Executive Committee
RI Healthcare Reform Commission
Meeting Minutes – Conference Room B
2:00pm

Attendees: Director of Administration Richard Licht, Governor's Policy Director Brian Daniels, Secretary of Health and Human Services Steven Costantino, Lt. Governor Elizabeth Roberts

Absent: Health Insurance Commissioner Christopher Koller

I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm and noted that today's meetings will review the work of the Committee this past year, and a involve a discussion amongst the members of work to come in 2012. The Lt. Governor thanked the members and staff for their efforts this past year.

II. Review of 2011 and Discussion of 2012 – Slides available here: http://www.healthcare.ri.gov/documents/March%205%20Exec%20Comm%20(1)%203_5.pdf
Presenters: Tricia Leddy, Amy Zimmerman, Jennifer Wood, Angela Sherwin, Elena Nicolella

2011 Review and Update

a. Lt. Governor: How many states already have All Payer Claims Databases (APCD)?
    i. Tricia Leddy: About eleven, in NE, all the states have active APCDs, and we have crafted ours based on the national model, building on consistency
b. Director Licht: Who controls the database?
    i. Tricia Leddy: The department of health, under law, maintains the privacy and security of the database, even through there aren't identifiers in the database.
    ii. Director Licht: Who can get access to it?
    iii. Tricia Leddy: In the database, there are parts of non-identified data that the vendors can review to push data through systems. Then there are public aggregate data that can be openly accessed. There will be data that can be obtained based on specific requests.
    iv. Director Licht: Does it identify who the payer is?
    v. Tricia Leddy: Yes.
    vi. Director Licht: So OHIC is holding a review on a rate request; can he get access the data to do what he needs for that hearing?
    vii. Tricia Leddy: The aggregate data, yes.
    viii. Director Licht: Does it identify the provider and to what extent is that private?
    ix. Tricia Leddy: Yes, and it is not private in this database.

c. Secretary Costantino: MA has this – is it set up in a way that there are more firewalls than described – can one insurer not see what the others are charging, etc?
    i. Tricia Leddy: That has not been the set up, those firewalls are not there, and it is a transparent database in MA. This will also be very valuable for cities and town, for administrative purposes and to ensure tight and efficient spending.
d. Director Licht: Is it free access?
    i. Tricia Leddy: Some aggregate information will be free access to a portal, but just as a hospital discharge database, there will be a fee paid to have access to more in depth data.
e. Director Licht: Is there a number or percentage that needs to be reached to make the Health Information Exchange viable?
    i. Amy Zimmerman: Driving to get roughly half the state's population involved in the next twelve to eighteen months. It is difficult to say where that value is or needs to be, but those are the discussions we have been having with the Quality Institute.

Discussion of 2012 Priorities – Jennifer Wood

a. This is a first brainstorm for this group, and the ideas are ongoing and continuous. Many of the items were begun or reviewed in 2011. We will need to continue going forward with some of these, in addition to identifying some other priorities. One thing we will come back to the group with will be "is there a fifth category of priorities for discussion."
    i. Director Licht: One thing that I don't see here in education is working with current doctors, nurses, providers, and the future of the workforce and how they look at what a health care delivery system is and if that will have a long term impact on the cost and success of reform in the future.
    ii. Secretary Costantino: I would add DHS into the training piece. Yet Goal 2 is the one area I feel economic delivery system really has an impact. Taking the schools and ensuring their education and working those schools together with the current providers is very important.
    iii. Director Licht: Is health care policy a part of a medical education – that is the point I feel we are both getting to here. Clearly the whole notion of administration of providers needs to be covered, make it a part of their curriculum.
    iv. Lt. Governor: I wouldn't leave out oral health professions, mental health professions, and look at different training models and ensure all their training programs integrate policy lessons into that discussion.
    v. Brian Daniels: Tied to goals 3 and 4, as looking at health care reform implementation, getting a sense of what the

state budget impact is going to be. We know that healthcare is one of the largest drivers of state budget, we realize that a lot of what we are doing will impact the state budget but we don't really have the numbers. Really get a sense of how the cost trends will be different for Rhode Island, and that can help us get our numbers set as we look at the Budget for RI. We started to do that here for BHP, and I would like to see more of that coming forward.

vi. Lt. Governor: As some of our members have to leave, we will bring back the 2012 priorities piece to have this group review.

vii. Secretary Costantino: Where are all the innovation grants in all this, and the potential the state can apply for, take a look at that in depth.?

viii. It was answered that the state level innovation grants have not yet been announced at the national level.

III. New Business

a. March 23 anniversary celebration of the ACA.

IV. Public Comment

a. No comment made.

V. Adjourn – Next meeting March 26, 2012 at 3:00pm