



Inaugural Meeting: Healthy RI Steering Committee
Tuesday, March 10, 2015 5:30 pm
YMCA of Greater Providence
371 Pine Street
Providence, RI 02903

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, Mark Spooner
United Healthcare of New England: Stephen Farrell, Stacy Sherdel
Lifespan: Mark Adelman
Care New England: Dennis Keefe
South County Hospital: Lou Giancola
CharterCARE: Otis Brown, Lester Schindel
Coastal Medical: Al Kurose, MD
RI Health Center Association: Mary Evans
Rhode Island Medical Society: Newell Warde
RI Council of Community Mental Health Organizations: Rich Leclerc
Drug and Alcohol Treatment Association of Rhode Island: David Spencer
RI Kids Count: Elizabeth Burke Bryant, Jim Beasley
Rhode Island Foundation: Neil Steinberg
YMCA of Greater Providence: Jim Berson
Executive Office of Health and Human Services: Elizabeth Roberts
Department of Health: Samara Viner Brown
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Michelle Brophy
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 Pureini
Carelink:- not present

State Agency Staff:

Executive Office of Health and Human Services: Deidre Gifford, Tom Martin, Elena Nicolella, Elizabeth Shelov, Jennifer Wood, Amy Zimmerman, Hannah Hakim
Office of Health Insurance Commissioner: Cory King, Sarah Nguyen
HealthSourceRI: John Cucco
Department of Children Youth and Families: Kevin Aucoin

Other Attendees: Ed Quinlan (consumer), Therese Rochon (Coalition for End-of-Life Care/VNA of Care New England, Rele Abide (Senator Sheldon Whitehouse's Office), Laura Adams (Rhode Island Quality Institute), Debra Hurwitz (Care Transformation Collaborative), Maureen Glynn (Coalition for End-of-Life Care), Patricia Flanagan, MD (PCMH Kids)

Introductions & Overview

The meeting was convened at 5:40 pm by EOHHS Secretary Elizabeth Roberts. Secretary Roberts provided an overview of the State Innovation Model (SIM) Grant Round 2 Model Test award grant application process to



date. She also expressed the intent to coordinate the work of the Health RI Steering Committee with that of the “Reinventing Medicaid” workgroup as well as the Health Care Planning & Accountability Advisory Council. There are also necessary intersections and coordination required with the community coalition formed by Senator Sheldon Whitehouse and Neil Steinberg of the RI Foundation as well as with the Office of the Health Insurance Commissioner’s (OHIC) affordability standards.

SIM Budget Overview

Elena Nicolella, EOHHS Director of Policy and Innovation, presented a PowerPoint that describes the overall approach of the grant.

Overall Approach

- Strengthen State Capacity to Be an Agent of Change
- Develop and Implement a Measurable Plan to Move Towards a Transformed Health Care System
- Provide Foundational Tools to Support Transformation at the Practice and Community Level

Ms. Nicolella made the following points:

- There was a general approach taken in the SIM Model Test grant application.
- No explicit payment transformation model was presented in the RI proposal.
- The SIM grant will be managed as a public – private partnership.

The original funding requests and the final funding approved by the federal Centers for Medicare & Medicaid Services (CMS) were discussed in sequence as follows:

Funding Requests: Original and Final		
	Original	Final
Personnel	\$3,099,555	\$1,962,041
Fringe	\$1,921,230	\$1,129,543
Travel	\$36,400	\$21,840
Supplies	\$6,480	
Contractual	\$43,945,000	\$16,876,576
Other	\$10,000,000	
Indirect	\$295,043	\$10,000
Total	\$59,303,708	\$20,000,000

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	Original	Final
Project Management Office	\$2,000,000	\$800,000
BH Transformation Plan	\$1,000,000	\$750,000
Population Health Plan	\$1,500,000	\$750,000
Transformation Network	\$17,570,000	\$4,750,000
Health Information Technology	\$16,925,000	\$6,576,576
State Data Analytics Capacity	\$3,700,000	\$3,000,000
Evaluation	\$1,250,000	\$250,000
RI Innovation Center	\$10,000,000	

CMS has approved funding to flow in order to hire staff for the project. All contracts (resulting from an RFP or a single/sole source) will need prior CMS approval. With CMS approval, funds may be moved among budget line item accounts.

Ms. Nicolella described each of the funding requests in the “Transformation Network”:



Funding Requests: Transformation Network

	Original	Final
Total	\$17,570,000	\$4,750,000
ACO Collaborative	\$1,000,000	
Practice Assistance	\$5,250,000	\$650,000
Community Health Teams	\$3,750,000	\$1,000,000
PCMH Expansion	\$1,200,000	\$500,000
Child Psychiatry Access Program	\$3,000,000	\$750,000
Advanced Illness Care Initiative	\$420,000	\$420,000
Screening, Brief Intervention and Referral to Treatment	\$450,000	
Behavioral Health Transformation	\$2,500,000	\$1,250,000 (with SBIRT)

Ms. Nicolella identified health information technology projects that were budgeted as follows:

Funding Requests: Health Information Technology

	Original	Final
Health Care Quality Measurement, Reporting and Feedback System	\$3,600,000	\$2,036,903
Statewide Common Provider Directory	\$3,035,327	\$1,500,000
Patient Engagement Tools	\$2,931,698	\$1,000,000
All Payer Claims Database	\$3,673,000	\$2,039,673
Single Sign-On	\$398,262	
EHR Adoption Incentives	\$2,500,000	
Implementation of Direct Accounts	\$30,600	
VA connectivity to CurrentCare	\$175,000	
State Data and IT Modernization Plan	\$452,000	
CurrentCare Enrollment	\$129,113	

Shared Governance

Jennifer Wood, Esq., EOHHS Deputy Secretary, presented additional information on the Healthy RI Steering Committee shared governance model. SIM is designed as a public – private partnership. The Steering Committee meetings will be subject to Open Meetings Act (RIGL 42-46) requirements.

The previous slide presentation represents a “first cut” as to how grant funds will be allocated. State purchasing rules will govern all procurements. Members of the Steering Committee may have to recuse themselves from discussions about specific procurements if conflicts of interests arise. State agency staff will be available to advise Steering Committee members on recusal when appropriate.

Steering Committee Comments: Several members commented about the lack of funds to study and/or support various value-based payment methodologies. Discussion also centered around whether the funds were spread too broadly across various initiatives and whether it would make more sense, given the reduction in the budget, to narrow the types of grant-funded activities. Questions were raised by committee members: 1) What data and tools do providers and payers need to engage in value based payments? 2) What outcomes are expected or desired at the end of the four years? Answering both questions is important to prioritizing what should be funded.



Follow-up Items

- Chair of the Healthy RI Steering Committee: If you would like to volunteer your time to take on chairing the Steering Committee, please contact Elena Nicolella: Elena.Nicolella@ohhs.ri.gov. Representatives from non-governmental entities are being recruited for this role.
- An issue brief/executive summary of the grant will be prepared for the Committee. Deliverables and requirements will be included related to the specific grant initiatives. A brief summary of each funded initiative will also be provided.
- Additional public members have requested to participate on the Steering Committee. Secretary Roberts will reach out to these potential members with additional information.

Public Comment

There was no public comment.

Next Meeting

The Healthy RI Steering Committee will reconvene in two – three weeks. The date and location will be determined. The next discussion will focus on the \$20 million budget and if the expenditures will line up as presented in the slides (above) or if revised priorities will be identified by the Steering Committee. Several members of the Steering Committee indicated that there is much good improvement work being done in the community; we do not have to duplicate those efforts with SIM money. Potential funding areas identified included: behavioral health, end-of-life care, and data/analytics/HIT.

With no further business or discussion, the meeting adjourned at 7:15 pm.

Notes prepared and respectfully submitted by:

Elizabeth Shelov, MPH/MSSW
Chief, Family Health Systems
Executive Office of Health & Human Services
March 13, 2015