



**Rhode Island Medicaid Medical Advisory Committee (MCAC)  
Meeting Notes  
September 7, 2011  
Hazard Building, 7:00 AM**

**MCAC Committee Attending:** Mark Braun, Catherine Cummings, MD, Pat Flanagan, MD, Jerry Fingerut, MD, Robert Graves, MD, Mack Johnston, MD, Renee Rulin, Richard Wagner, MD

MCAC Chair & Ex Officio Members Attending: Ray Maxim, MD

**State Staff Attending:** Deborah Florio, Ellen Mauro, Bill McQuade, Ralph Racca

**Members of the Public Attending:** Jill Beckwith, Paul Block, Alan Post DC, Susan Roberts, Michael Ryan, Deborah Smith

**Support Staff:** Marty Dellapenna

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Meeting Began: 7:00 AM

**Attendee Introductions & Review of June 8 Meeting Notes** (Approved as written)

The 2012 Quarterly Meeting Schedule was distributed to attendees.

2012 Meetings are scheduled for: March 8, June 7, Sept. 6 and Dec. 6. All meetings will be held in the Hazard Building, Garden Conference Room on the lower level at 7:00 AM.

**Updates from Last Meeting**

**New England Comparative Effectiveness Public Advisory Council (CEPAC) - Bill McQuade**

Treatment resistant depression is the next topic for study by the CEPAC. A number of other treatment topics for study are being considered and will be voted on at the next meeting. Rhode Island is hosting the Dec. CEPAC meeting, which will be open to the public. The meeting location has not yet been determined.

**Health Homes- Deb Florio**

CMS has given states opportunities to improve the quality of care delivered to Medicaid recipients. States can receive a 90% Federal match rate to implement a Health Homes initiative, if an accountable entity can be identified and then approved by CMS. Health Homes are intended to create supports around physical and behavioral health in a place where care is coordinated. EOHHS has proposed using the CEDARR Centers model and BHDDH has proposed using the Community Mental Health Centers. Health Homes must meet certain criteria as a support to the PCP, which are: Care Management availability, Coordination and Health Promotion, Family Support and Referrals to Community Support. An approval from CMS is expected soon. Deb asked the MCAC to think about how Medicaid can incentivize PCPs to link children to the services they need.

### **Alternative Treatments in Pain Management-** Deb Florio

Deb Florio described the State's recent work to develop an integrated, community-based model, which will first be targeted at group of adults who are enrolled in the Communities of Care (CoC) program. A qualified Pain Management Center (PMC) must have a clinician on staff, along with a physical therapist and a behavioral health professional. There must also be an established referral network to alternative therapies to manage pain and communication with PCPs is required of the PMC. The State is seeking input on the proposed model and along with the two Medicaid managed care Health Plans, will hold a Stakeholder meeting in Oct. to solicit feedback. MCAC members will be invited to this meeting.

### **RI Health Improvement Partnership-** Pat Flanagan

Dr. Flanagan outlined an initiative that helps physician practices incorporate quality improvement practices with in the office setting by building quality into the practice's infrastructure. This is a partnership that includes health professional organizations and doctors in the community. Rhode Island is starting the initiative with children's health (e.g. childhood immunization rates) first. Six practices in the community are engaged so far and the results of the work around improving childhood immunization rates will be ready to be shared in Oct.

### **Oral Health Services in Medicaid-** Marty Dellapenna

Marty gave the MCAC an overview of RI's Medicaid oral health benefits including the services, the population and the delivery systems. Highlights were shared via two fact sheets, one focusing on children (RIte Smiles) and the other, on older children and adults.

The MCAC was asked for feedback around both children's and adult's Medicaid oral health benefits. A discussion followed around the increasing the application of fluoride varnish to high risk children in a primary care settings. Fluoride varnish is covered by the RIte Care Health Plans; however, utilization has been very low. Dr. Flanagan noted that her practice has hired a registered dental hygienist to work with her practice around incorporating oral health into primary care. Dr. Cummings noted that adult oral health issues are a regular occurrence in the Emergency Dept. and Dr. Braun mentioned that treating oral pain outside of a dental environment is likely a contributor to Medicaid's overall pain management expenses. A solution to the adult access to dental care issue should be on the State's agenda.

### **Meeting MCAC Member's Needs-** Discussion

Some of the feedback received from the MCAC included:

- Increase communication of ideas- look at using electronic medical records (EMRs) to their maximum capacity (talk to vendors)
- Around Pain Mgmt.- make sure the system is not circumvented to bypass the PCP. Good communication between the PCP and the PMC must occur to eliminate barriers. A community-based approach (e.g. Lifespan's) using notes and follow-up messaging was suggested.
- The State has an opportunity in Medicaid programs to expect measurement to monitor and document changes that will affect quality improvement. Standardizing definitions of success by being concrete and clear is very important to this process.

### **Agenda Items for Next Meeting:**

1. Program updates

Meeting Adjourned: 8:05 AM

**Next Meeting: Wednesday, Dec. 7, 2011 (7:00 AM – 8:00 AM)**