



HSTP AE Advisory Committee Meeting Notes

Meeting Date, Time and Location: October 24, 2018, 8 a.m. to 10 a.m., 301 Metro Center Blvd., Warwick, R.I. 02886 Room 203

Meeting Facilitators/Presenters: Patrick Tigue, Anya Rader Wallack, Laretta Converse, CHCS Team (Rob Houston/Diana Crumley)

Advisory Committee Member Participants: Anya Rader Wallack (Brown University School of Public Health), Becky Boss (BHDDH), Carrie Bridges-Feliz (Lifespan), Chris Gadbois (Behave Care), Deb Hurwitz (CTC), Dr. Al Kurose (Coastal Medical), Dr. Barry Fabius (United Healthcare of RI), Dr. Jerry Fingerut (EOHHS), Ana Novais on behalf of Dr. Nicole Alexander Scott (RIDOH), Dr. Ottiano (Neighborhood Health Plan of RI), Dr. Tilak Verma (Tufts Health Public Plans), Eric Beane (EOHHS), John Minichiello (Integra), Linda Katz (Economic Progress Institute), Marie Ganim (OHIC), Marti Rosenberg (SIM), Merrill Thomas (Providence Community Health Center, Michael Lichtenstein (Integrated Healthcare Partners), Patrick Tigue (EOHHS), Ray Lavoie (Blackstone Valley Community Health Center), Roberta Merkle (St. Elizabeth’s Community), Sam Salganik (RIPIN), Steve Odell (Prospect Health Services RI, Inc.)

Meeting Notes			
<i>Agenda Item</i>	<i>Time</i>	<i>Facilitator(s)</i>	<i>Meeting Notes</i>
Welcome & Introductions	30 Minutes (8:00 a.m. to 8:30 a.m.)	Patrick Tigue/ Anya Rader Wallack/ Secretary Beane	<p>Introductions</p> <ul style="list-style-type: none"> • Director Tigue welcomed the group with introductions and overview of the intention of the HSTP AE Advisory Committee. The aim of the Advisory Committee is to leverage the expertise in the room to guide the strategic direction of the AE program and generate future dialogue. • Anya Rader-Wallack will be a co-chair with Director Tigue. Anya shared that the HSTP AE program has been planned over the course of many years, including during her service as the Medicaid Director and EOHHS Secretary. • Secretary Beane shared that the AE program is a signature initiative of the Raimondo administration. The Secretary described the challenges facing the State and the AE project playing an integral part in delivery system reform. <p>Charter Ratification</p> <ul style="list-style-type: none"> • HSTP AE Charter was shared with Committee members prior to this meeting. The group had no comments. EOHHS will share final charter with group and will be posted on EOHHS website. <p>Program Goals</p> <ul style="list-style-type: none"> • Director Tigue shared his vision of HSTP program. The common concern of misalignment of incentives in current delivery system is what the AE programs seeks to ameliorate.



			<ul style="list-style-type: none"> Using the analogy of vehicle/gas, the vehicle is the AE program and the gas is the DSHP through CNOM authority. Expenditures by IHEs on transformation efforts which can be drawn down – (\$160M pool to support the AE program) AEs will focus on primary care, integration of BH and SDOH.
<p>Presentation of Pilot Program Report: CHCS</p>	<p>30 Minutes (8:30 a.m. to 9:00 a.m.)</p>	<p>CHCS (Rob Houston and Diana Crumley), Patrick/Anya</p>	<ul style="list-style-type: none"> Rob Houston and Diana Crumley from Center for Health Care Strategies (CHCS) presented findings from the AE Pilot evaluation. CHCS met with stakeholders 16 interviews and combined findings and made recommendations to EOHHS. CHCS Pilot Recommendations: <ol style="list-style-type: none"> Ensure AEs have the data they need to succeed difficulties communicating with data, data incomplete or delayed (AEs), MCOs view that AEs not ready to receive/work with data. Foster open communications between AEs, MCOs and the State. Modify incentives to encourage additional participation. Strive for simpler, streamlined requirements, but continue to provide flexibility. Let iteration drive innovation. CHCS AE Committee Member Questions (Patrick/Anya 15 Minutes) <ul style="list-style-type: none"> A Committee member commented that building trust with the AEs, MCOs and the State was a significant factor in supporting the pilot and current program. Learning collaborative with AE/MCO should also include the State to help further to goals of the program. RI MCOs perform better – what measures were associated with this? Cost and quality stand point. Lower cost / improved quality. Reconciliation of consumer choice Negative PMPM trend. Financial model seems to show more emphasis on cost trends rather than quality. Rob noted that APM models are tied together (quality and cost). States have tried to separate cost and money for incentive with mixed results. Nationally, patient experience is improved when in an ACO. Patient don't know that they are in an ACO in many other models. How to engage patients and motivate people to utilize services and engage in primary care was raised. Primary care models work better in terms of performance of Medicaid ACO models.



			<ul style="list-style-type: none"> Looking at how specialists perform in the AE network as they are often a cost contributor. Data sharing– recommendations from other states on how to get data from providers and to AEs.
HSTP Sustainability Planning	20 Minutes (9:00 a.m. to 9:20 a.m.)	Lauretta Converse	<ul style="list-style-type: none"> HSTP Director, Lauretta Converse, provided the strategic overview of program planning for PY2-Beyond and success factors for the AE program. Comments from Committee Members <ul style="list-style-type: none"> High utilizers need to be further examined to ensure that we are fixing the underlying concern of high-utilizers in the delivery system and they are getting the care they need. Concrete steps for colocation for BH and primary care need to be further developed. Rob Houston commented that States almost universally include BH in their ACO models. CBO – experience with that in other states Oregon, Mass, integration in SDOH.
Future Meeting Topics	25 minutes (9:20 a.m. to 9:45 a.m.)	Patrick Tigue/Anya Rader Wallack	<ul style="list-style-type: none"> Director Tigue presented the proposed future meeting topics. Ongoing process and this list will be modified in future meetings. Suggested additional topics/comments from committee members <ul style="list-style-type: none"> Exploration of benefit design for Medicaid members should be explored as it impacts the population. Meaningful and relevant consumer representation in decision process. (substantive and supporting of consumers) Pace of implementation of the program. Collaborate in a meaningful way; work together as opposed to each AE solving issues individually Performance of the program need to be shared in a transparent manner. Long term sustainability of the program was raised. Being realistic about AE achievements and areas of care delivery system that can be improved (i.e., transformation). Data collaboration and efforts of other state agencies and SIM project in these efforts.
Public Comment	15 minutes	Patrick Tigue/Anya Rader Wallack	<ul style="list-style-type: none"> Helene Forte – engage everybody and all constituents related to housing, SDOH, etc.



	(9:45 a.m.- 10:00 a.m.)		<ul style="list-style-type: none"> • Patrice Cooper – Trust building, structure is impressive, and UHC looks further to support the AE efforts. • Beth Marootian– Process – collaboration – transitions of care have significant barriers in the state, improve processes. Longer term look at the future and what happens with successful AEs and those providers that are still driving costs. Pharmacy costs are an area that should be examined. • Vinnie Ward – Design of LTSS program. Considerations of Home Care agencies, churning, other factors that need to be fixed such as UHIP and eligibility.
Adjourn	10:00 a.m.	Patrick Tigue/Anya Rader Wallack	<ul style="list-style-type: none"> • Meeting notes and handouts will be emailed to all on distribution list and EOHHS website.

Public Participants: Ada Amobi (RIDOH), January Angeles (EOHHS), Colin Anrahan (Independence Homecare), Chris Ausura (RIDOH), Mary Barry (Capitol Home Care), Michael Bigney (Nursing Placement), Garry Bliss (Integra), Bryan Blissmer (URI), Liz Boucher (Carelink RI), Rick Brooks (EOHHS), Libby Bunzli (EOHHS), Olivia Burke (Faulkner Consulting Group), Joe Cicione (Homefront Health Care), Tom Coderre (Governor's Office), Laretta Converse (EOHHS), Patrice Cooper (UnitedHealthcare of New England), Diana Crumley (CHCS), Courtney Donald (Bayada), Christopher Dooley (Prospect Medical Holdings), Debra Driscoll (Ocean State Nurse), Diane Evans (Thundermist), Deborah Faulkner (Faulkner Consulting Group), Nicole Finch (UnitedHealthcare of New England), Helene Forte (Tufts Health Public Plans), Nancy Hermiz (Neighborhood Health Plan of RI), Rob Houston (CHCS), Rose Jones (EOHHS), Cory King (OHIC), Jean Klimm (Capital Home Care), Mark Kraics (EOHHS), Rebekah LaFontant (EOHHS), Beth Marootian (Neighborhood Health Plan of RI), Wayne Marshall (UnitedHealthcare of New England), Brenna McCabe (EOHHS), John Mudge (BVCHC), Maria Narishkin (EOHHS), Ashley O'Shea (EOHHS), Sandra Pardus (BVCHC), Jaclyn Porfilio (Governor's Office), Alan Post, Putney Pyles (Healthcentric Advisors), Andy Rosa (Integra), Chantele Rotolo (EOHHS), A. Sadlier (Bayada), Bethany Skinner (Healthcare Svcs), Kristin Sousa (EOHHS), Karen Statser (EOHHS), Michelle Szylin (DEA), Lisa Tomasso (HARI), Marea Tumber (OHIC), Maria Viveiros (UnitedHealthcare of New England), Vinnie Ward (Home Care Services of RI), Cheryl Wojciechowski (EOHHS)