

Expert Advisory Committee  
Monday January 30, 2012  
Meeting Minutes

Attendees: Jim Borah, Jay Raiola, Bill Delmage, Elaine Jones, Elizabeth Lange, Kathryn Shanley, Mark Reynolds, Lou Giancola, Ted Almon, Don Wineberg, John Fleig, Elizabeth Earls, Monica Neronha, K. Nick Tsiongas

- I. Call to Order: Jennifer Wood called the meeting to order at 8:00am.
- II. Resuming the Conversation: Vision/Mission/Principle/Goals Take 2. (Presentation available [here](#)). Beginning with a conversation about what has been the example in California and Maryland, and move into the conversation on further revisions to our drafts, so that these materials may go forward to the Board for their extended meeting.
  - a. Vision Input:
  - b. Elizabeth Lange – what strikes me with California and Maryland verbiage, and that which is lacking in the RI language, is health disparities. Whether that is placed at the vision level, or further down in the goals I am uncertain, but do feel it should be included.
  - c. Mark Reynolds – I am somewhat surprised that the vision doesn't speak to the issue of coverage or access at all, one must read between the lines – it is mentioned in the mission. This is in contrast to California which has it clearly stated in the vision, and then broadly discussed in their mission.
    - i. Jennifer Wood: It may be more of an omission than a commission at this point, there are other reforms that may not be as directly related to access, but everyone here agrees insurance access is key. Will review.
  - d. Lou Giancola: I suppose I am used to seeing a mission first, and a vision that is a future state. Thus in the vision, it speaks to better health, but then the mission drops that and says the whole function is access and insurance options.
    - i. Jennifer Wood: There is a big jump down, and maybe we can bring those two closer in altitude to one another.
  - e. Ted Almon: Just saw a word in California that was intriguing – catalyst. If you compare the summit document from the small business summit last Friday, to this California explanation of catalyst, it appears to align.
  - f. John Fleig: Believe the exchange needs to be stable and sustainable – while that's implied, it is not spelled out and I feel that is quite crucial.
  - g. Elizabeth Earls: Big fan of California's work. Want to ensure that it see results.
    - i. Seconded by Elizabeth Lange
  - h. Healthy living or personal responsibility as a guiding principle?

- i. Don Wineberg: Feel we are headed in the right direction. Pleased with our progress.
- j. Lou Giancola: In Goals – why would you write impact health insurance cost trends – it should say favorably impact, or at least make that clear.
- k. Elizabeth Lange: It strikes me that there is no mention of providers in the policy goals. It may be worth adding somewhere to ensure their involvement or positively impact.
- l. Kathryn Shanley: With these goals, it is key to be able to measure down the line if are achieving these goals. Need to be able to quantify these.
- m. Don Wineberg: What do you see the fourth bullet adding that isn't captured by the first in goals?
  - i. Jennifer Wood: There has been a good deal of conversation about how we need to transform the manner in which health insurance is achieved.
- n. Nick Tsiongas: These are very lofty goals, and not every iteration of what the exchange will be can help to create these.
  - i. Jennifer Wood: True, which is precisely why we are having these very in depth conversations.
- o. Monica Neronha: One of the goals of the exchange should be to educate consumers. To achieve any of that, should have some sort of understanding for consumers; is there a goal that could be directed to communications, and specifically to consumers.
  - i. Jennifer Wood: Improve the delivery of health – health insurance is really health *financing*, which brings in consumer responsibility.
- p. Elizabeth Lange: Isn't the tension having the lofty goals that we have for all of health care, and the reality of achieving what the exchange can achieve.
- q. Lou Giancola: Cannot aim too low either. Coordinated health planning efforts, and working with those efforts may continue to help us achieve larger goals.
  - i. Jennifer Wood: Absolutely - that is the intent with the principle of aligning with state initiatives.
- r. Monica Neronha: Larger partnership concept seems important – it is well captured in the California work.
- s. Kathryn Shanley: Concern – improving the health of Rhode Islanders is a long-term goal. Others are more short term. It may be ten years down the line before we see if the exchange had an impact on overall health. We do not want a public perception that this was a waste if we cannot demonstrate results to our goals.
- t. Bill Delmage: Improving health of Rhode Islanders -- would like to underscore Ted's earlier comment on catalyst, at the end of the day, health insurance is a partner in health reform. Giving the tools, but

the consumer must still take the final step to be healthier. Catalyst piece seems to aid getting us there enormously.

- u. Jay Raiola: Agree with Ms. Shanley's comments about quantifying results. Health care reform is already happening, results are measurable now – the biggest thing is that the individual mandate stays in tact. If we lose that battle, then these results in the future may be tricky.
  - v. Elizabeth Lange: The reason RI is leading in immunizations is due to a well-trained pediatric field and rapport with patients, especially through a patient centered medical home. In making those work, the key was to be patient centered. This is another reason to make sure that we underscore the focus on the consumer.
- III. Objectives – Pulled out many detailed ideas noted in past conversations about goals, the previously detailed mission, etc. and the staff has extracted them into this new section of objectives.
- a. Monica Neronha: Objective 1 – concerned that the larger element of wellness and consumer focus may not be there. The importance of educating the consumer doesn't seem to be outlined here. If the goals are as they stand right now, then this objective needs to be education.
  - b. Don Wineberg: Believe form follows function – cannot get the whole boat to change direction without changing everything involved. We all have a responsibility here.
    - i. Monica Neronha: Would agree to an extent, but clearly what is covered will be defined by law. Believe that there needs to be another piece.
    - ii. Don Wineberg: Disagree with that as well. Doesn't need to be a legal change for each point to effect overall change.
  - c. Mark Reynolds: Used to objectives being items that are measurable -- measurable ways of quantifying the goals. To me, these seem disjointed. These objectives do not seem to clearly support the goals that were identified.
    - i. Lou Giancola: This is a tactic perhaps to get to each goal.
  - d. Mark Reynolds: Having trouble determining what you would like to achieve. To me, it seems that we are dancing around what we're actually trying to do. It seems that finally in objectives you have identified what we are trying to do specifically, but believe this needs to be walked back. Feel there is a tension about what can really get done, what an exchange itself can assist in, and then figure out how to make that more clear.
  - e. Ted Almon: One thing this process has brought about is to understand the difference between public policy and corporate decision-making.
  - f. John Fleig: There are certain things that have to be in an exchange by law, so this first objectives is, in law, one of the primary objectives of an exchange.

- g. Don Wineberg: Just would like to voice – believe health insurance is a service not a product.
- h. Angela Sherwin: Note that the way we phrased objective two does not align with the way we phrased the mission. It may be that we adjust the mission to enroll in coverage.
- i. Lou Giancola: Struggle with the ‘make coverage more affordable.’
  - i. Jennifer Wood: That is the subsidies, not the overall cost trends – but good to note that it can be interpreted two ways.
- j. Monica Neronha: Perhaps move “enroll” at the end of objective #2 to be more direct to that point. On Objective #3 it should also be enrollment not just eligibility.
- k. Nick Tsiongas: Reviewed conflict of interest. Align, reflect allusions of coordinated health planning into the exchange. Real importance about how effective the exchange is going to be and how to closely align some agencies - this makes a lot of sense to have coordinated health planning be a part of the exchange leadership, as it gets at two of the goals.
- l. Lou Giancola: the objectives should take us down a level, but feel that these final three objectives are direct from the mission, and went back up a level of generality.
- m. Mark Reynolds: Observations: First three support goals; objective #4 supports goal #5, but then the last two seem to grasp at the goals, but it may not be as affective.
  - i. Jennifer Wood: Agree, and at the moment am a bit underwhelmed with the final objectives addressed there.
- n. Monica Neronha: Using the words “promote cost containment”; worry about the words “cost containment,” if talking about delivery system reform, talking about improving quality, cost containment is a little bit dangerous standing alone. Quality is not stated directly at any point – it is implied, but not stated.
- o. Lou Giancola: promoting health management, or promoting the health of populations should be something we consider.
- p. Don Wineberg: Human services needs to be considered – is it a horizon of this plan, food security, nutrition assistance, find a home for those within population health. From an editing perspective perhaps consider other human services programs, which have the ability to impact health.

IV. Wrap up:

- a. Jennifer Wood: Taking the conversation had today, analyzing it, re-working it into the vision/mission/principles/goals/objectives to reflect this work. Then there will be an extended meeting of the Board to review and finalize, and it will become the working policy guidance.
- b. Kathryn Shanley: On a different note can you discuss the result of the Request For Information (RFI) thus far?

- i. Response: Had eleven responses and last week; then had all of those eleven vendors in to discuss. Now we are taking that feedback and using to help us form the technical request for proposal (RFP), and will have that document developed over the next few weeks.
  - ii. Jennifer Wood: Looking at methods that will allow us to have you all be able to comment on the RFP without violating any purchasing regulations.
- V. Public Comment – No Comment made at the call.
- VI. Adjourn