



# **EOHHS Accountable Entity Stakeholder Meeting**

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February 22, 2022

**RHODE  
ISLAND**

# Agenda

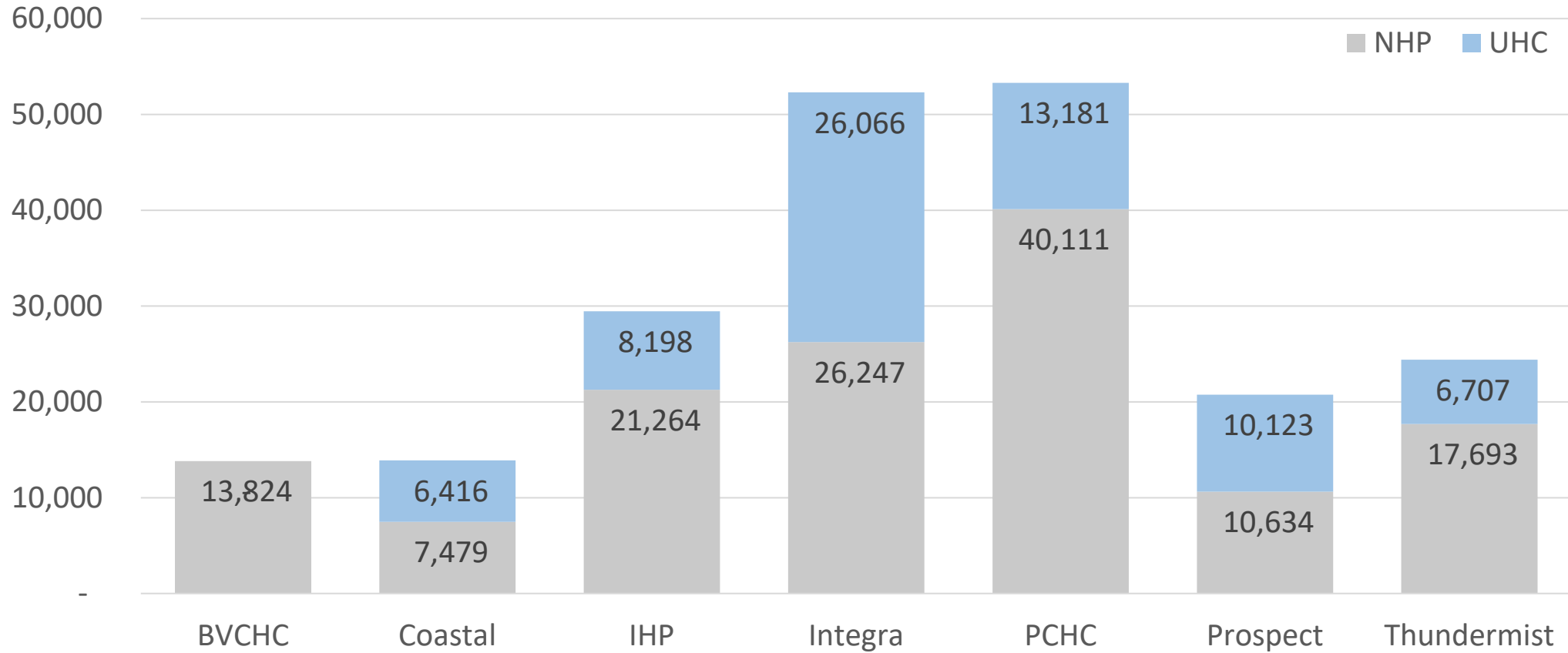
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1. EOHHS: AE Program Updates
  - Onboarding Community Based Organizations to Unite Us
2. RI Commission on the Deaf and Hard of Hearing (CDHH): Workforce Training
3. NORC: HSTP/AE Program Evaluation Overview

# AE Program Updates

# AE Attribution Update

## December 2021 AE Attribution Counts, by MCO



# AE Program Updates

**We are currently in Q3 of Program Year (PY) 4 of the AE program. While still focused on PY4 operations, AEs/MCOs are preparing for a new contract year (PY5).**

- Total Cost of Care Program Year 4, Quarter 1 reports underway; Program Year 3, Final Performance reports will be underway in March.
- Participatory budgeting applications posted and submissions due today, 2/22; award notifications will be issued 3/8.
- Centers for Health Care Strategies (CHCS) technical assistance will end on March 31, 2022.
  - 2/25 - Webinar on Strategies for Meaningful Patient Engagement in Health Care Design
  - 3/25 - Final Rhode Island Accountable Entity TA Learning Collaborative meeting
- AE Certification/Re-Certification applications are underway; recertifications due to EOHHS by 3/1 (new applications by 3/15) and will formally communicate certification determinations in April.
- HSTP Project Plans due to EOHHS by 5/2; these plans identify the AE's core HSTP projects, functioning as opportunities to earn incentive funds for the improvement of AE operations and the outcomes of their attributed populations.

# Unite Us – Community Based Organization Onboarding

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**Thank you to everyone who filled out the recent Community Resource Platform (CRP) Survey.**

- Feedback has been helpful in planning the next steps for the CRP.
- Survey results showed a strong desire to see an expansion of CBOs on the Unite Us platform.
  - EOHHS strongly encourages AEs to reach out to the CBOs that they are most interested in having on the platform.
  - Outreach that comes from organizations that provide referrals will be more meaningful than if it were to come from EOHHS.

# RI Commission on the Deaf and Hard of Hearing

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ISLAND**



Rhode Island Commission on the Deaf and Hard of Hearing

# Healthcare System Transformation Project

PRESENTATION TO ACCOUNTABLE ENTITIES | FEBRUARY 22, 2022





# Presentation Overview

## Part 1

### Project Background

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- Presenters
- RICDHH
- Population Statistics
- Rationale for Project
- Staff

## Part 2

### Project Goals

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- Data Collection
  - Baseline Findings
  - Survey Deaf Community
  - Survey HC Workforce
- Workforce Training
  - Video Testimonials
  - Deaf HC Professionals
  - Virtual Training Series
- Workforce Development
  - RIC Interpreter Program

## Part 3

### Next Steps

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- Sustainability
- Funding
- Partnerships



## RICDHH

The Rhode Island Commission on the Deaf and Hard of Hearing (RICDHH) is an advocating, coordinating, and service providing entity committed to promoting an environment in which deaf and hard of hearing individuals in Rhode Island are afforded equal opportunity in all aspects of their lives.

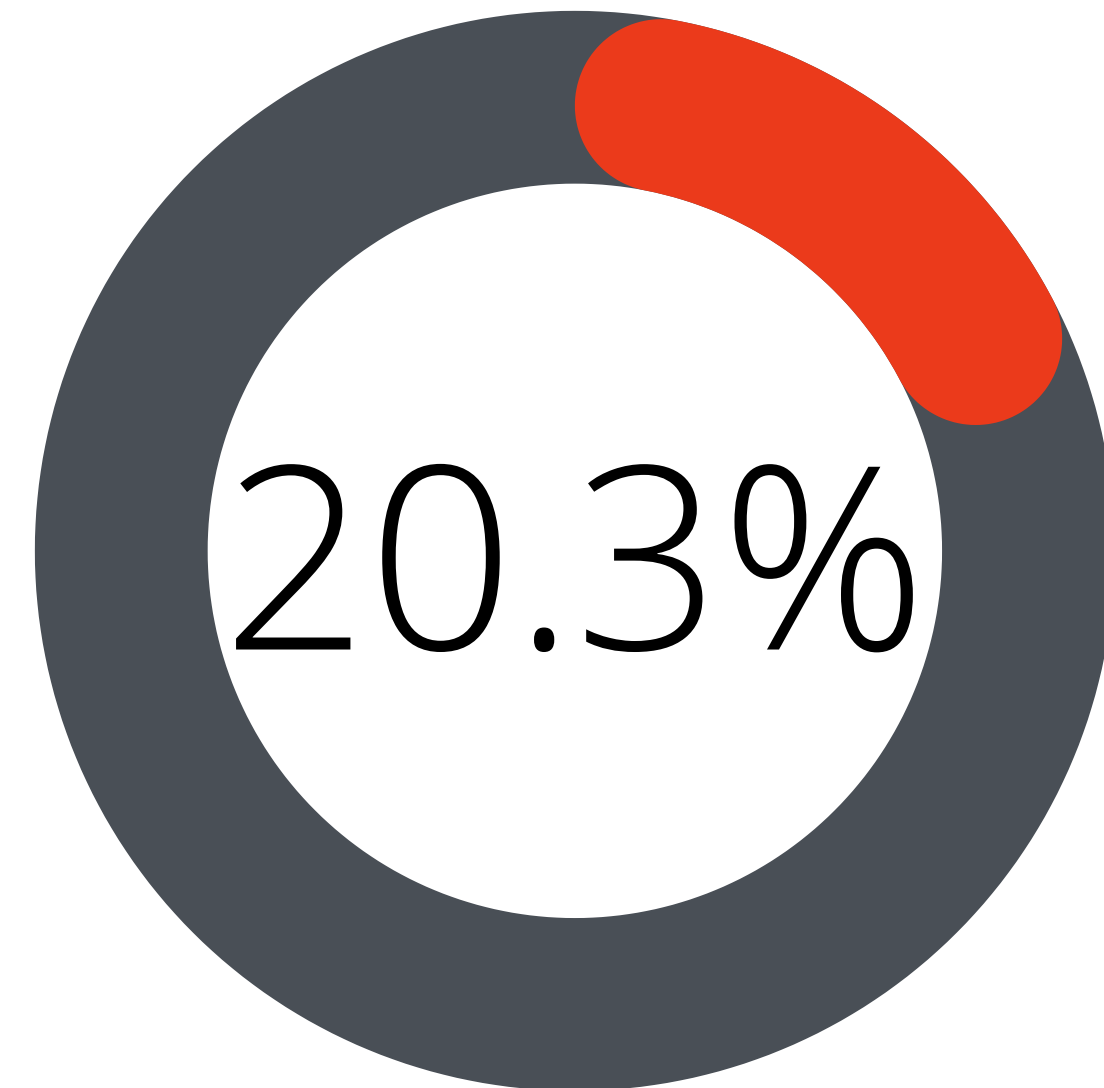
- independent state agency
- 9 legislative mandates
- 4 full-time staff, currently 4 contractors
- direct services- interpreter referral service, emergency and public communication access program, information and referral services
- located in Providence on Capitol Hill
- [www.cdhh.ri.gov](http://www.cdhh.ri.gov)



## Population Statistics

### Estimated Population of People Who are Deaf or Hard of Hearing in Rhode Island\*

\*20.3% is according to a study led by Johns Hopkins researchers and published in the Nov. 14, 2011, Archives of Internal Medicine, Frank Lin, M.D., Ph.D, an assistant professor with dual appointments in both the Department of Otolaryngology-Head & Neck Surgery at the Johns Hopkins School of Medicine and in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health, John Niparko, M.D. of the Johns Hopkins University School of Medicine, and Luigi Ferrucci, M.D., Ph.D, of the National Institute of Aging.



Number of individuals with hearing loss in at least one ear



# Rationale



## Language and Cultural Barriers

Inequities in access to healthcare due to lack of language concordant medical professionals and qualified American Sign Language (ASL) interpreters.

## Health Outcomes

Disparities in health outcomes for Deaf community due to lack of access to healthcare, health information, education, economic resources.

## Cost of Care

Deaf community more likely to seek services in the emergency department than to see a primary care physician.



# HSTP Staff



*Christine West*  
*Project Director*



*Alexander Laferriere*  
*Outreach Coordinator*



*Thomas Darden*  
*Operations Coordinator*



*Lyndsey Conway*  
*Communications Coordinator*



*Dr. Marie Lynch*  
*RIC Collaborator*



# Project Goals



**Data Collection**



**Workforce Training**



**Workforce Development**



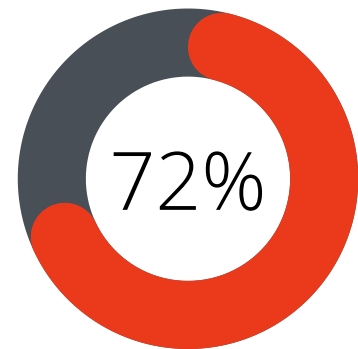
# HSTP Goal **One:**

## Data Collection

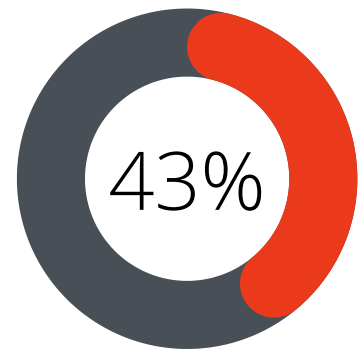
- Baseline Findings
- Survey for the Deaf Community
- Survey for Healthcare Professionals



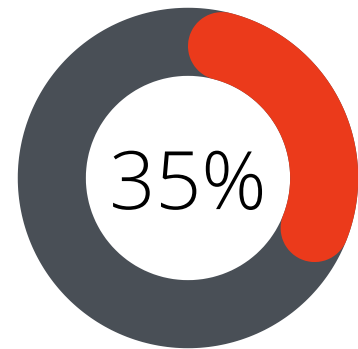
### Survey of the Deaf Community N=105



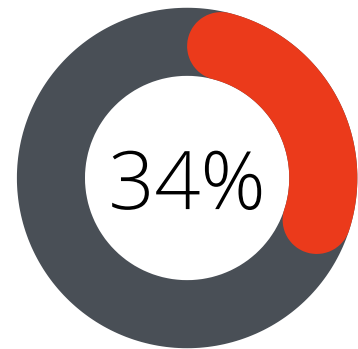
obese or overweight



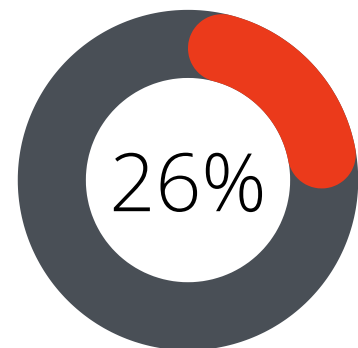
depression or anxiety disorder



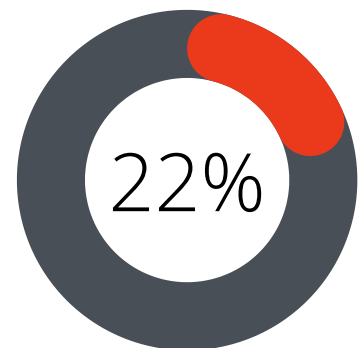
arthritis



hypertension

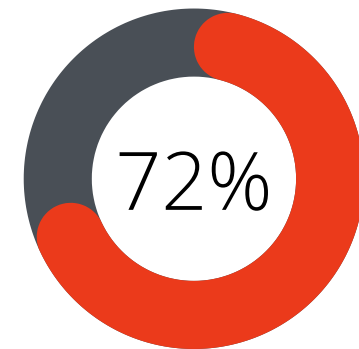


diabetes

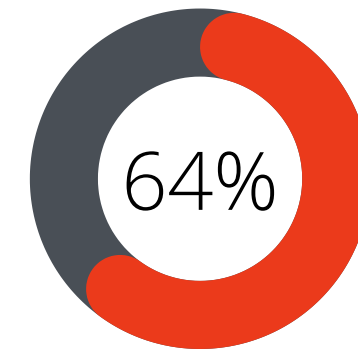


lung disease/asthma

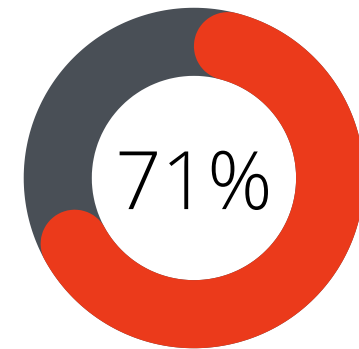
### Survey of Healthcare Professionals N=1,557



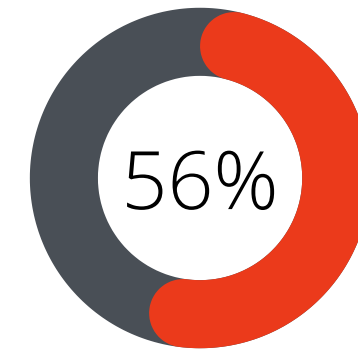
do not know how to request an interpreter



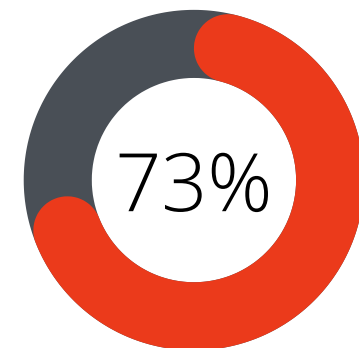
not aware of VRS



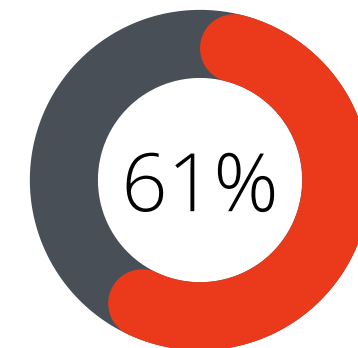
not aware of VRI



not aware of RICDHH



don't know difference between hearing/Deaf interpreters



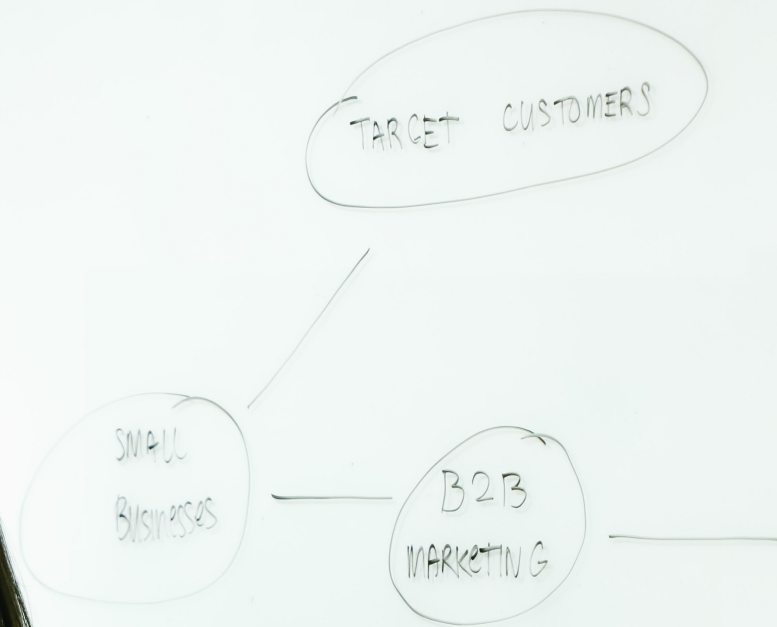
unaware of ADA regarding use of interpreters



# HSTP Goal **Two:**

## Workforce Training

- Video Testimonial Campaign
- Virtual Spotlight Series: Deaf Healthcare Professionals
- Virtual Training Series for Healthcare Professionals



# HSTP Goal **Three:**

## Workforce Development

- Public Health and Equity Sign Language Interpreting Program at Rhode Island College





## Next Steps...

### **Data Infrastructure**

Design, develop, and establish a vision, architecture, and program that will capture relevant health data to guide solutions and inform policy.

### **Sustained Workforce Training**

Continuous long-term strategy to outreach to the medical community and partners committed to advancing the linguistic and cultural competence of healthcare professionals.

### **Accessible Health Information**

Create accessible websites, health vlogs and PSAs in sign language, so that the Deaf community can access critical health information in a language that is accessible to them.

### **Healthcare Navigation/Information**

Training of a cadre of Deaf and hard of hearing individuals to serve as community health workers to educate about healthcare navigation, services, insurance, and health education opportunities.

### **Advocacy and Accountability**

Failure to provide access to Deaf patients has resulted in litigation and trauma for Deaf community members. A dedicated Ombudsperson who has the linguistic and cultural competence to work with this community, will restore trust and reduce the likelihood of lawsuits.

### **Workforce Development Partnerships**

Develop critical linkages with state, non-profit, and private partners to increase workforce capacity of interpreters and language concordant medical personnel.



## Follow us on social media:



**facebook.com**  
**keyword: RICDHH**



**twitter.com/ricdhh**



**instagram.com/RICDHH.hstp**

## Connect with us!

Healthcare System Transformation Project  
RI Commission on the Deaf and Hard of Hearing  
Dept. of Administration Building  
One Capitol Hill, Ground Level  
Providence, RI 02908-5850  
Videophone: (401) 648-3170  
Phone: 401-338-7844  
Email: [christine.west.ctr@cdhh.ri.gov](mailto:christine.west.ctr@cdhh.ri.gov)  
Website: [www.cdhh.ri.gov/hstp](http://www.cdhh.ri.gov/hstp)

# AE Program Evaluation Overview

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# Evaluation of Rhode Island's Section 1115 Medicaid Waiver

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**AE Advisory Committee Meeting**

February 22, 2022





Jennifer Smith, PhD  
*Project Director*



Erin Ewald, ScM  
*Project Manager*



Wen Hu, MS  
*Senior Data Scientist*



Karen Swietek, PhD  
*Quantitative Evaluation Lead*



Quincey Smith, MPP  
*Principal Data Analyst*



Srabani Das, MA  
*Senior Data Analyst*

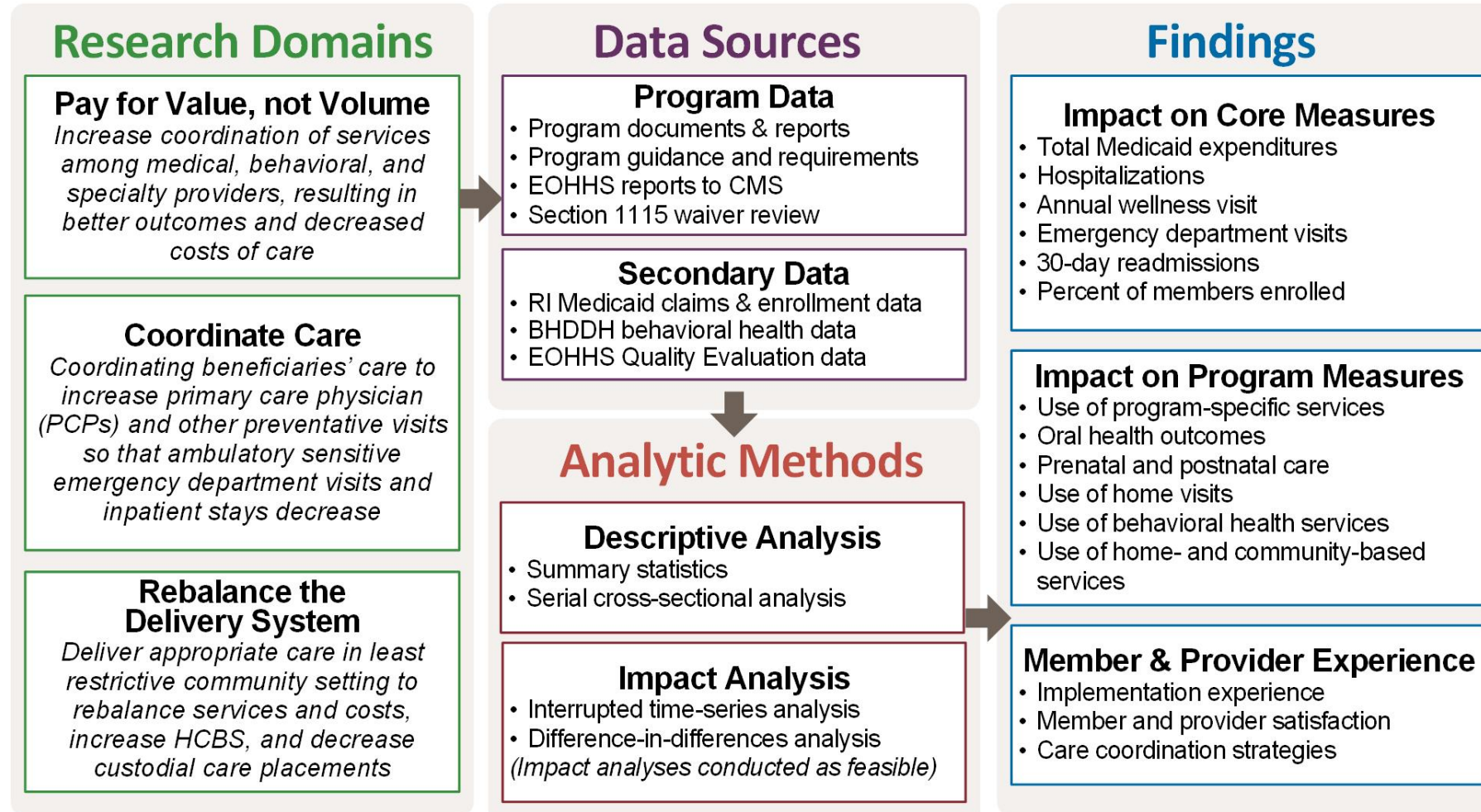


Kristina Lowell, PhD  
*Senior Advisor*

## Evaluation Overview

- In 2018, RI EOHHS contracted with NORC to conduct an independent evaluation of the state's Section 1115 Medicaid Waiver extension.
- NORC's approach is organized around the three primary goals for the waiver extension:
  1. Pay for value, not volume
  2. Coordinate physical, behavioral, and long-term care
  3. Rebalance the delivery system away from high-cost settings
- The approved evaluation design is [posted here on the CMS website \(Attachment Y\)](#)





## **The Interim Evaluation Report (IER) will assess five waiver programs:**

- Health System Transformation Project (HSTP)
- Piloting Dental Case Management
- Behavioral Health Link
- Peer Recovery Specialist (PRS) and Family/Youth Support Partners (FYSP) Programs
- Promoting Access to Appropriate, High-Quality Mental Health and Substance Use Treatment by Waiving the Institutions of Mental Disease (IMD) Exclusion

<b>Measure</b>	<b>Definition</b>
<b>Percent of members enrolled*</b>	Percentage of members enrolled and/or attributed to each of the waiver programs
<b>Total Medicaid spending*</b>	Total Medicaid expenditures per enrollee per quarter
<b>Hospitalizations*</b>	Number of all-cause acute care inpatient stays per enrollee per quarter, calculated as the total count of inpatient stays per year
<b>All-cause readmissions*</b>	Occurrences of unplanned hospitalization within 30 days of discharge from hospital per beneficiary per quarter
<b>ED visits*</b>	Number of ED visits and observation stays per enrollee per quarter not resulting in a short-term inpatient hospitalization.
<b>Annual wellness visit*</b>	Number of continuously enrolled members who have had at least 1 wellness visit with a provider within the span of the quarter
<b>Potentially avoidable ED visits</b>	Rate of potentially avoidable ED visits per the “patched” NYU algorithm
<b>Breast cancer screening</b>	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer per year
<b>Follow-up after hospitalization for mental illness</b>	Percentage of patients who were hospitalized with selected illness diagnoses and who had a follow-up visit with a mental health provider reported within 30 days and 7 days

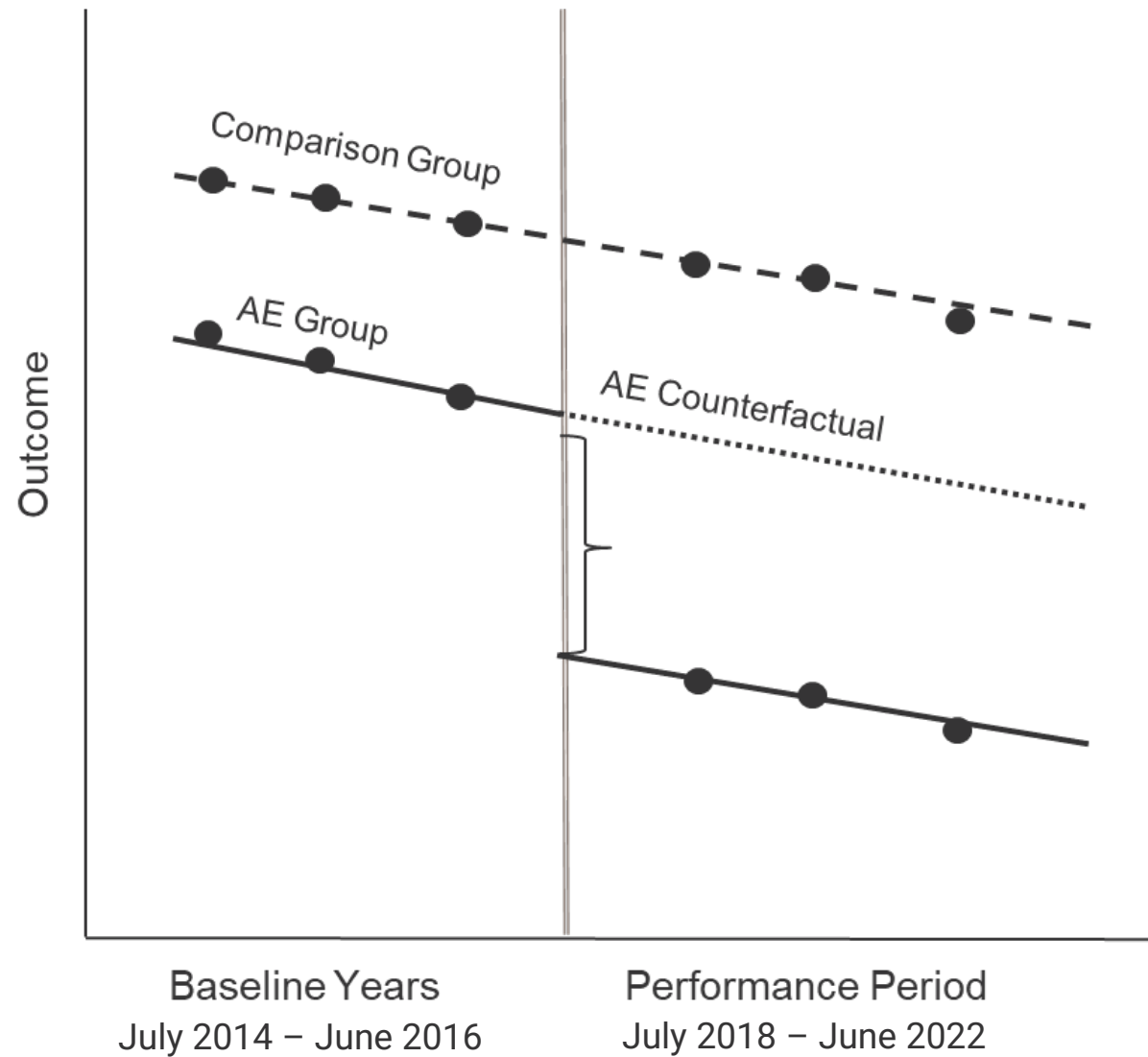
\* Core metric measured across all waiver programs

- **Descriptive Analyses**

- **Summary Statistics:** Frequencies and percentages of unadjusted beneficiary characteristics and outcomes by treatment and comparison groups
- **Pre-Post Analysis:** Selected utilization, cost, and quality measures in the baseline and performance years

- **Impact Analyses**

- **Difference-in-differences (DID):** Estimate the effect of the HSTP program by comparing the changes over time between treatment and comparison groups.



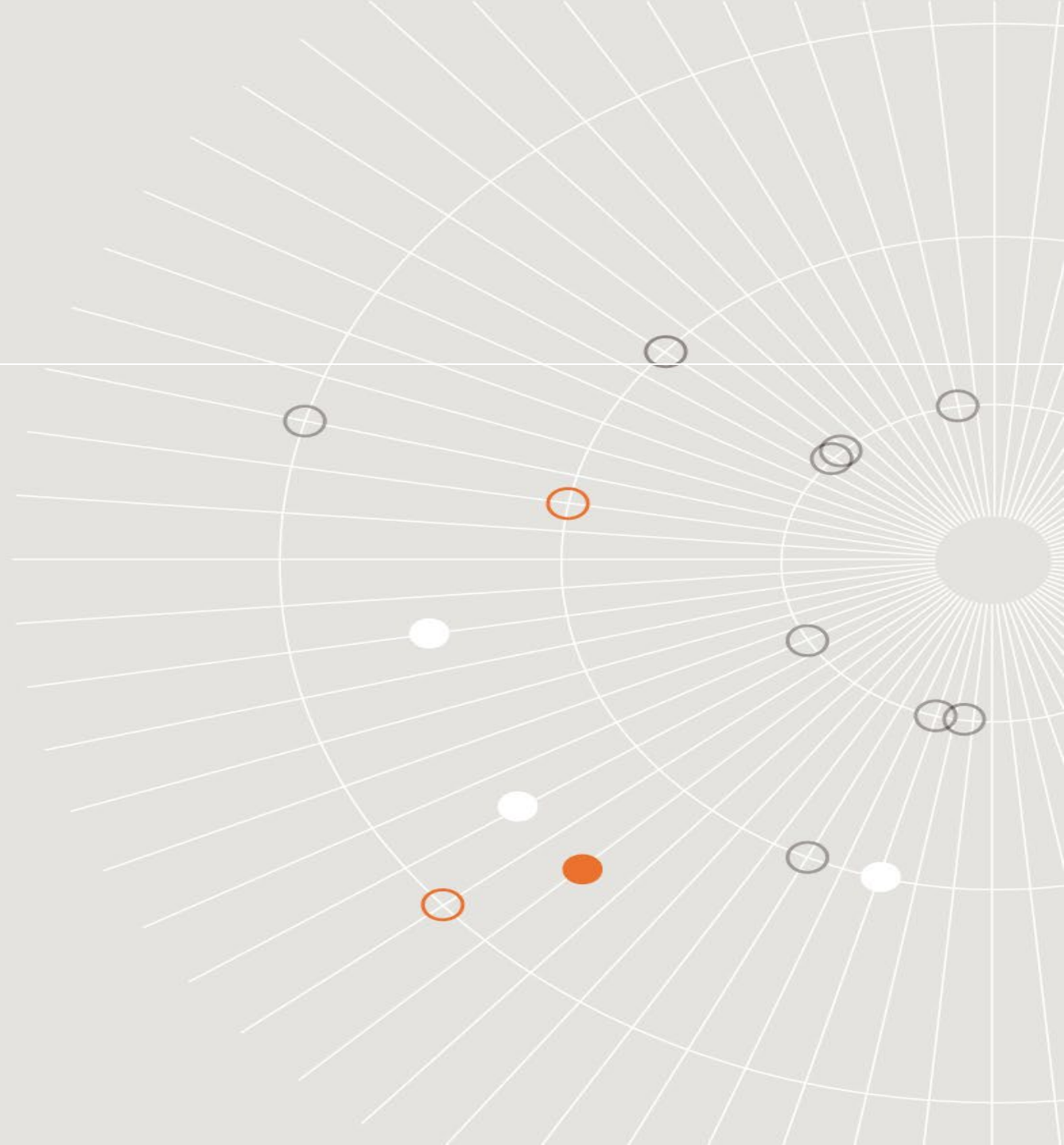
**NOTE:** The AE pilot program period (July 2016 – June 2018) will be considered an implementation ramp-up period and will be excluded from both baseline and performance periods.

- AE-specific comparison group
  - RI Medicaid-only beneficiaries enrolled in managed care, not attributed to an AE
  
- Propensity weighting
  - Inverse probability of treatment weights (IPTW) will be used to minimize systematic differences between the AE and comparison groups
  
  - Weighting variables will include individual-level sociodemographic characteristics, Medicaid enrollment status, health status, and access to care

- Finalizing analytic file
- Descriptive and impact analyses
- Integrate findings into the first draft of Interim Evaluation Report submitted to EOHHS on May 13, 2022
- Due to CMS on December 31, 2022

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Questions?





Jennifer Smith, PhD, MPH  
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Karen Swietek, PhD, MPH  
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Erin Ewald, ScM  
[ewald-erin@norc.org](mailto:ewald-erin@norc.org)

**Thank You!**

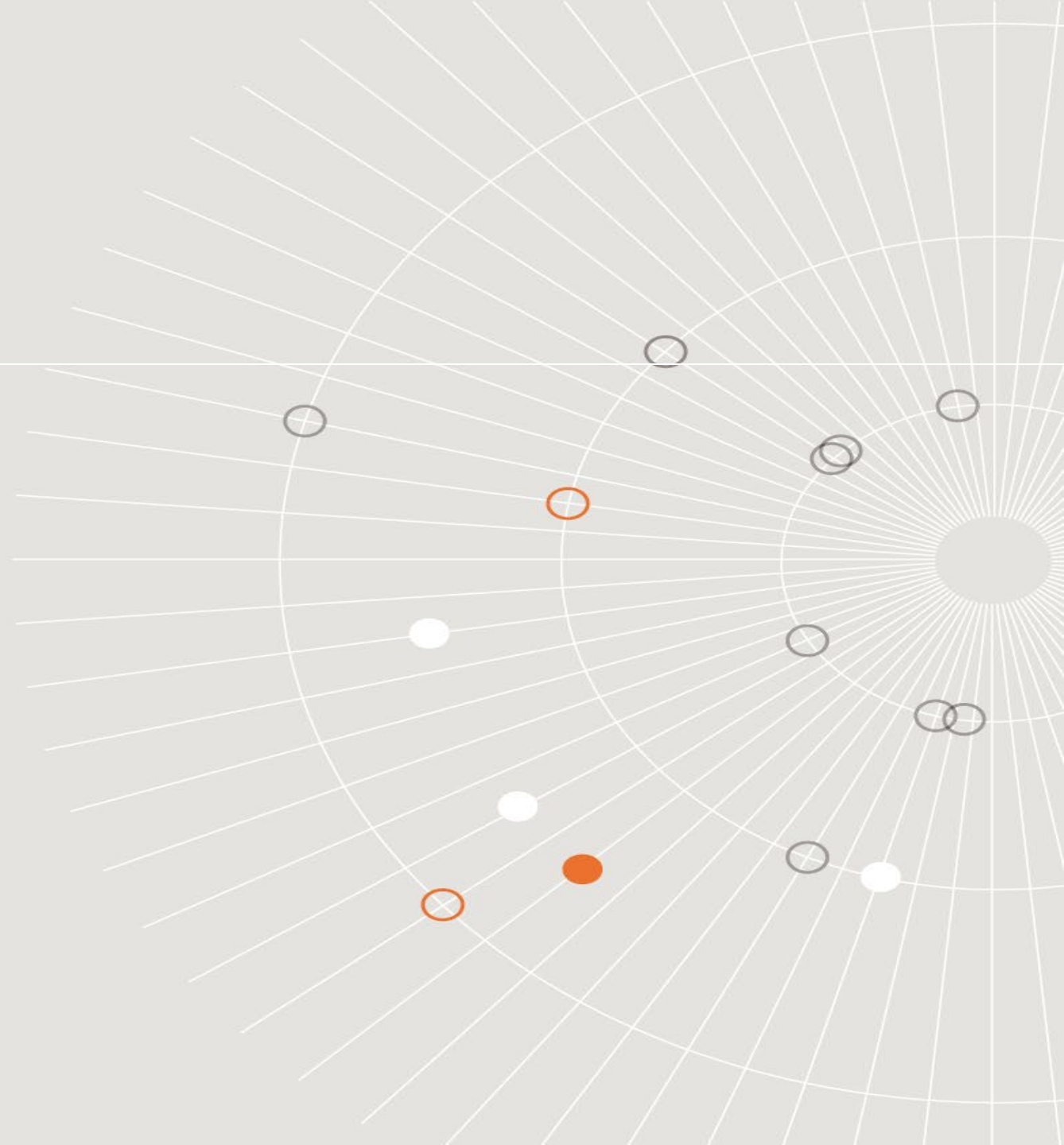


**NORC**  
*at the UNIVERSITY of CHICAGO*

 **insight for informed decisions™**

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# Appendix



<b>Proposed Balancing Covariates</b>			
<b>Program</b>	<b>Variable</b>	<b>Definition</b>	<b>Data Source</b>
<b>All Programs</b>	Age	Enrollee age	RI Medicaid Claims
	Sex	Enrollee sex	RI Medicaid Claims
	Race/ethnicity	Enrollee R/E (Combined R/E variable)	RI Medicaid Claims
	Number of chronic conditions	Enrollee's number of chronic conditions defined using CCW chronic condition flags	RI Medicaid Claims
	Median household income	Median household income in each enrollee's zip code	American Community Survey
	Less than high school education	Percentage of enrollee's zip code with less than a high school education	American Community Survey
	Percent under 100% federal poverty line (FPL)	Percentage of enrollee's zip code living below the FPL	American Community Survey
	Receipt of Public Assistance	Number of households in enrollee's zip code receiving SSI, SNAP, or Cash Public Assistance in the last 12 months	American Community Survey
	Unemployment rates	Percentage of enrollee's zip code fully or partially employed	American Community Survey
	Housing insecurity/homelessness status	Indicator of housing insecurity or recorded homelessness during the baseline period	RI Ecosystem Data
<b>Health System Transformation Project (HSTP)</b>	IHH enrollment	Flag for enrollment in an IHH	RI Medicaid Claims
	BH diagnosis	Flag for behavioral health diagnosis	RI Medicaid Claims
	MCO	Categorical indicator for MCO enrollment (MCO name for treatment, 0 for comparison)	RI Medicaid Claims
	Line of business	Categorical indicator for Medicaid line of business (LOB_MCAID)	RI Medicaid Claims

## Potential subgroup analyses

- Age (e.g., children, categories of non-elderly adults)
- Race/ethnicity
- Health status (e.g., specific conditions, substance use disorders, multiple chronic conditions, comorbid behavioral and physical health diagnoses, and serious and persistent mental illness)
- Medicaid enrollment category

# Upcoming Important Dates

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## 2022 AE Advisory Committee Meeting Schedule

- 19-Apr – 8:30-10:00
- 14-Jun – 8:30-10:00
- 18-Oct – 8:30-10:00
- 13-Dec – 8:30-10:00

Additional stakeholder meetings TBD for Program Year 6 planning.