



September 16, 2020

Ms. Amy Katzen
Executive Office of Health and Human Services
by email to Amy.Katzen.ctr@ohhs.ri.gov

Re: Comments in **support** of AE HSTP Social Determinants of Health Investment Strategy

Dear Ms. Katzen:

Thank you for the opportunity to provide comments in response to the proposed HSTP Social Determinants of Health Investment Strategy. The Rhode Island Parent Information Network (RIPIN) helps thousands of Rhode Islanders every year to navigate the healthcare system. We operate an all-payer consumer assistance program (in partnership with OHIC), and numerous other programs that help Rhode Islanders, especially those with disabilities and special needs, access the care they need.

RIPIN, as an organization, strives to help consumers achieve improved health outcomes both “downstream” at the point of requiring health care, and “upstream” in the aspects of life that influence and predict future health outcomes. As such, RIPIN strongly supports EOHHS’ efforts to invest HSTP funds to building a sustainable infrastructure whereby AEs can effect meaningful change in upstream and midstream Social Determinants of Health for the populations they serve.

RIPIN agrees fully with EOHHS’ contention that “while it would not be reasonable to expect the health system to resolve these issues on its own, the health system, like other community actors, does have a role to play.” The proposed Investment Strategy represents a concrete step in helping the health system better embrace that role.

RIPIN has a few specific comments that it would like to contribute to EOHHS’ broader strategy, which we believe will help better achieve the aims of improved population health and health outcomes:

HEZs are inherently place-based; AEs are not

Much of the Investment Strategy anticipates using the pre-existing HEZ infrastructure to enhance AEs’ ability to leverage CBOs working in areas of identified SDOH need. RIPIN



supports the use of this infrastructure, as the HEZs have demonstrated tremendous potential in building connections to strengthen a healthy community.

Nonetheless, there exists some tension between inherently “place-based” HEZs, and AEs that frequently have attributed lives spread throughout the state. As such, we believe that considerations must be made to ensure that this tension is adequately anticipated and controlled for.

For instance, core cities will see considerably greater representation in most AE panels than other areas of the state. This has the potential to direct an outsized share of investment to those core cities, leaving well-equipped but underrepresented HEZs without sufficient investment to address community needs. The focusing of resources in communities with more Medicaid AE members may be a tolerable (or even desirable) outcome, but the State should indicate clearly in advance how it hopes for this inevitable tension to be resolved.

Another potential tension relates to CBOs who work in areas not covered by HEZs, or who run statewide service models. An overreliance on a place-based, HEZ-centered strategy could mean foregoing the leverage these CBOs could bring to a broader strategy.

The Investment Strategy should encourage collaboration between AEs

An implication of the decentralized nature of AE attributed lives in Rhode Island is that many AEs’ panels overlap significantly with each other. This is particularly true in the core cities, but (given Rhode Island’s size) is likely true to some extent throughout the state.

While there is incentive for an AE to coordinate with HEZs whose areas cover the patients of the AE, there is currently less incentive for AEs to work together on projects. However, for many large-scale projects (such as housing) to have a meaningful impact, the investment of a single AE will likely not be enough.

And even where a single AE could make a meaningful impact in an area of determined need, a disjunct approach is less efficient by nature. If each of three AEs determines that a specific park needs a playground, it is to no one’s benefit for all three of them to each build their own. The Investment Strategy should incentivize joint investments when geographic and functional areas of need overlap.

On a similar note, consumers will be best served by a model that does not result in losing access to SDOH support simply due to a change in PCP (or, in some cases, their PCP moving from one AE to another). SDOH investments should be able to serve consumers regardless of their AE or source of coverage; for instance, a community health team located



within a medical practice should be able to assist all of the patients of that practice, not just the ones attributed to a particular AE.

SDOH investment should take care not to medicalize community-based work

A potential outcome of incorporating social determinant of health-related, community work into the Medicaid AE model (such that that work can be compensated through Medicaid funding) is viewing that work through the same lens that we view other health work. RIPIN believes that this would be an unwelcome development, and could create the same “volume over value” incentives that the AE model (and our healthcare system more broadly) is trying to move away from. Insofar as service-based billing will be used, RIPIN encourages that alternative payment models be utilized to encourage value- and outcome-based incentives.

On a similar note, RIPIN believes it is important not to over-prioritize the planned unified referral system, or to treat it as a goal in and of itself rather than simply as a tool. RIPIN is happy to participate in any referral platform, but we believe that its potential costs (both time and financial costs), its likelihood of achieving broad success, and its potential benefit to patient experience and health outcomes merit some moderation of expectations, and concomitantly some tempering of its overall priority in the proposed Investment Strategy.

RIPIN believes that EOHHS’ strategy to encourage improving population health through an SDOH-focused approach is an integral part of the “transformation” that the HSTP endeavored to facilitate. We appreciate the opportunity to provide these comments which we hope can help sharpen the focus of this initiative, and we look forward to seeing the positive impacts we anticipate this Investment Strategy will have for Rhode Islanders.

Sincerely,

/s/

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