MEMO

Date: August 18th, 2020

To: Executive Office of Human and Health Services

From: Blackstone Valley Community Health Care Accountable Entity Program

Re: Accountable Entity Social Determinant of Health Strategy

Blackstone Valley Community Health Care (BVCHC) offers the following comments for consideration by the Executive Office of Human and Health Services (EOHHS) in determining their Health System Transformation Project (HSTP) priorities in addressing adverse social determinants of health (SDOH).

Solutions Response

1 & 4) Rhode to Equity & Engagement with HEZ

Although the proposed collaboration between Accountable Entities (AEs), Community-Based Organizations (CBOs), and local Health Equity Zones (HEZ) is noteworthy, there are no clear objectives other than to promote undefined improved outcomes. AEs already collaborate with local agencies in order to address various social vulnerabilities across several domains. It is unclear how this collaboration will yield any positive impact beyond what AEs already accomplish in existing relationships to refine referral channels. Beyond this, AEs realistically have very little power or resources to foster system-wide supports. BVCHC is fearful that these efforts will simply add administrative burden to work already performed while expending resources that may admirably institute small-scale projects (i.e. one-time community screens) without addressing systemic difficulties wrought by poverty. Language used to describe Rhode to Equity appears to perpetuate a vague call for “collaboration” that ultimately confines solutions to symptoms, not the problem itself.

Furthermore, there is a danger of overwhelming CBO and HEZ capacity. Relatively tight geographic overlap of the AEs inevitably leads to several AEs contracting with the same CBOs and HEZ organizations. Again, the restrictions in what constituents can realistically affect raises concern that any influx of demand to social agencies will nullify all efforts. If, for example, housing services receive a significant increase in members needing placement, the reactive force of instituting waiting lists is nothing more than an continuation of a current issue.

EOHHS’ acknowledges the need to address “upstream” factors, yet there remains a large degree of political inertia to truly tackle systemic barriers such as limitations to SNAP benefits, lack of affordable housing, and lapsing public education constructs among Rhode Island’s upcoming generation. Rather than move large-scale solutions into the hands of participants who can only address smaller scale symptoms, BVCHC first recommends EOHHS share with stakeholders current legislative and administrative plans to address “upstream” factors so that Rhode to Equity collaborations can launch from known efforts to make statewide change.

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2) Sustain Community Health Teams

Recognition of this element is highly appreciated by BVCHC given how indispensable community health workers have become to health care teams. Although this might provide some short-term support, it is BVCHC's hope that EOHHS recognizes this solution as a "stepping stone" because it is, after all, a fee-for-service model. To avoid reliance on billing activity where AEs are incentivized to maximize service volume in years to come, BVCHC suggests that reimbursement continue to move towards value-based care where initial operating revenue stems from fair capitation. This is particularly vital to FQHCs, who continue to remain shackled to the Prospective Payment System (PPS) while balancing efforts geared toward value-based initiatives. Regardless of reimbursement, "costs" that are seemingly added as a result of community health activity should be accounted for in baseline shared savings models.

3) Invest in IT Systems

BVCHC wholly supports EOHHS' commitment to a state-sponsored platform that automates referrals and data collection. From BVCHC's perspective, full comment on desired requirements is beyond the scope of this memo, but BVCHC looks forward to participating in this process in the months to come.

To facilitate more comprehensive and accountable care, BVCHC suggests local HEZ organizations support CBOs in their efforts to internally track progress as they relate to AE success. The intent is to neither impose a medical model on social agencies nor supplant existing reporting, but rather to tie formal deliverables where AE success is CBO success.

5) Participatory Budgeting

BVCHC prefers additional clarification regarding this proposal before offering formal comment.

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