Rhode Island Health Care Cost Trends Project
Steering Committee Meeting Minutes
Virtual Meeting through Zoom
January 26, 2022
1:30-3:00pm

Steering Committee Attendees:
Patrick Tigue, Office of the Health Insurance Commissioner
Michele Lederberg, Blue Cross Blue Shield Rhode Island
Al Kurose, Coastal Medical - Lifespan
Larry Wilson, The Wilson Organization
Teresa Paiva-Weed, Hospital Association of Rhode Island
Al Charbonneau, Rhode Island Business Group on Health
Peter Hollmann, Rhode Island Medical Society
Tim Archer, UnitedHealthcare
Beth Marootian (on behalf of Peter Marino), Neighborhood Health Plan of Rhode Island
Beth Roberts, Point32Health
Tim Babineau, Lifespan
Diane Franchitto, Hope Health
Neil Steinberg, The Rhode Island Foundation
Sam Salganik, Rhode Island Parent Information Network
Jim Fanale, Care New England
James Loring, Amica Mutual Insurance Company
Michael DiBiase, Rhode Island Public Expenditure Council

Unable to Attend:
Tony Clapsis, CVS Health
Larry Warner, United Way of Rhode Island
Betty Rambur, University of Rhode Island College of Nursing
Designee for Rhode Island Department of Health

Welcome
- Michele Lederberg welcomed Steering Committee members to the January meeting and reviewed the agenda.

Approve Meeting Minutes
- Michele Lederberg asked if Steering Committee members had any comments on the October meeting minutes. There were no comments. The Steering Committee voted in favor of approving the October meeting minutes with no opposition or abstentions.

Sustainability

- Patrick Tigue announced that the Governor's budget proposal would include one-year funding for the Cost Trends Project.
- Al Kurose spoke to the need for sustainability funding and support for the budget proposal from members.
    - Michele Lederberg agreed, adding that while the Governor's proposed budget was a big win for the Cost Trends Project, the Steering Committee would have to continue to work towards sustainable, long-term funding.
    - Teresa Paiva-Weed anticipated that the Board at the Hospital Association of Rhode Island (HARI) would support the Governor's budget proposal to support OHIC's work, but asked that Patrick to provide additional information about what he needs for support (testimony, letters, etc.) when the budget hearing occurs. Patrick thanked Teresa and HARI for their support.

VBP Subcommittee Work to Date

- Al Kurose noted he wanted to discuss the January 10th hospital global budget webinar again at the next VBP Subcommittee meeting once everyone had a chance to listen and digest it.
- Michele Lederberg emphasized that the VBP Subcommittee was one example of why funding the Cost Trends Project was crucial.
- Peter Hollmann expressed appreciation for the diversity of opinions and experiences of the VBP Subcommittee, particularly in working with specialists. He noted that ideally, these arrangements would 1) be fair to the provider community, 2) not create access issues for patients, and 3) facilitate better health quality.
- Teresa Paiva-Weed noted that it was clear from Patrick Dooley's webinar presentation that Rhode Island could not implement the same Maryland model without heavily investing in Medicaid.
    - Al Kurose agreed, adding that this was something the Subcommittee should discuss further. He shared that this sentiment was echoed by Ken Wood at Lifespan who said that funding was a crucial issue and determined whether these models might succeed or struggle.
    - Patrick Tigue agreed with Al and emphasized that Subcommittee's dialogue about the language in the compact will be crucial. He highlighted that the process of producing the compact would be collaborative and consensus-driven.
- Jim Fanale expressed his support for the three payment models discussed by the Subcommittee. However, he noted that current pricing concerns due to labor cost and supply chain issues made these ideas highly risky. He echoed Teresa's point that until the group accounted for the fact that Medicaid was vastly underfunded, the state would have to continue to supplement Medicaid underpayment in some way, such as with exorbitant Commercial rates, for hospitals to breakeven. He noted that while it was great that nearly all Rhode Island residents were insured, nearly 35% of them were on Medicaid, which made average physician rates much lower.
- Al Kurose noted a public comment Pat Flanagan left in the chat: "Given the unique needs of children, which differ from adult care, was there any thought specific to protecting the needs of children's health in the VBP Subcommittee?"
    - Al Kurose responded that the Subcommittee had not addressed this, but would flag this as a takeaway from this meeting.

    - Jim Fanale noted that pediatricians have to take Medicaid, despite the low rates, given that 50% of children are covered this way.
    - Al Kurose responded that focusing on improving children's health would be worthwhile and the Subcommittee could find ways to embrace this in a non-partisan way.
- Al Charbonneau commented that in the many years following the Hospital Experimental Payment (HEP) in Rochester, many of his colleagues recounted how operating under a globally budgeted system unleashed a wave of innovation that was not commonplace in hospitals. He expressed enthusiasm that similar innovation would occur with working towards implementing a global budget in Rhode Island hospitals.

Public Reporting of Quality Measures

- Michael Bailit presented a co-chair proposal that beginning in 2023 performance on the Core Measures in OHIC's ACO Aligned Measure Set be reported concurrent with cost growth target performance measurement.
- Michael Bailit shared Betty Rambur's emailed comment in opposition of the Breast Cancer Screening measure, highlighting her concerns about the harm of over-screening.
- Teresa Paiva-Weed commented that she was not ready to vote on this at the present meeting, as she would need to consult with her Board first. She expressed concerns about evaluating quality during a pandemic, and said she wanted to check in with her organization's nurses to digest the proposal in terms of the new demands it would place on hospitals.
    - Michael Bailit clarified that the proposal would not require any new provider reporting and that it would only be for measurer already being collected by payers for their ACO contracts.
- Sam Salganik expressed his support for reporting, starting with Core Measures.
- Michael DiBiase questioned how this proposal related to the mission of the Steering Committee, as he did not recall anything about quality reporting in the 2018 compact.
    - Beth Marootian agreed and said that it would be interesting to hear the opinions of those in OHIC's Measure Alignment Work Group on this idea. She voiced her concern that reporting on some hybrid measures would require extra work to ensure that there was a sample large enough at the Commercial ACO level to assess performance on these measures.
    - Al Kurose explained that this reporting related to the Steering Committee's mission because pivoting to examining quality of care, in conjunction with aggressively controlling costs with advanced VBP models, would safeguard the interests of patients and address the potential rise in perverse incentives towards stinting.
    - Patrick Tigue added that the Steering Committee's compact states members would mitigate cost growth while maintaining quality. Public reporting would address the latter.
    - Larry Wilson agreed with Patrick and Al's comments, adding that publicly reporting on quality measures would keep attention on disparities in the state.
    - Peter Hollman agreed with Patrick's statement and mentioned that these measures, as they were used presently, were primary care measures that were reported on an entire-population basis. He added that these measures were not only for improving quality, but that there were significant direct payments made

for quality performance. They were used in gates to shared savings as well. He highlighted that the Steering Committee's proposal to implement VBP methods was contingent on quality measurement. While he did not think that primary care practices would be concerned publicly reporting these measures since their data would be reported at the aggregate level, he noted that it would be crucial to examine the differences in product line and the base differences in practice composition (i.e., performance in predominantly Medicaid practices vs. not).

- Al Charbonneau noted that the Lown Institute in Massachusetts, which was affiliated with Harvard Medical School, has produced low-value metrics for Medicare which had been circulated nationally. He wondered if this was something that could be added to this public reporting request, as it would only require asking those at the Lown Institute to use their data.
- Beth Roberts shared that she and her Point32Health colleagues supported public reporting and that use of the Core Measures was a good place to start.
- Teresa Paiva-Weed asked whether these reporting measures would be public information once reported to OHIC.
    - Patrick Tigue responded that any data that were not confidential nor proprietary, as defined by state law, were considered public information and could be requested.
    - Teresa Paiva-Weed replied that members ought to be cautious to preserve the purpose of collecting these measures, which was to improve quality.

Michael Bailit invited all participants to further consider the proposal and noted that Bailit Health would solicit additional submission of other thoughts before the March meeting.

Cost Growth Target Activities in Other States

- Michael Bailit presented an overview of affordability work occurring in other states, with special attention to work in Connecticut, Massachusetts and Oregon.
- Sam Salganik suggested performing the analysis on spending per service unit (slide 33 of the presentation) in Rhode Island. Michael Bailit supported Sam's suggestion, noting that it would be part of the data strategy going forward.

Public comment

- Michele Lederberg opened up the meeting for public comment. She summarized Pano Yeracaris's comment from the chat: he highlighted two recent activities: 1) Integra and Lifespan, with multi-payer support, will implement an e-consult referral process between primary care physicians and specialists, and 2) stakeholders of OneCare Vermont combined to form a single ACO for the state, which could be an interesting opportunity for Rhode Island.
- There were no additional public comments.

Next steps and wrap-up

- Michele Lederberg noted that the next Steering Committee meeting will take place on March 29th and that a May meeting would be scheduled soon *(Note: At the recommendation of the co-chairs, the meeting originally scheduled for May 23rd has been canceled. The following meeting will take place on June 23rd).*