

Executive Committee Meeting
January 23, 2014
2:00pm – DOA Conference Room A
Meeting Minutes

Attendees: Lt. Governor Elizabeth Roberts, Secretary of Health and Human Services Steven Costantino, Health Insurance Commissioner Kathleen Hittner, Director of Administration Richard Licht

Absent: Governor's Policy Director Kelly Mahoney

1. Call to order

Lt. Governor called meeting to order at 2:10 p.m.

2. Health homes introduction by Elena Nicolella

The idea of health homes comes from the ACA's attempts to incentivize states to implement new models of care that integrate behavioral health and acute specialty care. The ACA is providing more federal match dollars in order to help states provide higher quality care. The federal match dollars are provided for eight quarters. Currently, there are a few models of care that are being used and a third model is being pursued, which would pertain to people living with HIV/AIDS and living in correctional institutions.

3. Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals presentation by Becky Boss

Health homes target specific populations, such as SPMI, in order to provide more care that emphasizes the monitoring of chronic diseases. Currently, there are nine health homes within the state of Rhode Island that were started through a grant that was given to BHDDH in November 2011.

Health homes have large networks of service that encompass not only the homes themselves, but also include working partnerships with different CMHOs and hospitals. One of the top priority protocols is to have a safe care transition for the health homes populations after they are hospitalized.

There are many different programs that are offered within the nine health homes, including peer mentors and opioid reduction programs. However, this year has seen twenty-two overdoses, much higher than the normal rate.

Director Licht asked how many people use Health Homes. Becky stated that 5,200 people are in Rhode Island's health homes. For most of them, their original diagnosis was psychiatric illness. Currently, BHDDH serves over 30,000 people, and the 5,200 people who use health homes represent BHDDH's most severe cases. Director Licht also asked what statistics are used to back up the claim that health homes are positively affecting this population. Becky stated that one of the largest measures of quality care is through the hospital readmissions rates. There is a lower rate of readmission into hospitals for individuals who use health homes. Additionally, the individual health

homes are collecting data on the BMI, hypertension, and chronic conditions of the individuals who participate in health homes.

Lt. Governor Roberts asked if the 90% federal dollar match has encouraged more spending on the 5,200 individuals. Are they receiving more services? Becky stated that while there has been a change in the federal dollar match amount, the spending on an individual in a health home has stayed the same. There has been a change in the payment process.

Secretary Costantino stated that there were many states complaining about the federal funding lasting only for eight quarters because it is too short. Lt. Governor Roberts asked if they would be able to spend the money on non-medical services. Becky stated that the money would only be used on the six criteria listed in the power point.

Lt. Governor Roberts asked if there was any overlap with the health homes initiative and the Integrated Care Initiative. Elena stated that EOHHS had chosen managed care for the ICI and while health homes have similar goals, they serve different populations.

Secretary Costantino stated that there is misalignment of funding for the health homes model. Primary care is currently not aligned to complement the services of health homes. Secretary Costantino stated that the integration of health homes and primary care could be possible in the future.

Director Licht asked if the payment model for the health homes will change. Becky stated that it already has changed and it has now shifted to a monthly, capitated rate. There are service expectations that come along with the capitated rate, however, in order to ensure quality of care.

Lt. Governor Roberts asked if there are any trends that they currently see with the health homes population. Becky stated that on the whole, there is more primary care usage in the health homes population.

4. Mary Dwyer – NRI Community Services

Currently, there are 1,200 clients with SPMI at NRI Community Services. The NRI Community network organizations have onsite pharmacies so that clients are able to have more tailored medication guidelines. One of the largest problems that this population faces, according to Mary, is the mismanagement of prescriptions. These pharmacies help individuals take their medication and help them to adhere to the dosage guidelines.

A main focus of NRI Community Services is not just providing quality medical care, but also ensure that there is a plethora of indirect services that is offered to the 1,200 clients. There is an emphasis on the use of case managers in this organization because they are able to form relationships with the clients, which leads to trust.

There is coordination of transportation and information sharing between the CMHO and primary care doctors. Mary stated that she encouraged the use of bundled payments as opposed to managed care. However, case managers are integral to the quality experience for the clients.

Lt. Governor Roberts asked if there was a protocol in place that would alert the case manager when the patient was hospitalized or admitted. Mary stated that if the patient opts to not have the case manager be informed, they have the right to do so. Amy Zimmerman stated that they need the client to opt into Current Care first before the statements can be released to the CMHOs.

5. Health homes at Providence Center – Dr. Dale Klaztker

The Providence Center serves over 13,000 people, most of whom are on Medicaid. The Providence Center has been growing and developing relationships with different commercial health care providers in the state, such as Care New England. The Providence Center has 1,900 of its clients enrolled in health homes. They were selected and enrolled after The Providence Center determined that they fit the criteria. There is even a Latino-focused health homes team that they have assembled to manage care for health homes enrollees.

The Providence Center also has two venture shops that employ the health homes individuals. These venture shops allow the individuals to build up marketable skills. Additionally, they have a residential home for the enrolled individuals.

Additionally, there the Providence Center will be partnering with Blue Cross Blue Shield RI and Care New England to test a new partnership model for its sickest patients. Providence Center will be providing the services and Blue Cross Blue Shield and Care New England will be paying for it.

6. Elena gives Medicaid expansion update

There are now over 20,000 eligible members in the Medicaid expansion program. Elena stated that there was a concerted effort to make sure that RIticare parents who were dropped from public insurance would be covered on January 1st.

Public Comment – No comment made at this time

Adjourn