

## **HSTP AE Advisory Committee Meeting Minutes**

Meeting Date, Time and Location: April 1, 2021, 8:30 a.m. to 9:30 a.m., Zoom Conference

Meeting Facilitators/Presenters: Director of Medicaid Benjamin Shaffer, Director of Health System Transformation Libby Bunzli, Senior Policy Analyst Amy Katzen, Somava Saha, MD MS, Executive Lead, Well-being and Equity (WE) in the World and Well Being In the Nation (WIN) Network; Susanne Campbell, RN MS PCMH CCE Senior Program Director Care Transformation Collaborative of RI and Carla Wahnon, MHS, Manager of Integrated Health Care, East Bay Community Action Program

Committee Members: Carrie Bridges-Feliz; Barry Fabius; Scott Fraser; Chris Gadbois; Patrick Tigue; Jennifer Hawkins; Deb Hurwitz; Dr. Jerry Fingerut; Womazetta Jones; Linda Katz; Dr. Al Kurose; Jeanne Lachance; Ray Lavoie; Juan Lopera; Maureen Maigret; Roberta Merkle; John Minichiello; Dr. Nicole Alexander-Scott; Jim Nyberg; Steve Odell; Dr. Ottiano; Maria Palumbo-Hayes; Rebecca Plonsky; Katherine Power; Anya Rader-Wallack; Marti Rosenberg; Sam Salganik; Benjamin Shaffer; Sue Storti; Merrill Thomas.

	Meeting Notes					
Agenda Item	Time	Facilitator(s)	Meeting Notes			
Welcome & Introductions	5 Minutes	Director Shaffer	Motion to approve the minutes from the Feb 2nd AE Advisory Committee meeting			
Program Updates	25 Minutes	Director Shaffer and Libby Bunzli	<ul> <li>Director Shaffer: We had intended to share and discuss TCOC results for Program Year 2 with this committee today, as you may have seen in the first agenda that was circulated. Unfortunately, one of our health plans has requested a delay in that presentation, since final results are still under review. What I can share is that the results, albeit somewhat preliminary, are promising.</li> <li>In PY2, Approximately \$800M in Medicaid spending, for approximately 70% of Medicaid members, occurred pursuant to AE TCOC arrangements in PY2 (SFY 2020)</li> <li>Nearly all AEs appear to have earned shared savings in program year 2 under at least one contract.</li> <li>Overall, actual medical spending for AEs' attributed members ranged from 9% higher to 9% lower than TCOC targets, with PMPM savings as high as \$19</li> <li>Overall Quality Scores, which act as a multiplier to shared savings opportunities, ranged from 77% to 100%</li> </ul>			



			Of course, we can't ignore the overlap of the start of the COVID-19 pandemic with the last few months of PY2, but we still find these results to be positive in terms of the trajectory and sustainability of the program. We should also note that in PY2, TCOC was administered by the MCOs, who implemented unique models. Moving ahead in PY3 and beyond, EOHHS will be implementing the TCOC model, which we are confident improves the transparency of the model, enhances operational efficiency, ensures alignment with MCO rate setting, and grants consistency across plans. We will look forward to bringing these findings to you in more detail at a future Advisory Committee meeting.
			<ul> <li>Libby Bunzli: As many of you are aware, AE Certification applications were due to the state in March, and we wanted to provide an update to this group on the status of those applications. <ul> <li>All 6 AEs applied for re-certification for Program Year 4;</li> <li>EOHHS is currently reviewing HSTP Project Plans;</li> <li>Thundermist Health Center has applied as a new AE;</li> <li>EOHHS will formally communicate certification determinations in April.</li> </ul> </li> </ul>
Rhode to Equity	30 Minutes	Amy/CTC/WE	Susanne Campbell: Briefed meeting participants on the Rhode to Equity initiative for responses to the Request for Applications (RFA) are due 21-May-2021  Somava Saha: Opened her presentation on the Pathway to Population Health model by discussing past experiences leading health initiatives that address equity and stated that support from the state (EOHHS and RIDOH) is critical to the success of health transformation.  • The Pathway to Population Health model encompasses tools developed by 100+ health care and public health organizations and adopted by 250+ and is useful in aligning assets to advance population and community health with an equity lens.  • Six foundational concepts of Population Health Improvement that include:  • Health and well-being develop over a lifetime;  • Social determinants drive health and well-being throughout the life course;  • Place is a determinant of well-being and equity;





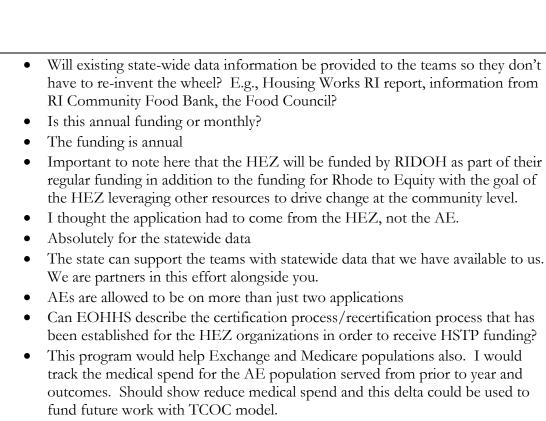
## Carla Wahnon, Manager of Integrated Health Care, East Bay Community Action Program presented on the agencies EBCAP Diabetes Health Equity Challenge:

- Vision:
  - o Expand fresh produce availability at EBCAP food pantries and for all community members with food insecurity; and
  - o Reduce the number of community members experiencing food insecurity through policy changes.
- Short-term Goals:
  - o Develop sustainability for program operations;
  - Expand Programming;
  - o Integrate Community Voice; and
  - o Risk Stratification.
- Long-Term Goals:
  - o Identify Community Partnerships for Produce Source;
  - O Scale up to agency-wide distribution of produce;
  - o Advocate for food policy changes; and
  - o Measure improvements.

## **Public Comment:**

- What is definition of equity/inequity race and ethnicity? Income?
- Disability?
- All of the above, though there will definitely be a focus on race, place, income, etc. that relate to root causes that lead to structural inequities.
- You explore Home Health Workers who see members at home today, they may be of value.
- Definitely.
- Grateful to have our program recognized! Worth clarifying that our asthma
  partnership with the St. Joseph's asthma response team is not a partnership
  between Integra and Prospect's AE, per se, although we have the greatest
  respect for our colleagues at Prospect. I'd be happy to touch base with you
  offline to clarify the structure of that program.
- Is there a definition of what kind of personnel need to be part of the community health team?





- That is, if an AE has two or more geographies where they have primary care practices and want to work with HEZs in those multiple locations to be a team member on those applications, the AE can go ahead and do that
- the HEZ are established through RIDOH. They are able to receive HSTP funds in this project because the overall project is designed to support the effectiveness of the AE program.
- Did I understand correctly that under the updated guidance, an AE's own community health team could qualify as a participant on an application, in lieu of one of the CTC-funded CHTs?
- That is exactly what we would love for you to do--and shows the power of what bringing together deidentified health care and payor/AE data and place-based data can do.
- That is correct.



	<ul> <li>An opportunity here is that under the Farm Bill, every dollar invested for community benefits to support low-income people to access food can be matched by Farm Bill dollarsa multiplier investment.</li> </ul>
	<ul> <li>How are those match dollars accessed? A state Ag Dept? Does RI even have one?</li> </ul>
	We have an AG division, over at DEM.
	<ul> <li>In addition to Ag at DEM, we also have an Interagency Food and Nutrition Policy Council, and Ag sits on that Council.</li> </ul>
	<ul> <li>Ken Ayars leads that Division, we can most definitely bring this ask to him/them. happy to help facilitate that if you have the specifics of what we want to pursue.</li> </ul>
	• This is exactly the kind of connection we hope you will make in this initiative-ones which help you realize how you can work together with others to achieve social determinants. Here is a primer for health care about getting involved with food: <a href="https://noharm-uscanada.org/sites/default/files/documents-files/5615/2018-08">https://noharm-uscanada.org/sites/default/files/documents-files/5615/2018-08</a> Transition healthy sustainable food healthcare WEB.pdf.
	Very, very cool work.
Adjourn	Meeting adjourned at approximately 9:30 a.m.  The next AE Advisory Council Open Discussion Meeting is scheduled for Thursday,  June 17, 2021 9:00-10:30 a.m. Venue to be announced.

Meeting Participants: Marti Rosenberg (EOHHS), Barry Fabius (UHC), Matthew Harvey (Integra), Shamus Durac (RIPIN), Mellissa Campbell (RIHCA), Kristin Sousa (EOHHS), Ray Parris (PCHC), Sandy Pardus (BVCHCM), Holly Garvey (Integra), Debra Hurwitz (CTC-RI), Garry Bliss (PHSRI), Shannon Boyd (Coastal Medical), Lori Meo (UHC), Rick Brooks (EOHHS), Domenic Delmonico (Tufts Health Plan), Linda Cabral (CTC-RI), Stacey Aguiar (UHC), Marea Tumber (OHIC), Chris Dooley (Prospect CharterCARE), Sam Salganik (RIPIN), Susanne Campbell (CTC/PCMH Kids), Donna Marshall (UHC), Merrill Thomas (Providence Community Health Centers), Nancy Sutton (RIDOH), Chris Gadbois (CareLink), Sandy Curtis (UHC), Beth Marootian (NHPRI), Patrice Cooper (UHC), John Minichiello (Integra), Pano Yeracaris (CTC-RI), Al Kurose (Coastal Medical), Jill Glickman (CTC-RI), Jonathan Mudge (Blackstone Valley Community Health Center) Libby Bunzli (EOHHS); Amy Katzen (EOHHS), Jennifer Marsocci (EOHHS), Debbie Morales (EOHHS); Ryan Erickson (BHDDH); Pano Yeracaris (CTC); Yajaira Almonte (Coastal Medical); Donna Marshall (UHP); Olivia King (BHDDH); Randi Belhumeur (RIDOH); Monica Broughton (UHP); Debra Reakes (Coastal Medical); Jerry Fingerut (EOHHS); Christopher Ottiano (NHPRI); Gary D'Orsi (IHP); Samantha Morton (MLPB); Chris Ausura (RIDOH); Jeannine Casselman (MLPB); Emily Corbett (FSRI); Juan Lopera (Tufts); Rebecca Plonsky (IHP); Steve Odell (Prospect); Marie Palumbo-Hayes (FSRI); Pam Jennings (PBC)