

**RhodeIsland1115Waiver - Comments about the RI 1115 Waiver
Extension request**

From: Paul Block <paul.block@psychologicalcenters.com>
To: <RhodeIsland1115Waiver@ohhs.ri.gov>, Paul Block
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Date: 1/28/2013 3:51 PM
Subject: Comments about the RI 1115 Waiver Extension request

Dear Ma'ams and Sirs,

I am writing, first, to congratulate and thank you for a thoughtful and promising design for Rhode Island's 1115 Waiver Extension request.

As an advocate for efficient use of health care dollars through better value from the services that are funded, I particularly appreciated the section on a dedicated and active Quality and Evaluation Office that will ensure achievement of the results being sought. I hope this Office will pay particular attention to the effectiveness and cost-effectiveness of behavioral health services.

As a behavioral health provider and advocate for the contribution behavioral health services can make to health care affordability and effectiveness, I appreciated the intention to impact the point of service delivery and inclusion of integrated primary and behavioral health care, in particular. Broadening the definition of health to include both social and behavioral determinants of health has a much better chance of achieving the Triple Aim of health care reform, given the significantly greater contribution they each make to health outcomes than medical services.

I have two suggestions for implementing the goals of the extension request as written.

- First, although the contribution of health behavior and behavioral health are emphasized, there is less description of how the waiver will support improved targeting of services to address them. The one mechanism explicitly mentioned is use of pmpm payments for coordinating behavioral health

services within the PCMH. However, this use of pmpm funds needs to compete with many other justified demands on that limited pool of funding. The DSRIP incentive payments are described as focusing on "robust access to care, particularly for behavioral health [and] substance abuse", but this omits health-related behaviors and the list of potential measures do not seem to include any items that directly reflect access to behavioral health or substance abuse services.

Mechanisms for affecting and managing the contribution of behavioral health services include credentialing and privileging, payment and incentive structures, and performance and outcome measures. I would recommend spelling out how such mechanisms would be used to achieve the admirable focus on improving health-related behavior and behavioral health through the extended Waiver.

- Second, the use of incentives to reward healthy behaviors and lifestyle choices is a useful but limited strategy (how many of us don't already know the varied incentives for exercise, healthy eating, and giving up smoking). In the state where the "stages of change" approach to improved health-related behaviors has its "official seat", it makes sense to offer and incentivize professional support for lifestyle and health-related behavior change as needed by each individual served under the Waiver.

Finally, I have one concern about the DSRIP program, given its focus on networks including hospitals. While I appreciate the ASO- and "medical neighborhood" foundations for such an approach, building incentives around networks including hospital systems risks missing opportunities to influence care within outpatient networks, increasing costs given the higher rate of inflation even for outpatient services offered through hospitals, and inadvertently furthering the division of Rhode Island's health care system into two networks centered around the two larger hospital systems.

Again, thank you for the quality and details of the proposal you have drafted. I hope these opinions are useful.

Paul

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