



Minutes

SIM Steering Committee Meeting

Thursday, March 10, 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 RI: Gus Manocchia, MD
BHDDH: Rebecca Boss
Care New England: Alexander Speredelozzi
Charter CARE: Lester Schindel
Coastal Medical: Alan Kurose, MD
DOH: Nicole Alexander-Scott, MD
EOHHS: Secretary Elizabeth H. Roberts
Greater Providence YMCA: Jim Berson
HealthSource RI: Zachary Sherman
Medicaid: Anya Rader Wallack
Neighborhood Health Plan of Rhode Island: Beth Marootian
Office of the Health Insurance Commissioner: Dr. Kathleen C Hittner
Rhode Island Business Group on Health: Al Charbonneau
Rhode Island Foundation: Larry Warner
Rhode Island Kids Count: Jim Beasley
Rhode Island Primary Care Physicians Corporation: Andrea Galgay
Rhode Island Health Center Association: Jane Hayward
Tufts Health Plan: David Brumley, MD
United Healthcare of New England: Neal Galinko

State Agency Staff:

Executive Office of Health and Human Services: Kim Paull; Elizabeth Shelov; Amy Zimmerman; Melissa Lauer

Department of Health: Samara Viner-Brown; Ted Long, MD; James Rajotte

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

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

HealthSource RI: John Cucco

SIM: Marti Rosenberg

Other Attendees:

Michael Bailit (Bailit Health); Laura Adams, Elaine Fontana, and Scott Young (Rhode Island Quality Institute); Deb Hurwitz, Pano Yeracaris, MD (CTC-RI); Ira Wilson, MD and Mariya Bachmaha (Brown University); Lisa Tomasso (The Providence Center); Bill Hollinshead, MD (PCMH-Kids); Dean Briggs, Carol Raynaud (UMass); Reginald Tucker-Seeley, Megan Hall, and Libby Bunzli (ProvPlan; Harvard/Dana Farber); Rick Brooks (Governor's Workforce Board); Robert Cole (Horizon Healthcare Partners); Theresa Rochon (Improving End of Life Care Coalition); Tara Townsend (RIPIN); Chris Dooley (Charter Care).

1. Welcome and Introductions

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

Marti Rosenberg introduced Jim Berson as the Acting Chair for this meeting.

2. Review Prior Meeting Minutes

Meeting minutes from February 11 were reviewed.

3. Administrative Updates/March Monthly Report

The federal program officer from the Center for Medicare and Medicaid Innovation (CMMI) approved the request for a second no cost extension on SIM deliverables. June 30, 2016 is now the due date for the final Operational Plan, with the draft plan due April 30. CMMI is part of The Centers for Medicare and Medicaid Services.

Rhode Island's federal Program Officer is planning a visit to RI on 4/13, and on 4/14 they will attend the Steering Committee meeting. They report being pleased with the progress that Rhode Island is making on this effort.

Staff met with the Department of Health on their SIM-aligned "Regulatory Levers" this week. We will meet with all the relevant agencies.

The Accountable Health Communities initiative is moving ahead, with an extension from the feds until May 18th. The application requires an MOU from Medicaid. At least two organizations have indicated that they are writing applications and have discussed how to meet the criteria that Medicaid has created to create these MOUs.

4. Presentation by Michael Bailit: Measure Alignment

Ms. Rosenberg introduced Mr. Bailit to provide his report on the results of SIM's Measure Alignment Workgroup. She noted that CMMI requires the state to develop these measures, pre-implementation of the program.

Mr. Bailit is currently working with a number of other states on the same challenges that Rhode Island is experiencing with respect to significant requirements of the federal government for developing and implementing a set of statewide healthcare quality measures that that can be used across healthcare payers. He provided context and background on the work of the SIM Measure Alignment Work Group here in Rhode Island.

He noted that the Workgroup had held 12 meetings from July to early March. These were attended by all the payers, as well as representatives from a number of state agencies, and from provider organizations.

Through consensus discussions, they adopted criteria against which to assess measures within 12 domains and scored the measures. Not all of the measures are new. The Work Group also incorporated those measures currently in use by two or more Payers within Rhode Island.

Their measures were found to be consistent with the ACO set. Their next effort will be to identify measures that can be applied to the practice of specialist physicians, and they have agreed to identify measures that can be used with inpatient psychiatry practice.

The proposed measures are divided into a Core set and a Menu Set. Core means are those that will be used in all contracts with payers/providers. The Menu Set are those measures that can be applied at the discretion of the Plans.

Mr. Bailit noted that we will update the measures annually – they are not static — through an annual process that is expected to be a more formal version of the process used in the inaugural Work Group sessions.

Counts of measures so far developed are:

ACO – 59

Hospital – 20

PC – 34

Mr. Bailit concluded his presentation with these additional points:

1. The target implementation date set for the new measures is January 1, 2017. The implementation work will begin with a meeting between OHIC and payers, and will also include conversations with providers.
2. He recommends working toward the use of HealthFacts RI (the all-payer claims database) when it is ready - as the sources of multi-payer measurements for qualifying, claims-based measures. This aims at consistency across the payers. It is not yet ready to service this function.
3. Providers and payers will have the right to cross-validate data at the individual patient level.
4. Medicaid will build measure sets into future health plan and Accountable Entity contracting.
5. OHIC plans to require these measures to be used by commercial carriers through the implementation process mentioned above.

Further comments from Mr. Bailit:

- Work remaining: with measures coming from HEDIS, some translation work will be needed to make them useful at provider (rather than practice) level.
- A volunteer subgroup will be working on this, for this year.

Mr. Bailit concluded by thanking the group for their hard work, the talent of the individual members and their mix of clinical, administrative, policy, and measurement experience. He noted that of all of the states he worked with, Rhode Island's Measure Alignment Workgroup was one of the most devoted and talented.

Dr. Hittner echoed his sentiments, and noted that these activities were a great start, but that would be need to be revisited. The group did not achieve perfection, but they accomplished an important task that is a requirement of the SIM grant.

Dr. Gus Manocchia asked how these will be implemented in contracts. Cory King replied that the state will be required to implement these through contractual and regulatory mechanisms. These will go into the OHIC operational plan. The agency will work on the 'how' next, but the 'what' has been determined.

Anya Rader Wallack reported that Medicaid will be entering into contracting soon. Since use of these measures is in a pilot period, they will incorporate these in managed care contracts that are going forward with Medicaid.

At a future time, Beth Marootian, from Neighborhood Health plan of Rhode Island, requests that we discuss implementation. She commented that participants may have come to the table with different ideas had they been able to discuss the implementation more fully. Cory King noted that noted that Dr. Ira Wilson, consumer advocates, all the payers, provider organization representatives, and others participated in the process

Anya Rader Wallack agreed with the need for more time to work on implementation before moving ahead, and Dr. Peter Hollmann stated that there need to be payer/provider conversations before implementation, as well.

Jim Berson concluded the conversation by thanking Mr. Bailit for his efforts.

5. Discussion — SIM Operational Plan Components

a. Progress on the Integrated Population Health Plan

Marti Rosenberg provided an overview of Operational Plan Development, reminding the Steering Committee that a key piece is SIM's Integrated Population Health Plan. She explained an overarching concept for the effort: that Population Health means Population Health Integrated with Behavioral Health; and Behavioral Health means mental health and substance abuse disorders.

Regarding Behavioral Health, Ms. Rosenberg noted that Sherry Lerch from the Technical Assistance Collaborative—lead author of the behavioral component of the integrated population health plan will be here Apr 6 + 7 if anyone on the Steering Committee would like to meet her.

In her introduction, she highlighted the reality of our deadlines vs. the larger objective, which is that we are not writing the plan primarily for the feds. We are writing it for Rhode Island, and thus, the plan will be further elaborated after the federal deadlines have been met.

She described the reports scope as being part of the larger state health plan that the Department of Health is required to create to address the state's priorities. For this SIM plan, we are proposing to begin with four health areas of focus, rather than the 11 topics proposed in the original grant (because of time and resource constraints). Dr. Tucker-Seely, Megan Hall, and ProvPlan are the lead authors of the population health component of the integrated plan. They will address tobacco, obesity, chronic diseases (diabetes, heart disease, and stroke), and Behavioral Health morbidities within the first version of the report. They will not address the 11 topics that were originally proposed.

Dr. Tucker Seeley and Ms. Hall provided an overview of the SIM PH/BH plan, and the elements that it will contain (see attached presentation), with a focus on the philosophy of the plan; its look at "Whole Person Care" and health across the lifespan; the weaving in of the social and environmental determinants of health; and "whole care providers" as critical partners in improving population health. They also discussed ways that they will recommend multisector, multiagency collaboration to intervene effectively on population health.

Dr. Tucker Seeley noted the relevance of the Dana-Farber Cancer Institute model, which provides a continuum of cancer care. Their model looks conceptually at detection through end of life care, examining the importance of access, within the various health outcomes.

Steering Committee members carried out an engaged discussion of the plan:

Dr. Al Kurose noted that the plan philosophy is very thoughtful – and that the social determinants go way beyond the health care delivery system; but that the health care industry is where we are putting all our money. The Health Care Delivery System has a huge impact; it's a large business. As we design the plan, need to be mindful of connecting it with the volume/value topic.

Ms. Hall replied that as we decide how to incent providers, we need to think in terms of mechanisms that improve population health.

Anya Rader Wallack asked, is the Population Health Plan part of the Operations Plan, and Ms. Rosenberg answered that it was a subset of the Operations Plan and that the whole Operations Plan will also include content on the delivery system, and on the payment plan.

Secretary Elizabeth Roberts noted that the Integrated Population Health Plan should be a document that can live and be functional in other settings — so it needs to be able to stand alone outside SIM.

As the discussion continued, Steering Committee members made the following points:

- The overall Operations Plan should take in as many of the standing documents as possible, including drafts of the Department of Health’s Population Health Plan, Reinventing Medicaid, the Truven Report and others. This plan will serve as the next iteration of the legislatively required RIDOH Population Health plan. And Secretary Roberts noted that the Integrated Population Health Plan component of the Operational Plan should be able to stand on its own.
- The Plan should integrate behavioral and physical health into one aligned document.
- To address the social determinants of health, the plan should ask how we should leverage non-health assets. Dr. Tucker-Seeley agreed, and asked Steering Committee members to help them determine what types of these activities agencies throughout Rhode Island are undertaking now. He noted that the team is looking at the literature to identify what is working elsewhere to improve pop health — particularly concerning interventions. He discussed the challenges with making interventions that are not only effective—but that reduce social disparities. Some effective interventions may maintain or increase social disparities.
- To the specifics of the plan, we should focus on the workforce development components that are in the Driver Diagram, and should lay out the nuances around what value-based payments are. (There is a Kaiser/Robert Wood Johnson report that is coming out soon that can help us here.)
- To the point about sustainability and how we will achieve all of our goals, Dr. Hittner clarified that the Integrated Population Health Plan is a broad document, not all of which will be addressed by the SIM scope of work. Some of this will take years. Megan Hall noted that there will need to be a sustainability model incorporated into the plan.
- We need to reduce fragmentation and make sure that systems of care are integrated.
- We need to define what we mean by “health” as well as “population health.”

Ms. Rosenberg concluded the discussion by noting that there a great group of community stakeholders attended the public meeting, and that they will continue to be invited to meet together and contribute.

b. Review of the Driver Diagram

Ms. Rosenberg explained that while the Steering Committee has seen the Driver Diagram before, there is now a new column, Milestones.

She asked the committee to review, comment, and provide feedback. This will be an iterative and shared process. She acknowledged all the work that Cory King and Kim Paull did on this.

Mr. King noted that this is a work in progress. The Steering Committee has been involved in the earlier phases of the document, and should continue to be. The milestones exist to hold us accountable, and so the federal government can hold us accountable as well.

The document takes us from strategic to tactical, functional measures.

6. Public Comment

There were public questions and comments throughout the presentations and discussion. Those remarks are captured above. Vice-Chair thanked Coastal Medical of Rhode Island for providing the pizza dinner for this meeting and for the upcoming April meeting.

7. Adjourn

The next meeting will be held on April 14, from 5:30 PM to 7:00 PM at 301 Metro Center Blvd. With no further business or discussion, the meeting adjourned at 7:00 PM.

Notes prepared and respectfully submitted by:

Dean Briggs
UMass Program Management
February 19, 2016