



Health Care System Planning Cabinet and EOHHS Independent Advisory Council Joint Meeting

April 30, 2024

10:00am EDT

Executive Office of Health and Human Services, Virks Training Room

3 West Road, Cranston, RI 02920

Cabinet Members Present:

Name	Title
Richard Charest	Executive Office of Health and Human Services (EOHHS) Secretary
Kristin Sousa	Medicaid Program Director
Staci Fischer	Rhode Island Department of Health (RIDOH) Interim Director
Kimberly Brito	Department of Human Services (DHS) Director
Rich LeClerc	Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) Director
Ashley Deckert	Department of Children, Youth and Families (DCYF) Director
Cory King	Office of the Health Insurance Commissioner (OHIC) Director
Matthew Weldon	Department of Labor and Training (DLT) Director
Shannon Gilkey	Office of the Post Secondary (OPC) Commissioner
Meghan Connolly, designee for Maria Cimini	Office of Health Aging (OHA) Director
John Cucco, designee for Lindsay Lang	HealthSource RI (HSRI) Director

EOHHS Independent Advisory Council Members Present:

Al Charbonneau, RI Business Group on Health

Domenic Delmonico, Tufts Health Plan

Shamus Durac, Protect Our Healthcare Coalition

Mike Florczyk, UnitedHealthcare

Mark Gray, designee for Lt. Governor Sabina Matos

Richard Glucksman, designee for Martha Wofford, Blue Cross & Blue Shield of RI

Autumn Guillotte, RI AFL-CIO, designee for George Nee

William Hochstrasser-Walsh, CCAP

Melissa Husband, designee for Peter Marino, Neighborhood Health Plan of RI

Debra Hurwitz, Care Transformation Collaborative RI
Tanja Kubas-Meyer, RI Coalition for Children and Families
Beth Lange, MD, PCMH Kids
Ed McGookin, MD, Cost Trends Steering Committee
Michelle Muscatello, Delta Dental of RI
Zach Neider, RI Foundation
Elena Nicolella, RI Health Center Association
Jim Nyberg, Leading Age RI
M. Teresa Paiva Weed, Hospital Association of RI
Marianne Raimondo, RI College
Scott Rivkes, American Academy of Pediatrics, RI Chapter
Sam Salganik, RIPIN
John Tassoni, Substance Use Mental Health Leadership Council
Michelle Veras, designee for Sandra Victorino, Commission for Health Advocacy and Equity
Patrick Vivier, University of RI
Larry Warner, United Way of RI

State Staff Present:

Rick Brooks, EOHHS
Mike Dexter, RIDOH
Aryana Huskey, EOHHS
Fernanda Lopes, RIDOH
Molly McClosky, OHIC
Nicole Nelson, EOHHS
Irving Ogando, RIDOH
Manny Ortiz, RIDOH
Edy Pineda, EOHHS
Melody Rodrigues, OHA
Charon Rose, OPC
Marti Rosenberg, EOHHS
Chris Strnad, DCYF

Members of the Public Present:

Beth Bixby, Tides Family Services
Kathleen Gerard, ABC-RI
Kristin Lehoullier, Elevated Results
Alex Moore, SEIU Local 1199
Shannon Picozzi, NHPRI
Rebecca Plonsky, IHP
Nick Vincelette, Senator Whitehouse's Office

Others Present:

Angelique Croce, JSI
Alec McKinney, JSI

Welcome & Introductions

- At 10:04am EDT, Secretary Charest welcomed everyone to the joint Health Care System Planning Cabinet and EOHHS Independent Advisory Council meeting. After review of the March minutes, he called for a motion to approve. Director Richard LeClair moved to approve the minutes and Commissioner Cory King seconded the motion. All were in favor.
- Secretary Charest discussed that at the previous meetings, Cabinet and Advisory Council members expressed the importance of conducting a baseline assessment of assets and strengths, as well the complex, inter-related challenges the State faces. Secretary Charest assured them that the Health Care System Planning (HCSP) work will include a deeper, more robust assessment of need, capacity, and health system strength.
- The Secretary noted that despite our desire for action and immediate impact, that we should resist any impulse to jump to solutions before we understand the current capacity of our system, the current and future needs and demands for service, the challenges we face across the continuum, what is feasible and sustainable, and what types of investments will have the intended impacts.
- He also stressed the importance of addressing critical issues that need immediate attention – while not losing sight of planning for the long-term. He described the focus of the meeting with a review of the agenda: starting with a presentation of a recent report carried out by the Rhode Island Foundation by Manatt Health and a small group exercise on a Preliminary Baseline Assessment developed by JSI and State staff.
- Secretary Charest introduced Rhode Island Foundation and Manatt Health.

Presentation on the Recent Report by Manatt Health

Examining the Financial Structure and Performance of Rhode Island's Acute Hospitals and Health Systems: A Compendium of Publicly Available Data

- Zach Neider, Senior Strategic Initiative Office of Rhode Island Foundation, introduced the report *Examining the Financial Structure and Performance of Rhode Island's Acute Hospitals and Health Systems: A Compendium of Publicly Available Data*. He explained that the Rhode Island Foundation had engaged Manatt Health to complete the report and underlined that the assessment does not offer or suggest policy recommendations. Rather, it is about baseline data and transparency. The full report can be found on the Rhode Island Foundation website.
- Mr. Neider introduced Kevn McAvey and Jan Norris of Manatt Health, who virtually presented the executive summary of the report. Please review the deck here: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-05/RIF%20Hospital%20and%20Health%20Systems%20Study%20-%20Presented%20at%20HCSP%20Meeting%20-%2004.3.24.pptx>

Cabinet Questions and Comment

- Commissioner Cory King expressed the significance of the broader economic context and appreciation of the report's granular approach to defining the market. He encouraged those in attendance to read the full report. He also expressed the hope the State government could replicate this kind of approach.

- Here is the link to the full report: https://assets.rifoundation.org/documents/RIF-Hospital-and-Health-Systems-Study_post_updated-4.18.24.pdf
- Here is the link to the data sources and methodology for the report: https://assets.rifoundation.org/documents/RIF-Acute-Care-Hospitals-and-Health-Systems-Study_Data-Sources-and-Methodology_March-2024.xlsx
- Secretary Charest asked whether the study considered how nurses were occupied – for example, at the beds, in research, or in administration.
 - Ms. Norris responded that the data was from the US Dept of Labor and did not include this level of specificity.
- Secretary Charest asked whether costs could be attributed to agency labor costs as opposed to regular labor costs increases.
 - Ms. Norris expressed that this is a reasonable assumption.
- Commissioner King pointed out that the State has relatively high primary care ratios. However, there are several initiatives to explore these numbers in more detail, because it is more nuanced than these data points might suggest.

Public Comment

- Teresa Paiva-Weed of the Hospital Association of Rhode Island asked for clarification on the footnote on slide 8.
 - Ms. Norris explained that a number of drivers influence state price setting. She suggests also looking at the second bullet on slide 7, which shows that Rhode Island has lower Medicare fee-for-services payments compared to Massachusetts and Connecticut.
- Rick Brooks, EOHHS, provided some clarification about the nursing workforce. In 2017 or 2018, Rhode Island left the nursing compact. Nurses in other states, including MA, CT, and FL were no longer granted reciprocity. The number of nursing licenses skyrocketed as nurses in those states applied for Rhode Island-specific licensure. However, they were not necessarily employed in Rhode Island. Mr. Brooks also suggested that there is a possible policy opportunity – through pending legislation – to collect data during the licensure process.
- Tanja Kubas-Meyer asked: Can you tell me what constitutes the average per patient discharge amount? Is it average number of days?
 - Ms. Norris explained that average discharge would be every time a patient or individual is discharged from hospital, within an average number of patient stays and adjustments for acuity. This is meant to show an overall benchmark.
- Domenic Delmonico from Tufts Health Plan asked whether the study assessed the impact of political will for value-based care on data findings.
 - Ms. Norris noted that this study was meant to share publicly available data but did not assess for context.
- Secretary Charest closed the public comment period, thanked the Rhode Island Foundation and Manatt Health, and raised a question about the data showing that RI's health care workers were paid less than their counterparts in both CT and MA except for LPNs and NAs. He asked if Manatt looked at labor costs of health care workers employed

by employment agencies vs. health care organizations. Manatt staff replied that no, they had not drilled down to that level.

- The Secretary also noted the State’s investment in Certified Community Behavioral Health Clinics (CCBHC) which is believed will help to reduce inappropriate emergency department utilization.

Small Group Exercise

- Marti Rosenberg, EOHHS, provided clarification on how the HCSP work will be phased.
 - Phase I is the kick-off and preliminary assessment, culminating in a prioritization of 1) Urgent issues that need immediate attention and 2) A few areas of inquiry that will be the focus our assessment and initial planning efforts between now and December.
 - Phase II is a deeper assessment on the issues prioritized and that will be the focus of the assessment and initial planning efforts between now and December. It will include assessment of capacity, need, demand, strengths/weaknesses.
 - Phase III is planning and report development. This will include a review of findings and identification of what can be done right away and what needs more assessment and/or more strategic investigation on what should be done.
 - Phase IV is ongoing assessment and planning. This is a long-term effort and this work, occurring in 2025, will either focus on the other areas not initially prioritized or on further efforts on those issues that were prioritized but that need additional assessment and planning attention.
- Ms. Rosenberg then introduced the small group exercise, *Identifying the Challenges and Problem Statements for each Potential Key Area of health Care System Planning Inquiry*. The exercise was based on the *Preliminary Baseline Assessment of Rhode Island Health Care System Planning Core Areas of Inquiry* document that was shared with Cabinet and Advisory Council members prior to the meeting.
- Here is the link to the Preliminary Baseline Assessment:
<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-04/Preliminary%20Baseline%20Assessment%20-%20RI%20HC%20System%20Planning%20-%20April%2025%2C%202024.pdf>
- She thanked the Advisory Council for their involvement, which she said was critical to the success of planning the HCSP. She described that the process must build on existing work, be well-informed, and data driven.
 - Ms. Rosenberg explained that, with these points in mind, the goal of the breakout sessions was to gather feedback on the preliminary baseline assessments that have been conducted over the last several weeks, related to the 6 core areas of inquiry. She instructed attendees to select the table, or group, that they felt they have expertise or interest in.
 - At 11:00am, Ms. Rosenberg then gave the 6 groups 30 minutes to discuss.
- At 11:35am, the larger group reconvened and shared report-outs.
 - Ms. Rosenberg discussed next steps, including compiling and circulating summaries or notes from small group discussions. She also noted that this exercise was not the last

opportunity to provide input, and that there would be survey for providing additional feedback.

- Please see this updated version of the Preliminary Baseline Assessment, which includes notes from the small group breakout sessions:

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-05/Updated%20Preliminary%20Baseline%20Assessment%20-%20RI%20HC%20System%20Planning%20-%20May%202024.pdf>

Closing Remarks

- Secretary Charest thanked the group for their participation and explained that the next step would be to come together to begin the prioritization process.
- Secretary Charest opened the floor for public comment and received none.
- Secretary Charest called for a motion to close the meeting. Acting Director of Health Staci Fischer motioned. Director of DCYF Ashley Decker seconded. All in favor.