

Health Care System Planning Advisory Council Meeting Minutes

March 28, 2024

4:00pm EDT

Zoom Meeting: <https://us02web.zoom.us/j/84396789555>

Draft for Advisory Council Review

Attendance:

David Burnett, NHPRI
Deb Burton, RI Elder Info
Melissa Campbell, RI Health Center Association
David Cicilline, RI Foundation
Shamus Durac, RIPIN
John Fernandez, Lifespan
Pat Flanagan, MD, CTCRI
Mike Florczyk, UnitedHealthcare
Aaron Guckian, RI Dental Association
William Hockstrasser-Walsh, Comprehensive Community Action
Joan Kwiatkowski, PACE
Beth Lange, MD, Waterman Pediatrics/Coastal Medical
Kristin Lehoullier, Elevated Results Consulting
Mary Marran, The Providence Center, CNE
Sabina Matos, Lt. Governor
Edward McGookin, Coastal Medical/Cost Trends Steering Committee
Alice Msumba, Tufts Health Plan
Michelle Muscatello, Delta Dental of RI
Elena Nicolella, RI Health Center Association
Zach Nieder, RI Foundation
Nicolas Oliver, RI Partnership for Home Care
Teresa Paiva-Weed, Hospital Association
Stacy Paterno, RI Medical Society
Johanna Petrarca, Lt. Governor's Office
Peter Pogacar, RIAAP
Donna Policastro, RISNA
Scott Rivkees, MD, RIAAP
John Tassoni, SUMHLC
Patrick Vivier, MD, PhD, College of Health Sciences, URI
Vinnie Ward, Parent
Larry Warner, United Way of RI/Governor's Council on Behavioral Health
Martha Wofford, BCBSRI

State Staff:

Rick Brooks, EOHHS
Mike Dexter, RIDOH

DRAFT

Aryana Huskey, EOHHS
Fernanda Lopes, RIDOH
Amy Katzen, EOHH
Irving Ogando, RIDOH
Marti Rosenberg, EOHHS
Allegra Scharff, RIDOH
Jim Suah, RIDOH

JSI Staff:
Angelique Croce
Alec McKinney

Welcome & Overview

- Assistant Secretary Novais and Secretary Charest opened the meeting at 4:01pm ET and welcomed everyone to the first Health Care System Planning (HCSP) Advisory Council meeting.

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 full-fledged 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, including a literature and best practice review, an environmental scan of available data sources, key informant interviews, and a culminating concept paper.
- Please refer to slides 10 and 11 in the slide deck for the full list of HCSP planning activities.
- Website: <https://eohhs.ri.gov/RI-Health-Care-System-Planning>

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 at a time, rather than 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

Advisory Council Questions and Feedback

- Teresa Paiva Weed, Hospital Association of Rhode Island noted that it will be important to think about current processes, regulations, and structures in order to create efficiencies rather than thinking only about innovation.
 - Assistant Secretary Novais affirmed the importance of leveraging work and tools that already exist.
- William Hochstrasser-Walsh, CCAP, asked for clarification about how this initiative differs from a previous initiative undertaken by the state.
 - Assistant Secretary Novais identified the initiative in question as the State Innovation Model (SIM) initiative and described that there was a focus on innovation and piloting models. While the HCSP process is focused on innovation, there will be no pilot projects. The HCSP will focus on designing a comprehensive and integrated health system – starting with identifying which sectors to focus on for immediate exploration and which to focus on for subsequent exploration.
 - Mr. Hochstrasser-Walsh asked whether there are lessons learned from the SIM initiative.
 - Assistant Secretary Novais affirmed that learnings from the SIM initiative are informing the HCSP process.
- Vinnie Ward described his experience as the father of a profoundly handicapped child. He expressed concern about long-term care access - specifically at Eleanor Slater Hospital’s Zambarano unit – and the lack of pediatric home care nurses due to low reimbursement rates. He also expressed fear that there will be no place for his child when he and his wife are no longer be able to care for them.
 - Assistant Secretary Novais affirmed that access to care and workforce shortages are important components of any HCSP.
- Peter Pogacar, President of the American Association of Pediatrics, RI Chapter, expressed feeling overwhelmed by the content and a hope that discussion will not get “lost in the weeds.” He also expressed excitement to be a part of the HCSP planning process.
 - Assistant Secretary Novais affirmed that the State is committed to tackling the HCSP systematically.

Independent Advisory Council Proposal

Presented by Assistant Secretary Ana Novais

- The HCSP Cabinet cannot be successful without the input of the Advisory Council. The information discussed in in the Cabinet and Advisory Council will be shared back with each group.
- 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.
- Please refer to the Proposed Membership attachment (in Appendix 1 of these Minutes).
- The main goal of the Advisory Council is for it to provide insight and expertise to the HCSP Cabinet, including recommendations on priorities for planning deep dives, access to data and information, reflections on Cabinet questions, and ongoing feedback on consultant activities.
- Logistics
 - After this kick-off meeting, EOHHS plans for the Advisory Council to begin meeting monthly, the week following the Cabinet meeting.
 - If needed sub-committees may be developed, and they may meet more frequently. This would potentially reduce the frequency of full Advisory Council meetings.
 - Meetings will likely take place through a mix of virtual and in-person meetings.
 - Meetings can be tracked on the website: <https://eohhs.ri.gov/RI-Health-Care-System-Planning>

Question

- Nicholas Oliver asked whether subcommittees have been decided yet.
 - Assistant Secretary Novais explained that subcommittees are not yet formed.

Advisory Council Discussion

What would you most like to see the HCPS Cabinet Address?

- David Burnett, Neighborhood Health Plan of RI, expressed more interested in areas of analysis, compared with sectors. He asserted that baseline information is where these things usually go awry. There is a need to have a common understanding of the problem to come to the solution. David posed several questions: What resources do we have? What do we need today? What do we need tomorrow?
 - Assistant Secretary Novais reframed that doing the analysis for all the areas to establish a baseline of understanding could become overwhelming. She noted that focusing on sectors in order to accomplish the task modularly with the intention of making the task more manageable.
 - David Burnett responded that he would not jump to industry but would instead focus on workforce as the most pressing challenge. He would like to understand how we build a system that is capable of taking care of the people that we're charged to take care of?
- Donna Policastro, RI Nurses Association, advocated for a workforce gap analysis, and expressed a particular need in the nursing profession, where gaps need to be filled in a timely, efficient manner, with competent individuals.
- William Hochstrasser-Walsh, CCAP, echoed the importance of focusing on workforce and stressed that HCSP planning success will be very challenging without and understanding of the workforce problem. He expressed interest in an analysis of workforce challenges by sector.

- Larry Warner, Chair of the Governor’s Council on Behavioral Health, suggested that a good first step would be to write a leading problem state for each sector and pose them to the Cabinet and Advisory Council for their consideration. He acknowledged workforce as a known, global issue that many state bodies are actively addressing and encouraged this group to work toward a theory of change that is global, structural, or tactical in an area that is not being addressed.
 - Assistant Secretary Novais underscored the importance of establishing a shared understanding of the problems each sector is facing.
- Nicholas Oliver, RI Partnership for Home Care, expressed the challenge of continuity of care, especially in home care. He described that care is fragmented due preferred networks and possibly partially due to patients leaving the state for specialty care. He suggested delays in continuity of care and care transitions as a possible subgroup topic.
 - Alec McKinney from JSI noted that this is part of the health systems strengths and challenges analysis.
 - Assistant Secretary Novais expressed concern that this could end up becoming a conversation focused solely on rates.
- Deb Burton, RI Elder Info, echoed that workforce is a significant challenge, but expressed the need to also consider strengths. She discussed the many individuals remaining at home and urged the group to consider the question: If we cannot solve the workforce shortage quick enough, how can we better support caregivers?
 - Assistant Secretary Novais echoed the importance of considering strengths.
- Tanja Kubas-Meyer, RI Coalition for Children and Families, discussed the intersection of behavioral health and the family. She expressed concern about whether the design and approach we have to services makes sense given the changing culture of families.
 - Assistant Secretary Novais affirmed that the HCSP will consider short-, medium-, and long-term issues and solutions. She also affirmed that we need to respond to the realities of today, while having an eye toward the future.
- Teresa Paiva-Weed, Hospital Association of Rhode Island expressed that she believes the work that the workforce planning group is doing should remain separate.
 - Assistant Secretary Novais expressed that Rick Brooks is involved in this work to serve as a liaison.

Next Steps

- Assistant Secretary Novais discussed next steps, including:
 - The meeting slide deck will be posted on the website: <https://eohhs.ri.gov/RI-Health-Care-System-Planning>
 - Define areas of inquiry
 - JSI is continuing the process of reaching out for interviews to get common understanding of priorities for defining and streamlining work
 - Assistant Secretary Novais and Marti Rosenberg will consider rescheduling these meetings away from Tuesday, Wednesday, or Thursday afternoons, due to the conflict of General Assembly activities.