



# Rhode Island Health Care System Planning Cabinet Meeting

December 9, 2024

10:00-11:30am EST

Virks Building Training Room

3 West Road, Cranston, RI 02920

## Cabinet Members Present

Name	Title
Richard Charest	EOHHS Secretary
Ana Novais	EOHHS Assistant Secretary
Kristin Sousa	Medicaid Program Director
Dr. Jerome Larkin	RIDOH Director
Kimberly Brito	DHS Director
Rich LeClerc	BHDDH Director
Ashley Deckert	DCYF Director
Cory King	OHIC Commissioner
Matthew Weldon	DLT Director
Jessica Key	Assistant OPC Commissioner
Maria Cimini	OHA Director

## Advisory Council/Community Partner Attendees:

- Elena Nicolella, RI Health Center Association
- Dr. Jeff Borkan, Brown University/Care New England
- Garry Bliss, Prospect
- Rachel Yoder, Tides Family Services
- Meghan Grady, Meals on Wheels
- Tina Spears, CPNRI
- Linda Hurley, CODAC
- Chris Gadbois, Carelink
- Stacy Paterno, RIMS
- Tanja Kubas-Meyer, RICCF
- John Tassoni, SUMHLC
- Nicholas Oliver, RI Partnership for Home Care
- Shannon Picozzi, Neighborhood Health Plan of RI

- Deb Hurwitz, CTC
- Patrick Crowley, RI AFL-CIO
- Melissa Campbell, RI Health Center Association
- Ed McGookin, Brown University Health
- Elizabeth Burke Bryant, Brown School of Public Health
- Dr. Peter Pogacar, RIAAP

**State Staff:**

- Marti Rosenberg, EOHHS
- Aryana Huskey, EOHHS
- Rick Brooks, EOHHS
- Jim Suah, RIDOH
- Allegra Scharff, RIDOH
- Manny Ortiz, RIDOH
- Cheryl LeClair, RIDOH
- Mike Dexter, RIDOH
- Chris Ausura, RIDOH
- Fernanda Lopes, RIDOH
- Melody Rodriguez, OHA
- Brenda Amodei, BHDDH
- Charlie Estabrook, OHIC
- Sandra Powell, RIDOH

**Other Attendees:**

- Alec McKinney, JSI
- Angelique Croce, JSI
- Lizzy Jones, JSI
- Anne Doyle, Spark Living and Learning
- Grace Flaherty, Bailit Health
- Deb Faulkner, FCG

**Welcome & Introductions**

*Secretary Richard Charest & Assistant Secretary Ana Novais*

- At 10:03 am, Secretary Charest welcomed everyone to the Health Care System Planning Cabinet meeting and introduced Jessica Key, standing in for Commissioner Shannon Gilkey.
- After review of the August minutes, Secretary Charest called for a motion to approve. Richard Leclerc moved to approve the minutes and Maria Cimini seconded the motion. All were in favor.
- Secretary Charest acknowledged the amount of work carried out by the state staff, consultants, and community partners in preparing the draft Health Care System Planning Report that was the topic the day's meeting: six Cabinet meetings, more than 20 workgroup meetings across the 5 health sector workgroups, more than 20 interagency team meetings, an all-day planning retreat with more than 150 attendees, and countless hours of researching, assessing, writing, and strategic planning. He thanked

the Cabinet, EOHHS Advisory Council, workgroups, Assistant Secretary Novais, Marti Rosenberg, the Interagency Team, and consultants who have supported this effort.

- Assistant Secretary Ana Novais described the inclusive and engaged public-private process that led to this Cabinet meeting and echoed Secretary Charest's appreciation to all those who participated. She also discussed the goal of this meeting to ensure that the Cabinet, which has been charged by the Governor to oversee this process, are comfortable with the overall direction of the foundational recommendations before moving in earnest to the intense implementation and planning phase of this process.
- Assistant Secretary Novais noted that the goals for this meeting were to endorse recommendations or raise "red flags" for recommendations that need more thought so that recommendations can be refined, prioritized, and move toward action planning.
- Assistant Secretary Novais also discussed the next steps in this process, which include reviewing and finalizing of the December report; sharing a draft, confidential, embargoed report to the Advisory Council for their review and comments by Friday 12/13; submission of the report to the Governor by 12/20; online distribution of a polished, fully-formatted report in January; and moving toward the implementation phase.

### **Presentation and Discussion: Health Care System Planning December Report Draft**

*Assistant Secretary Ana Novais, Marti Rosenberg, Alec McKinney*

#### ***Primary Care***

- Assistant Secretary Novais reviewed the Primary Care Workgroup recommendations
- For the section on practice care payment and practice support:
  - Secretary Charest noted that we are currently in negotiations with CMMI, working to expedite the AHEAD project, and encouraging hospitals to participate.
- For the section on workforce retention, Secretary Charest elevated the need to consider the training environment for residents and to increase the training rotation capabilities.
  - Dr. Jerome Larkin agreed with this need but framed it as a long-term rather than immediate consideration.
- Commissioner Cory King noted that many of the recommendations may already be in process and open for public comment.
- The Cabinet endorsed the primary care recommendations.

#### ***Oral Health Subgroup***

- Assistant Secretary Novais reviewed the Oral Health Sub Workgroup recommendations.
- Jessica Key raised a question about whether there has been an effort to reduce duplication across workgroups by consolidating like recommendations.
  - Assistant Secretary Novais described the cross-sector workgroups, which discussed topics that touched all health sectors. She also acknowledged that there were instances in which workgroups needed to discuss these topics to sufficiently explore nuance.
- Dr. Larkin highlighted the need to call out all health professionals (e.g., social worker, case manager, community health worker) in recommendations, not only clinicians.
- For the section on dental payment and investment, Commissioner King acknowledged that OHIC is conducting dental payment rate reviews, which could be a source of information.

- For the section on primary care monitoring and accountability
  - Director Richard LeClerc highlighted that the marketplace should allow for a greater number of providers to be able to work with patients who experience behavioral health challenges and developmental disability. This will be important to remember during the next phases of this work.
  - Director Ashley Dekert asked whether the oral health group thought about access in addition to retention, payment, and investment? She gave the example of the foster care system and the need to increase access to dental health care.
    - Dr. Larkin asserted that retention directly impacts access since access is driven by availability of primary care providers. Additionally, the number of primary care providers is driven by ability to retain providers - usually by reimbursement.
- Jessica Key raised a question about recommendations that did not make it to the final phase.
  - Dr. Larkin described that - for all intents and purposes - all recommendations made it to this phase, because they were either rolled up into an overarching recommendation or they were identified as overarching and would be found in a cross-sector group.
- The Cabinet endorsed the oral health recommendations.

## **Behavioral Health**

*Marti Rosenberg*

- Marti Rosenberg briefly reviewed the Behavioral Health Workgroup recommendations.
- Ms. Rosenberg also acknowledged the Senate resolution requesting EOHHS to study the best location for the children's behavioral health authority. This topic is will be addressed by the resolution's April deadline but is not part of the December report.
- Director Cimini expressed a desire to see older adults as a subset in behavioral health.
- For the section on care, treatment, support, and recovery services, Director LeClerc noted the importance of ensuring that the people are in the appropriate level of care.
  - There was discussion about Certified Community Behavioral Health Clinics (CCBHC), crisis services, and compliance with national guidelines for crisis intervention and stabilization. Mobile Response and Stabilization Services (MRSS) is one model.
- Assistant Secretary Novais highlighted the need to expand and integrate behavioral health and primary care in a bidirectional manner.
- For the section on workforce, Assistant Commissioner Key raised that the three recommendations, even if executed perfectly, would not address capacity.
  - Ms. Rosenberg noted that this is a reasonable flag but that these recommendations are in complement to the cross-sector section on workforce and that they were careful not to replicate.
- The Cabinet endorsed the behavioral health recommendations.

## **Hospitals**

*Marti Rosenberg*

- Ms. Rosenberg briefly reviewed the Hospital Workgroup recommendations.

- On the topic of fiscal transparency and performance monitoring, there was discussion about the whether hospitals would feel a level of risk in disclosing their interim financial reporting.
  - Secretary Charest noted that this kind of reporting would allow for monitoring that would lead to the ability of the State to step in and help. Waiting for audited financials results in review of prior years finances and can make it impossible to provide meaningful support
  - Commissioner King discussed the example of some bigger systems that have quarterly statements available. He also raised the idea that for institutions that are recipients of public funds, monitoring may be important to access matched federal public funds.
  - Assistant Secretary Novais discussed an initiative from several years ago where the RI Department of Health (RIDOH) was successful in working with hospitals to access unaudited information.
- There was discussion about whether there were any recommendations related to quality of care transitions for hospitals.
  - Deb Faulkner (consultant to the Hospital Workgroup) noted that there were several categories of recommendations related to transition of care, but that the ones highlighted in the presentation were the ones that rose to the top.
  - Assistant Secretary Novais noted that these conversations regarding steps need for actualization of recommendations will continue to be part of the next phase of work for this Cabinet and the Advisory Council.
- The Cabinet endorsed the hospitals recommendations.

### **Long-term Care and Healthy Aging**

*Alec McKinney*

- Alec reviewed the Long-term Care and Health Aging Workgroup recommendations.
- Director Cimini acknowledged that there were two struggles for this group. The first is engaging children with disabilities who have long-term care needs. The second is that phrasing of long-term care conjures nursing homes and Medicaid but the priority of the group was to talk about what we all need to live in community regardless of payer.
  - Assistant Secretary Novais emphasized Director Cimini's final point that healthcare system planning will impact all payers - commercial, Medicaid, and self-payers. This is not about Medicaid serving populations but all Rhode Islanders.
- The Cabinet endorsed the long-term care and healthy aging recommendations.

### **Health-Related Social Needs**

*Assistant Secretary Ana Novais*

- Assistant Secretary Novais reviewed the health-related social needs workgroup recommendations.
- Director Kimberly Brito emphasized the importance of the recommendations on the integrating and coordinating health-related social needs (HRSN) services.
- The Cabinet endorsed the HRSN recommendations.

## **Cross-cutting issues**

*Marti Rosenberg*

- Ms. Rosenberg introduced cross-cutting issues, describing that it was comprised of data structures and systems, workforce, health information exchange, equity, and quality. The report calls the first three out separately. Equity is woven throughout. Quality will be discussed in depth in future reports. When the full report is published there will be examples of the dashboards included.

## **Cross-cutting issues - Data Structures and Systems Recommendations**

*Marti Rosenberg*

- Ms. Rosenberg reviewed the data structures and systems recommendations.
- Commissioner King expressed belief that data structures and systems is an area in which the State can make fairly rapid improvements. EOHHS is poised to do this regulation although has not been resourced to do so. The reviewed dashboards will help.
- Dr. Larkin wondered how this integrates with EMR and expressed a desire to make this data linkage. He acknowledged a concern about privacy but stressed that there are too many systems in the State that do not “talk” to each other. He also emphasized the need to modernize licensing information.
  - Assistant Secretary Novais pointed out that licensing information was a focus of the workforce group and that licensing data currently sits with RIDOH.
  - Assistant Commissioner Key encouraged strong governance in regard to data transparency and integration
  - Secretary Charest emphasized the importance of the role of non-licensed healthcare workers in these conversations and noted that the larger report flags that there are several providers in the system that are not licensed but play a vital role in how the system works. He observed that the work should encompass as many of those non-licensed providers as possible.
- The Cabinet endorsed the data structures and systems recommendations.

## **Cross-cutting issues - Workforce Recommendations**

*Marti Rosenberg*

- Ms. Rosenberg reviewed the workforce recommendations and thanked the state partners, local partners, and consultants that participated in this process.
- Assistant Commissioner Key discussed the existence of a Healthcare Workforce Advisory Committee for the Healthcare Workforce Board, which is developing a report for this Cabinet.
- Director LeClerc emphasized the importance of lived experience and the need to mention lived experience when we talk about licensing.
- The Cabinet endorsed the workforce recommendations.

## **Cross-cutting issues - Value-based Payment Recommendations**

*Alec McKinney*

- Alec reviewed the value-based payment recommendations.
- There was no discussion.

- The Cabinet endorsed the value-based payment recommendations.

### **Cross-cutting issues - Health Information Exchange (HIE) Consensus Issues for Action**

*Marti Rosenberg*

- Ms. Rosenberg reviewed the HIE consensus issues for action, which include those from the 2022 HIT roadmap.
- Assistant Secretary Novais acknowledged waste in the current system.
- Dr. Larkin raised the equity challenge presented when healthcare literacy is low and there is no way for the healthcare provider to be able to view the health information.
- The Cabinet endorsed the HIE consensus issues for action recommendations.

### **Review of Next Steps**

*Assistant Secretary Ana Novais*

- Assistant Secretary Novais reviewed next steps, including:
  - Incorporation of these comments, as possible, by the December 13.
  - A continued red flag review by the Cabinet before the 13th, but comments after today may not be reflected in the presentation to the Governor, which will be similar to the presentations at this Cabinet meeting and tentatively take place December 20.
  - The staff will create an executive summary (50-60 pages) and aims to post a polished, public report online in January.
- This report will remain embargoed for the time being.

### **Public Comment**

*Secretary Richard Charest*

- Secretary Charest opened the floor for public comment.
- Dr. Jeff Borkan, Brown University and Primary Care, commented that the recommendations presented were incredible. However, he emphasized that some of these issues pose an existential threat despite acknowledging that the State is performing better than other states. He wondered what will come after the December report.
  - Secretary Charest acknowledged that there is an overwhelming number of recommendations and that the next phase will be about action planning that considers the State's current fiscal structure. This will include this Cabinet and the Advisory Council continuing to meet and formulate action steps.
  - Assistant Secretary Novais mentioned the creation of two staffing positions for the process, putting requests into the current budget to consolidate some resources for a better and more integrated approach, and reviewing the recommendations that do not require funds (e.g., process, changing regs). Those recommendations that do not require funds will move forward. She emphasized that the Cabinet and Advisory Council will continue. Workgroup sectors will stay engaged but not on the same schedules, depending on need and focus.
  - Secretary Charest emphasized the difference in this planning process compared to others. The December report and the work following will act as a road map.

- Dr. Peter Pogacar, pediatrician and President of RI chapter of Academy of Pediatrics, emphasized the urgent needs for children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements that are not being followed in the State. While this is a Medicaid initiative, Dr. Pogacar emphasized that all children should receive care at the highest standards. He asked about where this fits into this process.
  - Director Sousa noted that new rules and oversights for these requirements may push the State to take action more quickly than these recommendations. The State had their first compliance checkpoint, and there is an assumption that this is more financially motivated than service motivated. The State is taking this as an opportunity to review and improve processes.
- Elizabeth Bryant, Professor of the Practice of Health Services, Policy, and Practice at Brown, expressed excitement to see discussion about mobile response and continuation of MRSS. She celebrated successes in children's health and encouraged that the State continue this model with fidelity, which requires a 24/7 commitment.
  - She also celebrated the success of Rite Smiles, which now has about 138,000 children enrolled. Before Rite Smiles began, there were only 27 dentists in the State who accepted Medicaid for children, and now there are over 400. About 53% of the children enrolled in Rite Smiles in 2023 received a visit in the past year.
  - She also celebrated the success of integrating behavioral health into primary care through PCMH Kids.

### **Meeting Close**

*Secretary Richard Charest*

- Assistant Secretary Novais announced that comments will be accepted until December 13.
- At 11:32am, Secretary Charest called for a motion to adjourn the meeting. Dr. Larkin made the motion, Director Deckert seconded the motion. All were in favor.