

Executive Committee
RI Healthcare Reform Commission
May 3, 2012
2:00pm
Meeting Minutes

Attendees: Lt. Governor Elizabeth Roberts, Director of Administration Richard Licht, Health Insurance Commissioner Chris Koller, Governor's Policy Director Kelly Mahoney.

Absent: Secretary of Health and Human Services Steven Costantino

- I. Call to Order: Lt. Governor Roberts called the meeting to order at 2:00pm. She advised that the group that they would hear from Tricia Leddy with OHHS for a presentation on measuring the impact of health reform in Rhode Island.
- II. Presentation – Tricia Leddy, OHHS, speaking to Measuring the Impact of Health Reform in RI. Slides available upon request.
 - Questions/Comments during presentation:
 - a. Director Licht: What is BRSSS?
 - i. Tricia Leddy: Behavioral Risk Factor Surveillance Survey
 - b. Director Licht: Do you do anything that deals with the cause, to try to determine what the increase is?
 - i. Tricia Leddy: Association is easy to display – cause is more difficult, as it is evaluation, whereas association is measurement.
 - ii. Director Licht: Something on this slide indicates that something is making women have more prenatal care at a point, there is a quick growth in the Medicaid population and it tracks where the population is. To me, statistics are helpful and it is good to know the data, but in trying to apply it to the question of ‘did health care reform work,’ doing something will *cause* something to happen. Cause is important then, is it not?

Perhaps may I suggest that when showing statistics, also show actions taken so that we may predict will happen as a result.

- iii. Tricia Leddy: Absolutely. And moving into the other slides, specifically to this discussion of top down approach with goals and objectives, we will see that is the case.
 - iv. Director Licht: Goal is an end, I'm saying more take of an action, how do we measure the success of the action working towards the goal?
 - v. Tricia Leddy: The Healthcare Reform Commission has set certain objectives, and one priority area is building the infrastructure to measure the impact of healthcare reform. Looking at that, and looking at the impact of the other objectives and priorities outlined by this committee, we will see that evaluation. Can measure things that happen, but it is often more than one cause and difficult to determine what was the catalyst event.
- c. Commissioner Koller: Just efficiency?
- i. Tricia Leddy: Performance of the delivery system and efficiency that was the assignment we gave this particular work group.
- d. Director Licht: Goal is we want to reduce emergency room visits, as they tend to be most expensive and inefficient forms of general care. Therefore we push the notion of a medical home as there is a belief that it will aid in reducing emergency room numbers. Pushing medial homes is an action that we can measure its success with the reduction of ER use.
- i. Tricia Leddy: Yes, and we could measure the percent of doctors that are meaningfully using electronic medical records, a key part of the medical home
- e. Kelly Mahoney: That brings up a question I have – how many of these measures and goals are already established with systems in place?

- i. Lt. Governor Roberts: The All Payer Medical homes project already has a system, a medical home database – separate from that data, of which there is a lot, do we actually have processes in place that are measuring reform in RI right now and do we have a way of getting that data?
 - ii. Tricia Leddy: We do not have it yet, but we are working on it.
- f. Commissioner Koller: The point here was to harmonize efforts. The Center for Medicare and Medicaid Services way of measuring may be different than they way a primary care group might measure. We do not have consistent standards
 - i. Tricia Leddy: Right; we brought together a group that included Beacon, RMI, the health plans, Brown, anyone who was a measurer, and these folks then met over about a year and half; then selected up to 10 measures (7) and we have defined them through a project with Brown, and we now need to go back and implement those measurers.
- g. Commissioner Koller: Are you putting the slide on preventable hospitalizations here to demonstrate ways of measuring? Then are we jumping the gun by looking at some other source of data?
 - i. Tricia Leddy: No, this does not use our new definition. The reason we put this up was that even if you do have a new definition, if you do not benchmark it against something else, able to have us all give the same measures to providers.
- h. Lt. Governor Roberts: But we are only harmonizing in Rhode Island? So did we just not care for their definition? Now we have no ability to compare ourselves outside of RI. Is there a chart somewhere for under 65? Take the red-line and break it down?
 - i. Tricia Leddy: Yes, there is one data source for that, called HCUP.
 - ii. Lt. Governor Roberts: Okay, just concerned that we may want a common frame inside.

- iii. Tricia Leddy: Right, and we are going with a more prevalent diagnosis to what Medicare does. Using a measure that will be used by health plans, by broader plans, approved and nationally recommended by the national measurement organization (NQF). Within the state we have communicated this measure and if someone is using a different measure we can say why this does not work and need to use a different metric. Everything is now going towards measuring large providers. With the APCD and the measuring that CSI and Beacon are collecting are across all payers for providers. Do not want to confuse the providers with too many different measures.
- i. Lt. Governor Roberts: I have a question about healthcare data – it tends to be about three years old are we going to try to have data more rapidly?
 - i. Tricia Leddy: Yes, one of the things we are doing is the All Payer Claims data set, which will be good data in about 9 months to a year. The Health Information Exchange will be closer to real time, which can impact actual patient care.
- j. Lt. Governor Roberts: Does the federal government have a whole range of measures that they are putting forward to measure the work of the ACA, or is there a conversation going on about that?
 - i. Tricia Leddy: I would say that the federal government does not really focus on that. I may be unaware of other initiatives, but I would truly say they are not concentrating on this very much.
- k. Director Licht: Are you going to be measuring people’s satisfaction with the use of the exchange?
 - i. Tricia Leddy: Yes, patient satisfaction/customer satisfaction will be measured. Unsure if we have a specific plan to measure at this time.

- l. Director Licht: The first demo I saw of the web portal, is extraordinarily complicated, so I feel there must be some way to determine if folks are using it, if they cannot get through the exchange, if the portal is too troublesome, think it is important to measure this.
- m. Commissioner Koller: In terms of agency responsibility I think this should be shown to the exchange groups, as the exchange has set apart goals. The measurement systems that we are discussing today can be applied to many specific areas of reforms, like commercial health insurance reform, like the exchange etc.
 - i. Tricia Leddy: Yes.
- n. Lt. Governor Roberts: How do we make sure that despite all efforts to coordinate, we don't all run in different directions. Are we working to have this discussion centralized?
 - i. Director Licht: Yes, that's why I take some issue with saying that exchange customer satisfaction metrics should only be discussed at the Exchange Board – I think it needs to be all connected. When you do take an action, instead of assuming it will work, we should try to measure it so we may learn. To see if we adopted a policy accomplished what we hoped it would do.
- o. Commissioner Koller: In example, one of the goals may be to reduce hospital readmissions. Well how is my office measuring that, is CMS measuring it, are hospitals measuring it themselves, etc? We are speaking to the point that the Lt. Governor raised about coordinating our work here.
 - i. Director Licht: Coordination is key.
 - ii. Tricia Leddy: There are not a lot of resources in the state that are focused on this.
 - iii. Commissioner Koller: We have developed a statutory capacity to do this standardization, but we do not have the funds for it –

right now our resources are Ms. Leddy and federal funding.

Working with what we have.

p. Lt. Governor Roberts: The process going forward in terms of actually measuring things, how is that being managed? Who is actually managing that and coordinating it?

i. Tricia Leddy: Program measurement will be people in the program; there is an APCD internal staff workgroup that we meet to ensure that as the exchange sets outcome measures, as OHIC does, we are at least coordinating the measures. There was a discussion to this point just yesterday, an overall group that measurement monitoring.

q. Director Licht: Getting back to coordination, if things are being done in say the Hospital Association or Lifespan, are you bringing them in as well? Outside state agencies?

i. Tricia Leddy: Yes, absolutely.

III. New Business: Nothing brought forward

IV. Public Comment:

a. Dr. Fine: The extraordinary importance of what measurers are selected. If look at the history, there is an entrainment of what we have. We do not have great measures of health we have measures of longevity. Longevity may not be all of what we want to measure at the end of the day.

V. Adjourn – Next meeting May 14, 2012 at 2:00pm.