

**Coordinated Health Services Planning
Advisory Committee
February 5, 2007
RI Department of Administration, Conference Room A
3:00 – 4:30 p.m.**

Meeting minutes

Attendees (Committee members): Fox Wetle, Chair; Jessica Lee Buhler; Kerri Jones-Clark; Louis Giancola; Robert Guneyi, MD; Helene Zuffoletti (for Roberta Hawkins); Donna Huntley-Newby, PhD; Christopher F. Koller; Joan Kwiatkowski; Yvette Mendez; Peter Oppenheimer; James Purcell; Robert Quigley, DC; Ken Pariseau (for Mark Reynolds); Margaret Sun, MD; Alan Tavares; Nick Tsiongas, MD; Dawn Wardyga

Attendees (Dept. of Health Staff): Michael Dexter; Stephanie Kissam; Mary Anne Miller; Bill Waters; Donald Williams

Attendees (Interested parties): Gary Gaube; Liz Gemski; Craig O'Connor; Edward Quinlin; Josie Santilli; Ronald Winter.

I. Introductions

II. Minutes approved

III. Reviewed draft report titled “A Proposal: Coordinated Health Planning in Rhode Island” – distributed February 5, 2007.

A. First discussion point – if there is to be an office created within a state agency to be the “organizational home” of the statewide planning process, where should the office be?

- We don't have to know the exact mechanism for implementing the plan in order to decide where the office is housed.
- It is possible to suggest either the Department of Health (HEALTH) or the Office of Health and Human Services (OHHS) in the report, and present the advantages and disadvantages to each.
- The main concern is which agency will have sufficient budget and staff.
- We want to make sure that the planning process has influence on both state purchasing and regulation – does location of office affect how much influence it has?
- There needs to be an oversight function of this office that:
 - o Balances Executive and Legislative branch powers
 - o Balances private and public sector interests
 - o Outlives current individuals holding positions in agencies and organizations.
- An office that provides reports to the Governor and General Assembly is one oversight mechanism.
- Suggestion that if the 2 co-chairs of this process report to the General Assembly, the General Assembly will provide oversight to make sure implementation happens.
- Department of Health has programmatic capacity to contribute to this office.

Conclusion: Recommend that the office be within HEALTH, but that the report present the merits and drawbacks of housing the office in either HEALTH or OHHS in the report.

B. Second discussion point – will the health planning documents developed by the “Health Care Planning and Accountability Council” be binding?

- Suggestion made that the Health Care Planning and Accountability Council would use health planning documents to monitor whether entities were following health plans. For example, if an entity did something that was inconsistent with the plan, there are options for how the Council would seek increased adherence to the plan.
- Part of the planning process is to identify additional authority that could make components of the plan binding.
- Health Services Council could immediately implement elements of a plan.

Conclusion: Report needs to describe the mechanisms that the Council will use to monitor implementation of the plan.

C. Third discussion point – membership on the Health Care Planning and Accountability Council

- Need to add discussion of what the term limits would be.
- Need to expand consumer representation.
- Need to clarify that long-term care services include home health
- Need to discuss what the guidelines for nominations and appointments are.
- Suggestion that since not all groups will be represented on the Council, that a portion of every Council meeting be dedicated to receiving public comment.
- Enabling legislation for the Council could specify that the Council must take advocacy positions into account.
- Need to specify that all individuals can send designees.
- What is the definition of a consumer? Accepted definition in the group (used in other settings, as suggested by the Health Insurance Commissioner): “Anyone who does not – directly or through a family member – derive income from the health care sector.”

Conclusion: Add one spot on the Council to be filled by a representative from either a Community Mental Health Center or a Community Health Center. Add one spot on the Council to be filled by an additional consumer representative.

Next steps

- Next meeting: March 8th, 3 – 4:30.
- Community Forum: February 12th, 3 – 4:30.
- Staff will send out draft materials to group before next meeting.

Meeting adjourned at 4:30 p.m.

Respectfully submitted by Stephanie Kissam - RI Department of Health