Health Care System Planning Health Related Social Needs Workgroup Meeting #1

September 10, 2024
2:15 pm EDT
Virtual

Attendees:
Co-Facilitators: Director Kim Brito (DHS), Director Lindsay Lang (HealthSource), David Cicilline (Rhode Island Foundation)

Work Group Members, State Staff, Consultant Staff, and Members of the Public: Garry Bliss (PHSRI), Angelique Croce (JSI), Tammy Calise (JSI), Lizzy Jones (JSI),Sarah Lawrence (Community Health Worker Association of RI), Shamus Durac (RIPIN & Protect Our Healthcare Coalition), Chris Ausura (EOHHS/RIDOH), Zach Nieder (RI Foundation), Heather Gaydos (Center for Health & Justice Transformation), Marti Rosenberg (EOHHS), Allegra Scharff (RIDOH/EOHHS) Carmen Diaz-Jusino (RI Foundation), Rilwan Feyisitan, Jr. (EBCAP), Nancy Wolanski (Alliance for Nonprofit Impact at United Way of Rhode Island) Marisa Petreccia (DHS), Jeanne Cola (LISC/PCF HEZ), and Kim Rauch (RI DHS, Policy)

Notes:

Agenda Item	Notes
Welcome & Introductions *Director Brito & David Cicilline, Slides 1-3*	• At 2:18 pm EDT, Director Brito welcomed the group to the first Rhode Island Health Care System Planning (HCSP) Health Related Social Needs (HRSN) Workgroup meeting and thanked participants for agreeing to be part of the workgroup. • Director Brito discussed the importance of the public-private sector collaboration and encouraged all participants to provide their perspectives in order to develop a strong, comprehensive, well-coordinated, equitable system capable of meeting the current and future needs of those who live in the State. See slides 1-3 of the accompanying slide deck. • David Cicilline welcomed the group and expressed excitement for the thoughtful conversation in store. • Tammy Calise reviewed the meeting agenda.
Clarify Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative *Marti Rosenberg, Slides 4-10*	• Marti Rosenberg reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-10 of the accompanying slide deck.
Clarify Role of the Work Group, Key Deliverables/Timeline, and Content of the	• Marti reviewed the workgroup charge and meeting schedule. See slides 4-10 of the accompanying slide deck.

December 2024 RI HCSP Report *Marti Rosenberg,* *Slides 4-10*	
Baseline Understanding of the Behavioral Health Sector's Strengths and Challenges *Tammy Calise,* *Slide 12*	• Tammy referenced the materials that were distributed prior to the meeting, which provides an overview, as well as additional HRSN-relevant information, building on the HRSN findings presented in the Preliminary Baseline Assessment of Rhode Island Health Care System Planning Core Areas of Inquiry – Version 2 and the Key Themes from the Health Care System Planning Interviews. See the attached baseline document.
Health Related Social Needs Landscape *Chris Ausura,* *Slides 13*	• Christ Ausura discussed the HRSN landscape and interventions, which fall into three broad, interdependent categories. See slide 13.
Work Group Feedback & Discussion - Group 1: Director Lindsay Lang, Allegra Scharff, Carmen Diaz-Jusino, James Beardsworth	
What do you see as the greatest challenges for meeting HRSNs in RI?	• Discussed the complexity of HSRNs as a challenge. They noted that it will be important to gain access to the system in order to be able to implement change/progress. • Noted that there are disaggregated services, and an expectation that those in need of support must navigate services on their own which creates barriers. Services need to be more accessible and meet people where they are. • Highlighted the significant shortage of health care providers, exacerbated by burnout. This includes not only doctors and nurses but also CNAs and assistants which leads to delayed care and heightened frustration. The lack of adequate support, training, and compensation contributes to high levels of burnout and an insufficient workforce. Further, COVID-19 is believed to have started the strain on health care workers which has led to burnout and an increased demand for mental health support without adequate resources. • Emphasized that the regulations and reimbursement rules related to funding delivery of services is also a challenge. These regulations and rules can limit the ability of providers to deliver services that best meet community needs. Furthermore, they do not allow for coordination or consolidation of care. • Discussed the abundance of silos within the current system, including the lack of data sharing and inefficient coordination between agencies hinder a unified approach. As a result of these silos, customers often have to re-verify and reconfirm the same information when attempting to access services from different agencies.

What are the root causes of the challenges you have identified?	● Discussed that laws and regulations around protected health information poses a barrier to data sharing. There appears to be a lack of will to break through it because the risk is viewed as too high and the resources too great to create a path in order to develop effective solutions. These challenges contribute to a significant lack of understanding about how data are used across different agencies, compounded by legal and policy constraints. ● Discussed that the health care system is fundamentally flawed, requiring systemic changes to address these challenges effectively.
What are the RI's greatest assets in meeting HSRNs for Rhode Islanders?	● Noted that Rhode Island's greatest asset in meeting HSRNs for Rhode Islanders is its ability to frequently convene leaders, legislators, providers, and players in the same room. This collaborative environment is a valuable asset that should be leveraged. ● Discussed that Rhode Island benefits from its higher education institutions, which can play a key role in addressing health care needs.
Think about the previous discussions, the information that was shared, and your experience- do you have anything else to add? Where do we go from here?	● Discussed the challenge of expediting the process. They noted that it will be important for this workgroup to consider how we can make real change before we are compounded by new complexities. ● Discussed the pace of progress, specifically how slow it is, and that there are some simple solutions where we can begin to make headway. ● Discussed that intentionality and commitment would be a major part of this workgroup in order to see decisions and recommendations through. ● Noted the importance of having achievable goals that are measurable, and encouraged consideration on the following questions: ○ How will we hold ourselves accountable? ○ How will we address new complexities that may arise?
What opportunities for change would have the greatest impact (in the short and long term)? Think about infrastructure, data and measurement, workforce, and other priority areas.	● Identified that if the workforce is not present, then no real progress can be made. Therefore, immediate actions are needed to develop and retain the future workforce, including revising licensing processes and exploring loan forgiveness programs. ○ Addressing housing needs can help attract and retain the necessary workforce. ● Identified that enhancing data-driven decision-making is essential for tracking progress and informing strategies. ○ Need for data around compensation, shortages/gaps, race/ethnicity(language). ○ A member of the group posed the following question: how do we take that data and turn it into actionable items? ● Recognized that numerous times resources are used by community agencies to conduct needs assessments. However, they suggested that some of those resources be utilized to bring about change based on the data collected from previous assessments, which may in turn prove to be more beneficial to communities.

What tasks could be done without new state funding (in the short term) to establish a foundation for the longer term?	● Identified that it will be important to leverage funding from private industries. Partnering with private sector entities will allow us to access additional resources. ● Identified the importance of utilizing leadership influence. Engaging key agencies and the governor's office to support and advance the plan. ● Discussed enhancing coordination between state agencies, even if it requires investing in shared resources or systems.
Work Group Feedback & Discussion - Group 2: Rilwan Feyisitan, Jr., Heather Gaydos, Director Kimberly Brito, Chris Ausura	
What do you see as the greatest challenges for meeting HRSNs in RI?	● Discussed the challenge in identifying the needs of marginalized populations. There are those who have challenges beyond OMB15 standards, and there are those who do not have the same voice or seat at the table to advocate for themselves and their communities. ● Discussed workforce shortages and retention across the three layers of the HRSN. There is a need for more staff and more sustainability of those staff. Unsustainable and inadequate resources are a driver of retention challenges. Strategies have been patchwork. ○ Need to "make the easiest option the default option" and eliminate red tape. There is a desire to examine ideas like multi-state licensing compacts and reductions in barriers to employment. ● Discussed the need to establish basic core competency for those working in the HRSN space across all layers of the HC system and the government. There is a need to better disseminate information. ● Discussed problems with funding and budgets: ○ There is a need for increased and sustained investment in state agencies. Funding fluctuations cause significant problems across all layers of the work. ○ Budgets are continuously being cut. ○ RIDOH's budget is 60-70% federally funded. This was identified as critical. ○ Funding for contractors costs the state more money and the contractors do not become part of the workforce to improve these systems. There is a need to invest in human capital. ● Expressed concern with a cycle of collaborating, planning, and implementing and a desire to intentionally carve out time and resources for planning work.
What are the root causes of the challenges you have identified?	● Discussed the state's lack of strategic planning, or at least effective long-term planning. Efforts are bifurcated into political priorities, state priorities, or federal priorities. Coordination of the HRSN planning efforts is a barrier to making improvement. Connecting the HHS impacts to other agency strategic plans(e.g., DOJ impacts multiple SDoH HHS outcomes) ● State that there is too much focus on planning and not enough focus on implementation. Work is considered done once the plan as a deliverable

	is complete, and leaders are not engaged and supported to stay engaged beyond the "planning" efforts. ○ There have been so many efforts to do planning that are not fully resourced or supported and have resulted in sub par progress to improve the sector. ○ There is a lack of communication across the components of the sector, lack of time to plan and engage to address problems, and this work is done in addition to the normal workload. ● Discussed a lack of coordinated and accessible data and skepticism that decisions are data-informed. Decisions are being driven in large part by other priorities that fluctuate. ● Identified that there is no coordinator for strategic execution and action to address SDoH and HRSN in the state and that there are not clear roles for the people who work within the community to provide HRSN support. The group discussed the state's reliance on community organizations but that this relationship is not well defined.
What are the RI's greatest assets in meeting HSRNs for Rhode Islanders?	● Discussed a rich set of existing plans, efforts, and building that should be referenced, including emergency response plans, ecosystem, etc. ● Identified the immense institutional knowledge that can be leveraged to make improvements. ● Identified the benefit of being a small state and being able to convene state leaders.
Think about the previous discussions, the information that was shared, and your experience- do you have anything else to add? Where do we go from here?	● Expressed curiosity about prior reports, whether there is a strong inventory of the "pre-work" that led to this point, and whether this has been shared.If it hasn't been shared, the group recommended that the pre-work and background inventory of assets would be a good next step. ● Raised the need to establish commitment to a longer-term process and to ensure that efforts are not tied to political requirements and executive orders. There is a need to define what happens after the report is written. ● Expressed a desire to define the system more comprehensively to avoid over-investment in responding to "low hanging fruit" without working on the systems level issues. Concerns were raised about jumping to solutioning before the scope and scale of the problem has been defined and apprehension about "ticking a box" vs addressing real changes.
What opportunities for change would have the greatest impact (in the short and long term)? Think about infrastructure, data and measurement, workforce, and other priority areas.	● Suggested intentionally changing the approach to provide more time for engagement, planning, and performance management against goals. ● Discussed modeling after quality improvement efforts in other sectors. ● Discussed establishing a more strategic approach to identifying SDoH/HRSN priorities by geography or demographic groups, then strategically aligning investment and activities to address those issues. There currently is not a model for data informed strategic implementation.

What tasks could be done without new state funding (in the short term) to establish a foundation for the longer term?	• Suggested establishing a financing working group that will look at how the state resources efforts across the 3 areas of impact: There was a recommendation that the state adopt a longer-term budgeting process since singular year project budgets are not aligned with the way strategic implementation works. The underlying issue is instability and unpredictability of funding. • Discussed the need to appropriately staff the SDoH/HRSN systems work. Currently, it is no one's responsibility to manage the system. Some are all responsible for implementing aspects of the system but it is no one's job to keep an eye on or improve the HRSN systems across the 3 layers. It was recommended that we build a team to work on these issues. • Discussed how to include those impacted outside of government in the decision-making process to ensure robust public/private leadership/ownership of the model and involvement of those who's "problem is being solved." The group suggested a model for management that has internal processes and external accountability. • Expressed a desire to prioritize things in ways that are not based on "who has the best lobbyist." Rather, prioritization should be data driven, transparent. It should include longitudinal planning and decision-making, collective goal setting, and performance management • Wondered whether there is a way to use PULSE to conduct interagency strategic development. Each agency could put a PULSE on their current PULSE for SDoH and HRSN as a starting point and then merge those into a SDoH/HRSN PULSE. • Suggested determining and establishing an HHS/Cabinet process that allows for SDoH planning discussions across the cabinet. The approach would be similar to creating inter/intra/public private accountability but aimed at connecting data, strategy, and implementation across agencies who are working on SDoH issues that impact HRSN demand and services. • Expressed a desire to examine unfunded mandates to determine what "good ideas" were proposed and adopted, but not having the impact they should have since there was no funding tied to that work. The goal would be to avoid re-creating the wheel by advocating for policies that exist and leveraging existing statutes and regulations to green light action now. • Expressed the need to map the current system to better understand what is happening across the layers and ensure the right people are at the table. • Expressed the need to see formal plan adopted to sustain the health care planning efforts to ensure energy is being committed to an enduring process
What would need to be funded in the future through state-level monies?	• Suggested competitive loan repayment programs to attract the workforce. • Suggested investing in human capital rather than consultants.
Work Group Feedback & Discussion - Group 3: David Cicilline, Garry Bliss, Nancy Wolanski, Marisa Petreccia, Kim Rauch	

What do you see as the greatest challenges for meeting HRSNs in RI?	● Discussed the need to connect Big Health Care with community based organizations (CBO)s, which is supported by federal regulatory and industry standards. ● Discussed the need to work with large entities of health care.
What opportunities for change would have the greatest impact (in the short and long term)? Think about infrastructure, data and measurement, workforce, and other priority areas.	● Discussed the need to build an intermediary that can speak to both sides - CBOs and Big Health Care. There is agreement in many cases, but communication styles do not match and there may be a lack of trust. ● Agreed the Community Care Model will be successful if Big Health Care has an intermediary to work with local care services, but acknowledged that it is unclear whether this intermediary would be a new or existing entity. ● Acknowledged the need to build space and create a buffer to support smaller entities. An intermediary would need to assist in investments for CBOs, which are critical and trusted. They are underpaid and experiencing staffing challenges. Big Health Care cannot support the needs of RI-ers alone.
What tasks could be done without new state funding (in the short term) to establish a foundation for the longer term?	● Identified the need to develop a clear problem statement that outlines the current landscape, goals, barriers, and opportunities, including a realistic vision for collaboration to address social needs.
Work Group Feedback & Discussion - Group 4: Marti Rosenberg, Sarah Lawrence, Shamus Durac, Zach Nieder, Jeanne Cola	
What do you see as the greatest challenges for meeting HRSNs in RI?	● Identified poverty, the housing crisis, and access as some of the greatest challenges for meeting HRSNs in Rhode Island. ● Discussed cultural competency as a challenge. The group spoke about the challenge of doing groundwork as the backbone of the Pawtucket/CF HEZ because there was not a level of comfort or ease to go into a facility (doc office, ED, etc.). The HEZdid not have a way to communicate effectively. If people are not comfortable and their needs are not understood, they will not come back (or seek the care to begin with). Places bright and welcoming and representative of the community they are in is important. ● Discussed the need for community health worker(CHW) trainings to be offered in a variety of languages, since people are best trained in their own language. ● Recognized that stabilizing the health care delivery system is an enormous cost. Every dollar to stabilize the system is one less dollar for affordable housing or any other HRSN. ● Stated that investments for the sake of a return (such as an insurer investing in their enrollees) are not as impactful as community-wide investments, and they often result in duplicate administrative expenses since the investment must be replicated for other groups rather than scaled up.

What are the root causes of the challenges you have identified?	● Discussed that there are silos within the current health system that result in targeting funding. ● Discussed the misalignment or nonalignment of incentives. Not necessarily that the programs exist without correspondence - but that the correspondence is tied to a HC delivery and payment system that is separate. ● Believed there to be an assumption/perception that people misuse funds which in turn leads to silos. Therefore, there is a strong need for compliance and reporting. If a community received a lump sum and were allowed to work within that to create the best flow and resources, we would likely have better outcomes. Communities know more about what they need to succeed. ● Emphasized that there is a lack of general trust about front-line workforce and community residents. There is a need for integrity of data and transparency. ● Mentioned that taking for granted that addressing HRSN is about reprioritization and reallocation is a root cause and challenge. Group members added that there is not much of an appetite to shrink the health care delivery system. ● Agreed, generally, that HRSN l have an impact on people's health. ● The group posed the following questions: ○ Why do the insurance companies get to dictate what the doctors can prescribe? ○ Why are insurance companies not required to cover what they prescribe? Why do they control this? ● Discussed that not much happens without money. What has been learned as the backbone agency of a HEZ is that in order to have collaboration, you must need human capital focused on the work at hand. There have been decreases in funding grassroots organizations to supplement the state budget. Foundational programs and initiatives that have been established should not go without funding.
What are the RI's greatest assets in meeting HSRNs for Rhode Islanders?	● Mentioned that HEZs are a strong asset which was proven through COVID, and that the CHW workforce is one of Rhode Island's greatest assets in meeting HRSNs for Rhode Islanders. ● Highlighted that as a small state it is easier for parties to convene. ● Highlighted the innovative teams at EOHHS and RIDOH. However, they noted that funding does not always follow the concepts. ● Stated that community voice is a powerful tool in meeting HRSN. ● Stated that Rhode Island has a stronger collaboration between its Medicaid office and commercial coverage regulator than other states, which is evident in the social and human services rate review process. Rhode Island is leading the nation in Medicaid reimbursement. ● Stated that COVID gave the community the clear demonstration of the existence of HRSNs, it allowed people to see the importance of addressing them and how everything is connected.

	● Discussed the strong foundation on the platforms that connect social service providers with the health care system. ● There is a strong and growing Latinx workforce element that might make us a bit better, at least with CHWs.
Think about the previous discussions, the information that was shared, and your experience- do you have anything else to add? Where do we go from here?	● Stated that the framing for future discussions and the report is crucial. The group began thinking about how to encourage this discussion about HRSN to be seen at the same level as the other 4 workgroups. Seeing it as somewhat secondary - compared, for example to the primary care system imploding and hospital financing. Integrated and not buried. ● The following question was posed: If the HRSFs are 80% of the health care system, should it not receive 80% of the funding, attention, and priority as well?
What opportunities for change would have the greatest impact (in the short and long term)? Think about infrastructure, data and measurement, workforce, and other priority areas.	● Stated that a strong evaluative function for state government is needed. There is a need for conversations about allocation of resources toward what works. Having evidence of both what works and perhaps what is not working well strengthens arguments for how to distribute resources. ● Identified that data needed for change would be: ○ Investments of money toward clinical versus community-based care. ■ What are the budgets? Very hard to measure the 80% and the community interventions. ○ How do you measure what people do not need because they are healthy or active? ● Stated that when looking at the table for the Cabinet, there needs to be strong connections to people not at the table - RIDE, RIDOT, etc. Although these people are not core to the Cabinet, they need to be brought in at the right time. Health in all policies approach. ● Stated that the report is only the beginning and there needs to be continued engagement. ○ How will the executive branch incorporate the work that is done by these groups into their daily methodology of work and service? ● Discussed that within the structure of health planning, it is important to think about HRSN represented and prioritized? It is crucial to go back to evaluation. Commitment to understanding the positive impact (financial and otherwise) of investments in HRSNs - needs to be baked into everything. Core to our argument - baked into the planning. State needs resources to evaluate that regularly. ● Discussed an interagency chairperson within the House and Senate at the State House - that work together and have conversations on this as well. They want to see within our legislative leadership level the same cross-pollination about what is necessary to guarantee Rhode Islanders a better quality of life.

What tasks could be done without new state funding (in the short term) to establish a foundation for the longer term?	• Emphasized that there needs to be continued outreach and conversation with every single discussion about the importance of HRSNs.
	• Mentioned that the RI Community Health Worker Roadmap Group - policy, CHWs, employers - is having a large conversation addressing these issues.
	• Discussed that there are regulations that need to be changed. The group noted that there is a lot of money spent on compliance, and instead we should take a look at the requirements for compliance.
	  ○ Are the requirements there because we are afraid or are they unnecessary?
	• The following question was posed: How do we build/scale by combining investments across payers?
	  ○ They then discussed the state's application for AHEAD. Driving cross-payer/cross-system investments. More work done to align.
	• Discussed that when building the archetypal value based payment structures, cost containment comes ahead of value and quality. It is a lot easier to drive cost-containment than to drive investments. Actors are incentivized with money to reduce costs than make meaningful community investments in SDOH/HRSN. The group suggests flipping that on its head to get the priorities to shift.

What would need to be funded in the future through state-level monies?	• HEZ backbones need funding and infrastructure to allow the community to communicate their needs. • Community health workers need funding in order to serve people.
Meeting Close	
Review Next Steps *Tammy Calise* *Slide*	• Tammy reviewed next steps, including that the next meeting will be scheduled for the week of October 7th and will focus on recommendations for action and strategic opportunities. Materials will be circulated in advance. • Tammy requested that any small group note-takers who recorded notes outside of the shared document send them to JSI by uploading them to the workspace.
Public Comment *Directors Brito and Lang* *Slide*	• Director Brito stated sustainability will be a major part of this plan. • Director Lang stated that one of the key strengths in RI is our ability to convene which will be very beneficial to the creation of this plan • The meeting was called to a close at 3:44 pm EDT.