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I am writing to offer public comments on behalf of Coastal Medical regarding the proposed Health System Transformation Project (HSTP) Social Determinants of Health (SDOH) Investment Strategy offered by EOHHS and the RI Department of Health on August 17, 2020. We appreciate the opportunity to offer written comments on this document and remain committed to transforming the care delivery system and improving the quality of care for the Medicaid population.

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1. **Rhode to Equity** –Policy changes and legislative efforts remain an effective way to address social and economic conditions that effect health. Community level changes can only be made through policy and shift the interventions from individual to entire communities. EOHHS has acknowledged the challenges of current systems, including lack of affordable housing, transportation, food deserts, among others to addressing the social and economic determinants of health upstream.

Coastal Medical remains supportive of the work of the Health Equity Zone (HEZ) organizations throughout the State as well as furthering the goals of achieving health equity for all individuals through engagement with Community Based Organizations (CBOs) and HEZ groups.

Coastal Medical would like to have a clearer view of how the collaboration between Accountable Entities (AEs) and HEZ organizations would be accomplished. Some of the concerns we have are around the often narrow focus that many of the HEZ groups have, as well as an effective way in which to identify and partner successfully with the HEZ groups. As Coastal Medical has patients within every HEZ geographical location, and as there are several AEs within Rhode Island, Coastal would like to learn more about how AEs and HEZ groups can pair up in the most efficient way, without overwhelming the organizations. Coastal is also concerned with adding excessive administrative burden during the process for both our own AE as well as for the community organizations.

2. **Sustain Community Health Teams** – Coastal Medical appreciates and supports the work undertaken by the Community Health Teams (CHTs) around Rhode Island, and has existing successful partnerships with CHTs in various geographical areas of the State. The services provided by the CHTs have been a valuable extension of the primary care services provided by Coastal Medical, and their involvement with our patients has been very beneficial.

The question of a sustainable funding model for CHT's is an important one for Rhode Island. The need to address complex environmental, medical, and behavioral health needs is a population health management challenge that encompasses Medicaid, Medicare, commercially insured and uninsured populations. A unified approach to offering the services a CHT provides across all of these different populations makes the most sense from a provider perspective, and the current circumstance of external all-payer funding support allows for this. Should that funding support come to an end, for Coastal as a system of care (SOC) with sufficient scale, sustainably funding CHT's over the long term would become a "build it or buy it" question, and the solution might be some hybrid of both. Factors to consider in looking at that question would include cost; ease of communication with the CHT; the ability to coordinate the care of a CHT with other clinical programs serving a patient; the ability to measure and influence performance; and the ability to offer a streamlined, coherent and unified experience of care to the patient.

3. **Invest in IT Systems to Support Coordination: Community Information and Referral Platform (CIRP)** – Coastal Medical recognizes the difficulty inherent in the referral process when working with CBOs which often results in a lack of feedback detailing the outcome of referrals. This often complicates effective follow-up relating to the identified health-related social needs of patients. As a result of this difficulty, Coastal fully supports having one system available across the State which is available and accessible for all health care providers and CBOs to more efficiently coordinate care and document and communicate outcomes across sectors.

Due to the complex nature of the services and information inherent in such a platform, Coastal Medical supports the goal of adopting a solution with a proven record of providing the required data and communication tools in a successful way, such as the Unite Us platform. In addition, since some AEs have already purchased and begun using platforms for this purpose, we believe it would be beneficial and more expedient for EOHHS to adopt a platform that has already been implemented by the AEs.

4. **AE Engagement with HEZ** – As described above in the Rhode to Equity section, Coastal Medical fully supports and is appreciative of the work of the HEZ organizations across the State, and we look forward to more fully working with the HEZ organizations as our partnerships develop. Coastal would like to better understand how equitable and efficient partnerships can be pursued across the many AEs, as well as the best way in which we can engage with them. Coastal's AE includes 17 internal medicine, family medicine or pediatric practice with patients and practices residing in every HEZ geographical region in the State. A single HEZ partnership would not address the needs of all of Coastal's Medicaid patient population and assist patients with needs in other geographic locations.

5. **Participatory Budgeting** – Coastal Medical would like to reserve comments on Participatory Budgeting at this time. We look forward to learning more about how this process will function across all of the involved organizations and interested groups. Our only feedback on this process at this time is to ensure that patients are included as a voice within the process.

### **Conclusion**

We are grateful for the work of EOHHS, the RI Department of Health, CHTs, and HEZ organizations in the continued development of the Accountable Entity Program across the State, as well as the many opportunities offered for thoughtful discussion around HSTP funding usage to further the sustainability of programs that address SDOH to improve the overall health outcomes for the Medicaid population. We appreciate the opportunity to participate in collaboration and to provide our written feedback.



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