

# **RI HIT STEERING COMMITTEE**

## **AGENDA**

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**December 16, 2020**  
**5:30 pm**

**Welcome and Introductions**

**Review of Strategic Roadmap process and Rationale for Steering Committee**

**Role of the Steering Committee**

- **Functions**
- **Proposed Charter**

**Proposed Steering Committee Membership Details & Decision-Making**

- **Accountability**
- **Roles & Responsibilities and Member Expectations**
- **Decision-making draft criteria**

**Discussion, Next Steps, and Next Meeting**

**Public Comment**

# RI HIT STEERING COMMITTEE MEMBERSHIP

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## Members:

**Co-Chair: Cedric Priebe, MD**

**Co-Chair: Assistant Secretary Ana Novias**

Stacey Aguiar

Director Nicole Alexander Scott, MD

Denis Bailer

Marcela Betancur

Garry Bliss

Jay Buechner

Mice Chen

Shamus Durac

Craig Elice, DDS

Carrie Bridges Feliz

Andrea Galgay

Commissioner Marie Ganim

Zachary Gerson-Neider

Amar Gurivireddygari

David Hemendinger

## Affiliation:

### Lifespan

**Rhode Island Executive Office of Health & Human Services**

UnitedHealthcare

Rhode Island Department of Health

Project Weber Review

Latino Policy Institute

Prospect Health Services RI

Neighborhood Health Plan of RI

Coastal Medical

Rhode Island Parent Information Network

Pediatric Dentistry Ltd.

Lifespan Community Health Services

Rhode Island Primary Care Physicians Corporation

Office of Health Insurance Commissioner

Rhode Island Foundation

Blue Cross & Blue Shield of Rhode Island

Brown Physician's Group

# RI HIT STEERING COMMITTEE MEMBERSHIP

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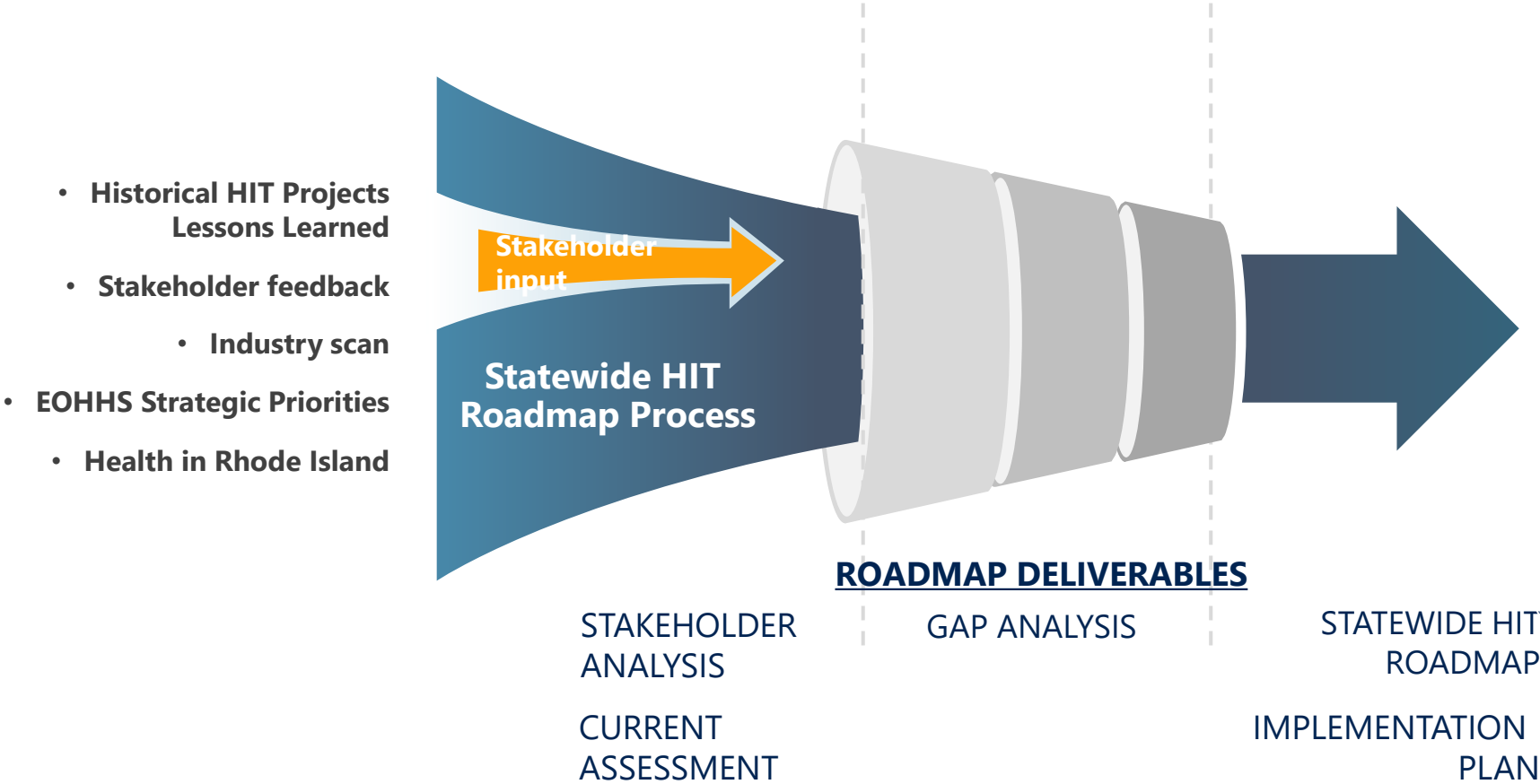
## Members:

Joseph Imbimbo  
Ben Isaiah  
John Keimig  
Jonathan Leviss, MD  
Gary Ligouri  
Michael Oliver  
Rebecca Plonsky  
Director Kathryn Power  
  
Megan Ranney, MD  
Neil Sarkar  
Director Ben Shaffer  
Scott Soucy  
Brian Tardiff  
Larry Warner  
Kyle Wohlrab, MD  
Pano Yeracaris, MD

## Affiliation:

Tufts Health Plan  
The Providence Center  
Healthcentric Advisors  
Providence Community Health Centers  
College of Health Sciences, university of Rhode Island  
The Claflin Company  
Integrated Healthcare Partners  
Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals  
Brown Emergency Medicine  
Rhode Island Quality Institute  
Rhode Island Medicaid  
Genesis Healthcare  
Rhode Island Division of Information Technology  
United Way of Rhode Island  
Women & Infants Hospital  
Rhode Island Care Transformation Collaborative

# ROADMAP DEVELOPMENT KEY INPUTS



# RHODE ISLAND HEALTH VISION



## EOHHS Strategic Priorities

- Shift Systems and Investments to Prevention, Value, Choice, and Equity
- Preserve and Improve Access to Quality, Cost-Effective, Physical and Behavioral Healthcare
- Curb the Opioid Epidemic, Address Addiction, and Improve Mental Health
- Focus resources to maximize health and reduce waste.
- Promote Efficient, Effective and Fair Delivery of Services and Operations

**Health  
in  
Rhode  
Island**  
A Long Term Vision

**Health in Rhode Island**  
**Rhode Island is the healthiest state in the nation.**  
**All Rhode Islanders:**

- **Have the opportunity to be in optimal health**
- **Live, work, learn, and play in health communities**
- **Have access to high-quality and affordable healthcare**

# STEERING COMMITTEE SCOPE

**Out of Scope**

**In Scope**



**State-only**

State agency specific projects, led and funded by state agency resources

**Examples: MMIS or RI Bridges**



**State-led**

Public-private HIT projects, led and funded by state agency resources

**Example: Quality Reporting System**

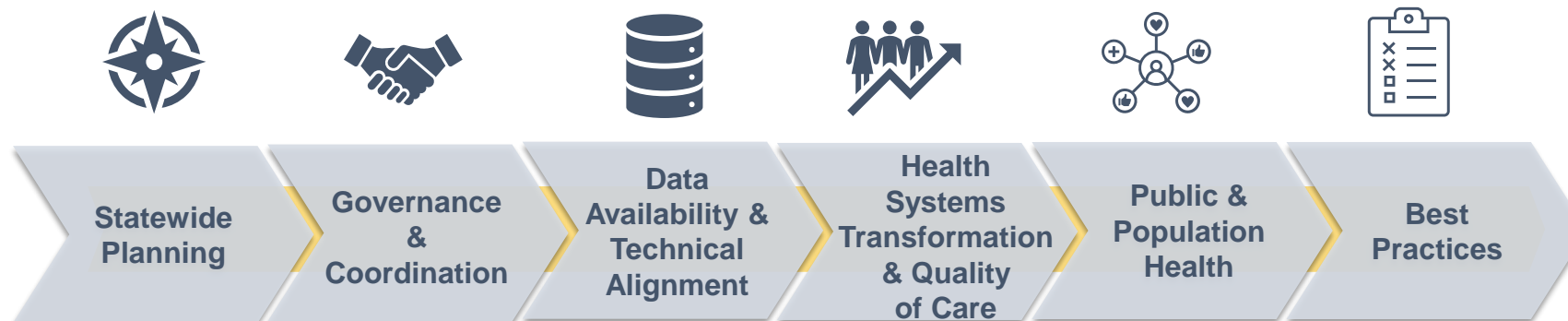


**Statewide**

Public-private HIT projects with statewide reach and participation by private, community stakeholders

**Example: CurrentCare**

# Statewide HIT Roadmap - Strategies



HIT is developed in sync with the rest of the state's health planning, and not in a vacuum.

To better align statewide HIT planning, development, and implementation with existing HIT systems and support collaborative decision-making, create a new statewide public/private governance function

Support the use of actionable data by improving and streamlining data collection across systems and users, with a focus on identifying data gaps, including quality, completeness, portability, reuse, and adherence to federal and industry standards.

Ensure that HIT activities and investments help Rhode Islanders receive the highest quality care in the right place at the right time.

Use HIT to improve public and population health by supporting its role in the efficient collection, sharing, and analysis of key data.

Implement technology best practices and industry standards throughout the HIT environment in Rhode Island.

# HIT STEERING COMMITTEE FUNCTIONS

- Issues, proposals, and topics come to the Steering Committee for the purposes of:
  - Knowledge Sharing
  - Alignment
    - Between Steering Committee members on projects that they bring to the table
    - On recommendations for new policies necessary to facilitate success with HIT
  - Decision-making for a potential joint initiative

## Knowledge Sharing

- New information on topics that include projects and policies. Recognizing proprietary issues, for orgs to share what they want
- Updates on existing projects

## Alignment

- Program/Project
- Policy
- Endorsements – individual organizations endorsing other projects

## Shared Decision Making

- Joint Projects
  - SC Endorsement
  - Funding
  - ID of Lead organization
- Joint policy recommendations

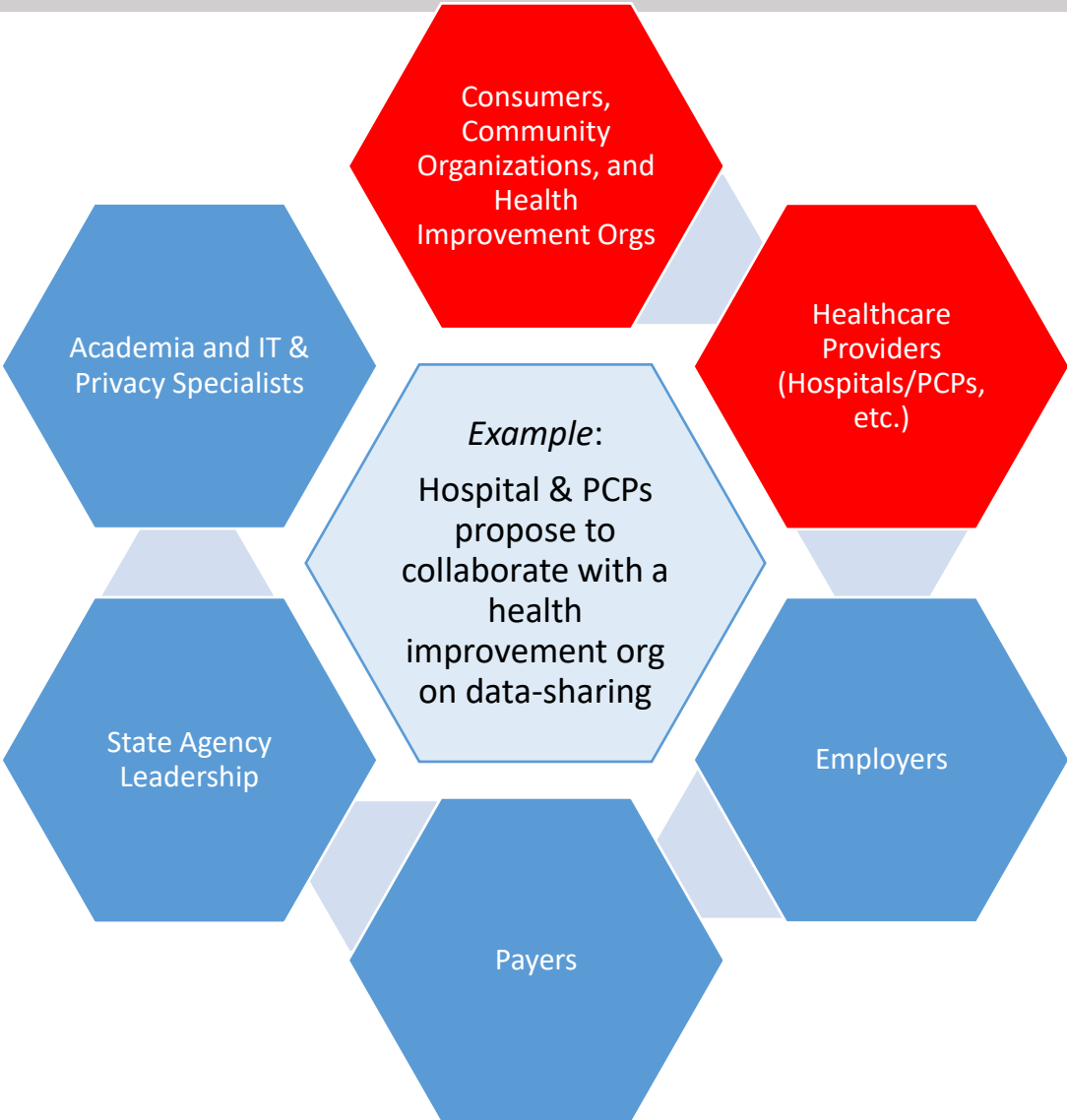


# HIT STEERING COMMITTEE FUNCTION: KNOWLEDGE SHARING

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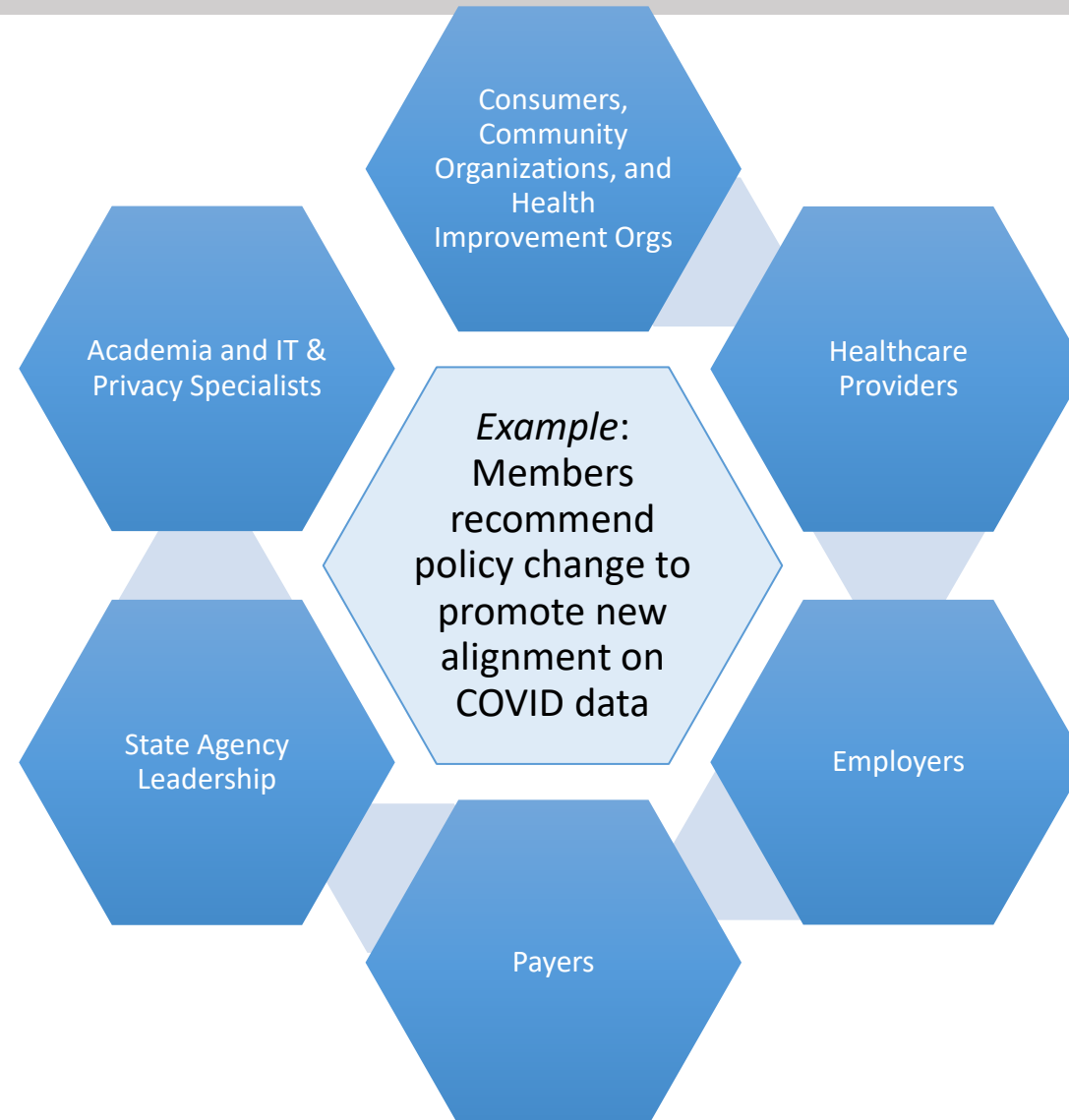


# HIT STEERING COMMITTEE FUNCTION: ALIGNMENT ON PROJECTS AMONG SC MEMBERS



# HIT STEERING COMMITTEE FUNCTION: ALIGNMENT ON POLICY ISSUES

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# HIT STEERING COMMITTEE FUNCTION: SHARED DECISION-MAKING ON JOINT PROJECTS

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# DRAFT DOCUMENTS TO REVIEW

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All of the following slides are in draft form, for Steering Committee members to review either before the Steering Committee meeting, or afterward. We will confirm them during our January meeting.

- 1) Steering Committee Charter
- 2) RI HIT Steering Committee Accountability
- 3) RI HIT Steering Committee Member Roles and Responsibilities
- 4) RI HIT Steering Committee Member Expectations
- 5) Proposal for RI HIT Steering Committee's First 6 Months of Work
- 6) RI HIT Steering Committee Decision-Making Criteria
- 7) RI HIT Steering Committee Decision-Making Process

# PROJECT CHARTER: STATEWIDE HIT STEERING COMMITTEE

Project Lead	Amy Zimmerman	Project Members & Roles	Membership is representative of a broad range of community stakeholders, including patients, community based and healthcare support organizations, a large range of healthcare providers, payers, employers, privacy/security experts, and state agency representatives. (See job description for Roles). Also, creation of a ad hoc Sub-Committees, to more deeply review issues for SC discussion and review.
Purpose	Technology should serve as an enabler. To help reach RI's overarching health goals, the Steering Committee will align and coordinate stakeholders' feedback, perspectives, and insight to guide statewide HIT decisions, investments, and efforts on state-led and state-wide projects. Emphasize health equity and eliminating all types of health disparities, using a race and ethnicity equity lens.		<b>Potential Metrics</b> Short-term: Number of sectors represented in the SC decision-making; Number of projects addressed by the SC; Number of roadmap tactics on track for completion (red, yellow, green); Longer-term: Reduction in perceived provider burden (tracked by surveys); Reduction in duplication of effort
Opportunity Statement	The RI HIT Statewide Strategic Roadmap and Implementation Plan is the result of a year-long stakeholder engagement process to gather input on the state's 3-year vision for HIT. Stakeholders clearly state that RI needs a process by which to continue to evaluate HIT needs and make strategic implementation decisions. The Steering Committee will be the center of this ongoing Governance structure with decision-makers from both the private and public sectors working together. They will help maximize the implementation of the proposed roadmap projects, toward our overarching health goals. This charter and related documents lay the groundwork for fulfilling this governance process.		<b>Risks &amp; Obstacles</b> <ul style="list-style-type: none"> <li>• HIT stakeholders have requested this governance process, to create sharing decision-making. But with no formal authority to implement the Roadmap, it might be difficult to gain consensus on the right priorities to operationalize implementation.</li> <li>• Difficult to fully represent the large number of stakeholders with different perspectives and HIT interests.</li> <li>• Challenging to truly engage patients or health consumers to get their input.</li> <li>• State's limited bandwidth to staff a very large Steering Committee and potential sub-committees.</li> <li>• Funding and project sustainability at risk, especially with new CMS funding plans</li> </ul>
		<b>Key Deliverables</b> <ul style="list-style-type: none"> <li>• Annual implementation plans, to follow up the Roadmap</li> <li>• Monthly meetings, with preparation that includes homework by stakeholders, preparation by staff, and follow-up by both.</li> <li>• Ongoing sets of decisions about which HIT efforts need to be developed jointly, or aligned and coordinated, and prioritized</li> <li>• Quarterly tracking of implementation activities of key HIT projects, including the Quality Reporting System, Prescription Drug Monitoring Program, etc.</li> <li>• Sustainability Plan</li> </ul>	

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# **RI HIT Steering Committee MEMBERSHIP DETAILS**

# RI HIT STEERING COMMITTEE ACCOUNTABILITY

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## What is the group's accountability?

- The key to the success of the group will be its ability to facilitate decision-making on state-led and state-wide projects, to create awareness by multiple groups of stakeholders about existing and new HIT initiatives, and to make policy or programmatic recommendations having reflected upon and incorporated decisions made by other groups

In addition, the group will need to:

- Promote communications of decision-making and activities to the public
- Build trust (organically)
- Communicate openly, transparency
- Understand that their authority is what the group gives themselves, and that their scope is what they define it to be
- Promote shared accountability
- Identify value propositions for all involved
- Report out to the health cabinet and external stakeholders

Finally:

- The group can propose policy changes to the health cabinet, if applicable
- Private sector members can propose policy changes to the legislature, if they desire



# RI HIT STEERING COMMITTEE MEMBER ROLES & RESPONSIBILITIES

## Regular members:

- Attend the meetings, actively participate, and bring their expertise as the appropriate representative of their organization
- Be prepared to update the Steering Committee on IT activities of their organization, as a part of Knowledge Sharing
- Read the preparation
- Respond to requested follow-up
- Be a liaison back to their organization for two-way communication

## Co-Chairs:

- All of the above, plus:
- Communicate with the state agency staff on meeting agendas and planning as a part of the Planning Committee
- Participate in meetings of the state HIT interagency Coordinating Committee for planning purposes, when appropriate

**Sub-Committees:** The purpose of the sub-committees are to have deeper dive discussions to tee up and respond to issues for Steering Committee consideration. The sub-committees will be determined by the Co-Chairs, and will be made up of majority Steering Committee members or designees of SC members, with other subject matter experts. Staffed by state HIT Staff Team.

# RI HIT STEERING COMMITTEE MEMBER ROLES & RESPONSIBILITIES

## **Who are the Steering Committee members representing or speaking for?**

- The members are expected to be at the table to present the perspectives of their organizations and their own knowledge and expertise – which is why they have been asked to join the Steering Committee.
- There will be some decisions on which the Steering Committee member is not authorized to speak for their organization until they get sign-off from others. The Co-Chairs and the state team will build in enough time for members to get this sign-off before shared decision-making on joint projects.
- Because the Steering Committee cannot be large enough for every stakeholder to have a seat, the Co-Chairs will use the open meeting format to seek input from other stakeholders, and for large decisions, will seek out stakeholder input in other ways, including request written feedback prior to Committee discussion and consensus-seeking.

## **Who are the Sub-Committee members representing or speaking for?**

- Because the Sub-Committees will be having deeper dive discussions to tee up and respond to issues for Steering Committee consideration, it will behoove them to take a broader perspective, and to consider community-wide needs as they define topics for the larger Committee.
- They will be expected to bring the experience they have gained from their organizations – and to keep their organizational positions in mind – but the sub-committee will benefit from their reflecting a broader perspective in their analysis.

# RI HIT STEERING COMMITTEE MEMBER EXPECTATIONS

## Member Expectations – Attendance, Terms, and Expectations

### RI Steering Committee Membership Proposal

- **Membership:** Membership will be reviewed periodically, but no less than once each calendar year, by the Steering Committee (SC) and EOHHS to determine if membership is adequate to support the above stated purpose and goals of the SC
- Members can appoint alternates, but members are expected to attend if at all possible. If an organization has an alternate, the same person should serve in that role, to maintain consistency.
- **Attendance:** Members shall notify the SC Chairs if they will be absent for any meeting.
- Members are expected to attend at least **75% of meetings** within a calendar year and avoid unexcused absences of three consecutive meetings. Failure to meet the attendance criteria shall result in a notice to the member from the SC Co-Chairs on behalf of the SC that a termination process is being initiated, allowing ten business days for the member to either commit to participation requirements or to be excused from the SC.
- If the member is non-responsive to the notice, the Co-Chairs will recommend removal of the member from the SC at the next SC meeting. In this event, the SC will deliberate and take such action as the SC deems appropriate. Any vacancy resulting from actions in this section will be filled with consultation from the Co-Chairs and the Health Cabinet.

### RI HIT Steering Committee Ground Rules and Group Norms, for Discussion by Steering Committee

As a member of the Rhode Island HIT Steering Committee, I am committed to interacting in the following manner.

- Considering the opinion of others, along with my own.
- Working with colleagues in a collaborative manner.
- Relating to others with an open mind by assuming good intent.
- Focusing on consensus-building; making decisions with others.
- Being jointly responsible for completing tasks.
- Reacting calmly when in disagreement.
- Engaging respectfully to resolve conflict.
- Engaging in creative problem solving; assuming there is more than one “right” way to move forward.
- Co-creating solutions.
- Completing the onboarding package, using innovative techniques, and upholding the ways of working.

# PROPOSAL FOR STEERING COMMITTEE'S FIRST 6 MONTHS OF WORK

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1. Key considerations for first top priorities:
  1. Time sensitivity – where are there deadlines that need to be met?
  2. Promoting coordination – in other words, are there similar efforts underway? Is there a potential to avoid misalignment?
  3. Funding and sustainability issues – do we have a funding opportunity, or need to act because of a sustainability need?
    - Other?
  
2. Proposed first issues, based on these considerations:
  1. Plans for implementation of upcoming CMS interoperability rules - policy
  2. Sustainability issues stemming from the transition of current funding
    - Other?

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# **RI HIT Steering Committee DECISION-MAKING PROCESS**

# DETERMINING CRITERIA FOR DECISION-MAKING

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## 1. How will issues come to the committee?

- Submitted by members, community stakeholders, or other state agency leaders to the Planning Sub-Committee for review

2. Decision-Making for Moving Forward – The following set of questions are available for the Steering Committee to use for the disposition of issues brought forward for their review (to be decided with a rubric). Disposition could be approval, approval with changes, disapproval, or remanding to the Planning Committee for more analysis and review.

- Is it part of the Roadmap, or does it fit in a Roadmap Strategy?
- Does the policy decision, data-sharing decision, or project help achieve the state's healthcare goals?
- Will the technology or policy change work to meet the purpose? Is it feasible?
- Is it needed? Who does the project or decision benefit, and how much? How is the size of its impact – how many people will it serve?
- What impact does it have on the health of individual Rhode Islanders, on the quality of care provided to them, or on their patient experience?
- Under a race/ethnicity equity lens, does it benefit communities of color? Does it mitigate disparities? Are we certain that it does not increase disparities?
- Does it promote synergy? Will it particularly lead to new or increased collaboration or alignment in the community?
- Who will use the project or the data?
- What impact will it have on healthcare providers? Will it reduce (or increase) provider burden? Will it improve patient outcomes?
- What is the cost? Can we afford it? Does it lead to a return on investment, either financially or with promotion of quality care?
- Funding and sustainability. Does it qualify for matching funds, and do we have that match?
- If the state will lead the project, can the state procure the project?
- Is it time sensitive? Do we have the time we need to implement it?
- Is it duplicative – in other words, are there similar efforts underway? Is there a potential to create misalignment?
- Is this required by federal or state law or regulation? Does it have an existing governance structure? Does it require new state legislation or regulation?
- What is its complexity and the relative risk in carrying out the project or instituting the policy?

# HIT STEERING COMMITTEE

## PROPOSED DECISION-MAKING PROCESS

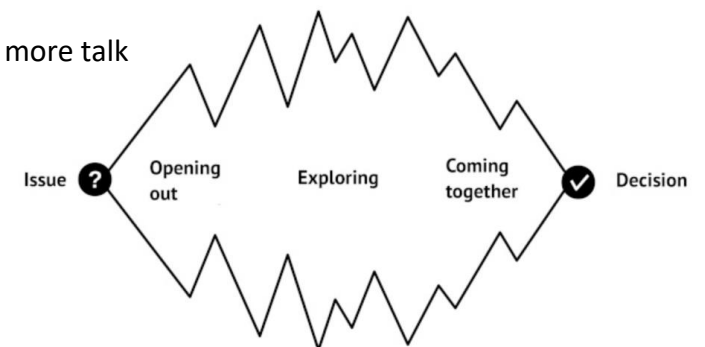
### Consensus

- Consensus decision making is a creative and dynamic way of reaching agreement between all members
- Instead of simply voting for an item and having the majority of the group getting their way, a group using consensus is committed to finding solutions that everyone actively supports, or at least can live with
- Ensures that all opinions, ideas and concerns are taken into account, through listening, the group aims to come up with proposals that work for everyone.
- In consensus no decision is made against the will of an individual or a minority
- If concerns remain unresolved, a proposal can be blocked and prevented from going ahead
- This means that the whole group has to work hard at finding solutions that address everyone's concerns rather than ignoring or overruling minority opinions.
- Consensus involves looking for 'win-win' solutions that are acceptable to all
- Consensus means working with each other rather than for or against each other.

Source: <https://www.seedsforchange.org.uk/consensus#what>

### Modified Consensus

- For many groups, coming to a complete and unified consensus is not considered feasible
- These groups modify what it means to have consensus
- **Consensus Minus One** - means that if only one person blocks a decision, the decision will still stand
  - In these situations, at least two people must block a decision in order to stop it from moving forward.
- **Agreement-Seeking** - using consensus techniques to generate a proposal, and using a vote if consensus cannot be reached, 90% Consensus (a super majority), and 2/3 Majority Rule.
- **Voting Scale** - Working Toward Consensus
  - Three thumbs (up, down, side)
  - Wholeheartedly agree
  - Supportive
  - Can live with it
  - Reservations need more talk
  - Reject it



<https://iambrown.org/wp-content/uploads/2017/12/iambrown-Models-of-Consensus.pdf>