

Health Care System Planning Cabinet Meeting Minutes

March 21, 2024

11:00am EDT

Zoom Meeting: <https://us02web.zoom.us/j/87092514758>

Executive Office of Health and Human Services, Virks Training Room

3 West Road, Cranston, RI 02920

Draft for Cabinet Review

Cabinet Members in Attendance

- Secretary Richard Charest, Executive Office of Health and Human Services (EOHHS)
- Assistant Secretary Ana Novais (EOHHS)
- Director Kristin Sousa (EOHHS)
- Interim Director Utpala Bandy, Department of Health (RIDOH)
- Director Rich LeClerc, Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH)
- Brandi DiDino, Deputy Director, designee for Director Ashley Deckert, Department of Children, Youth, and Families (DCYF)
- Marissa Petreccia, designee for Director Kimberly Brito-Merolla, Department of Human Services (DHS)
- Charon Rose, designee for Commissioner Shannon Gilkey, Office of the Post Secondary (OPC)
- Director Maria Cimini, Office of Healthy Aging (OHA)
- Director Kasim Yarn, Office of Veterans Services (VETS)
- Acting Commissioner Cory King, Office of the Health Insurance Commissioner (OHIC)
- Director Matt Weldon, Department of Labor and Training (DLT)
- Director Lindsay Lang, HealthSource RI (HSRI)
- Karyn Lowe, delegate of Governor Daniel McKee

Other State Staff/Contractors in attendance:

- EOHHS: Dan Connors, Marti Rosenberg, James Rajotte
- RIDOH: Cheryl LeClair, Mike Dexter, Allegra Scharff, Fernanda Lopes, Jim Suah
- DCYF: Chris Strnad
- JSI: Alec McKinney, Angelique Croce

Members of the Public in Attendance from the Sign-In Sheet:

Erin Boles Welsh, Tufts

Tom Boucher, PACE-RI

Domenic Delmonico, Tufts

Aaron Guckian, RI Dental Association

Tara Hayes, RIPIN

Tanja Kubas-Meyer, RI Coalition for Children and Families

Joan Kwiatkowski, PACE
Kristin Lehoullier, Elevated Results
Michelle Muscatello, Delta Dental of RI
Zach Neider, RI Foundation
Larry Warner, United Way
Rachel Yoder, Tides Family Services

Welcome & Overview

- Secretary Charest opened the meeting and welcomed everyone to the first Health Care System Planning (HCSP) Cabinet.
- Here is the link to the [meeting agenda](#) and the [meeting deck](#).

Cabinet Goals and Expectations

Presented by Assistant Secretary Ana Novais

Goals of RI's Health Care System Planning

- The overarching goal of the HCSP planning process is to achieve a high-quality, affordable, equitable, accessible, and culturally appropriate health care system.
- The HCSP will be developed through a comprehensive planning process that applies quality data for actionable health care policy, oversight, and accountability; engages a broad and inclusive group of stakeholders; coordinates with other health and human service systems to ensure continuity of care, supportive service delivery, and basic needs; aligns current and future needs; and is overseen by the HCSP Cabinet.

Health Care System Goals

- Goal 1: Ensure access to affordable, quality, and easy to navigate comprehensive care.
- Goal 2: Ensure solvency of the health care system.
- Goal 3: Ensure health equity and reduce disparities in access and outcomes.
- Goal 4: Foster an integrated delivery system that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care.
- Goal 5: Strengthen preventative, primary physical, and behavioral health care services to maintain appropriate utilization and promote efficiencies.
- Goal 6: Invest in efforts to address the social factors that impact health.

Planning Components and System Oversight

- There is no clean and coordinated structure for overseeing the HCSP planning process, making system oversight, by the HCSP Cabinet and HCSP Advisory Committee, critical.
- There are 9 expectations for system oversight.
 - Expectation 1: Establish public infrastructure to oversee financial performance, health system improvement, and promote transparency.
 - Expectation 2: Ensure cost effective utilization in light of changing market dynamics.

- Expectation 3: Ensure viability and quality of independent smaller or community providers.
- Expectation 4: Incentivize investments in system transformation to promote outreach, engagement in care, quality, efficiency, and innovation.
- Expectation 5: Ensure access to physical, oral, and behavioral health care and foster integration and care coordination.
- Expectation 6: Strengthen primary care and behavioral health care to maintain appropriate utilization within the continuum of care.
- Expectation 7: Ensure access to high quality, affordable long term care services and supports with a particular focus on nursing homes.
- Expectation 8: Promote emergency resilience and readiness across the system.
- Expectation 9: Reduce reliance on high-cost, institutional care and promote access to home- and community-based care options.
- The values of quality, safety, accessibility, financial solvency, and transparency are necessary to achieve health system regulation.

Process and Timelines

- The State has engaged JSI to support the HCSP planning process.
- Please refer to slides 10 and 11 in the [meeting slide deck](#) for the full list of HCSP planning activities.

Proposed Health Care System Plan Structure and Core Content

Presented by Assistant Secretary Ana Novais

Proposed Key Areas of Inquiry

- The proposed key areas of inquiry (i.e., sectors) are hospital services, long-term care services (nursing homes), primary care services, behavioral health services, home and community-based services, oral health services, and services addressing social, economic, and environmental factors.
- While all of the above sectors will be explored, it will be critical to strategize and prioritize which to focus on during each period of the HCSP planning process. This will allow substantive and sustainable progress on fewer sectors, rather marginal and unsustainable progress on all sectors.

Proposed Leading Areas of Analysis

- Regardless of the sector, there will be a several leading areas of analysis.
- The proposed leading areas of analysis are:
 - Community characteristic and community need analysis
 - Service capacity and workforce gap analysis
 - Service provider operational and financial strength analysis
 - Health system strengths and challenges analysis
 - Analysis to identify strategies and opportunities to leverage the States strengths and address challenges

Cabinet Questions and Feedback

- Assistant Secretary Novais stressed the importance of the Cabinet's role and feedback.
- Secretary Charest acknowledged that the HCSP is monumental task that requires a modular approach and that this process is a rare opportunity to look at the entire health system and opened the floor for questions.
- Director Yarn recommended adding mental health services as a sector separate from behavioral health services.
- Director Sousa asked if community characteristic and community needs analysis would serve to distinguish between demographic-specific needs.
 - Assistant Secretary Novais affirmed.
- Director Cimini also asked where policy considerations come into the analysis.
 - Assistant Secretary Novais that this will be woven into the overall thinking.
- Director Sousa noted the importance of state geography and cultural competency of the provider network.
 - Assistant Secretary Novais highlighted the community characteristic and community need analysis as the opportunity to address geography and cultural factors and stressed the importance of centering patients through cultural humility.
- Director Sousa then acknowledged the importance of considering schools when engaging in discussions about workforce.
 - Assistant Secretary Novais highlighted the involvement of the Office of the Postsecondary Commissioner on the HCSP Cabinet.
- Director Weldon highlighted the importance of context when analyzing the workforce. The State has approximately 1,900 more jobs since the pandemic, but there continue to be gaps for contextual reasons. Pipeline activities, career pathways, and access to racially and culturally diverse partners are critical.
- Charon Rose noted that it was important for cultural competency and equity to be its own bullet on the list of goals instead of just being woven in through the other initiatives. For example, looking at maternal medicine in the Black community shows tremendous disparities.
- Director Lang raised the need discuss the health care system consumer.
 - Assistant Secretary Novais agreed that this will be part of the upcoming processes.
- Interim Director Bandy expressed the desire to consider international approaches to health care system planning.
 - Secretary Charest agreed with the importance of gaining this type of information and noted that EOHHS is committed to using data to make sound decisions on the potential changes we'll be discussing.
- Director LeClerc inquired whether the HCSP planning process will address payment reform issues.
 - Assistant Secretary Novais acknowledged the need to consider issues of payment reform.

- Assistant Secretary Novais requested that members email Marti Rosenberg if there is anything additional that should be incorporated into the process.

Independent Advisory Council Proposal

Presented by Assistant Secretary Ana Novais

- The Advisory Council will serve as a critical public/private partnership to gather perspectives and expertise for a comprehensive and diverse outlook during the HCSP planning process, striving for equity.
- The Advisory Council will be a broad group, with the expectation that workgroups will be formed to explore the HCSP planning areas of inquiry.
- There are a number of public and private sector planning tables that exist, carrying out critical work. The structure of this Independent Advisory Council intends to take those into account
- Please refer to the Proposed Membership attachment.

Public Comment

- Peter Marino, CEO of Neighborhood health Plan, expressed the importance of:
 - Being acutely aware of their organizational versus the State's needs.
 - Clarifying the problem and focusing on doing several areas well, rather than all areas.
 - Taking advantage of work that has already been done, such as through the Rhode Island Foundation and Office of the Health Insurance Commissioner on cost trends.
 - Utilizing levers like the Certificate of Need process.
 - Looking toward the future by considering the demographics and workforce outlooks several decades into the future.
 - Focusing on sustainability.
- Tanja Kubas-Meyer, Rhode Island Coalition for Children and Families, emphasized the gaps in behavioral health, mental health, and substance use services for youth; the need to use clear and consistent language for these services, and the important role that schools can play in supporting the health of children.
- Dominic Delmonico, Tufts Health Plan, stressed the importance of long-term investment and specifically prioritizing investments in children's services, giving the example of childhood obesity.
- Tara Hayes, RIPIN, raised the importance of addressing children with special health care needs that may require group home care and elevated HRSA's [Blueprint for Change](#) as an important resource for considering health equity, access, financing, and quality of life.
- Rachel Yoder, Tides Family Services, acknowledged that the State has several successful programs for children, specifically to support behavioral health, but that there are issues of access and equity.
- Michelle Muscatello, Delta Dental, shared that:

- Delta Dental has a large database of claims data.
- There has been a recent increase in the number of dentists, including a 43% increase in dentists under 40.
- Delta Dental has invested in several local initiatives, including investing \$1.55 million for workforce development and more broadly in the community, partnering with the Community College of Rhode Island to expand enrollment in the dental hygienist program, partnering with Rhode Island Hospital to attract oral surgeons, scholarships, and supporting health professional loan repayment for those that work in federally qualified health centers.
- Aaron Guckian, Rhode Island Dental Association, shared some data on behalf of immediate Past President of the Rhode Island Dental Association, Dr. Greg Stepka on the number of children needed urgent dental care. The private dentists who accept Medicaid insurance for children's services are overwhelmed.

Adjournment

- Director Cimini made a motion to adjourn the meeting and Director LeClerc seconded, and the Cabinet voted to adjourn the meeting at 12:17pm.