



Health Care Planning and Accountability Advisory Council  
Wednesday, September 16, 2015 10:00 a.m.  
Hewlett Packard Offices, Conference Room 203  
301 Metro Center Blvd, Warwick, RI 02886

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**Co-Chairs:** Elizabeth Roberts, Secretary, Executive Office of Health & Human Services (EOHHS); Kathleen Hittner, MD, Health Insurance Commissioner (OHIC)

**Attendees:** Mark Adelman; Nicole Alexander-Scott, MD/MPH, Rhode Island Department of Health (DOH); Al Charbonneau; Stephen DeToy; Kathryn Enright, Esq.; Stephen Farrell; Marie Ganim, PhD; Jane Hayward; Dennis Keefe; Eve Keenan, EdD, RN; Al Kurose, MD; Dale Klaztker, PhD; Gus Manocchia, MD; Maria Montanaro; Michael Souza; Fox Wetle, PhD

**Regrets:** Alyn Adrain, MD; Peter Andruszkiewicz; Timothy Babineau, MD; Douglas Bennett; Nicki Cicogna; Patricia Flanagan, MD; Robert Hartman; Gloria Hincapie; Betsy Loucks; George Nee; Donna Policastro, RNP; Louis Rice, MD; Lynne Urbani

**Staff in Attendance:** Michael Dexter, DOH; Cory King, OHIC; Tom Martin, EOHHS; Sandra Powell, DOH; Amy Zimmerman, EOHHS; Elizabeth Shelov, EOHHS

## Introduction

The meeting was convened at 10:05 a.m. by Elizabeth Roberts Secretary, EOHHS.

The meeting minutes from the July 1, 2015 meeting were accepted as written, with no corrections or amendments.

The agenda order is being rearranged in order to have Tami Mark, PhD/MBA from Truven Analytics, present first on the final report of the behavioral health care study.

Secretary Roberts indicated that EOHHS has very much anticipated this report. This should be a very valuable report. She expressed thanks to Dr. Mark and the staff at Truven.

Dr. Mark began her presentation by indicating that the State had requested an independent assessment. In March 2014, an RFP for behavioral healthcare demand and need, spending, supply, and the indirect cost of behavioral health care services was issued. Data were to be stratified by age categories and the report should recommend policy and system innovations to further Rhode Island's vision for behavioral health care services.

The study takes a population health approach that examines behavioral health care across the lifespan by age group. This framework is grounded in data analysis, interpretation, and development of policy recommendations.

Dr. Mark's PowerPoint presentation is displayed below. Some of the study's key findings and discussion points included:



## Rhode Island Behavioral Healthcare: Final Report

Tami Mark, PhD, MBA  
September 16, 2015

- There is higher unemployment among RI parents than other New England states and nationally
- ADHD is higher in RI
- RI had higher illicit drug use in the past month than other New England states and nationally
- SAMSHA data: RI has a slightly higher rate of mental illness in past year than national average
- Among older adults, mental health needs can be complicated; many may need services that are specialized; data on persons 65+ years is not great
- 13.5% over age 50 have had significant mental illness
- Socioeconomic status may be contributing to differences between RI and MA
- RI has highest rate of marijuana use among adolescents
- RI is investing significantly in meeting behavioral health needs
- Hospitalizations and prescription medications are important drivers of higher private insurance spending in RI
- Hospitalizations for behavioral health are significantly higher than other NE states (26% higher than MA)
- Mental health agency spending on behavioral health care in RI is relatively low (RI reports only what is in BHDDH budget; does not include some Medicaid funds) RI ranked 24<sup>th</sup> nationally
- RI adults are more likely to report unmet mental health treatment needs than residents of other comparison states
- There is much need in RI; may be linked with the spending patterns
- RI is under-supplied in community-based services
- RI has a generally adequate supply of behavioral health hospital beds, professionals, etc; the framework to produce high-quality, cost-effective results could be strengthened
- There is an inadequate number of child psychiatrists
- Are people able to access mental health providers?

**Recommendations** included the following:

1. Invest in proven, effective, preventive services and supports for children and families


2. Shift financing and provision of services away from high-cost intensive and reactive services toward evidence-based services that facilitate patient-centered, community-based recovery services
3. Enhance state and local infrastructure to promote a population-based approach to behavioral healthcare
  - Create a more cost-effective behavioral healthcare system
  - Prioritize care coordination, integration to create a more cost-effective behavioral health care system.

### Council Comments

- There is not much data related to persons 65 years and older; there is concern about no recommendations for seniors
- Regarding substance abuse and suicide among persons over 65, there is one slide and no recommendations
- Are there any data regarding behavioral health available in private practices?
- Medicaid expansion has become very important; private insurers do not pay for a lot of what people need
- Behavioral health needs are greater here
- Need a community ambulatory approach here
- Mental illness and substance use are not Medicaid-specific issues
- Conducting focus groups with providers might have resulted in different recommendations
- Funding amount that RI state government spends is at an all-time low
- RI was one of the first states to establish mental health parity
- RI is not getting good value for the monies being spent
- Community mental health centers: should not discount access problem with physicians; the problem is partially a payment issue.

### Health Care Inventory / Utilization & Capacity Study

Sandra Powell, DOH, gave an update on health planning activities mandated by the requirements of Chapter 23-93 RIGL. She distributed the handout below that provides an update on the health care inventory survey work:



**RHODE ISLAND DEPARTMENT OF HEALTH**

Health Care Inventory Survey  
Update: September 2015

1. Nursing Home Survey Status:  
Issue Date: June 2015  
Completion to date: 90 of 90 (100%)
2. Primary Care Inventory Status:  
Issue Date: June 2015  
Completion to date: 615/657 Physicians (94%)
3. Home Health Status:  
Issue Date: July 2015  
Completion to date: 66 of 70 (94%)
4. Hospital Inventory Status:  
Issue Date: July 2015  
Completion to date: 12 of 13 (92%)
5. Assisted Living Community Status:  
Issue Date: July 2015  
Completion to date: 60 of 62 (97%)
6. Dialysis Center Status:  
Issue Date: August 2015  
Completion to date: 15 of 15 (100%)
7. Ambulatory Surgery Centers Status:  
Issue Date: August 2015  
Completion to date: 15 of 15 (100%)
8. Behavioral Health Inventory Status:  
Issue Date: August 2015  
*Pending:* Licensed clinics, psychologists, psychiatrists
9. MRI Imaging Center Status  
Issue Date: August 2015  
Completion to date: 28 of 28 (100%)
10. Adult Day Care Status  
Issue Date: August 2015  
*Pending:* 26 of 27 (96%)
11. Outpatient Specialty Practice Status  
Issue Date: July 2015  
Completion to date: approximate 60% completion to date
12. Patient and Community Survey  
Issue Date: June 2015  
Completion to date: 400

Date: September 15, 2015

- DoH is required to complete an inventory, including a description of access to health care services and patient demographics. The final report of this work is due to the General Assembly on November 1, 2015.
- Three weeks were allowed to respond to each of the surveys.
- Patient and community surveys: 400 surveys have been completed to date; DOH interns went out into the community
- Response rates were “through the roof” (as above)
- Only survey not completed so far is the behavioral health inventory survey: due to be done by Thursday, September 17, 2015
- Data analysis will begin next.

### **Total Cost of Care Project**

Cory King, of the OHIC staff, did an update on the total cost of care project being completed by Wakely & Associates.

- It is a study using 2011- 2013 data of all major RI payers
- A per-member-per-month (PMPM) expense trend will be calculated and deconstructed into its drivers
- 30 different service categories are being examined
- Original project completion date was September 2015
- Data validation is being done now. Data are pretty consistent
- Report should be out during the first week in October.

### **Public Comment**

Question from Vivian Weisman: Were any data on young motherhood reviewed? No; not reviewed.

All Truven reports and related documents will be posted today on the EOHHS, DOH, and BHDDH websites and sent out to the Council by e-mail.

With no further discussion, the meeting adjourned at 11:30 am.

Notes prepared and respectfully submitted by:  
 Elizabeth Shelov, MPH/MSSW  
 Chief, Family Health Systems  
 Executive Office of Health & Human Services  
 September 25, 2015