Rhode Island Medical Society Council

Meeting of Monday, December 7, 2015

Meeting Highlights

Elizabeth Roberts, Secretary of Health and Human Services

Secretary Roberts addressed the Council regarding several health system reform initiatives that are currently underway in Rhode Island. As the Governor's appointee to head the Executive Office of HHS, Secretary Roberts oversees four state departments and about 40% of the state budget.

A two-page handout provided the Council an overview of 12 current state initiatives. Included in the handout were listings of physicians who are involved in each. The involved physicians are overwhelmingly members of RIMS.

Secretary Roberts addressed 6 initiatives in particular that are coordinated through her office. One of the six is the **Provider Advisory Committee to the Executive Office of Health and Human Services**, which the Secretary created at RIMS' request as a forum where clinicians and state leaders could meet regularly regarding health system reform. The Advisory Committee meets monthly at RIMS' headquarters and is open to RIMS members. The next meeting takes place on Wednesday, December 9, 6:30 – 8 p.m., at 405 Promenade Street, Suite A.

Secretary Roberts emphasized the ongoing need for physician help in shaping the state's pursuit of the "triple aim" (i.e., improving the patient experience of quality and satisfaction, improving the health of populations, and reducing per capita cost). She noted that efforts to promote "value-based care" must include payment for care coordination. Learning how to manage such payment is one of many areas where physician guidance is needed, she observed.

Measuring quality is another challenge that requires physician participation and advice. The Secretary described efforts underway in Rhode Island to harmonize and unify the measurement systems being applied by the various payers (the State Innovation Model or **SIM Measurement Subgroup**, and the Health Insurance Commissioner's **Administrative Simplification Task Force**).

The Governor's initiative to "**reinvent Medicaid**" also requires medical guidance with respect to care management for complex, high-need individuals. There is "no success without partnership with" medicine, she noted.

She observed that Rhode Island's **Patient Centered Medical Home** (PCMH) project continues to expand, adding more practices and more patients. (Formerly known as the Chronic Care Sustainability Initiative, or CSI, the project was renamed one year ago and is now known as the "Care Transformation Collaborative," or CTC.) She conceded that the promoters of the PCMH still "have not adequately thought through the specialty fit." The physician participation is needed to guide the integration of medical specialists and subspecialists into a coordinated care system.

Secretary Roberts touched upon the state's ongoing development of an "**All-Payer Claims Database**" and its potential uses and limitations.

Two work groups have recently presented reports to the Governor. One report regards the prospect of **capping state healthcare expenditures**; a handful of other states have experimented with doing this. The other new report is that of the **Governor's Task**

Force on Overdose Prevention and Intervention (see www.strategicplanri.org), led by Dr. Jody Rich.

Patient responsibility Several members of the Council reminded Secretary Roberts of the inherent incoherence of "value-based payment" to the extent that physicians cannot control all variables. In particular, much exemplary care provided by clinicians can be vitiated by patient noncompliance.

Social determinants, workforce issues Council members pointed out further that socio-economic determinants of health and a host of unhealthful lifestyle choices and behaviors are beyond physicians' control, yet these play out in patients' health status and in physicians' "value-based" payments. And while certain factors may be amenable to intervention by mental health clinicians, gaps in institutional infrastructure and in the mental health workforce limit access to needed care. Secretary Roberts conceded that "Lifestyle-driven unhealth is the challenge of our time."

Liability system reform A Council member raised the chronic need for reform of the medical professional liability system. In response, Secretary Roberts reiterated her view that while liability reform is desirable, it will not succeed on its own in Rhode Island [because the political forces arrayed against reform are far too powerful and entrenched in RI, as Senator Ottiano explained to the Council on another occasion]. But it could be successful as part of a broader set of reforms, and it remains important to keep the topic alive.

The quadruple aim A Council member promoted the "quadruple aim" as a replacement for the oft-cited "triple aim." The fourth vital "aim" is to promote physician satisfaction and restore some of the enjoyment of practicing medicine.

Prescription Drug Monitoring Program The Department of Health has published a plan for enforcing the state law that requires holders of CSRs to register as users of the PDMP and to consult it (in person or through a designee) before prescribing opioids for new patients. RIMS will work to inform the community of the need to register.

RIMS Physician Health Program finances Dr. Settipane appointed a Task Force in October to secure the financial future of the Society's well-regarded, 37 year-old Physician Health Program.

Since 1990 community stakeholders (including hospitals, medical staffs, health insurers, liability insurers, the professions, and a few large practices) have contributed toward personnel costs, including a formerly part-time, now full-time clinical social worker, through the RIMS Foundation. The growth of expenses and the recent failures of a number of stakeholders to maintain their commitments have led to a shortfall of about $50,000 this year.

The RI Chapter of the American College of Surgeons last week voted to contribute new support to the Program in each of the next three years. Other specialties represented in the Council may be approached to emulate RI-ACS as part of a solution.

The RIMS Physician Health Program embraces the entire community of physicians, dentists, podiatrists and physician assistants in Rhode Island, as well as (through a separate program) the medical student body at Brown.

Credentialing delays In response to member complaints regarding extreme delays in initial credentialing on the part of BCBSRI and UnitedHealthcare, RIMS has brought the issue to the respective medical directors. BCBSRI has promised a cure in six months.

Payment issues RIMS has investigated members' payment issues involving Neighborhood Health and BCBSRI.

General Assembly RIMS' Public Laws Committee will meet Wednesday, December 16, 6:30 p.m., to plan for the General Assembly session that opens January 5. The meeting is open. Specialties are encouraged to send representatives and share ideas.

Events

- December 9, 2015: Provider Advisory Committee to the Executive Office of Health and Human Services, 6:30-8 p.m., at RIMS headquarters, 405 Promenade Street.
- December 10, 2015: RIMS Open House 5 to 8 p.m. RIMS welcomes members and friends to its new headquarters at 405 Promenade Street (the RI Blood Center).
- December 16, 2015: RIMS Public Laws Committee, 6:30 p.m. at RIMS.
- January 27, 2016: Paint and Wine Class for RIMS members, starting at 6:30 p.m., 117 North Main Street, Providence.
- February 1, 2016: next meeting of the RIMS Council, 6:30 p.m.
- February 27, 2016 (tentative): Are You Leaving Money on the Table? (seminar).
- April 30, 2016: annual CME event, 7 a.m. to noon, at Crowne Plaza, Warwick.