



# RI Health Care System Planning - Health Related Social Needs Workgroup Meeting #2

---

October 16, 2024

RHODE  
ISLAND

# Welcome, Introductions, and Meeting Goals



Director Kim Merollo-Brito (DHS)

Director Lindsay Lang (HealthSource RI)

David Cicilline (President and CEO, RI Foundation)

# Agenda / Primary Meeting Goals

---

- **Welcome & Introductions**
- **Quick Review of Purpose, Goals, Key Areas of Inquiry, and HCSP Expectations, along with the Work Group Purpose, Key Deliverables, and Timeline**
- **Work Group Discussion**
  - **Discuss HRSN Model of Impact**
  - **Brief Review Leading Health Related Social Needs Priorities/Challenges**
  - **Discuss Range of Possible Strategic Actions for Model of Impact**
  - **Discuss Areas of Overlap, Collaboration, or Collective Action Across Workgroups**
- **Next Steps**
- **Public Comment**

# Review Purpose, Goals, Key Areas of Inquiry, and Expectations of the RI HCSP

—  
Marti Rosenberg, EOHHS

# Purpose and Goals of RI Health Care System Planning Initiative

**Overarching Goal:** High-quality, affordable, equitable, accessible, culturally and linguistically appropriate health care system

## **The HCSP will be developed through a comprehensive planning process that:**

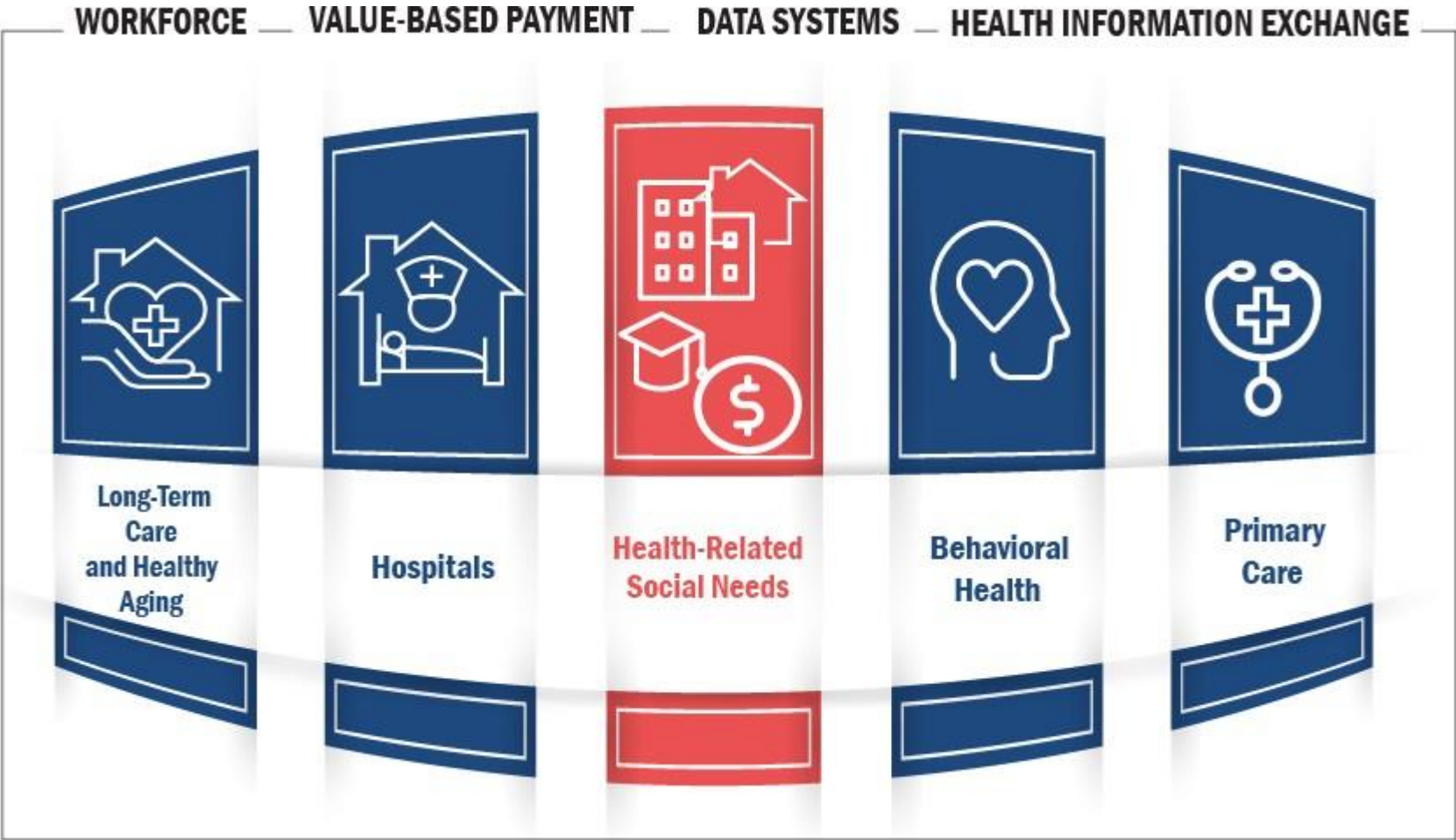
- Applies quality data for actionable health care policy, oversight, and accountability
- Engages a broad and inclusive group of stakeholders, including residents/health care consumers
- Coordinates with other health and human service systems to ensure continuity of care, supportive service delivery and basic needs
- Aligns current and future needs
- Is overseen by the Health Care System Planning Cabinet (HCSP Cabinet) with the support and cooperation of all departments, offices, boards and agencies

# Health Care System Planning Goals

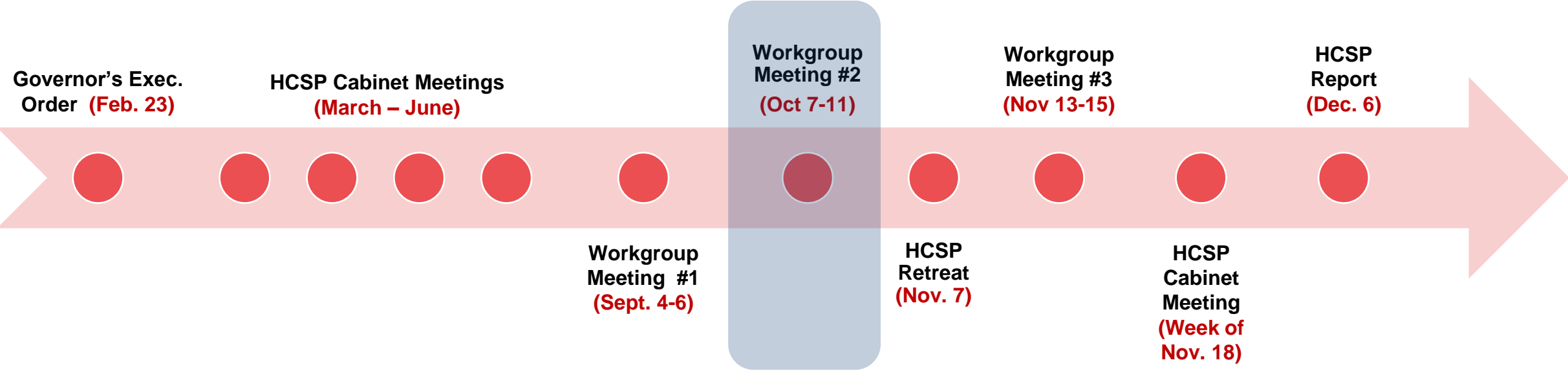
---

- Ensure **solvency** of the health care system
- Foster an **integrated delivery system that coordinates care** across the health care continuum focused on population health, care transitions, and patient-centered care
- Ensure **access to affordable, quality, easy to navigate, and comprehensive care**
- Ensure **health equity and reduce disparities** in access and outcomes
- Incentivize **investments in system transformation** to promote innovation
- Strengthen **preventive, and primary physical & behavioral health services** to maintain appropriate utilization & promote efficiencies
- Invest in efforts to address the **social factors that impact health**
- Establish state infrastructure to **oversee health system performance**, improvement, and equity, as well as promote transparency

# Health Care System Planning Structure



# Rhode Island HCSP Initiative Timeline



# Review Leading Behavioral Health Priorities and Identified Strategic Action Steps To Date



## Health Related Social Needs



# Brief Review of HRSN Challenges/Strengths and Discussion of Action Recommendations

Co-Facilitators: Erin Boles Welsh, JSI  
Chris Ausura, EOHHS

# Health Related Social Needs Landscape

## HRSNs interventions fall into three broad, interdependent Domains of Impact

### Social Determinants of Health

- Upstream community factors like housing, environment, economic opportunity.
- Primary drivers of demand for services downstream.
- Focuses on longer term transformational changes.

### Coordination of Care

- Coordination of downstream service delivery and upstream community transformation efforts.
- Integration of HRSN and social services across other areas of health care.
- Design, implementation, and management of a RI “HRSN system of care”.

### Delivery of Supports and

### Services

- Direct provision of services and supports to meet HRSN of individuals and populations.
- Priorities include reimbursement, workforce, capacity, access, and others related to direct service delivery

**Foundations: Governance/Policy, Data, Funding, Workforce**

# Review of Challenges/Strengths

## **DOMAIN: Social Determinants of Health**

Changes to upstream community factors like housing, environment, and economic opportunities. Improvements to the drivers of demand for services downstream.

### **Challenges**

- Health care system is flawed and requires systemic changes to address
- How to make real change before new complexities divert attention
- Poverty, housing crisis challenges
- Stabilizing health care delivery system is an enormous cost taking away from HRSN
- Structure creates demand for services that are needs based, enhance focus on HRSN, too focused only traditional health care therefore creating only a demand for those services

### **Strengths**

- HEZ are a great strength, we are years ahead of other states

# Draft: Leading HRSN Action Items

## **DOMAIN: Social Determinants of Health**

Changes to upstream community factors like housing, environment, and economic opportunities. Improvements to the drivers of demand for services downstream.

- Identify and define community factors and health related social needs that contribute to improved health, focus on cause and prevention
- Leverage HEZ infrastructure to feed HRSN needs, like housing, food access, environment (both environmental conditions and built environment), from HEZ into a statewide strategic plan that in return informs allocation of resources statewide among public and private service and care organizations
- Make simple solutions to feel like making headway on a complex problem
- Commitment needed to see commitment through long term; how will we hold ourselves accountable, how will we address new complexities as they arise

# Review of Challenges/Strengths

## **DOMAIN: Coordination of Services**

Coordination of downstream service delivery and upstream community transformation efforts. Integration of HRSN and social services across other areas of healthcare

### **Challenges**

- HSRN system complex, disaggregated services, silos
- 'Big Health Care' cannot support the needs of Rhode Islanders alone

### **Strengths**

- Ability to frequently convene leaders, legislators, providers and stakeholders in the same room, collaborative environment is an asset
- Higher education systems asset, and can play a key role in addressing needs
- CHW's are one of RI's greatest strength and were critical during COVID-19
- Innovative teams at EOHHS and RIDOH
- Strong collaboration with Medicaid office and OHIC, evident in OHIC's review of Medicaid reimbursements and subsequent report

# Draft: Leading HRSN Action Items

## **DOMAIN: Coordination of Services**

Coordination of downstream service delivery and upstream community transformation efforts. Integration of HRSN and social services across other areas of healthcare

- Map current system to better understand what is happening across layers and ensure right people are at the table
- Develop a clear problem statement that outlines the current landscape, goals, barriers, and opportunities, including a realistic vision for collaboration to address HRSN
- More strategic approach to identifying SHOH/HRSN priorities by geography or demographic groups, then strategically aligning investment and activities to address those issues; connect with CHW Roadmap Group working on these issues
- Connect 'big health care' with CBO's; create an intermediary that can speak to both - translating communication styles and building trust, as well as investments for CBO's
- See Governance

# Review of Challenges/Strengths

## **DOMAIN: Coordination of Care**

Direct provision of services and supports to meet HRSN of individuals and populations. Priorities include reimbursement, workforce, capacity, access, and others related to direct service delivery

### **Challenges**

- Those in need must navigate system on their own
- Reimbursement rules do not allow for coordination or consolidation of care
- Silos require reverification and reconfirmation across different agencies

### **Strengths**

# Draft: Leading HRSN Action Items

## **DOMAIN: Coordination of Care**

Direct provision of services and supports to meet HRSN of individuals and populations. Priorities include reimbursement, workforce, capacity, access, and others related to direct service delivery

- Direct provision of services and supports to meet HRSN of individuals and populations
- Priorities include: reimbursement, workforce, capacity, access, and others related to direct service delivery
- See Funding and Workforce

# Review of Challenges/Strengths

## **FOUNDATION: Governance and Policy**

Structures, policies and regulations that support the Domains of Impact

### **Challenges**

- Lack of strategic planning, or at least effective long-term planning.
- Priorities bifurcated into political, state, federal priorities.

### **Strengths**

# Draft: Leading HRSN Action Items

## **FOUNDATION: Governance and Policy**

Structures, policies and regulations that support the Domains of Impact

### **Where**

- Create (potential) EOHHS cabinet level Office of Health Related Social Needs with leadership and staff; ensure it's the Office's job to improve HRSN systems across 3 domains and across public/private systems. Has internal processes and external accountability
- Ensure public/private ownership of HRSN system

### **Who**

- Include those not currently at the table when appropriate, i.e. RIDE, RIDOT, etc. for a health in all policies approach
- Interagency chairperson within the House and Senate, want to see within legislature cross-pollination aimed at guaranteeing every Rhode Islander a better quality of life
- Define reliance on community organizations and their roles within HRSN planning, strategy and implementation

# Draft: Leading HRSN Action Items

## **FOUNDATION: Governance and Policy**

Structures, policies and regulations that support the Domains of Impact and well-being.

### **What**

- Prioritization should be data driven (not special interest driven), transparent, longitudinal and decision making. Goal setting should be collective with performance management
- HHS/Cabinet process that allows for SDOH planning discussions across the cabinet. 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.
- Possibly use PULSE to conduct interagency strategic development, each agency could include SDOH/HRSN on their PULSE to start then merge into a PULSE specifically for SDOH/HRSN
- Examine unfunded mandates, as well as other policies and regulations, 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.
- Leadership needed to drive HRSN system and engage other leadership long term to advance plan
- Planning must be implemented, work is not done when a plan is completed. How will this work be incorporated into daily methodology and service?

# Draft: Leading HRSN Action Items

## FOUNDATION

## Governance and Policy

Structures, policies and regulations that support the Domains of Impact

### When

- Be consistent, cycles of focus and time investment fluctuate, maintain consistent time for planning work

### How

- Framing for future discussions and the report is crucial, how to have HRSN seen at the same level as the other 4 workgroups and not secondary to primary care system difficulties and hospital financing. “If HRSN are 80% of the healthcare system, should it not receive 80% of the funding, attention, and priority?”
- Iterative evaluation and improvement process for an agreed upon time period to communicate and report back progress to stakeholders

# Review of Challenges/Strengths

## Foundation: Data

### Challenges

- Lack of data sharing between siloed system
- HIPAA/Data sharing is a barrier to coordination of care
- Lack of understanding how data is used across agencies, and where legal and regulatory barriers impose further constraint

### Strengths

# Draft: Leading HRSN Action Items

## Foundation: Data

- Create model for data informed strategic implementation
- Build interconnected statewide data system that agencies public and private could access, reducing duplication in activities such as needs assessment data for grants, service alignment, etc., including access to previous needs assessment data; make sure system informs model above
- Data-driven decision-making and regular evaluation essential for tracking progress and informing strategies
- Data needed on:
  - Identify marginalized and populations of need by detailed/census tract
  - Compensation, shortages and gaps, race/ethnicity, language
  - Learn how to take data and turn into action
  - Evaluate investments of money toward clinical vs community-based care
    - What are budgets? Hard to measure community investments
    - How do you measure what care/interventions people won't 'need' as a result of being healthy or active?

# Review of Challenges/Strengths

## Foundation: Funding

### Challenges

- Regulations and reimbursement rules limit ability of providers to deliver services that best meet community needs
- Mis/Non-Alignment in incentives, correspondence is tied to a healthcare delivery and payment system that is separate
- Investments from an ROI model (i.e. insurer's investing in their enrollee) is not as impactful as community-wide investments, and can result in duplicative expenses since investment must be replicated for other groups rather than scaled up
- Perception/belief that people misuse funds, leading to silos and need for compliance and reporting. If a community received a lump sum and were able to work within that to create the best flow and resources, we would have better outcomes.
- Funding HRSN is about reprioritization and reallocation of resources, and there is not an appetite to shrink the conventional healthcare delivery system

### Strengths

- Communities know best what they need to succeed

# raft: Leading HRSN Action Items

## Foundation: Funding

- Create finance work group tasked with reviewing state resources across 3 Domains of Impact, possible multi-year budgeting process
- Sustainable funding, fluctuations cause problems
  - Fund HEZ backbone organizations consistently to allow community to communicate needs
- Increased funding, including addressing state budget frequently being cut (RIDOH for instance, which is 60-70% federally funded)
- Partner with private sector for funding
- Build/scale by combining investments across payers? The state's application for AHEAD, driving cross-payer/cross-system investments. More work done to align.
- Work toward value based payment structures that prioritize value and quality over cost containment. Shifting priorities will in turn save costs over time

# Review of Challenges/Strengths

## Foundation: Workforce

As Rhode Island's health and human services partners continually strive to transform and improve care and services for all Rhode Island children and youth, so must we continue to assess and improve how we train, deploy, and support our health and human service workforce via building a robust and adaptive workforce, ensuring equity, and focusing on improvements to system sustainability

### Challenges

- Shortage of healthcare providers
  - Exacerbated by burnout and delayed care
  - Burnout from insufficient support, training, compensation
  - COVID-19 strained workforce
- Use of contractors costs more and contractors don't become part of the workforce, invest in human capital
- Lack of trust in frontline workforce and community residents.

### Strengths

- Strong and growing Latinx workforce, especially CHW

# Draft: Leading HRSN Action Items

## Foundation: Workforce

As Rhode Island's health and human services partners continually strive to transform and improve care and services for all Rhode Island children and youth, so must we continue to assess and improve how we train, deploy, and support our health and human service workforce via building a robust and adaptive workforce, ensuring equity, and focusing on improvements to system sustainability

- Establish supportive statewide environment people choose to work in:
  - Revise licensing process (multi-state licensure compacts)
  - Loan forgiveness programs
  - Addressing housing needs to attract and retain workforce
- Training:
  - Establish basic core competencies for those working in HRSN space across all layers of the system, including government
  - Develop cultural competency, if people aren't comfortable accessing services and their needs aren't understood, they won't come back
  - Offer CHW training in a variety of languages, since people are best trained in their language

# Opportunities for Overlap, Collaboration and Collective Action

**Workgroup Overlap and Collaboration:** It is critical that the RI HCSP initiative identify opportunities for collective action across the workgroups to integrate and leverage resources, promote coordination, and breakdown silos.

- **The following are a series of examples posed to-date:**
  - Training CHW workforce and create profession standards and reimbursement
  - Systemwide data availability
  - Collaboration between agencies

**Brainstorm: What are key opportunities for collective action and collaboration between the HRSN Workgroup and the other HCSP Workgroups?**

# Review Next Steps



---

Director Brito (DHS)  
Marti Rosenberg (EOHHS)

# Review Next Steps

---

- RI Health Care System Planning Retreat – November 7, 2024; 8:30am – 3:00pm
- Focus of the retreat will be reviewing workgroup to date and prioritizing actions
- JSI will send out notes and a summary of today’s discussion within the week.
- JSI will distribute materials before the retreat, including proposed list of priorities and action steps for workgroup members to review, refine, and agree on.

**If anyone has questions or ideas to share or wants to schedule an individual meeting, please be in contact with**

**Erin Boles Welsh [erin@healthycommunityroadmaps.com](mailto:erin@healthycommunityroadmaps.com)**

# Thank you, Closing Remarks, and Public Comment



---

Director Kim Merollo-Brito  
(DHS) Director Lindsay Lang  
(HealthSource RI)

David Cicilline (President and CEO, RI  
Foundation)

**RHODE  
ISLAND**