
Health in Rhode Island

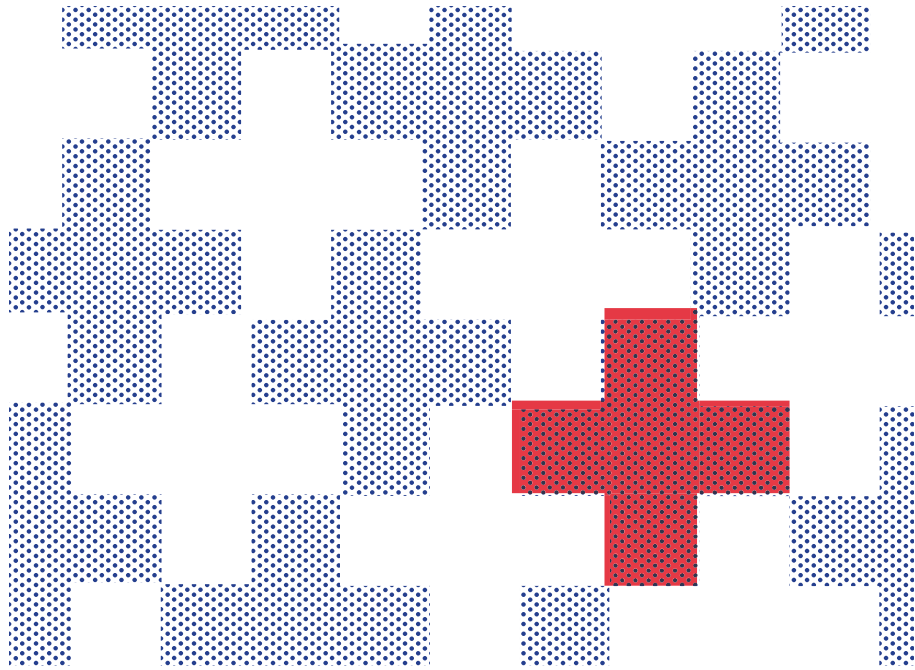
A Long Term Vision

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Introduction	2
About the Process	6
Framework	8
Priorities & Strategies	10
Endorsed.....	16

Introduction



Rhode Island has made great strides in improving the health of our residents.

We have improved primary care coverage, built critical capacity and connections through community health workers, increased the number of children and adults who are insured, tested new models of payment and service delivery, and leveraged significant federal resources.

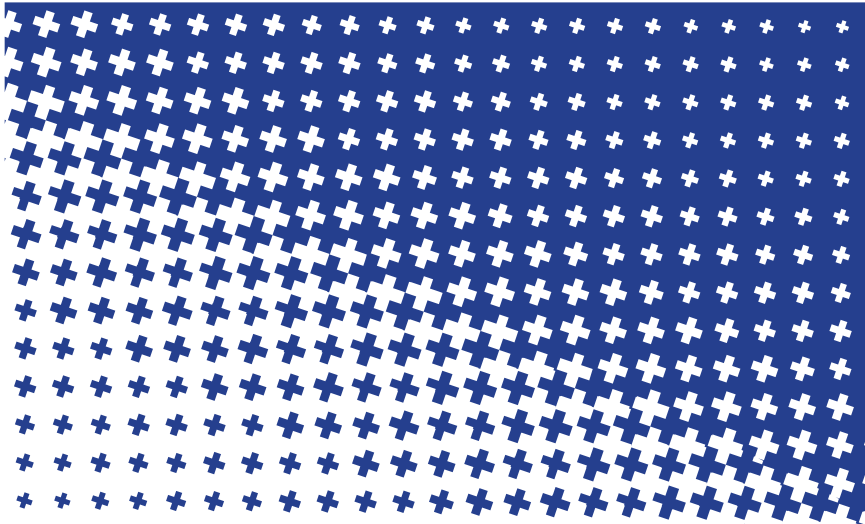
And beyond caring for resident wellbeing, the healthcare system is critical to Rhode Island's economy. We have also begun to focus much needed attention and resources on factors beyond our healthcare system that underlie our state's health outcomes, including a range of social, economic, and environmental conditions. On several health-related indicators, Rhode Island is a national leader.

Still, too much of it is uncoordinated, with disparate ownership and priorities. The data tells us that we have significant opportunities for improvement in some health outcomes and quality indicators. Most importantly, too many Rhode Islanders are not sharing equally in these advancements due to disparities in access, affordability, and outcomes.

Improving the health of all Rhode Islanders is a long term journey. This is what inspired us to come together last year. Convened and led by the Rhode Island Foundation, we represent all corners of the health sector in Rhode Island—leaders of hospital systems and health insurance companies, providers of medical and behavioral healthcare, academics, advocates, public health experts, government officials focused on the health and well-being of Rhode Islanders, and patients ourselves. While we represent different pieces of the system and each face individual, complex mandates, together we serve the entire state of Rhode Island.

We've sat at planning and decision-making tables together in the past, but this time we left our professional affiliations at the door and focused our discussion and debate on setting a vision, a set of guiding principles, priorities, and strategies that will become guideposts for future state and institutional decisions.

We almost immediately reached two agreements.



1. We are laser focused on health equity.

Across health outcomes, we see significant disparities by race, ethnicity, gender, and income.

Non-white Rhode Islanders and those with lower incomes and lower educational attainment are more likely to go without care due to cost. Lower-income and non-white Rhode Islanders are more likely to be uninsured. The infant mortality rate for Black and African American Rhode Islanders is 2.6 times that of whites. Black Rhode Islanders are far more likely to die before age 75 from causes that are at least partially treatable or preventable with timely and appropriate medical care. Hispanic and Asian residents are far more likely to go without a primary source of care and more likely to lack age-appropriate vaccines.

These disparities are unacceptable, have negative effects on every aspect of our community, and are a driving force compelling the creation of this vision towards improving the health of all Rhode Islanders.

2. Our efforts cannot be about healthcare alone, they must be focused on health.

Here is why that is an important distinction to draw: Healthcare is about maintaining and improving physical, mental, and behavioral health through the provision of medical services. Historically, investments and interventions, incentivized by traditional payment structures, have focused on clinical care. But medical care determines just 20% of health outcomes; 80% are determined by the interplay of genetics and social, economic, and environmental factors. So the health of individuals, families, and communities is determined by far more than healthcare. Healthcare providers tell us that societal conditions and the patterns of behavior that develop from those conditions have a much greater impact on the success and wellbeing of individuals, families, and communities.

Here, too, we see tremendous disparities. The average income for white households far exceeds that of Black, Hispanic, and Native American households. Black, Hispanic, and Native American children are far more likely to live in poverty. And across the state, Black, Hispanic, and Native American students lag white students in high school graduation rates.

Of course, strengthening healthcare—cost effectively and equitably—is necessary to enable investments that contribute to improved health.

We believe that it's time to focus—as a state, as leaders in the health field, as a community—on health and to do so through a lens of equity; that is what you'll see reflected in the following pages.

About the Process

As we came together our intent was to create a long-term approach for improving the health of Rhode Islanders. We sought to identify the most pressing needs and commit to state-level coordination and institutional decision-making that will address those needs over the long-term.

What follows is a set of priorities and associated strategies—all critically important, all interrelated—that we believe our community, institutions, and sector can take on individually and collectively to advance a healthier Rhode Island.

Our aim is that public- and private-sector stakeholders across the state will consider these priorities as they develop policies and make investments that impact the health of Rhode Islanders.

We met regularly throughout the last year to develop the framework that is outlined here. Through each iteration of the process we were striving for consensus—so that individual members of the group, representing powerful constituencies and health industry stakeholders, could commit to supporting the work over—and beyond—the next decade. We challenged each

“We challenged each other to think long-term... and return again and again to the available data.”

other to think long-term, to incorporate learnings from other planning and implementation initiatives, question long-held assumptions, and return again and again to the available data.

Realizing the goals we’ve set out requires that we—and the people who will lead our institutions in the future—continue to work together in this manner going forward and that we collaborate in new ways with our community.

This report includes several layers:

A vision, describing what we believe is possible for our state and Rhode Islanders.

A set of goals, briefly outlining where we need to set our sights to make the vision come to life.

Guiding principles, describing how we will approach this work together.

Priorities, which hone in on the levers we need to move to make change.

Strategies, a set of actionable items that are aligned with the priorities.

Framework

Vision

Rhode Island is the healthiest state in the nation.
All Rhode Islanders:

- Have the opportunity to be in optimal health.
- Live, work, learn, and play in healthy communities.
- Have access to high-quality and affordable healthcare.

Goals

1. Eliminate disparities in health and contributing socio-economic factors.
 2. Provide access to high-quality, affordable healthcare for all.
 3. Focus resources to maximize health and reduce waste.
- Focus on the long term and address root causes of inequality.
 - Public-private partnerships are necessary to change the system.
 - Collect and use actionable data wisely to drive and improve outcomes.

Guiding Principles

- Providing equal access to the highest quality health care for all Rhode Islanders is essential.
- Achieving health outcomes requires addressing social determinants.
- Prioritize areas with the greatest opportunities.
- Invest in evidence-based programs, sustain efforts that are working, and garner best practices from initiatives in other states to inform our efforts.



Outcome Measurement

In order to measure progress toward this long-term vision and goals, **we have established an evaluation framework in partnership with Healthcentric Advisors and will monitor it annually.*** This framework of nearly 40 indicators allows us to further explore underlying data sources and individual measures in order to drive local strategies and tactics. In particular, it helps to identify health and health care inequities. The indicators have also been aligned to each of the five priorities.

We will also track the Commonwealth Fund Scorecard of State Health System Performance to compare Rhode Island's ranking to other states over time. In addition, we will monitor annually the Rhode Island Health Equity Measures. These recently released measures align with and complement our evaluation framework.


*A copy of the evaluation framework is available upon request, please contact the Rhode Island Foundation, or visit www.rifoundation.org/healthinRI.

Priorities & Strategies



Provide the most appropriate care for people in the most appropriate setting.

- Ensure equal access to patient-centered care with a focus on care transitions.
- Reduce need for facility-based care by improving access to, creation of, and awareness of community-based services.
- Proactively identify patients who are still at home but at risk for requiring facility-based care. Implement screenings to find out what they need to stay home. Act to reduce that risk by connecting patients with advanced primary care and appropriate community-based and in-home services and supports.
- Reform incentives and change the ways we pay for care.
- Rationalize long-term care provider capacity.
- Create, train, and pay for the workforce that can provide the kind of care needed.




Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.

- Analyze and utilize data in order to focus on key disparities, including maternal and infant mortality by race/ethnicity, childhood obesity, and outcome disparities by zip code.
- Review and understand what has already been done in the state to address the underlying influencers of health disparities. Use data to identify specific, evidence-based programs to drive investments. Implement a concerted effort to build support for those programs. Identify where innovation and experimentation is necessary and how it will be funded, evaluated, and (if appropriate) scaled. Eliminate those programs not producing outcomes.
- Increase production of safe, affordable housing through public investment and local policies.
- Continue to scale implementation of Housing First model for chronically homeless.
- Improve access to quality public transportation options to promote access to health care and economic opportunity.

Priorities & Strategies

- Build on existing efforts to improve access to affordable and nutritious food, including the Hunger Elimination Taskforce.
- Engage large local institutions and businesses to make strategic investments in these issues.
- Pursue alternative financing (e.g. Medicaid waivers) to make strategic investments in priority social determinants.
- Develop better data sets on social determinants in partnership with the accountable entities.
- Address factors that influence health where Rhode Island ranks poorly, such as smoking, excessive drinking, and physical activity to drive concrete investments.
- Ensure that efforts to address health determinants are driven by the local community.



Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.


- Create a continuum of care and identify gaps.
- Address gaps in alternative levels of care, including where to send someone after facility-based care and ensuring sufficient step-down facility capacity.
- Conduct data analysis to support implementation strategies.

- Coordinate with Rhode Island Health Care Cost Trends Steering Committee to look at behavioral health care cost data from the All Payers Claims Database.
- Conduct a “lean manufacturing” review to assess and improve the system, with an eye toward missed connections where the ball is dropped in patients’ care, and ensuring that high-quality, cost efficient existing efforts are sustained.
- Use community capacity more effectively, and support it appropriately.
- Improve dialogue between inpatient and outpatient systems.
- Address capacity challenges for youth (7-12 years) and adolescents (13-18 years). Sustain and scale efforts in infant behavioral health.
- Reform the ways we finance behavioral health care. Address the financial frailty of the mental health provider network.
- Support integration of behavioral health care and primary care.
- Address disparities in treatment, including through a continued focus on ensuring equitable coverage (e.g., application of existing parity laws).



Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.

- Support and coordinate with the data analysis and policy recommendations of the Rhode Island Health Care Cost Trends Steering Committee.
- Implement payment reform to reduce unnecessary and low-value care without sacrificing quality care, and support the economic vitality of our healthcare system.
- Support ongoing efforts to identify waste and new opportunities.
- Implement quality improvement initiatives.
- Improve administrative efficiencies.
- Empower consumers through education and health system literacy.
- Leverage technology.



Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.

- Adopt outcome metrics recommended by Healthcentric Advisors and champion these metrics publicly over time.
- Monitor leading performance indicators to ensure sustainability.
- Formalize the existing working group as an advisory council, housed for the time-being at the Rhode Island Foundation, to champion this long-term vision and encourage Rhode Island's institutions and stakeholders to align around implementation strategies that address the identified priorities. The council will seek private funding for staff capacity, create structures to engage others from across the health sector and broader community, and report publicly on progress towards the shared goals.
- Champion these priorities in our own institutions and agencies.
- Seek endorsement of this framework as the state's health plan by statewide elected leaders.
- Ensure the state has the capacity to collect, analyze, and disseminate data meaningfully.
- Inventory existing initiatives, develop sustainability plans for things that are working.

Endorsed

Co-Chairs

Jane Hayward, President & CEO, Rhode Island Health Center Association

Neil D. Steinberg, President & CEO, Rhode Island Foundation

Committee Members

Nicole Alexander-Scott, Director, Rhode Island Department of Health

Al Charbonneau, Executive Director, Rhode Island Business Group on Health

Antonios Clapsis, Vice President, Enterprise Strategy, CVS

William Corwin, Member of the Physician Health Committee, Rhode Island Medical Society

Thomas Croswell, President & CEO, Tufts Health Plan

Jack Elias, Senior Vice President for Health Affairs and the Dean of Medicine and Biological Sciences, Warren Alpert Medical School of Brown University

James Fanale, President & CEO, Care New England

Stephen Farrell, CEO, UnitedHealthCare

Scott Fraser, President & CEO, Rhode Island Health Care Association

Marie Ganim, Rhode Island Health Insurance Commissioner

Lou Giancola, former President & CEO, South County Health

Tom Giordano, Executive Director, Partnership for Rhode Island

Dolph Johnson, Executive Vice President, Chief Global Human Resources, Hasbro, Inc.

Womazetta Jones, Secretary, Executive Office of Health & Human Services

Linda Katz, Policy Director, Economic Progress Institute

Kim Keck, President & CEO, Blue Cross & Blue Shield of Rhode Island

John Keimig, President & CEO, Healthcentric Advisors

G. Alan Kurose, President & CEO, Coastal Medical

Joan Kwiatkowski, CEO, CareLink and PACE of Rhode Island

Bess Marcus, Dean, Brown University School of Public Health

Peter Marino, CEO, Neighborhood Health Plan of Rhode Island

John Murphy, Executive Vice President for Physician Affairs, Interim President of Rhode Island Hospital and Hasbro Children's Hospital, Lifespan

Teresa Paiva-Weed, President, Hospital Association of Rhode Island

Donna Policastro, Executive Director, Rhode Island State Nurses Association

Betty Rambur, University of Rhode Island, College of Nursing

Aaron Robinson, President & CEO, South County Health

Samuel Salganik, Executive Director, Rhode Island Parent Information Network

Neil Sarkar, Interim President & CEO, Rhode Island Quality Institute

John Simmons, Executive Director, Rhode Island Public Expenditure Council

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