

Rhode Island Health Care Cost Trends Steering Committee

October 20, 2023



Welcome

Agenda

1. Welcome
2. Approval of September Meeting Minutes
3. Vote on Support for the Drug Price Legislation Recommendation
4. Public Health and Health Equity Measures Work Group Recommendations
5. VBP Subgroup Discussion of Total Cost of Care Contracting
6. Public Comment
7. Next Steps and Wrap-up

Approval of Meeting Minutes

Approval of Meeting Minutes

- Project staff shared minutes from the September 21st Steering Committee meeting in advance.
- **Does the Steering Committee wish to approve the September meeting minutes?**

Vote on Support for the Drug Price Legislation Recommendation

Revisions to Drug Price Legislation Proposal

- On October 13th, project staff shared an updated draft of the proposed drug price legislation.
- The co-chairs invite discussion on the changes on both components (penalty on excessive price increases and reference payments) of the proposal.
 - *Do members of the Steering Committee have any questions or comments on the changes made?*
 - *Do you have suggestions for additions that you believe would strengthen either component of the proposal?*

Vote on Drug Price Legislation Recommendation

- You are invited to make a motion that the Steering Committee endorse the draft legislation if you wish to do so.
- Recognizing that some members may wish to support one but not both of the policies contained within the draft, we will first entertain a possible motion for the entire draft before considering a motion for support of one of the two policies.

Public Health and Health Equity Measures Work Group Recommendations

Background on Public Health and Health Equity Measures Work Group

- The 2023-2027 RI Cost Trends Compact includes a commitment to...
 - *“agree upon a discrete set of **public health and health equity accountability measures** with **associated improvement goals** on an annual basis as well as the methodology and practices to be utilized for analysis and public reporting of performance on these accountability measures”*
- The Steering Committee began discussing potential measures earlier this year, but ultimately recommended that a separate work group be convened to discuss and recommend measures and associated improvement goals.

Work Group Participants

1. Christopher Ausura & Bill McQuade (EOHHS)
2. Adama Brown & Larry Warner (United Way)
3. Paige Clausius-Parks & Kaitlyn Rabb (KIDS COUNT)
4. Joseph Diaz & Kevin Martins (Care New England)
5. Cesarina Elias & Jennifer Clair (NHPRI)
6. Christin Zollicoffer & Beth Lange (Lifespan)
9. Weayonnoh Nelson-Davies (Economic Progress Institute)
10. Zach Nieder (Rhode Island Foundation)
11. Farah Shafi (BCBSRI)
12. Sam Salganik (RIPIN)
13. Christine West (UnitedHealthcare)
14. Pat Flanagan (CTC-RI)
15. Lisa Tomasso & Nancy Fogarty (Hospital Association)
16. Sam Viner-Brown & Tosin Ojugbele (RIDOH)

Work Group Charge

The Public Health and Health Equity Target Measures Work Group was charged with:

1. Selecting a discrete set of a limited number (no more than six) public health and health equity accountability measures, with associated improvement goals
2. Developing methodologies and practices to be utilized for analysis and public reporting of performance against the improvement goals

Work Group Principles

The following principles guided Work Group member recommendation development.

1. Review a set of criteria to evaluate potential measures, and ensure that the selected measures meet as many of the prioritized criteria as possible;
2. Be sensitive to possible unintended consequences on health equity of improving health status for some populations and not others; and
3. Be mindful of state, payer, and provider financial and staff resources required to collect and share data on the selected measures.

Work Group Roadmap

What is the scope of the measures the Work Group should consider?

First meeting on May 16th, 2023

Are there modifications the Work Group would like to make to the criteria for selecting measures?

What are candidate measures that fall within the Work Group's desired scope? How do the candidate measures perform against the selection criteria?

Eighth (and final) meeting on October 11th, 2023

How should OHIC update the targets over time?

How should OHIC analyze and report performance against the targets?

What should the target values be for each measure? At what levels should performance be assessed?

Measure Selection Criteria to Apply to Individual Measures (1 of 2)

1. The measure is aligned with the State's public health improvement goals;
2. Improvements on the measure could contribute to decreasing long-term health care cost trends, where feasible;
3. The measure can be stratified by race and ethnicity, but ideally can also be stratified by age, disability status, gender, geography and language;
4. The measure presents an opportunity to improve health equity, evaluated by performing an assessment of data and literature to identify a meaningful disparity in performance;
5. The measure is actionable, meaning there is some degree of provider organization, payer, and/or public agency influence;

Measure Selection Criteria to Apply to Individual Measures (2 of 2)

6. Performance data are published or can be gathered annually, do not have a lag time of more than two years, and the level of effort associated with gathering data, if it is not already regularly published by a third party, is modest;
7. National and/or regional data are available for comparison and benchmarking purposes; and
8. The measure should not have been rejected by OHIC's Measure Alignment Work Group because the Work Group assessed the measure as flawed.

Measure Selection Criteria to Apply to the Measure Set as a Whole

1. The measure set should include at least one measure focused on the pediatric population; and
2. The measure set should include no more than six measures.

Public Health & Health Equity Measures (1 of 7)

- The Work Group recommended **six Public Health & Health Equity Measures** to be reported at the state level with target values for 2027:
 1. *Adults Without a Usual Source of Care*
 2. *Childhood Obesity*
 3. *Fatal Overdoses*
 4. *Inadequate Prenatal Care*
 5. *Infant Mortality Rate*
 6. *Severe Maternal Morbidity*
- For each measure, the Work Group recommended **either a total population target or a target focused on reducing inequities.**
- The following slides present the descriptions, data sources, and target values for each measure.

Public Health & Health Equity Measures (2 of 7)

Measure Name:	Adults Without a Usual Source of Care
Description:	Percentage of adults ages 18 and older who did not have one (or more) person they think of as their personal health care provider.
Data Source:	<ul style="list-style-type: none">• RIDOH (Behavioral Risk Factor Surveillance System)• RI Foundation Health In RI Dashboard
Baseline (2021):	Hispanic Adults: 24%
Target (2027):	Hispanic Adults: 17%

Public Health & Health Equity Measures (3 of 7)

Measure Name:	Childhood Obesity
Description:	Percentage of children (ages 2 to 17) whose body mass index (BMI) is in the 95 th percentile for gender and age
Data Source:	RI KIDS COUNT Factbook (BMI clinical and billing records of children ages 2 to 17 from KIDSNET, CurrentCare, BCBSRI, NHPRI, UnitedHealthcare, and Tufts Health Plan collected by RIDOH)
Baseline (2021):	Black children: 29% Hispanic children: 33%
Target (2027):	Black children: 23% Hispanic children: 27%

Public Health & Health Equity Measures (4 of 7)

Measure Name:	Fatal Overdoses
Description:	Rate of overdose deaths per 100,000 persons
Data Source:	State Unintentional Drug Overdose Reporting System (SUDORS) (CDC Dashboard)
Baseline (2021):	41.1 deaths per 100,000 persons
Target (2027):	35.0 deaths per 100,000 persons

Public Health & Health Equity Measures (5 of 7)

Measure Name:	Inadequate Prenatal Care
Description:	Percentage of mothers with inadequate prenatal care, based on three variables: gestational age of newborn; trimester prenatal care began; and total number of prenatal care visits
Data Source:	RIDOH (Vital Records Birth Certificate data analyzed by the Center for Health Data and Analysis)
Baseline (2018-2022)*:	Ages < 20 years: 8.1%
Target (2023-2027)*:	Ages < 20 years: 4.0%

*This measure will be measured using a rolling five-year rate (e.g., baseline performance includes 2018-2022; 2027 performance will include 2023-2027 data) to reduce volatility due to small denominators.

Public Health & Health Equity Measures (6 of 7)

Measure Name:	Infant Mortality
Description:	Rate of infant (ages one year and under) deaths per 1,000 live births
Data Source:	RIDOH Center for Health Data and Analysis, Maternal and Child Health Database
Baseline (2018-2022)*:	Black and Hispanic population: 7.7 deaths per 1,000 live births
Target (2023- 2027)*:	Black and Hispanic population: 5.5 deaths per 1,000 live births

* This measure will be measured using a rolling five-year rate (e.g., baseline performance includes 2018-2022; 2027 performance will include 2023-2027 data) to reduce volatility due to small denominators.

Public Health & Health Equity Measures (7 of 7)

Measure Name:	Severe Maternal Morbidity
Description:	Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a women's health. Severe maternal morbidity is measured among RI-occurrent delivery hospitalizations.
Data Source:	RIDOH (hospital discharge data)
Baseline (2018-2022)*:	86.2 per 10,000 delivery hospitalizations
Target (2023-2027)*:	75.0 per 10,000 delivery hospitalizations

* This measure will be measured using a rolling five-year rate (e.g., baseline performance includes 2018-2022; 2027 performance will include 2023-2027 data) to reduce volatility due to small denominators.

Data Collection and Reporting Methodology

- The Work Group recommended that OHIC evaluate and report performance on the Public Health & Health Equity Measures in the spring to align with OHIC's publication of its annual [Cost Growth Benchmark and Quality in Rhode Island Report](#).
 - A timeline of data to be reported for each measure is in the presentation Appendix.
- The Work Group recommended that OHIC report performance on the Public Health & Health Equity Measures...
 1. to the **Health Care Cost Trends Steering Committee**
 2. during OHIC's annual **Cost Trends Public Meeting**
 3. in a **written report**
 4. on **OHIC's website**

Updating Target Values Over Time (1 of 2)

- Unlike health care quality measures, which undergo annual specification changes, the Work Group did not anticipate major changes to the definitions or specifications of the recommended measures.
- However, the Work Group still recommended that OHIC conduct an annual review of the measure specifications to determine if there have been major changes to the data collection or reporting methodologies that could impact performance rates.
 - The Work Group's recommended process for reviewing each measure's specifications is in the presentation Appendix.

Updating Target Values Over Time (2 of 2)

- If there are substantive specification changes, the Work Group recommended that OHIC solicit feedback from an advisory body (either the Work Group or a successor to it) on whether to take any of the following actions:
 1. **Remove** the Public Health & Health Equity Measure for the affected and future reporting years and discuss including an alternate measure instead
 2. **Reset** the target value for the Public Health & Health Equity Measure to reflect the change in specifications
 3. **Maintain** the target value for the Public Health & Health Equity Measure and note the change in specifications when reporting/trending performance

Vote on Public Health and Health Equity Measures and Targets Recommendation

- You are invited to make a motion that the Steering Committee adopt the Work Group's recommendations.

Total Cost of Care (TCOC) VBP

Subgroup Discussions on TCOC VBP (1 of 2)

- The VBP Subgroup held its third and final meeting on October 4th.
- During this meeting, OHIC asked members for their input on options to pursue total cost of care (TCOC) VBP, first recognizing the following:
 - there are currently many ACO contracts in RI involving shared risk, and
 - there has been some activity towards full-risk, primarily for the Medicare Advantage line of business.
- When asked about opportunities and risks for expanding full-risk contracting to the commercial market, members pointed to their inability to engage specialists in TCOC arrangements as a challenge to doing so.

Subgroup Discussions on TCOC VBP (2 of 2)

- It is OHIC's assessment that there no longer exists commitment among the Steering Committee membership to collaborate to advance value-based payment in order to attain the cost growth target, as was envisioned in the April 2022 VBP compact.

Public Comment

Next Steps and Wrap-up

Upcoming Meetings

- Beginning in January 2024, the Steering Committee will meet on a quarterly basis.

Appendix

Public Health and Health Equity Measures Data Reporting Timeline (2024-2029)

Measure(s)	Year(s) of Data to be Reported in 2024	Year(s) of Data to be Reported in 2025	Year(s) of Data to be Reported in 2026	Year(s) of Data to be Reported in 2027	Year(s) of Data to be Reported in 2028	Year(s) of Data to be Reported in 2029
Adults without a Usual Source of Care	2022	2023	2024	2025	2026	2027
Childhood Obesity	2021	2022	2023	2024	2025	2026
Fatal Overdoses	2022	2023	2024	2025	2026	2027
Inadequate Prenatal Care	2018-2022	2019-2023	2020-2024	2021-2025	2022-2026	2023-2027
Infant Mortality	2018-2022	2019-2023	2020-2024	2021-2025	2022-2026	2023-2027
Severe Maternal Morbidity	2018-2022	2019-2023	2020-2024	2021-2025	2022-2026	2023-2027

Public Health and Health Equity Measures Process for Reviewing Measure Specifications

Measure(s)	Proposed Process for Reviewing Measure Specifications
Adults without a Usual Source of Care	<ul style="list-style-type: none"> OHIC staff will review the BRFSS survey methodology (e.g., questions, method of distribution, population receiving the survey) to confirm that there have not been any changes that might impact performance.
Childhood Obesity	<ul style="list-style-type: none"> OHIC staff will contact RIDOH staff to confirm its methodology for assessing RI childhood obesity, as published in the RI KIDS COUNT Factbook, has not changed significantly.
Fatal Overdoses	<ul style="list-style-type: none"> OHIC staff review the methodology of CDC's SUDOR's Dashboard to confirm that there have not been any changes that might impact performance.
Inadequate Prenatal Care	<ul style="list-style-type: none"> When OHIC requests data from RIDOH, it will request that the methodology for pulling the data be consistent with prior year performance.
Infant Mortality	<ul style="list-style-type: none"> When OHIC requests data from RIDOH, it will request that the methodology for pulling the data be consistent with prior year performance.
Severe Maternal Morbidity	<ul style="list-style-type: none"> When OHIC requests data from RIDOH, it will request that the methodology for pulling the data be consistent with prior year performance.