



Health Care Planning and Accountability Advisory Council
Wednesday, April 1, 2015, 11:00 a.m.
HP Enterprise Services
301 Metro Center Boulevard
Second Floor Conference Room (#203)
Warwick, Rhode Island 02886

Co-Chairmen: Kathleen Hittner, MD, Health Insurance Commissioner; Elizabeth Roberts, Secretary, Executive Office of Health & Human Services; Nicole Alexander-Scott, MD, MPH, Director of Health

Attendees: Kathryn Enright, Esq.; Stephen Farrell; Dennis Keefe; Eve Keenan, EdD, RN; Dale Klaztner, PhD; Gus Manocchia, MD; Maria Montanaro; Corinne Calise Russo (representing DHS); Michael Souza (representing the Hospital Association of Rhode Island); Fox Wetle, PhD

Regrets: Alyn Adrain, MD; Peter Andruszkiewicz; Timothy Babineau, MD; Ken Belcher; Douglas Bennett; Al Charbonneau; Nicki Cicogna; Stephen DeToy; Patricia Flanagan, MD; Marie Ganim, PhD; Robert Hartman; Jane Hayward; Gloria Hincapie; Al Kurose, MD; Betsy Loucks; George Nee; Donna Policastro, RNP; Louis Rice, MD; Craig Syata; Lynne Urbani

Staff in Attendance: Michael Dexter, Chief, Office of Health Systems Development, Department of Health (DOH); Cory King, Delivery System Analyst, Office of the Health Insurance Commissioner (OHIC); Tom Martin, Executive Office of Health & Human Services (EOHHS); Sandra Powell, Health Policy Project Director (DOH); Elizabeth Shelov, Chief, Family Health Systems, (EOHHS)

Welcome and Introductions

Dr. Hittner convened the meeting at 11:10 AM and introduced Dr. Nicole Alexander-Scott, the new Director of Health and asked the members of the Council to introduce themselves. Dr. Hittner introduced Rebecca Woodward, PhD and Tami Mark, PhD from Truven Health Analytics.

Meeting Minutes

Dr. Hittner requested feedback on the draft of the minutes from the October 7, 2014 meeting. There were no corrections or modifications and the draft minutes were approved as written.

Update on the State Innovation Model (SIM) Grant

Secretary Roberts provided an update on the SIM grant. She noted that the state applied for \$59 million and was awarded \$20 million. She noted that the steering committee had met once and that an EOHHS staff person is on leave so EOHHS requested that OHIC provide management and oversight of the grant. The next meeting of the steering committee is April 9, 2015 at 5:30 pm.

Update on State Wide Health Planning

Sandra Powell provided an update on the state wide health planning initiative being conducted by DOH. She noted that the work had started last fall and that Dr. Fine had updated the Council at its meeting of October 7, 2014. Ms. Powell presented a PowerPoint of the background of health planning and progress to date on the current initiative.



Among other things, she noted:

- RIGL 23-93 bill addresses CON moratorium and the work to begin while moratorium in effect
- Utilization and capacity study: several key resources in the state would be examined: home and hospice care, ALR, nursing home care, primary, specialty and clinical care
- Health care services and resources/look at underserved populations and access to health care services
- HCPPAC will be updated on the progress on a regular basis
- Statewide health plan was last done in 1987
- DOH staff is collaborating with EOHHS, OHIC and a Robert Wood Johnson clinical scholar
- Combination of surveys: HIT survey, primary care physician survey, inventory survey issued on March 27, 2015 to more than 2,500 physicians
- Upcoming surveys include: facilities inventory, hospital inventory, specialist inventory
- Surveys due back on April 17, 2015
- Data analysis, data analysis and draft summary and recommendations will then be drafted
- Final utilization and capacity study report is due by November 1, 2015.

Secretary Roberts noted that the facilities licensed by BHDDH should be included in the utilization and capacity study.

Update on “Reinventing Medicaid”

Secretary Roberts provided an update on the “Reinventing Medicaid” initiative. She noted that a working group was convened and met in late February. Also, a number of town hall meetings were held and over 300 people have attended these meetings. She introduced Dennis Keefe as one of the Co-chairs and noted that Ira Wilson, MD was the other Co-Chair of the working group. She noted that budget amendments are due on April 30. She noted that the group will, among other things, be looking at statutes and regulations that have been barriers to change.

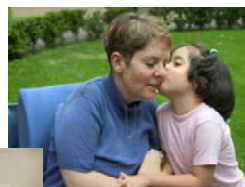
Update on Total Cost of Care Project

Cory King, of OHIC, noted that they were examining the total dollars spent on care for 2011 - 2013 and that these costs will compare per capita to regional and national benchmarks . He further noted that the total analysis is due by the end of July 2015 and the completed report is due by fall 2015.

Update on Behavioral Healthcare and Substance Abuse Project

Rebecca Woodward, PhD and Tami Mark, PhD from Truven Health Analytics presented a PowerPoint. Among other things, they noted:

- Population health model to evaluate behavioral healthcare provides insights into demand, costs, and supply across the lifespan of the recipients in the populations served
- National data sets used - NSCH, NSDUH, HCUP, CDC, DOC, VA
- RI families face significant economic challenges
- RI children in single parent families was higher than other New England states
- RI had lowest rate of children who met all criteria for “positive home environment” compared to New England states and nationally
- RI kids less likely to be enrolled in nursery schools or preschools compared to other New England states
- RI kids ages 4-17 were more likely to have been diagnosed with ADHD compared to other New England states and a higher percent not taking medications when compared to other New England states and nationally
- (Maria Montanaro suggested seeing if Rite Care claims data bears out this finding; combining commercial claims and running data at BHDDH for Medicaid data for diagnosis category of ADHD)
- Mothers in RI were more likely to be in poor mental health than other New England states and nationally
- Higher rates of adults 18-24 admitted to a hospital with mental health as primary reason than other New England states and nationally (higher risk and higher need); could be due to a lack of capacity in other parts of the system
- RI elderly population this group doesn’t stand out quite as badly as younger groups
- RI 65+ report more frequent mental health distress and were admitted to mental health and substance abuse more frequently than New England states.



Rhode Island Behavioral Healthcare: Demand Presentation

Rebecca Woodward and Tami Mark
April 1, 2015

Dennis Keefe questioned if there were enough practitioners in the community who accept reimbursement. Maria Montanaro noted that BHDDH has local source data on providers that they are sharing with Truven and that plans also collect data that may be accessible.

Public Comment

A member of the public asked if there is a parent or consumer on "Reinventing Medicaid." Yes, it was noted that Sam Salganik, of RIPIN, is represented. The member of the public noted that the entire 6th floor of Hasbro Hospital has been taken over for mental health issues/cost savings.

Future Agenda

Dr. Hittner noted that the Governor wants to use this Council to direct bold changes in health care reform.

Adjournment

The meeting adjourned at 12:25 pm.

Notes prepared and respectfully submitted by:

Michael K. Dexter
Chief, Office of Health Systems Development
Rhode Island Department of Health
April 17, 2015