Health Care Planning and Accountability Advisory Council

Friday, November 1, 2013 2:30 p.m.

Conference Room "A", Department of Administration

Providence, Rhode Island

Co-Chairmen: Steven Costantino, Secretary, Executive Office of Health & Human Services; Kathleen Hittner, MD, Health Insurance Commissioner

Attendees: Alyn Adrain, MD; Ken Belcher; Jodi Bourque, Esq.; Al Charbonneau; Stephen Farrell; Michael Fine, MD, Marie Ganim, Ph.D; Herbert Gray; Gail Costa for Dennis Keefe; Gloria Hincapie; Eve Keenan, Ed.D, RN; Dale Klaztker, Ph.D.; Gus Manocchia, MD, for Peter Andruszkiewicz; Ed Quinlan; Rachael Schwartz for Timothy Babineau, MD; Lynne Urbani; Fox Wetle, Ph.D.

Regrets: Peter Andruszkiewicz; Timothy Babineau, MD; Douglas Bennett; Nicki Cicogna; Jane Hayward; Patricia Flanagan, MD; Robert Hartman; George Nee; Donna Policastro, RNP; Sandra Powell; Louis Rice, MD

Staff in Attendance: Michael Dexter, Chief, Office of Health Systems Development, Department of Health; Dan Meuse, Deputy Chief of Staff, Office of Lt. Governor; Lt. Governor Elizabeth Roberts; Elizabeth Shelov, Chief, Family Health Systems, Executive Office of Health & Human Services; Jennifer Wood, Chief of Staff, Office of Lt. Governor

Introduction

The Council meeting was convened promptly at 2:35 p.m. by Steven Costantino, Secretary of the Executive Office of Health & Human Services. He was joined by Co-chair, Dr. Kathleen Hittner, Health Insurance Commissioner.

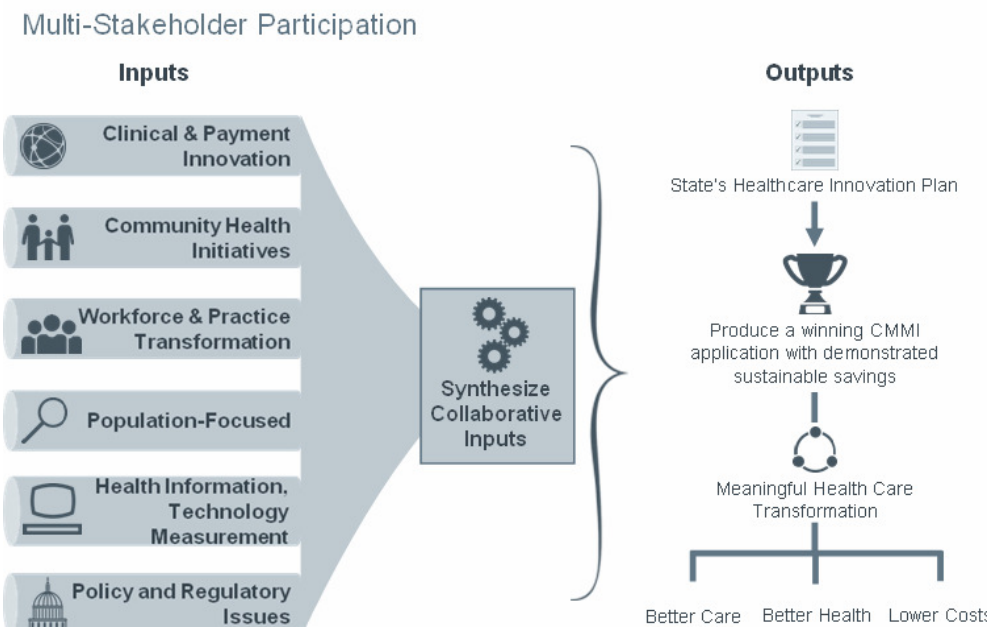
The minutes from the July 17, 2013 Council meeting were approved as written, with no additions or corrections.

Presentation Highlights and Discussion

Secretary Costantino called upon Dan Meuse, Deputy Chief of Staff in the Lt. Governor's Office, to present first. Mr. Meuse guided the group through a slide presentation on "HealthyRI", the state's innovation model project. The deliverable for this project is the state health care innovation plan ("SHIP"). Developing the model has been a public process that has included 57 public meetings and many public stakeholders.

Secretary Costantino introduced the Lt. Governor, who spoke briefly. She indicated that the participation of the Council in this project has been enormously helpful. She looks forward to health system reform in Rhode Island. The Lt. Governor welcomes comments and criticisms about the SHIP report. The goal is that the SHIP becomes Rhode Island's vision for the future of health care.

Stakeholder participation is depicted below:



Rhode Island was one of 16 states receiving a "Model Design" award. The federal Centers for Medicare and Medicaid Services (CMS) has awarded $31.9 million dollars to these 16 states. The purpose of the awards is to develop state health care innovation plans.

The required elements of the state healthcare innovation plan include:

Required Elements
State Goals
Description of State Health Care Environment
Report on Design Process Deliberations
Health System Design and Performance Objectives
Proposed Payment and Delivery System Models
Health Information Technology
Workforce Development
Financial Analysis
Evaluation Plans
Roadmap for Health System Transformation

Rhode Island's state healthcare innovation plan builds upon reforms currently underway.

Slide #8 describes the relationship between the Council's work and that of the state healthcare innovation plan. The plan considers questions, such as: What will health care demand look like in the future? What models will support a new system of care? The thought leadership from this Council has been very helpful, according to Mr. Meuse.

Other findings contained in the SHIP include:

- Current fee-for-service payments lead to higher unnecessary utilization and do not provide an incentive for coordinated care delivery;

- Behavioral healthcare diagnoses/claims represent the highest concentration and spending in Rhode Island (higher than the national average);

- Lack of consistent transparency and accountability among providers and payers inhibits consumers from selecting appropriate cost and quality plans;

- Unknown demand for future (value-based) workforce; "siloed" education models exclude value-based principles;

- Health workforce: licensing and regulatory structures have to take into account a model community health team.

"Innovations" have been presented in the plan to address these findings.

Over 60 stakeholder interviews were conducted as part of this process. The Advisory Board, of Nashville, TN, was the consultant. The model for development was to bring policy ideas to the stakeholders and take all of that information back and synthesize it.

CMS expects a return on investment within three years for its model testing phase, which represents a quick turnaround.

Populations covered by an accountable care organization (ACO) in RI: Approximately 30% -- 40% of Rhode Islanders are in a "value-based arrangement." (A patient-centered medical home is included in a value-based model). CMS would like to see this number at 80% in five years, but this will depend upon available funding.

How is the SHIP different from gate-keeper model of the 1980s? The SHIP represents a means to engage in a discussion of a quality model; it is a broader and wider discussion, led by clinicians, not by insurers. This model requires proactive management of whole populations.

Who pays for this care? This SHIP model does not focus on or discuss funding. The level of discourse is at the "idea level", not at the implementation level. The SHIP is the planning document.

The Lt. Governor's Office plans a 3-week comment period for the SHIP. Rhode Island is the only state to go to public comment for its planning document.

Applications for the second round of innovation grants will be available at the end of January 2014. The second stage will be starting at the end of October 2014. The second stage will be related to "Model Testing" and CMS will award $30--$45 million over three years.

Behavioral Health/Substance Abuse RFP Update: The Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) will lead the RFP process. Staff prioritized the research questions as follows: 1/ supply; 2/ spending; and 3/ beneficial innovations in other states. With $150,000, there has to be a limited scope for the RFP.

Dr. Fine indicated that the RFP needs to look at outcomes.

Mr. Belcher indicated that if we only examine a few components, the document will land on a shelf. He suggests taking the risk to do all four (three components above plus outcomes).

Secretary Costantino suggested targeting the three components, and if a Medicaid match works out, the fourth component could be studied.

The ideal list of targeted topics includes: spending, supply, demand, outcomes, and beneficial interventions (5).

There was a brief discussion of the HCA/CON recommendations that went to the General Assembly in the Spring. Should these recommendations be brought back to the attention of the Assembly?

Dr. Ganim indicated that it would be useful if the bills became part of the Governor's next packet of legislation.

Atty. Bourque indicated that the Council has already made its recommendations and does not need to do it again.

Dr. Wetle stated that the Council spent time on the issues and the recommendations were late to the General Assembly. The recommendations should be allowed to move through the process.

Dr. Keenan would like to re-submit the recommendations to the General Assembly.

Secretary Costantino suggested scheduling a meeting before the holidays on this issue. An early December date will be targeted.

Public Comment

Donald Williams posed the following questions to the Council: 1/ Does a public body have to pass on SHIP? 2/ What is the statutory authority for creating the report? 3/ Who is subject to the provisions of the report?

There was no additional public comment.

With no further discussion, the meeting adjourned at 4:15 pm.

Notes prepared and respectfully submitted by:

Elizabeth Shelov, MPH/MSSW
Chief, Family Health Systems
Executive Office of Health & Human Services
November 7, 2013