroups and projects as captured in the distributed report.

5. Review of the updated SIM proposal

Ms. Rosenberg presented the updated project framing document with these changes since the last meeting:

- a. Revised the Theory of Change to incorporate the statement that Rhode Island's payment system is shifting its focus from volume to value and improving population health. Also, that achieving RI's vision of the Triple Aim is dependent upon SIM investing to support providers and empower patients, and addressing the social and environmental determinants of health.
- b. Added Community Based Organizations to the ring immediately surrounding the Patient
- c. Added "and Long Term Care Staff" to the Hospital Staff
- d. Incorporation of SBIRT and Integrated Behavioral Health Program under PCP Practice Transformation, under the category of Behavioral Health Transformation

Ms. Rosenberg provided a brief overview of updated SIM elements in the circle.

Community Health Teams: SIM dollars are aimed at paying for additional team(s). Plus, through SIM, Rhode Island will investigate the certification of community health workers and provide training to ensure other organizations know how to work with the Community Health Teams.

Child Psychiatry Access Program/PCMH Kids: The objective for the Child Psychiatry Access Program is to make a child psychiatrist available for consults when primary care physicians (PCPs) have children in their office experiencing behavioral health crises that the PCP does not feel able to treat. Plus, the PCPs will receive training from the psychiatrists, to enable more behavioral health care to be delivered in PCP offices (and not in the hospital). For the PCMH Kids program, SIM dollars will fund some program and some evaluation activities. Currently there are 9 practice sites participating in PCMH Kids.

Behavioral Health Transformation: PCP Practice Transformation includes SBIRT and the Integrated Behavioral Health Program. The state is currently writing a SAMHSA grant, seeking additional funding for SBIRT, and the plan is to align these dollars. SIM dollars may cover training and placement of SBIRT staff, while the actual funding for the screenings would come from the SAMHSA grant. For the Integrated Behavioral Health program, the effort ensures that behavioral health staff become a regular part of the primary care practice. SIM dollars will fund data and evaluation for the 12 sites in the program.

The Community Mental Health Care practice transformation includes a care management dashboard which facilitates communication between the community hospitals and the CMHCs, and a coaching program for CMHC staff members.

Healthcare Quality, Measurement Reporting and Feedback System: Melissa Lauer presented the report to the Steering Committee on the need for a Statewide Clinical Quality Measurement Reporting and Feedback System. She shared that this team had met three times and included representatives from payers, provider groups, community organizations, and state agencies. The team has reviewed the systems in place in other states to see how they might apply to the needs of Rhode Island.

The Work Group made a recommendation to the SIM Steering Committee that the group move forward to fund the Reporting System with the functionality needed to

- Easily capture data in a standard and consistent manner (no extra work for providers)
- Calculate measures from our SIM harmonized measure set and relevant national measure sets
- Become a Qualified Clinical Data Registry (QCDR) to allow the reporting of results directly to CMS, NCQA, and the payers, and fulfill additional reporting obligations on behalf of providers
- Benchmark providers at the provider level and the provider organization level
- Consist of detailed, individual level data from multiple sources matched to a single person, and make that data available to providers to improve individualized care while appropriately protecting confidentiality
- Share analyses and results back to providers, provider organizations, payers, state government, and, eventually, the public

The group felt they did not have enough representation from medium and small practices. To address this, they quickly fielded a survey of medium and small practices to understand their preferences. They had received 40 responses as of the meeting and will leave the survey open for an additional 2 weeks. It was noted that it would be important to think about what action to take, or how to modify what we are offering, as a result of the data provided and that approximately 25% thought that Central Quality Measurement Reporting and Feedback System would not be valuable to their practice. In the ensuing discussion, Ms. Zimmerman noted that, for that 25%, as they move their practice from volume to value, this data will become necessary. Mr. Giancola and Dr. Hollmann agreed that the system would effectively become a “utility” for the practices.

Al Charbonneau noted that it was not clear how some small practices would incorporate this into their workflow. Dr. Hollmann also commented that the goal was to provide a state-wide registry, adding in data from the APCD. The current system makes it difficult to provide actual clinical data in an efficient way. Dr. Kurose noted that small practices still have to enter the data and do not have the internal processes or the ability to integrate the data analysis. Ms. Zimmerman stated a decision had been reached to start with the providers who do have EHRs and to create a process that calls for entering data only once, but enabling its use many times.

She is also asking for technical assistance to obtain cost data, budget information, and other evidence of the providers’ perspectives. Dr. Kurose commented that it is a leap of faith for the provider to hand over their data to an intermediary who will do the analytics. They wonder if the data is accurate. Chairman Giancola commented that any system would have to demonstrate value, as it comes with a considerable cost. Ms. Zimmerman also shared that she is looking to get information on actual cost and perceived value from Wisconsin and Minnesota.

Chairman Giancola thought it a positive that the data would be payer agnostic and at an aggregate level to advance improvements in population health. Ms. Rosenberg noted that one of the survey questions (to the providers) would provide information on the public use of the data and the need for transparency – and reminded the group that Dr. Manocchia (from Blue Cross Blue Shield of RI) had requested that Rhode Island should make every effort to avoid re-inventing the wheel. At the last meeting, he had noted that Rhode Island should leverage what others have done previously and ensure the results are tied to “going deep.” Since the group has only met a few times, Chairman Giancola suggested that its charter and composition be shared with the rest of the Steering Committee. Dr. Alexander-Scott added that it was great that the survey included the pediatric behavioral health community.

Patient Empowerment and Engagement:

Ms. Rosenberg noted that this bucket was least defined. When it is created, the definition needs to address how a more educated and empowered patient is able to improve his/her health. This category includes advance directives and the Advanced Illness Care Initiative. Many empowerment tools have been identified and we will soon need to make a decision on the most effective tools, to create and scope an RFP, with the expert advice of our Population and Behavioral Health consultant. Ms. Rosenberg ended the presentation of this part of the wheel by asking those in attendance to email her if they were interested in participating in a Patient Empowerment workgroup.

Increasing Data Capability and Expertise: There were no changes to this bucket.

Other Expenses and Budget: Staffing has been approved.

Evaluation: Ms. Rosenberg reminded the group that there would also be a federal evaluation that is looking at the entire national SIM effort and judging its overall effectiveness. The Rhode Island SIM budget also includes \$700,000 for a locally run evaluation that will take place throughout the three-year process, and will be aimed at understanding progress to date and guiding course correction, if and as needed.

Medicaid Director Anya Wallack presented a proposal for an interim review that would include evaluation of the payment models and would cover every payer involved in an Alternative Payment Model. The interim evaluation will include qualitative as well as quantitative methods.

Dr. Kurose commented that we needed to avoid collecting siloed data and that we need to encourage transparency between payers and providers. Neil Steinberg asked about timeframe and Anya responded that she did not yet have a specific time frame but that the work would be underway soon. Director Montanaro asked if there were any vendors with experience in this space with which Medicaid had experience and Director Wallack said she would look into that. Dr. Kurose asked how this would coordinate with OHIC, and Director Wallack responded that the OHIC defined universe would be the starting point for the evaluation and that sharing the results of use of alternate models would be of value in gaining alignment across payers. It was also noted that we should be taking into account the voice of the patient.

Ms. Rosenberg asked the Steering Committee whether there was consensus on the Transformation Wheel and the SIM Budget. The Steering Committee responded with all almost unanimous consensus, with no one blocking consensus.

Driver Diagram: Marti Rosenberg then reviewed the high level components of the Driver Diagram: Vision, Aim, and Primary and Secondary Drivers. Dr. Kurose suggested adding Patient Engagement to the Diagram, as part of “Increase Use of Data to Drive Quality and Policy.” Al Charbonneau remarked that our definition of “Payer” is somewhat out of date, as the business community (employers) is the purchaser. Marti Rosenberg

said she would make those changes. Dr. Alexander-Scott noted that it is important to involve the doctors in all the state wide initiatives such as CTC, Health Information Exchange, Community Health Teams, and Health Equity Zones and to bring that information back to PCMHs. Chairman Giancola suggested that the other initiatives be included in the Driver Diagram. Richard Leclerc asked about the regulatory changes needed to ensure the initiatives become fully embedded, e.g. with Payers and Providers. Dr. Hittner added that was an excellent point and one that had been raised by CMS to ensure they use the available regulatory levers to accomplish what was necessary, and not to let them become barriers. Dr. Hittner also said OHIC keeps this in mind and will address with each workgroup. Lou Giancola raised a concern about where Health Planning fit into SIM. Dr. Hittner agreed that this was important and noted that Secretary Roberts was very interested in this and that she (Dr. Hittner) would convey the message to the Secretary and to the Governor's office.

NEXT STEPS:

1. Marti Rosenberg will update the remaining parts of the Driver Diagram and distribute in advance of the next meeting.
2. The vendors will start to take the lead on their respective areas of Population Health, Behavioral Health, and overall Program Management.
3. There is a public meeting on Integrated Population and Behavioral Health on Wednesday, Feb. 18, 11:30 -1:30.
4. Marti Rosenberg will initiate funding the approved activities through Procurement.

6. Public Comment

Richard Leclerc commented that the Transformation graphic was nicely done.

7. Adjourn

The next meeting will be held on March 10, from 5:30 PM to 7:00 PM at 301 Metro Center Blvd.

With no further business or discussion, the meeting adjourned at 6:50 pm.

Notes prepared and respectfully submitted by:

Joanne Kalp and Dean Briggs
UMass Program Management
February 19, 2016