

Executive Committee  
RI Healthcare Reform Commission  
September 19, 2011

*Attendance: Health Insurance Commissioner Koller, Secretary of Health and Human Services Steven Costantino, Governor's Policy Director Brian Daniels and Lt. Governor Elizabeth Roberts*

*Absent: Director of Administration Richard Licht*

- I. Call to Order
  - a. Lt. Governor Roberts called the meeting to order at 3:22pm
  - b. Goal to have an educational discussion of the State role and authority with the Certificate of Need (hereafter CON) process and Coordinated Health Planning Programs.
- II. Presentation – ([Click here to view, http://www.healthcare.ri.gov/documents/9\\_19%20Exec%20Comm%20Presentation.pdf](http://www.healthcare.ri.gov/documents/9_19%20Exec%20Comm%20Presentation.pdf))
  - a. Jennifer Wood, Chief of Staff and Legal Counsel for the Office of the Lt. Governor began stating that this presentation would be given by a number of representatives to explain why CON and Coordinated Health Planning is important.
  - b. Dr. Michael Fine, Director of the Department of Health, stepped in to discuss the framing and historical context for coordinated health planning, and indeed health reform in RI. He noted that in general improved higher outcomes are sought, but often that comes with higher costs. Dr. Fine touched upon the historical precedent from Federal Funding for Health Planning, and lead to where RI is now for coordinated health planning.
  - c. Mike Dexter, Department of Health, discussed the origination, purpose, criteria and scope of the Certificate of Need (CON) program. The 2011 Study Commission was created to determine the appropriate thresholds and how those thresholds would impact affordability and quality. Mr. Dexter also presented on the Hospital Conversion Act (HCA), the origination in 1997 in response to a for-profit hospital corporation applying to buy Roger Williams Hospital. Mr. Dexter then delved into the purpose, scope and criteria.
    - i. Secretary Costantino asked how is need is determined and then how is the need, as defined by the applicant, reviewed. As we do not have a comprehensive state health plan, we do not have a clear picture of how this truly fits into the state as a whole.
    - ii. The Secretary also posited if the group could ask the consultant to review and assess the need that is presented by the advocate, and what also is asked of the consultants is to look at

other medical aspects, and have a solid literature review of the effectiveness of products.

- d. Valentina Adamova, Dept of Health, followed Mr. Dexter, to present on the Change in Effective Control (CEC) and Initial Licensure (IL).
  - i. The Lt. Governor asked for an example of a license that has been turned down in the past twelve months? One would be home nursing care provider license, showing that there are issues with the character of the applicant, and quality of services to be provided, the financial projections etc.
  - ii. Do some go through CON and IL? No – generally it is bundled to go through one at a time.
  - iii. Is there an example of a CON turned down to show there is no need? Yes, Bone Marrow Transplant program by RI Hospital that was turned down. There were some PET scans were turned down due to lack of need. Many applicants, if sensing they are nearing a denied decision in both CON and IL, will often withdraw applications.
- e. Bruce McIntyre, Dept of Health, then stepped forward to present on Professional Regulation.
  - i. The Lt. Governor asked if there is any authority that exists outside of government in the state that has a say in licensure? There may be some bodies out there that provide certification, but not necessarily a license.
  - ii. The Health Insurance Commissioner asked if there are tools that can be used for the purposes of the triple aim as explained by Dr. Fine? Engaged with the associations in many ways, diversion programs have been created that are largely monitored by community organizations. Clinical competency, reaching out to the community for partnerships. Dr. Fine noted that putting caps on cost for particular licensure. Residences slots work, hospitals are assigned with different medical care. The Commissioner asked if there is a sense of sufficient statutory direction, or would more legislative clarity be needed? Dr. Fine responded that some legislative clarity might be helpful in certain areas.
- f. Raymond Rusin, Dept of Health, presented on Health Facilities Regulation.
  - i. Comments:
    - 1. How much overlap is there between the distinctions between certification and licensing? What is the overlap between the checklists of certification and check lit for licensing? It was noted that they seem to be similar, but language can be more prescriptive and more detailed. There are a few more regulations that are more detailed than the federal programs.

2. Walk-in clinics that are not Emergency Rooms are also licensed as a separate licensure category. Is there not a facility license for say “a doc in the box” as it is considered a private practice? There is nothing that defines a facility, from the consumer perspective. For example, there is no requirement for hours open to qualify as a facility.
  3. Is there much of an overlap between accreditation and licensing? The federal government has accepted different models for accreditation of say hospitals and nursing homes. They are usually distinct – the board certification separate and distance from the licensing board.
- g. Jay Garret, Dept of Health, presented on Managed Care Regulation. Mr. Garret discussed Health Plan Certification and Utilization Review Certification.
  - h. Jennifer Wood stepped forward to note that now with the background given, the group can delve into discussion of data gathering and health planning, which would theoretically drive these processes to provide an overall roadmap to what we are trying to achieve in our health care
  - i. Melinda Thomas, Dept of Health, stepped forward to talk about health data and coordinated health planning. Health data is critical to have effective health planning. Ms. Thomas touched on the past 35 years in the history of health planning, and brought the conversation up to the 2006 Coordinated Health Planning Act, and rounded out the statutory revisions as of 2011.
  - j. Ms. Wood returned to do a wrap up with a look at the key questions the Committee should look at discussing in the next meeting.
    - i. The questions on these final three slides are there to spark debate and discussion in the next session.
    - ii. Sec Costantino advocated adding the discussion question: does economic development have anything in terms of an overlay to all of this.
    - iii. Commissioner Koller asked, would we also consider an expanded definition of purchasing regulation? Ms. Wood responded that this conversation cannot fail to recognize conversations about active purchasers. Next time, discuss if there are policy goals that all purchasers should work to align behind.

### III. Grants Update

- a. Community Transformation Grants put off a bit by the Feds
- b. Robert Wood Johnson Foundation (RWJF) – Population survey, SHADAC is developing a survey instrument, procure a survey administrator, knowing what the good data is to have, develop that instrument for free, and RFP for an administrator. Examining RI commercial insurance statute and comparing them to ACA

requirements to see what changes need to be made. Working on a proposal to find parts of the RWJF network, a cash grant to the state that will be put to funding the APCD (All Payer Claims Database)

- c. Tremendous amount of effort has gone on to allow the state to apply for level 2 funds for a health benefits exchange. Now with an Exec Order released, a board named, we can meet the conditions required for the state to apply for the level 2 funding next week (9.30.11). The planning teams across state agencies looking at a single project. The amount that the state will be asking the feds for in terms of the tech build will depend on how much these projects come together. Up to 20 million over the next three years for operations and design and up to 50 million over the next three years for technology build.
- d. Adjourn – 4:51pm.