



Rhode Island Health Care Cost Trends Project

Steering Committee Meeting Summary

1511 Pontiac Ave, Bldg. 73, Cranston

September 24, 2018

9:00am – 12:00pm

Steering Committee Attendees:

Tim Babineau, Lifespan

Al Charbonneau, Rhode Island Business Group on Health

Stephen Farrell, UnitedHealthcare of New England

Marie Ganim, Co-chair, Office of the Health Insurance Commissioner

Peter Hollmann, Rhode Island Medical Society

Kim Keck, Co-chair, Blue Cross Blue Shield of Rhode Island

Al Kurose, Co-chair, Coastal Medicine

Teresa Paiva Weed, Hospital Association of Rhode Island

Betty Rambur, University of Rhode Island College of Nursing

Sam Salganik, Rhode Island Parent Information Network

John Simmons, Rhode Island Public Expenditure Council

Neil Steinberg, Rhode Island Foundation

Larry Wilson, The Wilson Organization

Steering Committee Members Unable to Attend:

Adriana Dawson, Bank Newport

Jim Fanale, Care New England

Chris Koller, Milbank Memorial Fund

Steering Committee Staff Attendees:

Cory King, Office of the Health Insurance Commissioner

Jim Lucht, Executive Office of Health and Human Services

Anya Rader Wallack, Brown University

Ira Wilson, Brown University

Michael Bailit, Facilitator, Bailit Health

Megan Burns, Bailit Health

Justine Zayhowski, Bailit Health

November 14th APCD Data Use Conference

- **Action step:** Michael Bailit requested that Steering Committee members RSVP to Justine Zayhowski (jzayhowski@bailit-health.com) regarding their participation in the 11/14 conference. If Steering Committee members are unable to attend or wish to have a colleague attend, they are welcome to do so and asked to let Justine know the designee's name and email address.

Follow-up Items from 9/17 Steering Committee Meeting

- **Data Sources for Health Care Spending by Payer Category:** On 9/17, the Steering Committee was unable to decide whether to include Veterans Health Administration (VHA) and/Rhode Island Department of Correction's health care spending in the cost growth target. Megan Burns presented data by payer category which indicated that VHA spending was about 3% of medical spend in Rhode Island and that the Rhode Island Department of Correction's health care spending was about 0.2%. **Decision:** Due to the small population size, the fact Rhode Island does not have much influence on spending particularly for the VHA population, and in recognition that some claims for these populations will be captured through other settings, the Steering Committee decided to exclude VHA and the Rhode Island Department of Correction's health care spending.
- **Cost Growth Target Methodology:** The Steering Committee discussed three options for the cost growth target methodology: 1) forecasted median personal income growth, 2) forecasted CPI-U less food and energy, and 3) potential GSP.
 - Supporters of forecasted median personal income growth thought that this option was the most consumer-centric and resonated most with public stakeholders.
 - Supporters of forecasted CPI-U less food and energy thought using an inflation indicator was the logical as the economic growth indicators do not have a direct link to health care spending. Supporters also appreciated consistency with OHIC's regulatory current use of CPI-U less food and energy.
 - Supporters of potential GSP supported alignment with the Massachusetts and Delaware cost growth targets.
 - **Action step:** Bailit Health will research to see if there is a data source for a Rhode Island median income growth forecast.
 - **Action step:** The co-chairs will develop a proposal for which economic indicator to use and present it during the 10/15 Steering Committee meeting.

Cost Growth Target: Target Performance Assessment

- **At what level should performance assessment take place?** The Steering Committee discussed four potential levels for target performance assessment: state, insurance market, insurer, and provider/health systems.
 - State level:
 - **Decision:** The Steering Committee decided to report the target at the state level.

- Insurance Market level:
 - **Decision:** The Steering Committee decided to report the target at the insurance market level.
- Insurer level:
 - Some Steering Committee members said inclusion at the insurer level was important to foster transparency and accountability.
 - Some Steering Committee members flagged that some of the data are already being collected and they did not want to duplicate data collection efforts.
 - **Decision:** The Steering Committee decided to report the target at the insurer level.
- Provider level:
 - Some Steering Committee members felt the inability to break down spending performance at the specialist level was a gap. The Steering Committee hoped that the Brown data analysis would allow for a better sense of spending by specialists.
 - Betty Rambur raised that many nurse practitioners and physician assistants bill incident to.
 - **Decision:** The Steering Committee decided to report the target at the provider level.
 - **Action step:** Bailit Health will research: 1) whether CHIA has insurers report data by product or overall and 2) if the CHIA member month thresholds for public reporting are across all payers or by payer.
 - **Action step:** Betty Rambur will forward a *Health Affairs* article to the Steering Committee.

Cost Growth Target: Authority and Governance

- **With what authority will the cost growth target be set?** The Steering Committee discussed four options for setting the cost growth target: 1) the Governor issues an executive order, 2) the Legislature creates statute, 3) OHIC uses regulatory power (only affecting commercial lives), or 4) stakeholders create a voluntary compact.
 - Steering Committee members did not reach consensus on what authority should be employed to set the cost growth target. Steering Committee members voiced support for the following options: 1) start with a voluntary compact, with either the option or the intent of establishing a statute in the future, 2) pass legislation to fund the Health Care Planning and Accountability Advisory Council and modify its statutory authority to support target setting, and 3) pursue an executive order.
 - **Action step:** Bailit Health will provide the Steering Committee with the statute establishing the Health Care Planning and Accountability Advisory Council.
 - Some Steering Committee members voiced concern about having funding for sustained measurement and reporting.

- **Action steps:** At a future meeting, Bailit Health will estimate the administrative costs associated with: 1) analyzing performance relative to the cost growth target, 2) annual data analysis of the cost drivers, and 3) convening and facilitating a body to discuss target performance assessment and cost driver data.

Data Analysis: Patient Attribution

- Ira Wilson presented Brown's plans for patient attribution in the data analysis.
- **Patient Attribution to PCP:** Ira outlined how Brown planned to attribute patients to a PCP.
 - Peter Hollman noted that the CPT codes Brown planned to use would miss a subpopulation of individuals living in nursing homes who have a PCP.
- **PCP Attribution to Provider Group:** Ira noted that the data analysis team did not think that they could link NPIs/TINs to external provider directories without assistance from payers. He asked if payer contracting teams could help the data analysis team attribute primary care and specialty providers to ACO contracts.
 - Some Steering Committee members noted that the request would not necessarily be straightforward and that a provider's participation in an ACO could vary by contract. Some Steering Committee members thought an aggregated practice or provider group level would be a more appropriate grouping.
 - **Action step:** Steering Committee members will send their thoughts on how the data analysis team could attribute PCPs to provider groups to Ira Wilson (ira_wilson@brown.edu).

Public Comment

- Pano Yeracaris, MD, MPH, the Chief Clinical Strategist at Care Transformation Collaborative – Rhode Island, noted that CTC was working on provider directories for primary care.

Next Steps and Wrap-up

- **Next meeting:**
 - The 10/15 Steering Committee meeting will continue discussion of the cost growth target methodology recommendation and discuss data sources, provider attribution, risk adjustment, and timeline for implementing the target.
 - The meeting will take place on 10/15 at 9:00am at 301 Metro Center Boulevard, Room 203, in Warwick.