

Health Care System Planning Hospital Sector Workgroup Meeting #2

October 17, 2024

2:00PM EDT

Virtual

Attendees:

Aaron Robinson (South County Health), Al Charbonneau (RI Business Group on Health), Alec McKinney (JSI), Anusha Venkataraman (ONE Central Providence HEZ), Ara Milette (Lifespan), Cory King (OHIC), Deb Faulkner (FCG), Diana Franchitto (Hope Health), Fernanda Lopes (RIDOH), Gerry Goulet (Health Policy Analytics LLC), Jane Hayward (RIF, retired), Jessica Brown (FCG), John Fernandez (Lifespan), Julia Harvey for Attorney General Peter Neronha (RIAG), Linda Katz (Healthcare Coalition, retired), Lisa Tomasso (HARI), Lou Giancola (South County), Lynn Blais (UNAP), Marie Ganim (OHIC, retired), Marti Rosenberg (OHHS), Michael Souza (Landmark), Micheal Dexter (RIDOH), Pat Crowley (AFL-CIO), Rick Brooks (OHHS), Secretary Rick Charest (OHHS), Stacy Paterno (RI Medical Society), Martha Wofford (BCBSRI), Robert Dulski (CNE), Mary Marran (CNE), Emily Levi (FHC), Ena Backus (FHC), Assistant Secretary Ana Novais (OHHS), Mark Jacobs (MD, retired), Jason Martiesian.

Notes:

Agenda Item	Notes
<p>Welcome & Introductions</p> <p><i>Deb Faulkner, Secretary Rick Charest Slides 1-3</i></p>	<ul style="list-style-type: none"> ● At 2:00PM EDT, Deb Faulkner from FCG, opened the meeting by welcoming participants and turning it over to Workgroup Chair, Secretary Charest ● Secretary Charest thanked participants for their continued engagement in the process, participation in the survey circulated following Meeting #1, and asked the group to focus on today's goal to narrow in on priority solutions.
<p>Background & Context</p> <p><i>Deb Faulkner, Slides 4-11</i></p>	<ul style="list-style-type: none"> ● Deb reviewed meeting norms and the agenda stating the focus of the meeting would be on strategies and solutions, with a brief review of problem statements. ● Deb then introduced a revised set of Workgroup Principles for the group to consider. <ul style="list-style-type: none"> ○ Linda suggested amending the language in #1 to "while ensuring adequate number of providers and high-quality patient experience" and amending the last couple principles to clarify the scope of the healthcare sector and to emphasize that we need high-quality well paid providers "across the provider spectrum" so that it's not interpreted to be just docs. ○ Marie agreed with Linda's refinements to this language re quality patient experience, health care including the root-causes, and the spectrum of providers.
<p>Review of Refined Problem Statements &</p>	<ul style="list-style-type: none"> ● Deb reviewed high-level problem statements, dividing them into two categories: "top-down" issues such as the lack of statewide health system oversight and infrastructure, and "bottom-

<p>Priorities</p> <p><i>Deb Faulkner, Slides 12-15</i></p>	<p>up" challenges like workforce limitations and emergency department capacity issues.</p> <ul style="list-style-type: none"> ● Linda suggested clarifying language around community settings to include not just nursing home beds but also other community environments like assisted living. She also highlighted staffing issues related to discharge planning and care transitions. ● Stacy raised that care transitions are also impacted by prior authorizations.
<p>Deep Dive on Priority Strategies</p> <p><i>Deb Faulkner Slides 16-28</i></p>	<ul style="list-style-type: none"> ● Deb introduced seven key priority strategies, split between immediate actions and longer-term structural changes. The immediate actions focused on hospital fiscal transparency and Medicaid payment adjustments, while longer-term strategies considered statewide capacity planning and alternative care models. ● Pat remarked that the list provided was reasonable but should be seen as a conversation starter rather than definitive. ● John suggested reprioritizing some items, particularly placing Medicaid payment adjustments as the top priority ● Marie raised concerns that primary care and workforce investment must be integrated into hospital system reforms to prevent exacerbating current issues. ● Secretary Charest raised that there may be other groups working on some of the concerns that we're expressing and the purpose of the retreat would be to share the work product of all of the groups so that we see an integrated decision making process. ● Mark raised the need to think about when we want care to occur, highlighting preventive and acute care can be delivered more efficiently in the community and if we don't look at the health care system as a whole to address challenges, hospitals will continue to be overwhelmed. <p>The meeting then focused on specific solutions:</p> <ul style="list-style-type: none"> ● Health System Fiscal Transparency and Monitoring: Participants discussed the need for comprehensive data collection and infrastructure to assess hospital performance, including financial metrics and health outcomes. <ul style="list-style-type: none"> ○ Linda suggested two additions 1) we could quickly improve existing DoH oversight of charity care on uncompensated care and community benefits 2) add Community Advisory Board or committee that would work with DoH to help implement better oversight in reporting. ○ Aaron questioned if there is enough funding and infrastructure to monitor this in a consistent and reliable way but also enforcement mechanism that won't have unintended consequences. ○ Cory and Julia voiced their support for this proposal. Cory highlighted that other states do this, and we don't need to reinvent the wheel. We are a leader in the use of data, and we've taken on challenging initiatives in the past and been successful. ○ Martha and Al noted that we should get all the federal dollars we can to support this initiative. Al stated that if we put a very bold proposal on the table, we may be able to bring serious money into the state from federal and national foundations. ○ Linda emphasized her support for 1b and asked for an amendment to the language

to support hospitals serving a high percentage of at risk patients, rather than serving at risk communities. She also noted we should be supporting a network of providers more so than hospitals.

- Medicaid Payment Rates: **John** questioned the necessity of further studying Medicaid payments, arguing that the state should take immediate action to address payment inadequacies.
 - **Cory** stated the study was needed to gain support from the general assembly and added that with the right data the study can be done quickly, the only issue would be if the study needs to go into procurement.
 - **Lisa** voiced concerns about using the hospital tax, stating that hospitals shouldn't be paying for their own rate increases.
 - **Al and John** agreed, highlighting the need for a new payment system.
- Acute Care Plan: **Mark** noted the need to include "home" and other alternative capacity in the capacity and needs assessments, considering remote monitoring technology and Julia asked that the patient experience be considered in this plan.
- Mergers, Hospital Conversion Act & Certificate of Need: **Gerry** suggested the group be careful in expanding the hospital conversion act and stated the need for more enforcement in the licensing division. **Julia** agreed for the need to look at private equity in non-hospital contexts while noting she does not believe this needs to happen by expanding the hospital conversion act.
- **Lou** questioned if there were a more immediate action that could be taken by hospitals in collaboration with payers to reduce administrative costs. Participants largely agreed with this approach. **Mary** asked the HARI to extend an invite to payors to start this conversation.
 - **Marie** raised that there may be anti-trust (collusion) reasons why the hospitals and insurers cannot convene as a group without a state convener. **Julia** agreed, stating this would largely depend on the substance of the conversation.

Meeting Close

Next Steps

*Deb Faulkner
Slide 26-27*

- **Deb** then reminded participants of the next meeting on November 7, 2024 and announced that further surveys and feedback requests would be circulated following this session to finalize the strategy recommendations.