Minutes
SIM Steering Committee Meeting

Thursday, October 13, 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:

Rhode Island Primary Care Physicians Corporation: Andrea Galgay, Chair
The Rhode Island Foundation: Larry Warner, Vice-Chair
BHDDH: Director Becky Boss
Blue Cross & Blue Shield of Rhode Island: Matt Collins
Carelink:
Care New England:
CharterCARE:
Coastal Medical:
EOHHS:
HealthSource RI:
Leadership Council: Richard Leclerc
Lifespan:
Neighborhood Health Plan of Rhode Island:
Office of the Governor:
Office of the Health Insurance Commissioner: Dr. Kathleen C Hittner
Rhode Island Business Group on Health: Al Charbonneau
Rhode Island Department Of Health: Dr. Nicole Alexander-Scott
Rhode Island Health Center Association:
Rhode Island Kids Count: Elizabeth Burke-Bryant
Rhode Island Medical Society: Dr. Peter Hollman
South County Hospital: Kim O'Connell
Tufts Health Plan: David Brumley, MD
United Healthcare of New England: Neal Galinko
YMCA of Greater Providence:

State Agency Staff:

Executive Office of Health and Human Services: Rick Brooks, Sandra Curtis, Mark Kraics, Melissa Lauer, Dacia Read, Cheryl Wojciechowski
Department of Health: Mike Dexter, James Rajotte
Office of the Health Insurance Commissioner:
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Ann Detrick
HealthSource RI: Betsy Kerr
Department of Children, Youth, and Families: John Neubauer
SIM: Marti Rosenberg

Other Attendees:

Dean Briggs and Joanne Kalp (UMass); Jill Glickman and Libby Bunzli (ProvPlan); James Beasley (RI Kids Count);

Scott Young and Alok Gupta (Rhode Island Quality Institute); Tara Townsend (RIPIN); Lynn Blanchette (Rhode Island College); Therese Rochon (Coalition for End-of-Life Care); Patricia Flanagan, MD (PCMH Kids); Pano Yeracaris, MD and Debra Hurwitz (CTC); Marie Jones-Bridges (Oral Health Community); John Keimig and Gail Patry (Healthcentric Advisors); Charles Hewitt.

1. Introductions

Andrea Galgay, Chair, convened the Steering Committee Meeting at 5:30 p.m.

2. Review Prior Meeting Minutes

The Steering Committee reviewed the meeting minutes from the September 8 Steering Committee meeting. The minutes were accepted as written.

3. Administrative Discussion:

- Ms. Rosenberg announced that the program is close to hiring an SBIRT/CHT Project Manager. The position will be under BHDDH, and will work closely with SIM. Additionally, OHIC started the process to fill the Principal Policy Association position previously held by Sarah Nguyen.
- SIM Staff announced that there are two requests for proposal (RFPs) currently with Purchasing:
    - SBIRT/CHT contract
    - Re-procurement of the Data Aggregation and Analytics contract supporting HealthFacts RI.
- Ms. Rosenberg reported that Dr. Kurose, who represented Coastal Medical on the Steering Committee, needed to step down because of time commitments. She, Secretary Roberts and Dr. Hittner and assessing the membership of the Steering Committee and considering replacements for some of the people who have ended their involvement.
- The Centers for Medicare and Medicaid Services (CMS) emailed a request for information or ideas for the future of SIM at the Federal level. The deadline for submission is October 28th. The SIM Staff will compile and send the responses to the Steering Committee, and will hold a call for any Steering Committee member interested in reviewing the material and discussing responses.

4. SIM Reporting & Metrics

a. Data Spreadsheet for SIM Steering Committee

Betsy Kerr presented SIM metrics (PowerPoint slides attached). She provided the group with background and purpose of the metrics, which the staff chose to demonstrate SIM progress and to hold SIM accountable to this governing body. The Steering Committee Members engaged with Betsy and other SIM staff during the presentation through questions and comments, including:

- Why did SIM choose the “Revisions to the Operational Plan” metric? (Slide #3 – Operational Plan Metric)
    - SIM uses this metric to demonstrate change that occur over time as evidence that the Rhode Island SIM Operational Plan is a dynamic document.
- Ms. Rosenberg noted that the metrics listed derive from the SIM Operational Plan.

- Vice-Chair Larry Warner asked whether the emergency department data, is "all-cause" or referring to specific conditions. (Slide #4 – Utilization Metric)
    - The Emergency Department data is all-cause
- James Rajotte clarified that the Community Health Team (CHT) data refers to new sites served by CHTs, not additional teams. (Slide #5 – CHT Metrics)
- An attendee suggested color coding the metrics spreadsheet (i.e. red, yellow, or green) to draw attention to successes as well as struggles. This will assist the Committee in quickly identifying focus areas.
- Dr. Alexander-Scott inquired if SIM could add target goals to the numerators and denominators identified in the spreadsheet.
    - Betsy explained that for some of the data displayed the denominator is the target; much of the data displayed are examples for demonstration. SIM will insert real data as it is compiled.
- The Committee wanted clarification on the definition of "Number of Provider Trainings"
    - The details of the "Number of Provider Trainings" metric will be determined after the contract is awarded.
- Elizabeth Burke-Bryant suggested not only providing data for PCMH Kids' current goals and achievements, but also to identify higher aims if the program is more successful or identifies additional resources. Ms. Rosenberg explained that the current goals and data are based in part on the available budget and SIM will do more if it is possible.
- Dr. Hittner asked how the data for the Steering Committee compares to the SIM data being reported to the Federal program and would this data will be useful for more than one report.
    - Ms. Rosenberg replied that the Federal reports contain a large amount of data. The data compiled for the Steering Committee is a streamlined version and SIM will use it during community presentations to demonstrate SIM achievements.
- Child Psychiatric Access Program Data related to Pediatric providers should include other providers who care for children (e.g. Primary Care, Nurse Practitioners, and Physician Assistants).
- The Provider Directory could be a useful tool for SIM Staff to obtain denominators.
- The Steering Committee Chair and the SIM Program Director invited the group to email additional comments to SIM.

b. SIM Program Updates

Measure Alignment: Andrea Galgay reported that the Maternity and Child Health sub-committee has developed measures for the process that are physician-based (rather than hospital-based). The group is scheduled to meet again on October 21st.

Workforce Transformation: Rick Brooks reported that the initial public Workforce Transformation meeting on Friday October 8th was well-attended with over 100 people and that the feedback so far has been positive. The group was a mix of providers, policy makers, payers, educators, and others. The meeting started with introductions and overviews from Secretary Roberts, Dr. Alexander Scott, BHDDH Director Becky Boss, and SIM Director Marti Rosenberg. Attendees then formed 7 breakout groups, each with a specific focus area (see attached Workforce Transformation Handouts). Each breakout group laid out key workforce issues and concerns within their areas (for example, Primary Care), identified subject matter experts for future consultations, and explored strategies and barriers to success. Over the next month each focus area will have a follow-up meeting (schedule attached) and the large group will reconvene on December 6th. Rick reported that

they have secured the organization Jobs for the Future to carry out labor market analysis and to conduct research on best practices.

- Dr. Hittner commented that the meeting was remarkably successful. This is an excellent approach and a huge opportunity for Rhode Island.

Outreach & Engagement: Andrea Galgay discussed the importance of sharing information about SIM to stakeholders and the community. After a number of presentations given by SIM staff over the past 2 months, there are steady requests for information coming into the program. Given the increasing number of requests, SIM staff have developed "talking points" for Steering Committee Members to reference when asked about the Rhode Island SIM program.

James Rajotte presented the SIM talking points in a train-the-trainer style to the Steering Committee. James explained that the Talking Points are a simple draft at this point, and the SIM staff is sharing them in order to solicit feedback from the committee members. The presentation also served as a foundation to prepare Steering Committee Members to share the information as they interact with potential stakeholders.

The Steering Committee's feedback included:

- Rhode Island earned the SIM grant due to work already in progress and we should add this point.
- SIM should clarify how patients or individuals are engaged in managing their health.
- Presenters need to explain "smarter spending" in the "triple aim." Steering Committee members discussed the difference between that language and the original: "Reduce per capita costs." Members focused on the need to focus on all of the ways that we can deal with the finances of healthcare – lessening spending when we can but still investing in key services for Rhode Islanders.
- We need to keep the message clear and simple; we don't want to be too scientific.
- SIM may want to shade the 8 health focus areas slide differently. Currently it has shading that makes the graphic appear as a continuum.
- Address the literacy level. Develop a 1 to 2-page document aligned with the talking points and written at a 6-8th grade level.

5. SIM Integration & Alignment Project:

Marti Rosenberg led the Steering Committee in a discussion about the SIM Integration & Alignment Project. She began by reviewing the purpose, background, and process that SIM has completed so far. She noted that while the planned SIM investments touch population health, there is more that we should be doing to specifically move the needle on the health focus areas that are our priorities. These include physical and behavior health areas, such as obesity, tobacco, chronic diseases and depression, serious mental illness, etc. And so, beyond the SIM investments, SIM staff has been discussing how state agencies' priorities and goals could be aligned to improve population health in Rhode Island. For example, the Rhode Island Department of Health (RIDOH) works on smoking cessation, but the Department of Behavioral Health, Developmental Disabilities (BHDDH) is the enforcement arm, making sure that companies do not sell tobacco products to children. How can these two agencies work together, to lower Rhode Islanders' use of tobacco?

The SIM staff wants to create two specific interagency projects focused on improving population health, above and beyond our investments. SIM action on these projects will mean have us devote SIM staff time to them, having them as a priority for discussion at Steering Committee and Interagency Team meetings, bringing them to state agency Directors' meetings, etc.

Ms. Rosenberg shared that the next step in the Integration & Alignment process is for the SIM staff to bring the brainstorming work and research they have been doing to the SIM Steering Committee members, so that you can help us make decisions about which two projects we should prioritize first.

The next Steering Committee meeting was scheduled for November 10th, which is on the eve of the Veteran's Day holiday – and we wanted to reschedule that. Ms. Rosenberg polled the committee to assess how many members could attend a 5:30 meeting on November 22nd and all members present indicated that they were available to attend.

Director Alexander-Scott asked what would happen with the Integration & Alignment work that SIM completed in August. She explained that the group completed a lot of work before, during, and after that event, adding she would not want to start over from scratch.

Ms. Rosenberg assured the committee that the work SIM completed in August would not be set aside. That would was the beginning of the process and this is the next step in creating the Integrated and Aligned Collaborations to improve Population Health in Rhode Island.

6. Public Comment

The Chair opened up the meeting for public comments; there were no additional comments.

7. Adjourn

With no further business or discussion, the meeting adjourned at 6:55 PM.

Notes prepared and respectfully submitted by:

Seth Peters
UMass Program Management
October 14, 2016