

Executive Committee  
Tuesday May 29, 2012  
2:00pm – DOA  
Meeting Minutes

*Attendees: Lt. Governor Elizabeth Roberts, Secretary Steven Costantino, Health Insurance Commissioner Chris Koller, Governor's Policy Director Kelly Mahoney*

*Absent: Director of Administration Richard Licht*

- I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm, thanking everyone for taking time out of their schedules during this busy time of year. Began the day's discussions.
  
- II. Update – Healthcare Reform Commission 2012 Work Plan Update – Jennifer Wood, Office of the Lt. Governor presents (*slides available upon request*).  
Questions/Comments /Clarifications
  - a. Lt. Governor Roberts: Can you speak to what the Second Gate Review is?
    - i. Jennifer Wood: Continued authorization of federal funds to develop the exchange, and it is a check in with our partners to ensure the state is on track.
  - b. Commissioner Koller: This idea of updating every month is really great, may I just suggest a formal canvassing of the representatives and the staff of the executive committee to include in these updates.
    - i. Jennifer Wood: Great, will do thank you very much.
  
- III. Health Workforce in the Context of Healthcare Reform - Jennifer Wood, Office of the Lt. Governor. [*Presentation slides available upon request*]  
Questions/Comments/Clarifications
  - a. Jennifer Wood: Before we get started would like to specially thank Tricia Leddy with OHHS for her assistance in gathering all this data.
  - b. Lt. Governor: Normally we hold off for public engagement until after the meeting, but if there are members of the audience who have questions or comments about a slide, I welcome them to ask or comment as we move through the presentation as opposed to simply waiting until the public comment portion of the agenda.
  - c. Secretary Costantino: How do you define density?
    - i. Jennifer Wood: As a percent of state population.
    - ii. Secretary Costantino: It is density of primary care physicians?
    - iii. Jennifer Wood: Yes.
  - d. Dr. Fine: Who counts as a primary care physician through this calculation?
    - i. Tricia Leddy: I would have to find the data sources – usually it is the internal medicine that is the sway. Some of the other

slides are other sources, all the numbers are not going to be the same as agencies count differently, but it is telling us more where we are relatively.

- ii. Dr. Fine: There is no good correlation between sort of generic primary care physicians and general physicians – I would be interested to see that number extracted in a way that is comparable, and those are the gender study from 2003 and the a study from 1998 or 1999.
- iii. Tricia Leddy: This would be great to add other data to this.
- iv. Jennifer Wood: The purpose of today’s discussion is to give enough general information to the executive committee and informed by the dialogue from the audience today is to take a scan and then dig into what we need to look at going forward. These first few slides are to show that vis a vis the nation we are not the worst in the nation, but we have to see where we are in all this.
- e. Commissioner Koller: Is there an anecdotal sense of where specialists are? Are we to the right on specialists as we are to primary care docs?
  - i. Jennifer Wood: Let’s get to that if we can, and we can discuss later in the presentation.
- f. Ed Quinlan, Hospital Association: Is there any data available that distinguishes licensed PCP vs. not practicing?
  - i. Jennifer Wood: We will ask that question with each group.
  - ii. Lt. Governor Roberts: I don’t believe we have a good way of figure out best way to handle.
- g. Lt. Governor Roberts: Scope of practice - that is particularly relevant in terms of nurse practitioners, who by license can take on a lot of the responsibilities that primary care physicians would.
- h. Dr. Fine: A look at the literature put out by the Dept. of Health last summer, which is available in the room today, does look at the relationship between cost and outcome and supply. The literature isn’t overwhelming but it is a layout of what we have thus far.
- i. Ed Quinlan: do the higher education institutions have data to share now that they are launching their programs?
  - i. Jennifer Wood: We haven’t reached out to request that as yet, but will do so following that suggestion.
- j. Secretary Costantino: Over the years we have had a shortage of different groups of health care professionals, where does that fall in these?
  - i. Jennifer Wood: There are much larger categories than PCPs that we have not delved into today.
  - ii. Secretary Costantino: On the workforce development side are we just looking at PCPs or are we looking beyond?
  - iii. Jennifer Wood: Yes. We are looking for guidance and focus from this group today to see where we are now.

- k. Commissioner Koller: To that end, I would suggest that the order of this is important (practice models) I would put Teams first. What is the configuration of primary care teams – if you put that first then other things fall from that. Looking ahead, you introduced patient centered medical home, and I think that may be an idealized team for that would be helpful. Start with structure and build from there.
- l. Dr. Fine: There are two things worth noting. One is the breadth of the team in terms of disciplinary nature, and what it does? The second is the training part of the team, and working together as a team. Access and hours of access. The last piece is practice models that are more or less population based – whether they are truly focused on the health of the population or more focused on episodic care.
- m. Secretary Costantino: Sometimes we look at healthcare outside of the way we ask other economic development questions. Have we ever asked why people want to work in RI? Is it something about RI that draws them in – tax policy, public education system etc., beyond loan forgiveness, beyond reimbursement – why do they work here?
  - i. Lt. Governor Roberts: Often it's that there is family here. I think the medical society has surveyed their members as to why they are here.
    - 1. Jennifer Wood: One of the areas that some of the health care visionaries that have come to address us is that if we can re-align the environment so that businesses want to work here it helps to build the industry as well. Making healthcare more affordable or employer friendly may help with that.
  - ii. Ed Quinlan: To attract and retain physicians in the state, reimbursement is key.
  - iii. Lt. Governor Roberts: We haven't been able to recruit oral surgeons either – but the newest one I have spoken to in the state is that his wife is from here; not our reimbursement rate.
  - iv. Commissioner Koller: But I think you need to break that statement down, we are leveling out on that as a state. As a percentage of Medicare we are competitive with MA – in part of primary care. We are not in other areas.
  - v. Secretary Costantino: Does a nurse make more in MA, does a physician assistant, what are the others? Are we competitive?
  - vi. Commissioner Koller: We cannot be competitive in every area, with every provider, we do need to pick the areas we will be competitive in, but it is something to look at.
- n. Dr. Fine: Was the task force cognizant of the likely supply of geriatric specialists and did they make those recommendations separate and distinct from primary care specialists?
  - i. Jennifer Wood: My recollection is that it was a separate inquiry, which brings us to the next group which is workforce training across the Board.

- o. Secretary Costantino: As we make change to the priorities how do we integrate these to the programs the state is moving forward?
  - i. Lt. Governor Roberts: Right, we don't want this to be done separate from the other work that we doing in RI. If we do this in the absence of broader economy policy groups, then we are not doing our job well.
  - ii. Jennifer Wood: Part of the impetus for doing this now is that there are efforts starting that do require knowledge of workforce needs, but they have old information.

#### IV. Discussion of Participants and Partners

- a. Commissioner Koller: One environmental piece we may want to take a look at, I hear there is to be a bond this week about nursing and it would seem that tying
  - i. Jennifer Wood: Higher Ed and training pipeline participants.
  - ii. Commissioner Koller: Yes and making sure things like this bond items and common informs work that is being done.
- b. Secretary Costantino: Often we do not discuss is what is coming out of the schools – whether it be nursing, dentists, etc. – are the folks who are being hired satisfied. Quality of training vs. quantity. I think we have to at least have the folks who are doing the hiring have some place to weigh in on what they are looking for.
- c. Lt. Governor Roberts: Absolutely – industry, what hospitals are looking for etc.
- d. Amy Zimmerman: There is a lot of money in terms of health IT that have gone into workforce development, and ways that healthcare providers need to use technology. There are grants etc. from NE Tech and Healthcentric Advisors to allow different levels of providers to use technology.
  - i. Lt. Governor Roberts: How we adequately train people in mid career for the new challenges, whether it is how you integrate technology into your practice, how you access electronic medical records etc., and who are our partners in that.
  - ii. Amy Zimmerman: And also the innovation applicants all had to include workforce component may be worth looking at.
- e. Stacy Paterno: When we think about workforce development and folks working to the top of their license, there are regulatory issues in a way that sometimes prohibit folks from doing what they are hoping to or could. How do we do this in a timely way or adjust that so that individuals can practice to the top of their license.
- f. Shawn Donahue: Believe that you do need to have insurance providers in this conversation as well. We can be very helpful in this world as well.
  - i. Lt. Governor Roberts: I agree, and believe they can be involved in two ways, knowing the limits and the expanse.

- g. Dr. Fine: We should also look outside of RI. Engineer a workforce that does not exist, perhaps look around the country at states that have good health outcomes and see what their workforce roles are. I think the danger is that if we bring in the usual players who have done what they have in the past it may be a duplication of efforts as opposed to something new and fresh and useful.
- h. Secretary Costantino: Outcomes are extremely important, and as I look at some of the programs we fund, we put a lot of money into training and get poor results. A portion of that is our large unemployment rate. We are looking at the way we train people and individuals, and we are looking at more innovative ways. We tend to give a lot of money to a nonprofit agency that will train a lot of people for a certain sector. Look at different models of training to ensure we can look to outcomes.
  - i. Jennifer Wood: I do see some emphatic head nodding to that point around the room, indicating consensus.
- i. Jennifer Wood: what is not on this list that should be – on the RI Priorities list.
  - i. Dr. Fine: Service delivery standards for practices. We know what we are asking the practices to deliver then we can engineer a team that lets us deliver that product.
  - ii. Commissioner Koller: Need to define how patients/consumers engage the delivery system. Assuming that they shop, assume that people will self-assign? There are several factors that we need to put as in scope or outside of scope. Assumptions around employer-based health insurance are going to be important as people are always looking in a third party health insurance system as well. For whatever group is looking at this give an assumption to help identify there.
  - iii. Dr. Fine: There are some people who have argued that a PCP is performing adequately when 90% of the people in the area what to use it, and that is a high expectation. I think we need to look at the third leg of the triple aim.
  - iv. Jennifer Wood: I think we need to develop some proposals, have this group deliberate on what the charge is (short, medium and long term) and then hand down that charge to the work group.
    - 1. Lt. Governor Roberts: We need to look at what our system looks like.
    - 2. Commissioner Koller: We just have to define what is in scope and what is out of scope.
    - 3. Jennifer Wood: We want the products and the deliberations of the work group to be useful.
    - 4. Lt. Governor Roberts: I think the idea of long-term challenges and objectives are key also. What is achievable now and what is achievable later.

- j. Next Steps:
- i. Lt. Governor Roberts: Transforming the existing work group into something more effective and high level.
  - ii. Secretary Costantino: If we were to go to the governor's workforce board, and say we want it a work group under that, is that what we are seeking? Do we want to meld?
  - iii. Lt. Governor Roberts: We want to do more than the mission of that organization. We do want Rick Brooks fully engaged, but I am not sure that we want to say create a subcommittee whose job is this. We want to transform the existing work group under the Healthcare Reform Commission.
    1. Secretary Costantino: Just want to be sure we loop them in.
    2. Jennifer Wood: I have a meeting set up with Rick Brooks to try to get the ball rolling on this, have a conversation about this to ensure the two do not head in different directions.
  - iv. Commissioner Koller: I am having a hard time extracting the work suggested here from the work of coordinated health planning. Now we are talking about maybe two or three interrelated efforts, can we consolidate it?
    1. Lt. Governor Roberts: Do you want to take this on? The challenge here is who will actually make it happen in the next year or so. There has been a lot of great work done in the past, but we need to get actual work forward.
    2. Secretary Costantino: I would suggest we get the co-chairs and chairs of all these three efforts (governor's workforce board, executive committee and coordinated health planning) in a room and decide where it would be best for this to sit and have it be effective.
    3. Lt. Governor Roberts: Another piece is that a lot of this is not inside government, it is done by the industry itself, and how do we impact the industry while using all available resources.
  - v. Ed Quinlan: Center for Health Professionals at HARI has existed for a while, and there is a workforce group with over 50 individuals on it that has met continuously over the years and we would be happy to share this. I would also posit that the board of nursing and the medical licensure should be included and consulted in this.
  - vi. Commissioner Koller: Is it focused primarily on staffing as related to hospitals? Ed Quinlan: No, all health professionals. Craig Syata: The center has its own board, it is not a HARI directed organization; it provides administrative support, but it has its own board. It started off very nurse-centric, but the

plan is to have it evolve broader than just nursing. Lt. Governor Roberts: In fairness I will say I had just viewed it as a narrow focus organization so this is good to know, that it is looking more broadly.

vii. Jennifer Wood: We will endeavor to review the notes, create a plan and return to this group.

V. Public Comment – No additional comment put forward at this time.

VI. Adjourn – Next meeting scheduled for June 11, 2012 at 2:00pm.