



## Health Care Planning and Accountability Advisory Council

Monday, March 3, 2013 9:00 a.m.

Department of Labor & Training Conference Room

Cranston, Rhode Island

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

**Attendees:** Alyn Adrain, MD; Timothy Babineau, MD; Al Charbonneau; Stephen DeToy; Michael Fine, MD; Marie Ganim, Ph.D.; Gloria Hincapie; Dennis Keefe; Eve Keenan, Ed.D, RN; Rebecca Kislak for Jane Hayward; Dale Klaztker, Ph.D.; Al Kurose, MD; Gus Manocchia, MD; Corinne Calise Russo (for Sandra Powell, DHS); Lynne Urbani; Fox Wetle, Ph.D

**Regrets:** Peter Andruszkiewicz; Ken Belcher; Douglas Bennett; Jodi Bourque, Esq.; Nicki Cicogna; Stephen Farrell; Patricia Flanagan, MD; Robert Hartman; George Nee; Donna Policastro, RNP; Ed Quinlan; Louis Rice, MD

**Staff in Attendance:** Michael Dexter, Chief, Office of Health Systems Development, Department of Health; Kim Paull, Director of Analytics, Office of the Health Insurance Commissioner (OHIC); Elizabeth Shelov, Chief, Family Health Systems, Executive Office of Health & Human Services (EOHHS)

### **Introduction**

The Council meeting was convened at 9:05 a.m. by *Dr. Kathleen Hittner*, Health Insurance Commissioner.

The minutes from the December 9, 2013 Council meeting were approved as written, with no additions or corrections.

*Kim Paull*, Director of Analytics at the Office of the Health Insurance Commissioner, did a brief overview of the status of the requests for proposals (RFPs).

- The Wakely Consulting Group was the selected vendor for the “cost of care” RFP. The goal of this work is to derive a method for understanding how much we spend on total cost of health care in Rhode Island. The RFP represents a first step in understanding how much we spend on health care in Rhode Island. The vendor will provide us with a method for determining “per member/per month” costs, but will not actually calculate it as part of the current scope of work.
- Bids were received from the following five (5) vendors: Lewin Group, Navigant, RTI, United Health Actuarial Services, and Wakely.
- The behavioral health RFP is starting to work its way through the Division of Purchasing. A successful vendor will probably be announced within the next two months.
- The goal of the behavioral health study is to examine what we spend on behavioral health care services (including substance abuse services), what we provide in the way of services, and an exploration of innovative models in other states. Part of the work will include a count, or a complete inventory, of services provided.

*Dr. Kurose* indicated that Coastal Medical would like to be able to interact with the vendors. *Ms. Paull* indicated that there will be opportunities for the Council to work with Wakely on the methods.

The Council will be re-convened every two months to receive project updates. The expectation is that both the behavioral health and the “cost of care” studies will be concluded by the end of 2014.

*Dr. Hittner* shifted the discussion to health planning. A handout (included below) was reviewed with the group.

Several discussion points included the following:

- Minnesota plan is comprehensive;
- Rhode Island plan was last completed in 1986;
- New York plan is focused on mental health;
- Do any states use the plans to drive decision-making?

In 2007, *Dr. Wetle* chaired a committee reviewing RI health planning activities. (The committee’s report appears on the Council’s website:

<http://www.health.ri.gov/publications/generalassemblyreports/CoordinatedHealthPlanningInRhodeIsland.pdf>) The committee contemplated their lack of enforcement authority for the contents of a plan. The 2007 committee work was never focused on producing a statewide health plan.

What has changed since 2007 in Rhode Island?

- More focus on primary care: CSI and other initiatives at OHIC
- Mental health parity
- Community hospitals have a different profile now
- Changing payment methodologies that focus on outcomes
- Measures of quality being developed
- Budget restraints require intelligent planning
- All-payer Claims Database (APCD) will be operational in 2015; data will be more widely available for analysis and planning
- Health benefits exchange has encouraged collaboration

What do we see as good planning outcomes? Where do we want to be in five years?

- Level of agreement driving the outcomes / “Consensus before implementation”
  - Social determinants of health
  - Lower costs
  - Health status of the population
  - Quality and volume of services at each hospital in the state

Also consider:

- In many specialties, there is no consensus about measures of care
- Safety and quality: not always an honest discussion
- Current costs are unsustainable
- Workforce training issues (growth in health care jobs may prevent job growth in other sectors)
- Do the certificate-of-need program and the state health care innovation plan provide planning options for the future?
- Should a plan be disease-specific?
- Mental health issues should be “front and center”
- Public’s best interest is not always the driving force: “herd cats by moving the food dish”
- Primary care landscape has improved but still needs work
- Need clarity on alternate settings: specialty practices, x-ray, labs, home health care/skilled nursing
- Need to plan for payment changes

- Efficiency has to be part of the discussion: Who has the interest for addressing this?
- “Bricks and mortar” play a role
- Difficult choices have to be made.

**Public Comment:** *Dr. Nick Tsongas* (Health RITE) commented that 8 or 9 years of work is represented in the graph (below). *Dr. Tsongas* envisions a plan that is wide, deep, comprehensive, and enforceable. Enforceability of the plan is important; there should be regulatory incentives. More resources are required to accomplish this goal of statewide health planning.

No other matters were discussed and meeting adjourned at 10:25 am.

Notes prepared and respectfully submitted by:



Elizabeth Shelov, MPH/MSSW  
Chief, Family Health Systems  
Executive Office of Health & Human Services  
March 14, 2014

## **Rhode Island Health Care Planning & Accountability Advisory Council**

Statewide Health Plans: Facilitating a Best Practices Discussion | 3/3/14

- I. Review Different Types of Statewide Health Plans**
  - a. Overall goals and structure
  - b. Topics covered
  - c. Governance Structure of Plan Authors and Implementers
  - d. Frequency of Plan Updates
  
- II. Review previous Rhode Island Health Planning Efforts**
  - a. Overview of previous health
  - b. Recent gap analyses
  - c. What have we done to meet the goals laid out in previous plans?
  - d. Upcoming reports
  
- III. Where do we want to go from here?**
  - a. Review Council's legislative charge
  - b. Role of other state planning efforts:
    - i. SIM/SHIP
    - ii. Health Services Council
    - iii. Dept. of Health
  
- IV. Some Options for Health Planning Report Structure:**
  - a. Comprehensive state health plan
  - b. Aspirational delivery system plan
  - c. Regular monitoring of quantitative delivery system goals determined by Council
  - d. Series of service-specific plans
  - e. Series of topical plans

### **Health Plans Examples Included in This Review:**

- 1.) Independent Payment Advisory Board (IPAB) ACA authorizing legislation
- 2.) Massachusetts Health Policy Council Cost Trends report (2013)
- 3.) Minnesota State Health Improvement Program Report (June 2011-June 2013)
- 4.) New York State Mental Health Plan (2006)
- 5.) New York State Health Innovation Plan (SHIP) (2013)
- 6.) Rhode Island Dept. of Elderly Affairs State Plan on Aging (2007-2011)
- 7.) Rhode Island State Plan on Alzheimer's Disease & Related Disorders (2013)
- 8.) Rhode Island Coordinated Health Planning Report (2007)
- 9.) Rhode Island State Health Plan (1986)
- 10.) Texas State Health Plan (2013-2014 update)
- 11.) Vermont State Health Plan (2005)
- 12.) Washington Certificate of Need Taskforce Report (2006)

**Overview of State-Level Health Planning Efforts (A: Agency | C: Comprehensive | S: Specific)**

Plan Name	Type	Topics/Scope	Other Notes
Medicare Independent Payment Advisory Board (IPAB)	<b>A:</b> Monitoring body	Monitor Medicare spending and recommend changes if targets not met	Federal
California Office of Statewide Health Planning	<b>A:</b> State health planning agency	Quality, spending, service area analysis	State; does not issue health plans
Maryland Health Care Commission	<b>A:</b> State health planning agency	Monitor health spending, quality and utilization; set hospital inpatient prices	State; main focus is on hospital rate setting
Oregon Health Policy Board	<b>A:</b> State health planning agency	Monitor health spending, quality and utilization	
Office of Vermont Health Access	<b>A:</b> State health planning agency	Monitor health spending, quality and utilization; develop comprehensive, aspirational health plans	
New York State Health Innovation Plan (SHIP)	<b>C:</b> Aspirational, comprehensive state health plan	Grant-funded report that articulates plan for statewide delivery system transformation	
Vermont State Health Plan	<b>C:</b> Aspirational, comprehensive state health plan	Report that articulates plan for statewide population health improvement	<p>Introduces a “model for lifelong prevention and care” and a “coherent, wrap-around, and long-term approach to population health improvement”</p> <p>Prescriptions for all parts of the delivery system (patient, provider, payer, communities, public health)</p> <p>Identify policy focuses for state health improvement priorities (for example: prevention,</p>

Plan Name	Type	Topics/Scope	Other Notes
			access to care, quality, transparency, improved chronic care and end of life care)  Identify resources needed to achieve goals (needs assessment)
Minnesota State Health Improvement Program Report	<b>C:</b> Comprehensive status and policy report from several state health agencies	Report that articulates plan for statewide population health improvement	
Rhode Island Coordinated Health Planning Report (2007)	<b>C:</b> Recommendations on structure for health planning in Rhode Island	Document that describes role of health planning in RI and identifies needed resources	Not necessarily a state health plan; intended to provide framework and suggestions for future state health planning
Massachusetts Health Policy Council Cost Trends	<b>C:</b> Status report from state health policy agency	Report from Massachusetts HPC that monitors spending, utilization, and quality trends in the state against state-set goals	Annual report issued by the health policy Council (15-member board plus limited staff)
Rhode Island State Health Plan (1986)	<b>C:</b> Traditional state health planning document for CON-related purposes	“Provide a public interest framework within which the development of Rhode Island’s health care system can be analyzed and influenced”	Comprehensive state health plan (414 pages); addresses affordability, access, fee for service system, rising costs, burden of chronic diseases, and other familiar issues
Washington Certificate of Need Taskforce Report	<b>C:</b> Traditional state health planning document for CON-related purposes	“Recommendations to improve and strengthen the Certificate of Need program... and facilitate access to quality care at reasonable costs for all residents, encourage optimal use of existing health care resources, foster expenditure control, support quality improvement efforts, and prevent unnecessary duplication of health care facilities, medical equipment and health care services.”	Recommends the state develop a statewide health planning report to assist with CON and set policy guidance  Operations recommendations for Washington CON include adding data, funding and compliance functions to the program. Process recommendations include expanding the criteria used to determine which facilities are subject to CON.

Plan Name	Type	Topics/Scope	Other Notes
Rhode Island Dept. of Elderly Affairs State Plan on Aging	<b>S:</b> Demographic-specific statewide health plan		
Rhode Island State Plan on Alzheimer's Disease & Related Disorders	<b>S:</b> Diagnosis-specific statewide health plan		Meant to be an ongoing, regularly-updated document that monitors and sets policy goals for Alzheimer's patients and their care
Texas State Health Plan (2013-2014 update)	<b>S:</b> Sector-specific statewide plan	Improvement of state workforce to meet evolving state health needs and changing demographics	Comprehensive state health plans issued in 5-year cycles  2-year update includes sections on: Practice at top of license; access to primary and specialty care, chronic care in an aging population, geographic disparities, patient safety/quality assessment
New York State Mental Health Plan	<b>S:</b> Service-specific statewide health plan		

**§ 23-81-4 (excerpt)**

**Powers of the health care planning and accountability advisory council shall include, but not be limited to the following:**

- A) The authority to develop and promote studies, advisory opinions and to recommend a **unified health plan** on the state's health care delivery and financing system, including but not limited to:
  - 1) Ongoing assessments of the state's health care needs and health care system capacity that are used to determine the most appropriate capacity of and allocation of health care providers, services, including transportation services, and equipment and other resources, to meet Rhode Island's health care needs efficiently and affordably. These assessments shall be used to advise the "determination of need for new health care equipment and new institutional health services" or "certificate of need" process through the health services council;
  - 2) **The establishment of Rhode Island's long range health care goals and values**, and the recommendation of innovative models of health care delivery, that should be encouraged in Rhode Island;
  - 3) Health care payment models that reward improved health outcomes;
  - 4) **Measurements of quality** and appropriate use of health care services that are designed to evaluate the impact of the health planning process;
  - 5) Plans for promoting the appropriate role of technology in improving the availability of health information across the health care system, while promoting practices that ensure the confidentiality and security of health records; and
  - 6) **Recommendations of legislation** and other actions that achieve accountability and adherence in the health care community to the council's plans and recommendations.
- F) **Coordinate the review of existing data sources** from state agencies and the private sector that are useful to developing a unified health plan.
- G) **Formulating, testing, and selecting policies** and standards that will achieve objectives.
- H) **Provide an annual report each July**, after the convening of the council, to the governor and general assembly on implementation of the plan adopted by the council. This annual report shall:
  - 1) Present the strategic recommendations, updated annually;
  - 2) Assess the implementation of strategic recommendations in the health care market;
  - 3) Compare and analyze the difference between the guidance and the reality;
  - 4) Recommend to the governor and general assembly legislative or regulatory revisions necessary to achieve the long term goals and values adopted by the council as part of its strategic recommendations, and assess the powers needed by the council or governmental entities of the state deemed necessary and appropriate to carry out the responsibilities of the council.



- 5) Include the request for a hearing before the appropriate committees of the general assembly.
- 6) Include a response letter from each state agency that is affected by the state health plan describing the actions taken and planned to implement the plans recommendations.

## **Rhode Island Health Planning Efforts in Brief**

**Health Services Council:** Main focuses include running the Certificate of Need program and reviewing hospital conversion applications

**SIM/SHIP:** Aspirational comprehensive plan for improving population health, lowering costs, and seeding value based health care in Rhode Island

**Department of Health:** Many health planning efforts to meet the department's mission to "to prevent disease and to protect and promote the health and safety of the people of Rhode Island". Examples include "Health People 2020"

### **Some Options for HCPAAC-led Health Plan Structure:**

- Comprehensive, aspirational state plan on the healthcare delivery system, possibly in coordination with the SIM/SHIP implementing agency
- Comprehensive state plan on health services updated regularly (every 2-4 years)
- Annual trend report on HCPAAC-set targets with recommendations for improvement if needed
- Chapters in an evolving state health plan:
  - Service-specific plans (for example: Substance Abuse, Behavioral Health, Imaging, Outpatient Services)
  - Topical plans (for example: Workforce, Access, Technology)