



Minutes
SIM Steering Committee Meeting
Thursday, June 9, 2016 – 5:30 p.m. to 7:00 p.m.
Hewlett Packard Offices, Conference Room 203
301 Metro Center Blvd, Warwick, RI 02886

SIM Steering Committee Attendees:

Blue Cross & Blue Shield of Rhode Island: Matt Collins
Care New England: Alex Speredelozzi
CharterCARE: Chris Dooley
Coastal Medical: Al Kurose, MD
RIDOH: Director Nicole Alexander-Scott, MD
EOHHS: Secretary Elizabeth H. Roberts
Jim Berson, Vice-Chair
Medicaid Director: Anya Rader Wallack
Neighborhood Health Plan of Rhode Island: Beth Marootian/ Lynn August
Rhode Island Kids Count: Elizabeth Burke Bryant
The Rhode Island Foundation: Larry Warner
Rhode Island Medical Society: Peter Hollman, MD
Rhode Island Primary Care Physicians Corporation: Andrea Galgay
Rhode Island Health Center Association: Charles Hewitt
South County Hospital: Lou Giancola, Chair
Tufts Health Plan: David Brumley, MD
United Healthcare of New England: Neal Galinko

State Agency Staff:

Executive Office of Health and Human Services: Amy Zimmerman, Kim Paull; Melissa Lauer; Hannah Hakim, Cheryl Wojciechowski, Rick Brooks, Dacia Read,

Department of Health: Ailis Clyne, MD; Samara Viner-Brown, James Rajotte, Mike Dexter, Ted Long, MD

Office of the Health Insurance Commissioner: Cory King; Sarah Nguyen

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Ann Detrick

HealthSourceRI: Betsy Kerr

Department of Children, Youth, and Families: John Neubauer

SIM: Marti Rosenberg

Other Attendees:

Alok Gupta (Rhode Island Quality Institute); Pano Yeracaris, MD (CTC); Lisa Tomasso (TPC); Joanne Kalp (UMass); Megan Hall, and Jill Glickman (ProvPlan); Betsy Loucks (RIPIN); John Keimig (Healthcentric Advisors); Lynn Blanchette (Rhode Island College); Maureen Glynn (Improving End of Life Care Coalition); Therese Rochon (Coalition for End-of-Life Care/VNA of Care New England); William Hollinshead, MD (American Academy of Pediatrics, RI); Catherine Taylor and Bryan Blissmer (University of Rhode Island); Jim McNulty (Mental Health Consumer Advocates); Tilak Verma (Tufts Health Plan); Lisa Conlan (Peer Support Network); Patricia Flanagan, MD (PCMH Kids).

1. Introductions

The meeting was convened at 5:30 p.m. by Chair Lou Giancola.

2. Review Prior Meeting Minutes

The Steering Committee reviewed the meeting minutes from the May 12 Steering Committee meeting. There was one correction to the meeting minutes; Mr. Charles Hewitt was not present at last month's meeting.

3. Administrative Discussion:

- a) Chairman Giancola announced that the Screening, Brief Intervention, Referral to Treatment (SBIRT) grant application that was submitted by BHDDH to SAMHSA was approved, and Rhode Island is to receive \$1.65 million per year for 5 years.

Ms. Rosenberg added that SIM Test Grant Funds will support ongoing staff training for SBIRT. The SAMHSA grant for SBIRT will fund services of alcohol, drug and tobacco screening to 250,000 people over five years. Priority for screening will be given to individuals in designated high need areas around the state and to persons leaving Department of Corrections' facilities. She stated that the implementation of this will be discussed at the SIM Interagency Meeting in a couple of weeks.

- b) Ms. Rosenberg reviewed key SIM deadlines/timelines. We met the following timelines:
 - April 30 deadline for first draft of Operations Plan submission to CMS.
 - May 31 deadline for the Population Health Plan completely integrated into Operations Plan.
 - June 6 deadline for budget information to get to Year 2.

She noted that we will meet June 10 deadline to submit answers to the 20 questions CMS had after receiving May 31 revisions.

Ms. Rosenberg pointed out that in the meeting packets there is a description of the changes between Version 1 and Version 2 of the SIM Test Grant Operational Plan. She thanked all the leadership who read the document and provided feedback and the staff who worked tirelessly writing and editing the documents. She stated that they are working on integrating all the comments and that the Population Health Plan will be completed in the fall, with a public process to seek feedback.

4. Update on Workgroups:

SIM Workforce Development: Rick Brooks, Executive Office of Health and Human Services

- EOHHS is beginning to conduct a detailed workforce assessment of needs and training capacity aligned with delivery system transformation and population health goals.
- We are continuing to recruit for a Healthcare Workforce Transformation Committee (HWTC) to advise the SIM Steering Committee and the EOHHS process. Mr. Brooks has begun compiling data about the healthcare workforce assessment, and the strategic plan for workforce transformation will be in place by this fall.

Measure Alignment: Cory King, Office of the Health Insurance Commissioner

- Mr. King noted that he will be sending an email soon announcing the next meeting of the Measure Alignment workgroup (to be held in July). The focus will be on measures for maternity, and for behavioral health.
- Ann answer to a question from Larry Warner about whether these are ad hoc or original metrics, Ms. Rosenberg replied that these are original metrics. She added that the Operation Plan is not set in stone, and that we can make changes.

5. **Strategic Discussion: SIM Evaluation**

Ms. Rosenberg moved the discussion to focus on the Steering Committee members and attendees' thoughts on how to craft an evaluation plan before we go out to Request for Proposals (RFPs) for the SIM Transformation Investments, so that we understand the definition of success when we write the scopes of work. She led a discussion on Steering Committee evaluation priorities, asking them to go deeper than in our earlier work deciding on the interventions and budget. The questions and comments are below:

Within the SIM wheel, which component is most crucial to you/your organization? From where you sit, what is your organization most excited about, and why?

- Elizabeth Burke Bryant from Rhode Island Kids Count commented she was very pleased with the child psychiatry access program in PCMH Kids/Child Psych. With 50% of children admitted to hospitals having a mental health disorder, transforming the payment model will start to close the gap.
- David Brumley from Tufts Health Plan identified Behavioral Health Integration program, adding that it should reduce unnecessary ED and other visits.
- Dr. Kurose identified Care Delivery Transformation and new Clinical Services/Payment Reform. He noted payment reform is exciting but reform movement is around an end result of delivering a different kind of care - creating a portfolio of new clinical services and sharing as a community.
- Andrea Galgay from the Rhode Island Primary Care Physicians Corporation identified Regulatory Levers Alignment for both State and Federal level requirements.
- Matt Collins from Blue Cross & Blue Shield of Rhode Island (BCBSRI) cited the work we are doing on broad-ranging methods for effective Behavioral Health Integration. He noted that this integration could address training gaps and workforce development within a changing environment, patient/provider engagement on end-of-life, and the use of HealthFacts. Ms. Rosenberg commented that the way Mr. Collins was discussing the integration; he seemed to be making the point that it is not just about funding psychiatric services but making way for the introduction of behavioral health into primary care in a structural way. We need to train people for the change that is coming.
- Jim Berson identified Patient Engagement, noting that it is where we want to be within all aspects of the wheel, integrated into other components, not disparate.
- Dr. Pat Flanagan talked about integrated data systems: Children's mental health is key to health in our state. What we invest in children's health we reap in education. Kids get left out of conversation because cannot show return in short term; we need to be able to link the systems to show longer-term Return on

Investment (ROI).

- Dr. Alexander-Scott commented that Community Health Teams (CHTs) contribute to practice transformation. They expand the definition of health, inserting provider extenders into the community through the CHTs and provide the environment for Community Health Workers to be incorporated into the system. She also highlighted the SBIRT grant award and strong partnership with and SIM.
- EOHHS Secretary Roberts mentioned Provider Coaching and noted we need to engage providers and give them new skills. We also need to leverage technology to create the process where providers buy into the vision.
- Coastal Medicine President Dr. Kurose noted that the initiatives need to be sustainable and we need to be diligent in measuring performance across the Triple Aim.
- Dr. Yeracaris, from the Care Transformation Collaborative – Rhode Island, noted that with the two additional CHTs, it is important that we build a business case to understand sustainability. He also noted he is still a proponent of fostering joy in work and that we need to leverage technology and work flow design to increase the likelihood that people will find joy in their work.

6. Interventions Having Most Potential to Drive System Transformation:

Ms. Rosenberg now asked the Committee member and attendees the question, “Which one or two of the interventions do you or your organization sees as having the most potential to drive system transformation?” The following interventions were identified by the attendees:

- Lynne Blanchette noted that workforce development is a very strong component in our under graduate and graduate nurse care management models, and we have integrated behavioral health into those models. The Rhode Island College School of Nursing is very interested in the Neighborhood Health Station model, which is a combination of population health and community health models. We see nursing in many of these places, yet, we don’t see nurses in the reports or at the table.
- Medicaid Director Anya Rader Wallack asked what should the state be paying for and what is the right amount, including resource shifts, workforce development, and evaluation of alternative setting-based cared models.
- John Neubauer from the Department of Children, Youth, and Families said that interagency coordination and collaboration for children’s behavioral health, and adults with substance abuse and mental health issues are crucial to address. It is important to note that these adult mental health issues are drivers for removal of children from homes.
- Parent Support Network Director Lisa Conlan identified children’s behavioral health outcomes, and the engagement of individuals and peers in changing such outcomes as most important for her organization.
- Secretary Roberts noted that Provider Coaching will deliver new skills that make the SIM vision a reality for integrated care.
- Dr. Pano Yeracaris added that evaluation for CHTS, practice transformation and leveraging workflows, and integrating patient/physician satisfaction into our models would be valuable.
- Dr. Kurose highlighted evaluation—both qualitative and quantitative—to obtain data and make

sustainability decisions.

- Jim Berson suggested aggregate-level benchmarking for the entire SIM project, using the wheel and component table to identify success and indicators of success from a composite point of view.
- Lynn August noted that it would be a valuable driver to measure how integrated we actually are, from both a process and outcome standpoint.
- Finally, it was noted that we should compare Rhode Island's changes in healthcare to the changes in our social services spending.

7. Steering Committee Input: Value-Added Milestones and Outputs:

Ms. Rosenberg moved the discussion along to the next question: As we continue to implement SIM, at what point do the interventions become value-added to your organization and what specific milestone(s) or outcome(s) would you like to see during implementation to know that SIM is demonstrating a benefit to you and/or your stakeholders?

- Lou Giancola noted that South County Hospital has a vision for improved health at every stage of life, and they are increasingly focused on the burden of behavioral health in the community: 25% of admissions for other diseases have a behavioral health diagnosis; 30% of high school students have had suicide ideation. If SIM has an effect of prevention or improvement of these, it will be a success.
- Jim Berson shared that in his opinion, SIM's most important work would be increasing the use of data and in decisions by payers, providers, and patients. He noted: "An educated consumer is our best customer." Data is valuable when it is used. How do consumers back the best choices? When they have data on cost and quality. We are great at collecting data; we need to ensure we are able to make use of it.
- Andrea Galgay stated meeting overarching timelines: having a dashboard of percent of projects completed on time and other procurement-specific milestones.
- John Neubauer noted that a defined increase in access to behavioral health services due to integration efforts from SIM would be valuable.
- Dr Kurose identified performance benchmarks that include key indicators for each of the SIM and non-SIM workgroups and for interventions – indicators versus implementation metrics
- Jim Berson suggested the identification and publicizing of "quick wins" related to SIM.
- Matt Collins stated the development of common HealthFacts RI measurements, reports and visualizations.
- Jim Berson identified unfunded needs are addressed or inspired to be addressed by others through SIM – such as Health Equity Zones' needs that SIM does not cover.
- Measure of data usability and connectivity over the duration of SIM (Unknown).
- Dr. Flanagan asked: How do we measure how much APMs are really affecting change? Have we really changed day to day office practice? How do we successfully use APMs to drive change?
- Lou Giancola asked if we could be successful with APMs and still not move the needle on population health. He also flagged Community Health Teams' ability to improve health of patients and how the Child Psychiatric Access Project could lower utilization rates for behavioral health/prevention.
- Andrea Galgay suggested ratio of "non-intrusiveness" to "helpfulness" for providers and patients when it

comes to practice transformation and patient engagement – for example, disengagement rates.

- Dr. Kurose stated a dashboard of SIM achievements, including those that are other organizations' efforts catalyzed by SIM, such as learning from a SIM pilot, replicating methods across organizations (i.e. reduction of proprietary issues/increased transparency, or scale-up ideas). He also suggested qualitative feedback and sharing at Steering Committee—for example, from shared Site Visits to intervention sites.
- Dr. Alexander Scott suggested balancing outcome and process measurement methods to demonstrate ROI effectively.
- Jim McNulty noted it was important that we create a differentiated experience for patients and so the impact on them should be evaluated as well.

8. Discussion: Draft Proposal for multi-payer evaluation of Alternative Payment Models (APM) in Rhode Island:

Ms. Rosenberg asked Dr. Kurose to discuss the APM evaluation proposal and the updates that he made since the Steering Committee first approved the proposal in February. The changes that he proposed were:

- Adding language about pulling from the collective experience as an overarching question.
- Adding questions about to what extent APMs are or not successful improving the quality of care, but not with changing population health.
- Adding a question to address the extent to which APMs will have an impact on practice changes at the individual physician/front line level.
- Adding to the end of the third research question...cost, quality, “population health, and patient experience.”
- Adding language that discusses a dose response to SIM's efforts, meaning how much of the APMs or interventions create the desired effect.
- Adding language that ensures a children's focus to the research questions.
- Inserting a timeline into the proposal.
- Adding more direct contact interviews within the methodologies.
- Adding ways to measure impact on patients, meaning differentiated care experience before to after.

9. Homework:

Ms. Rosenberg asked the attendees to identify transformation outcomes that are feasible to achieve within the SIM timeline (the final question in the attached PowerPoint) and to add any additional thoughts on the questions asked throughout the meeting. Committee members can send those comments to her.

10. Public Process for Integrated Population Health Plan review:

Ms. Rosenberg reminded Committee members that one of the ways that we want to complete the Population Health Plan is to take a discussion about the plan out into the community, by going out to organizations/meetings that are already in place, and drawing the audience we want to reach. SIM staff have been calling this project the Integrated Population Health Plan Roadshow. The idea is to talk to rank and file members of Rhode Island's healthcare community. For example, this might include nurses at a Community Health Center or CNAs at an

assisted living agency; community health workers, or physician assistants. Ms. Rosenberg asked the Committee members and attendees for suggestions or thoughts on places we can go where people who will be interested in the plan and its potential impact on the healthcare system already are meeting and for contact names at these institutions, so that SIM staff can set up these meeting.

Here are the locations that were suggested for the Roadshow and the people who suggested the events or meetings:

- Healthy Bodies/Healthy Minds Steering Committee - Chairman Giancola
- Coastal Medical Office Managers' Meeting - Dr. Kurose
- Practice Meeting / Nurse Care Managers' Meeting - Andrea Galgay
- Primary Care Physician Advisory Committee Meeting
- CTC Meetings (Integrated Behavioral Health; Nurse Care Managers – Pano Yeracaris)
- Parent Support Network Meeting (Peer Recovery) – Lisa Conlan
- Coalition of Children and Family Meeting
- PCMH Kids Stakeholder Meeting (September) – Dr. Pat Flanagan
- Chamber of Commerce Meeting
- Medical Group Managers Association Meeting
- Blue Cross/Blue Shield Senior Management Meeting – Matt Collins
- Commission on Health Advocacy and Equity Meeting
- Hospital Grand Rounds (Various)
- Head Start (Other Daycare)

11. Public Comment

There was no public comment.

12. Adjourn

As the meeting concluded:

- Ms. Rosenberg thanked the attendees for their input and asked Committee members and attendees to send any comments, thoughts or ideas regarding any of the topics discussed at the meeting to her.
- The next Steering Committee meeting will be held on July 14, from 5:30 PM to 7:00 PM at 301 Metro Center Blvd in Warwick.

With no further business or discussion, the meeting adjourned at 7:00 PM.

Notes prepared and respectfully submitted by:

Laurieann Grenier
UMass Program Management
June 14, 2016