

COMMONWEALTH OF PENNSYLVANIA
BOARD OF PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY
ELEVENTH OFFICIAL BOARD OF DIRECTOR MEETING
TUESDAY, MAY 18th, 2021
CONFERENCE CALL
10:00AM-11:00AM

Meeting Minutes of Public Session

Call to Order:

Meghna Patel, Deputy Secretary of Health Innovation on behalf of Secretary Beam, RHRCA-Chairwoman. Ms. Patel called the meeting to order and requested Board Members, Department Staff and Members of the Public introduce themselves and their organization affiliation.

Board Introductions:

Commonwealth Representatives:

1. Meghna Patel represented as the Chairwoman on behalf of Secretary Alison Beam from PA Department of Health (DOH);
2. Secretary of Health Alison Beam from PA Department of Health (DOH);
3. Keara Klinepeter, Executive Deputy Secretary, PA Department of Health;
4. Judy Mahoney, Executive Advisor to the Executive Deputy Secretary, PA Department of Health;
5. Jared Shinabery, Director, Office of Drug Surveillance and Misuse Prevention at PA Department of Health;
6. Michael Chmielewski, Policy Specialist, PA Department of Human Services (DHS);
7. Dr. Jacob Douglas, Chief Innovation Officer from DHS;

Commonwealth's Absentees:

1. Jessica Altman, Commissioner, Pennsylvania Insurance Department (PID);
2. Mike Humphreys, Chief of Staff, PID

Payer Representatives:

1. Sean Burns, VP Reimbursement and Network Infrastructure, Highmark;
2. Raymond Prushnok, AVP Program Development, UPMC;
3. John Bulger, CMO, Geisinger;
4. Doug Doyle, Senior Director of Provider Contracting, Gateway (for Glenn Pomerantz, VP, Gateway);
5. Megan Richards, Senior Network Director, Aetna;
6. Sarah MacDerment, Actuarial Director, Geisinger;

Payer's Absentees:

1. Glenn D. Pomerantz, SVP, Gateway (represented by Doug Doyle, Senior Director of Provider Contracting, Gateway);
2. Linda Darga, Sr Director, Network Management VBS, Aetna;
3. Kristen Ryan, Business Project Program Manager of Value Based Solutions, Aetna;

4. Mike Sweeney, VP, UPMC;

Hospital Representatives (1 additional representative pending confirmation):

1. Jack Sisk, CFO, Punxsutawney Area Hospital;
2. Sara Adornato, CEO, Barnes-Kasson County Hospital;
3. James Pettinato, Chief Clinician Director of Patient Care Services, Wayne Memorial Hospital;
4. Tammy Anderer, CAO, Geisinger Jersey Shore Hospital;
5. Loren Stone, CEO, Endless Mountains Health Systems;
6. Kate Slatt, Vice President of Innovative Payment and Care Delivery, The Hospital and Healthsystem Association of Pennsylvania;

Hospital Representatives' Absentees:

1. John Lewis, CEO, Armstrong County Memorial Hospital;

National Recognized Experts:

1. Donna Kinzer, Global Budget Expert, DK Healthcare Consulting;
2. Brock Slabach, SVP-National Rural Health Association;

Department Staff

1. Gary Zegiestowsky, Executive Director, RHRCA;
2. Janice Walters, COO, RHRCA;
3. Keith B. Fickel, Legal Counsel DOH;
4. Emily Roussel, Executive Assistant Health Innovation Deputate, DoH;
5. Diana Carpenter, Clinical Program Manager, RHRCA;

Members of the Public:

- Benjamin Dannels, Associate, Greenlee Partners;
- Zack Zobrist, Lecturer and Labor Education Coordinator, PSU;
- Kimberley Rak, Medical Anthropologist at Department of Critical Care Medicine, University of Pittsburgh;
- Nicole Ober, Project Coordinator, University of Pittsburgh;
- Jacqueline Barnes, Qualitative Researcher, Learning Scientist, University of Pittsburgh;

Opening Remarks- by Ms. Patel on behalf of Alison Beam, RHRCA-Chair:

- Ms. Patel took roll and commented that there is an executive meeting immediately following this one and board members should have received an invite.
- Ms. Patel announced that she is resigning her position as Deputy Secretary at DoH to work in Behavioral Health. Mr. Shinabery has been chosen to be the new Deputy Secretary.
- Ms. Klinepeter will be running the meetings moving forward, working with Jared Shinabery. Ms. Klinepeter thanked Ms. Patel for her leadership.

February 16th, 2021 Board Minutes Approval-by Ms. Patel on behalf of Alison Beam, RHRCA-Chair:

- Ms. Patel asked for Board members to review the minutes sent out to see if they had any edits or questions.

Ms. Kinzer motioned for the approval of the minutes and Ms. MacDerment seconded. There were no objections or abstentions and the motion was passed.

• **Policy Decision-** Ms. Patel yielded the floor to the RHRCA-COO Ms. Walters who presented the Potentially Avoidable Utilization (PAU) Policy. Given that reduction in PAU is a foundational component of the Program, the following policy statements were reviewed for approval:

- The PAU methodology be implemented as developed and remain a component of the program with the ability to review it at the request of the RHRCA Board in future periods.
- Include the PY3 PAU amounts in Cohort 1 & 2 participants global budgets as part of the 2021 Q1 adjustments along with the Q1 payer mix adjustment.
- Include the PY3 PAU amounts for Cohort 3 during final reconciliation as data is not yet available to prospectively include these for 2021 budgets.

There were no questions concerning the policy and Ms. Patel called for a vote.

Ms. MacDerment motioned for the approval of the PAU Policy and Mr. Slabach seconded. There were no objections and the motion was passed.

- Ms. Patel then yielded to Mr. Zegiestowsky to report on the results of the All-Provider Survey and he reported the following:
 - The survey was sent to all eighteen of the current participant hospitals of the PA Rural Health Model.
 - The survey's intent was to gauge Model satisfaction, understand early program benefits and identify areas of opportunity. The scope of the questions focused financial stability and transformation plan value, community impact and overall Model satisfaction.
 - Although COVID-19 slowed the transformation plan efforts, 100% of hospital leadership reported believing that the Global Budget Model enabled them to accelerate their efforts on developing transformation plans.
 - 80% of hospital leadership reported that the Model has given their organization more financial stability, enabling more focus on care delivery and transformation.
 - 84% of hospital leadership reported believing that once their transformation plans efforts are implemented, it will reduce their total cost of care.

- 68% realized value for their organizations in working with other hospitals and/or payers in the Model.
 - 24% commented that the development of a strategic process specific to the transformation plans was the most influential assistance provided by the Model.
 - In addition, of those who submitted a survey, 80% were part of organizations that are the 1st and 2nd largest employers in their communities.
 - 100% of responders believe that the transformation plan developed for their organization will enable them to deliver better care to the community.
 - 40% of respondents commented that the financial stability the Model provides is one of the most valuable aspects of the program.
 - 32% of comments stated that the focus on transformation, including the formal transformation plans, has provided them the greatest value.
 - 28% have received benefit from the networking opportunities that the Model provides between payers, providers, and the Model team.
- Mr. Zegiestowsky yielded to Ms. Walters who reported on “Why the Model will Be Successful: Collaboration and Global Budgets”. Ms. Walters reported the following:
 - Significant accomplishments of the Model were reported including the participation of eighteen hospitals and six payers.
 - There was also progress with the global budget methodology development including but not limited to virtual cap methodology, payer mix, unpanned volume shift, 2019 annual reconciliation and potentially avoidable utilization.
 - Also reported were accomplishments related to transformation plan progress, the advancement of innovative waivers, financial stability, all payer HEDIS quality reporting and the overall program’s financial position.
 - Total covered lives within the PARHM program is currently approximately 744,000. It is expected that with 2021 recruits, it is anticipated this number will exceed one million covered lives, with the data to be gathered during Q1 2021.
 - The catchment areas and the economic impact of Pennsylvania hospitals was also reviewed.
 - Ms. Walters asked if there were any questions concerning the materials covered, and hearing none, yielded the floor back to Ms. Patel.

Opportunity Public Comment:

- Ms. Patel opened a section for public comment and invited the members of the public to bring forth their comments.
- Mr. Zobrist asked the question: “How many people were surveyed for the All Provider Survey and what were their jobs levels?”
- Mr. Zegiestowsky responded that 90-100 individuals received the survey and this included a good mix of participants such as CEOs, and clinical and financial staff.

As there were no other public comments, Ms. Patel moved the agenda forward and announced that an Executive Session will be conducted today following the public meeting. Only RHRCA-Board Members are invited to attend and should have an invite.

The schedule for the upcoming 2021 Public Board meetings will continue to be quarterly and is as follows:

- August 17th, 2021 – 10:00am
- November 16th, 2021 – 10:00am

The meeting adjourned at 10:45 am.

Ms. Kinzer motioned the conclusion of the meeting and Mr. Sisk seconded. There were no objections or abstentions and the motion was passed unanimously.