

**Coordinated Health Services Planning
Advisory Committee
October 3, 2006
RI Department of Health, Conference Room 401
1:00 – 2:30 p.m.**

Meeting minutes

Attendees: Richard Brooks, Kerrie Jones Clark, Kathleen Connell, Michael Dexter, Kathleen Fitzgerald, Louis Giancola, David Gifford, Rick Harris, Roberta Hawkins, Kathleen Heron, Donna Huntley-Newby, Stephanie Kissam, Christopher Koller, Joan Kwiatkowski, Tricia Leddy, Craig O'Connor, Peter Oppenheimer, Donna Policastro, James Purcell, Robert Quigley, Mark Reynolds, Marti Rosenberg, Alfred Santos, Frank Spinelli, Margaret Sun, Alan Tavares, Dawn Wardyga, Bill Waters, Fox Wetle, Don Williams,

I. Review Charge / Charter of Advisory Committee

Terrie Fox Wetle

Fox Wetle reviewed the charge of the Advisory Committee and the Committee's responsibility to provide input on the content of the report and comment on the draft report.

Comments from the Committee:

- Committee has an ambitious time schedule.
- Members of the committee request that staff distribute the report via email in order to solicit comments and feedback in a timely and convenient manner.

II. Review Advisory Committee process

Terrie Fox Wetle

An Executive Committee has been formed and members are Louis Giancola, David Gifford, James Purcell, Marti Rosenberg, and Fox Wetle. Executive Committee members will review early drafts of documents, and provide advice between regular Advisory Committee meetings.

All materials and products will be provided to all Advisory Committee members in order to solicit comment and feedback.

III. Health planning in the U.S. – lessons learned from the past, current activities, and issues for Rhode Island

Bill Waters, Ph.D., Dept. of Health

Bill Waters provided background by reviewing four questions relevant to health planning:

- Where are we? (Health system analysis and projections)

- Where do we want to go? (Goals, objectives, priorities)
- How do we get there (Strategies and interventions, cost-effectiveness analysis, priorities)
- Did we get there? (Evaluation in relation to objectives)

He noted that health planning is a process that tries to shape the future. It is a value driven process.

History

Beginning with the Hill-Burton Act of 1946 and continuing through the mid-1980s, there was an era of federal support for health planning activities.

Health planning in RI

There is a statutory basis for doing health planning in Rhode Island (RIGL 23-1-1.1 and 1.2, 1988). However, without funds to support health planning activities, there has not been a comprehensive process for doing health planning – rather, unconnected piecemeal activities have taken place.

There are several levels of health planning that all contribute components of health planning, e.g.:

- 1) Healthy Rhode Island 2010
- 2) Tertiary care planning – sets standards for certain services
- 3) Certificate of Need – to assist the Health Services Council make decisions on CON applications, some reports are produced that contribute to both institutional planning and health systems planning
- 4) Institutional planning occurs - e.g., community benefits plans required by state law to be developed by hospitals.

Potential characteristics of health planning

- Potential scope could be narrow or broad
- Participation requires cooperation – no single stakeholder group can control the process, but rather, health plans will be more likely implemented if all stakeholder groups work together.
- Health planning can occur under different auspices (public, private, or quasi-public)
- Financing: There are examples of financing that has been entirely public or entirely private, but few examples of health planning that is co-financed.

If we want a balanced health plan, we should take into account all levels of a health system: population-based public health services, primary medical care, secondary medical care, and tertiary medical care.

Issues for success

Technical aspects of health planning are challenging but do-able. One key issue is whether we will have buy-in of all key stakeholders, and the membership of the Advisory Committee has been selected to help earn that buy-in. Another key issue is whether there is a direct link between the health plan and the health system itself. Finally, a key issue is

the adequacy and stability of funding. Health planning requires resources, and without stability of funds, the process loses staff and loses interest among stakeholders. There has never been adequate and stable funding for health planning in the U.S.

Questions and comments

How do you define population-based health services? Services that address populations rather than individuals, e.g.: school health programs, media campaigns, worksite wellness, health promotion.

Where do home and community based services fit into the scope of health planning? One role for the Advisory Committee is to define that.

What is the role of promoting health literacy in the population? Is the plan focused on the delivery system, or on preparing the population to use the health system? Part of the charge of this Committee is to advise on the optimal scope, noting that an overly broad scope may result in a less effective a health plan.

As part of the Committee's work, will we recommend the scope of a health plan? Yes. We need to design this process to be sustainable.

Would we consider oral health, mental health, and social work to be within the scope of the health planning process? These are all aspects of deliberations on scope.

Dr. Gifford recommends that the Committee not consider financing or reimbursement systems as part of the health planning process, because legislation has charged other groups to do that. Moreover, we need to know what the system should look like before we decide on what reimbursement should look like.

If we set goals for the system, how do we identify what reimbursement is necessary to get there? We should comment on how to align reimbursement to achieve objectives, but our first concern is to design a process for how reimbursement alignment discussions take place.

What is the role of the Health Services Council? It advises the Director of HEALTH on licensing and CON decisions.

How does the Health Services Council get information? From applicants, special studies, HEALTH data, and public testimony.

Who sits on the Health Services Council? Appointees are one-third from the Governor, one-third, from the Senate, one-third from the House, plus four statutory appointments: Blue Cross, Hospital Association, OHHS, and Budget Office.

Comment: There is currently a mix of activities happening with no coordination – coordination is most critical.

Comment: We tried doing health planning several years ago, but if people are concerned about the cost of services, people won't get the services they need.

Comment: Health Services Council needs a plan from which to evaluate CON applications.

Comment: This is a good opportunity to have public and private systems do planning together.

Comment: MHRH is doing a capacity analysis of geriatric psychiatry, and CON is considering an application – there is no current way to work together officially, but would like to work to build or transform the system together.

Comment: AARP is looking at the health care system worldwide – who is looking at the impact of WalMart's recent decisions to enter into delivery of some health services?

IV. Current health planning activities in the U.S.

Stephanie Kissam, MPH, Dept. of Health

The different approaches to planning taken by Maine and Vermont were described.

Comments:

When legislation was developed, legislators looked at the Maryland Health Care Commission model. It is important to think about how we align this plan with regulations, incentives, etc. May also want to consider State Guide Plan for environment and land use planning, because it has an accountability function – it discusses how smaller entities can plan within a larger plan.

We should factor in the choices that people make about their own health into the planning process. Also, would like to come up with a plan that applies to everybody in the state, and then think about whether have insurance or not – these are two different issues. Additionally, we should think about the needs of all age groups.

Other issues the Advisory Committee might consider:

- Do we want to take on capital budgeting?
- Do we predict capacity needed, or prioritize services needed?
- Would we include quality info (would recommend against that)
- We need to think about who the users of this plan are, and what detail they need.

Capital budgeting is worth looking at. We used to have a "CONCAP" model – maybe there's another way. It might be something to look at if we want to contain costs.

CON has also had cycles of popularity.

This is an opportunity to address a fragmented health care system. No decision or recommendation from this group is an endorsement of the current health care system. Identifying components of a health plan is helpful in laying out resources needed.

We need to open our minds to design the ideal health system – it is a place to start.

We have to keep our focus on the process of health planning and suggest what the scope ought to be, rather than focus on the exact elements of the ideal health system.

Who will suggest the scope, and when will we review that? We will get input on this at the Community Forum.

V. Next steps

Terrie Fox Wetle

Community Forum, October 30, 3 – 5 p.m.

Need to specify questions for the community forum.

Community forum: must be handicap accessible, with stenographer and interpreter

Recommendation to keep focus on how to coordinate planning activities.

Recommendation to present current data sources for reimbursement and other data sources for health planning.

Next steps for Advisory Committee members from the Chairperson:

- Review minutes and comment on key concerns that were missed from the discussion or issues raised that should be included in the minutes.
- Suggest resources that you currently use in health planning activities.
- Suggest format for community forum
- Bring comments on scope of health planning to community forum.

Meeting adjourned at 2:30 p.m.

Respectfully submitted by:

Stephanie Kissam

RI Department of Health