

2022
SUMMER
FELLOWSHIP
PROGRAM

FELLOW PROJECTS & REFLECTIONS

2022 SUMMER FELLOWSHIP PROGRAM

FELLOWSHIP PROGRAM

The annual Health Policy Commission (HPC) Summer Fellowship Program has dual goals of helping to achieve the Commonwealth's health care reform and cost containment goals while simultaneously providing hands-on educational opportunities to the next generation of health policy leaders. Each year, the Fellowship Program affords students the opportunity to engage in a ten-week, stand-alone policy or research project within one of the HPC's departments. As temporary full-time employees, fellows work closely with their supervisors to ensure they meet project benchmarks, deliver key presentations, and meet deadlines. The 2022 Summer Fellowship Program was conducted in a hybrid format. While virtual programming was offered throughout the summer, some fellows were able to work from the HPC's offices for the first time since 2019.

PEOPLE AND PROCESS

Applicants to this highly competitive program must be enrolled in a full-time master's, PhD, law, or medical program. For the 2022 Fellowship Program, the HPC received more than 230 applications from over 70 universities around the world. The HPC is committed to embedding diversity, equity, and inclusion as core components of its hiring process. To reduce bias in the Fellowship Program selection process, identifying information including names and universities were redacted from applications upon receipt. After reviewing the redacted materials, HPC staff conducted virtual interviews with dozens of top applicants. Candidates were invited for interviews based on prior professional experience and their interests in health policy as outlined in their application materials. The ideal HPC fellow is a strong problem-solver, a clear and concise writer of technical and policy content, and possesses the ability to understand multiple stakeholder perspectives. Successful candidates are collaborative, entrepreneurial, self-motivated, and passionate about health policy.

STIPEND AND PROGRAMMING

In 2022, fellows were paid \$30 per hour for up to ten weeks (375 hours) of work. To enhance their time with the HPC, fellows were included in various activities and meetings and given access to some of the Commonwealth's most cutting-edge and forward-thinking policy making processes and staff. Fellows worked with their teams to guide a project from inception to completion, while also exploring the intersection of HPC goals and their own academic interests. In addition to their primary projects, fellows were offered a host of virtual programming and networking opportunities to allow them to better understand the varied facets of the HPC's work. Examples included:

- Joining virtual policy meetings with HPC staff and key stakeholders;
- Attending virtual meetings of the HPC's Board of Commissioners and policy sub-committees; and
- Participating in small, interactive virtual meetings on health policy with HPC commissioners and Advisory Council members.

At the conclusion of the summer, fellows were asked to share the product of their work and reflect on the Fellowship Program in a presentation to HPC leadership and staff.

HEALTH POLICY COMMISSION DEPARTMENTS

OFFICE OF THE CHIEF OF STAFF (COS)

The Office of the Chief of Staff (COS) ensures that the HPC delivers timely, high-quality work and informs the public and stakeholders of the HPC's mission, policies, and programs in a consistent and credible manner. This is completed through management of the HPC's external affairs efforts, including media, public, legislative, intergovernmental, and stakeholder relations. COS also manages the day-to-day administration of the HPC, including agency operations, human resources, fiscal management, special projects, and public events. Coleen Elstermeyer, MPP, Deputy Executive Director, leads this department and provides high-level strategic guidance to HPC staff and Board members.

OFFICE OF THE GENERAL COUNSEL (OGC)

The Office of the General Counsel (OGC) provides legal counsel and advice on a wide range of strategic, policy, and operational issues for the agency. The Legal department is responsible for supporting the HPC's policy and legal work, including the development of regulations and oversight of agency compliance functions. The Office of the General Counsel is led by Lois H. Johnson, Esq.

HEALTH CARE TRANSFORMATION AND INNOVATION (HCTI)

The Health Care Transformation and Innovation (HCTI) department is responsible for developing a coordinated strategy to advance care delivery transformation policy and programs, including developing and implementing the agency's investment strategy. HCTI is responsible for administering several grant programs designed to catalyze care delivery transformation in the Commonwealth. The Community Hospital Acceleration, Revitalization, and Transformation (CHART) program, the Health Care Innovation Investment (HCII) program, and the SHIFT-Care Challenge collectively represent a key component of the HPC's efforts to increase health care quality, equity, and access while reducing cost growth in the Commonwealth. HCTI also advances the Commonwealth's goals of accelerating adoption of new integrated care models through state certification programs for patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) and enhanced transparency of such efforts. The department – in collaboration with other state agencies and stakeholders – works to promote and align innovative care delivery and payment models and address upstream causes of poor health outcomes. Through these efforts, HCTI supports the HPC's vision of a care delivery system that reduces spending and improves health for all residents by delivering coordinated, patient-centered, and efficient health care that reflects patients' behavioral, social, and medical needs. HCTI is led by Kelly Hall.

MARKET OVERSIGHT AND TRANSPARENCY (MOAT)

The Market Oversight and Transparency (MOAT) department is responsible for advancing the HPC's statutory charge to encourage a more value-based health care market. This includes (1) developing and implementing a first-in-the-nation Registration of Provider Organizations (RPO) program to provide transparency on the composition and function of provider organizations in the health care system, (2) tracking and evaluating the impact of significant health care provider changes on the competitive market and on the state's ability to meet the health care cost growth benchmark through review of material change notices (MCNs) and cost and market impact reviews (CMIRs), (3) evaluating the performance of individual

health care providers and payers which threaten the health care cost growth benchmark and overseeing Performance Improvement Plans (PIPs) to improve the cost performance of such entities, and (4) collaborating with other HPC departments to catalyze improvements in the performance of the health care system. Beginning in 2021, the MOAT team also helps manage pharmaceutical spending by conducting reviews of high-cost drugs referred to the HPC by MassHealth, the Massachusetts Medicaid Program, and assessing if the pricing is unreasonable or excessive in relation to the value. MOAT is led by Kate Scarborough Mills, Esq., MPH.

OFFICE OF PATIENT PROTECTION (OPP)

The Office of Patient Protection (OPP) safeguards important rights of health insurance consumers. Implementing certain provisions of M.G.L. Chapter 176O, OPP regulates the internal grievance process for consumers who wish to challenge denials of coverage by health plans and regulates and administers the external review process for consumers who seek further review of adverse determinations by health plans based on medical necessity. OPP is also charged with regulating similar internal and external review processes for patients of Risk Bearing Provider Organizations and HPC-certified ACOs. OPP also administers and grants enrollment waivers to eligible individuals who seek to purchase non-group insurance when open enrollment is closed. Additionally, OPP assists consumers with general questions or concerns relating to health insurance. OPP is led by Nancy Ryan, Esq., MPH.

RESEARCH AND COST TRENDS (RCT)

The Research and Cost Trends (RCT) department fulfills the HPC's statutory charge to examine spending trends and underlying factors and to develop evidence-based recommendations for strategies to increase the efficiency of the health care system. Using key data sources such as the state's all-payer claims database (APCD) and cutting edge methods, RCT draws on significant research and analytical expertise to inform, motivate, and support action to achieve the benchmark and the goals of Chapter 224. RCT is responsible for producing the HPC's annual health care cost trends report and contributes subject matter expertise to the annual hearing on cost trends as well as special research projects as determined by the Executive Director and the Board. RCT is led by David Auerbach, PhD.

HPC SUMMER FELLOWSHIP PROGRAM REFLECTIONS

SAM COX

Research and Cost Trends



SAM COX
(he/him/his)

MSPH, Johns Hopkins
Bloomberg School of
Public Health

This summer, I had the amazing opportunity to work with the Health Policy Commission's Research and Cost Trends (RCT) team, focusing on work related to telehealth. After I complete my MSPH in Health Policy, I intend to focus my career on developing policy that makes healthcare accessible and affordable to all while keeping costs contained. Coming to the HPC, I hoped to gain a better understanding of how states can use data to answer research questions that advance policy in these areas. My experience as a summer fellow allowed me to work with a fantastic team and achieve all I'd hoped to, and more.

My primary project focused on telehealth, an incredibly relevant and timely topic. With telehealth use having vastly expanded so recently, telehealth policy is very much evolving, and questions remain as to what its net effects on total healthcare spending and utilization will be. Will it allow patients to avoid expensive downstream care? Or will it induce excess utilization due to its convenience? I reviewed existing evidence on these topics, and I had the chance to dive into the Massachusetts All Payer Claims Database (APCD) to do research of my own.

Using APCD data, I examined prices and cost sharing levels of certain telehealth services in 2020 and compared them to equivalent in-person services. I also looked at the effect of telehealth on total spending and utilization. This was a bit of a tricky question to answer. We were looking at changes from 2019 to 2020, a time when the pandemic was having powerful effects on healthcare spending and utilization unrelated to telehealth. So how could we disentangle the effect of telehealth from all of the other factors? The solution involved clever analytical planning to imitate a randomized experiment, giving us very interesting results.

This work has given me invaluable firsthand experience engaging with cutting edge state government research and has given me new insight into the capabilities of state government to affect health policy. My data analysis skills have improved, and I've been able to put analytical concepts learned about in coursework into action for the first time in the real world. And there could not have been a more interesting dataset to work with than the rich and extensive APCD! I also greatly appreciated the opportunities to meet with HPC commissioners, board members, and other leading health policy experts. Above all, I enjoyed being able to work with wonderful mentors and teammates throughout the entirety of the summer. The RCT team, and the entirety of the HPC staff, were amazingly welcoming and supportive. This summer would not have been nearly the experience that it was had it not been for them, and I am incredibly grateful.

PATRICK DISMAN

PATRICK DISMAN
(he/him/his)

MPH, Yale School of
Public Health

I was privileged to spend this summer with the Health Policy Commission's Market Oversight and Transparency (MOAT) team, working to mitigate the growing cost of health care in the Commonwealth. At a time of great political division, the HPC and MOAT gave a look into the wonderfully collaborative, mission-driven environment that still exists within government and is committed to working for the betterment of the residents it serves.

My summer projects included developing policy briefs for Massachusetts legislators that explained some of the driving elements of inequitable access to health care services perpetuated by the structure of the health care financing system. I also participated in the process through which the HPC regulates key entities contributing to runaway health care spending and cost growth in the Commonwealth. This involved pulling together data and key points from provider and payer organizations to illustrate areas of excess growth to develop an improvement plan and action steps with the entities. By utilizing the rich data the HPC has access to as well as synthesizing comprehensive evidence to tell a digestible story of health care financing failures, I learned how to effectively communicate with stakeholders and legislators to bring about positive change for the betterment of the Commonwealth's citizens. I was also given the opportunity to dive into the inner workings of state government's regulatory power and the complex interplay of stakeholders that creates our health care ecosystem.

As I prepare for my career in health policy, the HPC provided the opportunity to see first-hand how first-rate research can influence policy making and how important the production of that research is for sound policy. This was truly invaluable. The HPC was a key piece of my graduate education and has better prepared me to tackle the health care challenges facing the United States. I am incredibly grateful for the mentorship of the friendly, knowledgeable, and driven staff members at the HPC and the opportunity to play a small part in the large, notable movements underway in Massachusetts to make health care equitable and accessible for all. I could not have asked for a better summer experience.



FLORENCE FRANK
(she/her/hers)

MPH, Harvard T.H.
Chan School of
Public Health

FLORENCE FRANK

Office of the Chief of Staff

This summer, I had the opportunity to work in the Office of the Chief of Staff, primarily assisting with projects related to government affairs. I was interested in learning more about policy at the state level and the Health Policy Commission specifically because it is a unique government office that sits at the intersection of oversight, research, and communications. As a health policy student with a strong belief in public service, I wanted to learn more about the intersections between the legislative branch and the various state agencies related to public health.

These government affairs projects included providing summary analysis for major health legislation at the close of the session with on-going legislative tracking efforts. Additionally, I collaborated with many cross-department staff in researching recent policy developments across the US to inform a Board Meeting discussion for policy recommendations in the upcoming Annual Cost Trends Report. Finally, I completed an independent research project assessing current state actions to invest in their public health workforces using funding from the American Rescue Plan Act (ARPA). This project allowed me to learn about cross-state learning, the benefit of federal-led convening and guidance for state investments, and the challenges in determining long-term investment strategies. This research project sought to capture the investment landscape at this moment; I hope to stay engaged in emerging developments in this area as more states continue to allocate their ARPA funding through 2026.

While I had prior experience in legislative affairs and working in government settings, this summer at the HPC positively changed my perception of what agencies can accomplish to serve the public. I enjoyed having opportunities to work with other staff members within the Office of the Chief of Staff and other internal departments. Finally, I am grateful to have had more “informal” opportunities to connect with members of the advisory board, the executive team, Commissioners, and other fellows to learn about their journeys within the field of public health. As I continue my graduate education within the greater-Boston area, I am interested in seeing how the HPC continues to serve and lead in the Commonwealth.



IVY MILLER
(she/her/hers)

JD, Northeastern
University School
of Law

—
MPH, Tufts University
School of Medicine

IVY MILLER

Market Oversight and Transparency

This summer, I had the great privilege of working with the Market Oversight and Transparency (MOAT) team on several projects examining the health care market and its resources in Massachusetts. For my first project, I assisted in conducting data analysis and literature review for a report to the legislature on health care supply. I looked at data from the Health Resources & Services Administration's Area Health Resource Files and the Organisation for Economic Co-operation and Development to compare supply levels in Massachusetts to other U.S. states, as well as other countries. I also conducted a literature review to give context to those numbers. For my second project, I conducted supporting research for a much larger workstream looking at pediatric market changes both in Massachusetts and nationally over the past several years.

As a dual Juris Doctor and Master of Public Health candidate, I have found my time at the Health Policy Commission extremely illustrative of the ways in which law-making and research intertwine and inform each other. Through my work on the report to the legislature, I was able to see research directly mobilized to answer a legislative directive. Through my work on the pediatric market, I saw how preemptively looking at market trends might inform law-making in the future. The MOAT team has also been an incredible example of the collaboration that can come from a group of individuals with such varied experiences and education.

My fellowship at the HPC has been an invaluable source of learning and feedback. Beyond my individual projects, I was also able to learn more about how the HPC functions within the broader legislative and governmental landscape. Through Board Meetings, Meet and Greets with Commissioners and Advisory Board members, and MOAT team trainings, I gained a huge amount of knowledge and different perspectives on health care in Massachusetts and beyond. I am so excited to take that knowledge with me into the rest of my education and career. A big thank you to the MOAT team and everyone at the HPC for their enthusiastic support, friendly welcomes, and willingness to answer any question.



REBECCA PEARSON
(she/her/hers)

JD, University of
North Carolina School
of Law

—
MPH, University of
North Carolina Gillings
School of Global
Public Health

REBECCA PEARSON

Office of the General Counsel

As a JD/MPH student, my time as a fellow with the HPC in the Office of the General Counsel was an invaluable way to gain professional experience in both law and health policy. This summer, I had the opportunity to work on a number of interesting projects, including research on abortion protections in Massachusetts, private equity's role in health care, and issues of administrative law. I particularly enjoyed my time with the Office of Patient Protection, where I drafted guidance documents on the federal No Surprises Act and evaluated external review determinations for compliance with state law on autism coverage. My assignments were challenging, interesting, and rewarding. Through them, I improved my legal and policy research and writing skills.

I am also deeply grateful for the wonderful people I met and worked with this summer—supervisors, fellow fellows, and the amazing HPC employees—for making the virtual summer experience engaging and rewarding. With the HPC approaching its 10-year anniversary, the appointment of a new Board Chair, and the first ever Performance Improvement Plan, it was a busy and interesting summer. I learned so much during the meet-and-greet sessions with HPC's Commissioners and Advisory Council Members and was privileged to have the opportunity to meet with not one, but two of HPC's Board Chairs! I am so grateful to have been part of the HPC community, and I am excited to see what the HPC does next.



EMILY PROEHL
(she/her/hers)

MPH, University of
North Carolina Gillings
School of Global
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EMILY PROEHL

Health Care Transformation and Innovation

As a Master of Public Health student studying Health Policy with a specific interest in Maternal and Child Health policies, I am very interested in how the Social Determinants of Health impact health outcomes for birthing populations. Working with the Health Policy Commission (HPC) allowed me the opportunity to explore these interests through state-level maternal health grant programs. This summer, I had the great privilege of working with the Health Care Transformation and Innovation (HCTI) team, creating two outputs for the Cost Effective and Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) investment program.

I supported HCTI's Equity in Every Project initiative by creating three racial equity-focused collaborative learning opportunities (CLOs) for the C4SEN awardees to contextualize their opportunity to leverage interpersonal change at the programmatic level to address systemic and institutional racial inequities. I completed a literature review on maternal and child health-focused collaborative learning groups, conducted brief thematic coding on awardees' operational responses to the HPC's Request for Proposals, and created three logic models to guide planning. The final products were detailed outlines for three educational sessions composed of presentations, small and large group discussions, and introductions to new toolkits in a take-home resource folder.

My second output was the SENSE Collaborative Learning and Dissemination Series Spotlight Case Study. I created two semi-structured interview guides highlighting the successes, challenges, and impacts of an interagency coalition for substance exposed newborn (SEN) providers, social services, and community health providers. I conducted both interviews, transcribed them, and wrote an initial draft of the Spotlight, with specific attention given to how the SENSE Collaborative reduces the fragmentation of SEN care in the Southcoast Massachusetts region.

Aside from expanding my knowledge of Maternal and Child Health policies in practice, I was able to operationalize competencies from my MPH program and strengthen my independent project management skills within a multi-faceted and welcoming team of health policy professionals. Working in the HCTI department was an invaluable opportunity to be immersed in the policy process with a team determined to leave their fellows better than how they found us. I am so grateful for their support and professional mentorship this summer. Thank you for an impactful Fellowship experience!



MARGARET ROACH
(she/her/hers)

MPH, University of
North Carolina Gillings
School of Global
Public Health

MARGARET ROACH

Health Care Transformation and Innovation

This summer, I worked as a fellow in the Health Care Transformation and Innovation (HCTI) department at the Massachusetts Health Policy Commission (HPC). For my project, I supported the work of the Complex Care Learning Series in collaboration with the Brookline Center for Community Mental Health.

Utilizing the first year of the Learning Series as “proof of concept,” my project envisioned the work stream’s long-term future, enabling complex care stakeholders to share best practices and advance innovations for patients with complex needs in a supportive community. I first reviewed the learning series work achieved to date, reflecting on the initiative’s achievements and opportunities for growth. I then conducted a landscape analysis of existing learning communities, identifying potential models and best practices. Upon synthesizing my findings, I provided HCTI and The Brookline Center with key considerations, resources, and tools to inform how they could feasibly and sustainably structure and scale the work. I also supported efforts on the current iteration of the Learning Series, assisting with planning and executing one of the sessions and developing communication outputs sent to event attendees to further the conversation.

As a Master of Public Health student concentrating in health equity, I valued working on a project to develop a community of complex care stakeholders to promote positive, sustainable change improving the lives of those with unmet health needs due to systemic failures. I want to thank the HPC for being such a welcoming and generous community this summer. The fellowship program’s educational programming and networking opportunities were invaluable, allowing me to explore the field of health policy. I am incredibly grateful to my supervisor and the HCTI team for their support and mentorship and for making the summer an educational, challenging, and fun experience! I am eager to take what I’ve learned from the fellowship forward as I consider how I can best support the mission of health equity in the professional world.



**CAROLYN
SAN SOUCIE**
(she/her/hers)

PhD in Health Policy,
Harvard University

CAROLYN SAN SOUCIE

Research and Cost Trends

This summer, I had the great privilege of working as a Fellow at the Massachusetts Health Policy Commission (HPC) on the Research and Cost Trends (RCT) team. The RCT team provided invaluable support and guidance to me throughout my fellowship, both in terms of researching trends in healthcare costs and utilization in the state of Massachusetts and in terms of professional development. Additionally, the fellowship was well-organized and prepared to connect fellows with leaders in the healthcare industry through meetings with commissioners, individuals on the advisory board, and HPC department heads.

My research project involved assessing trends in inpatient admissions from the emergency department during the COVID-19 Pandemic. I enjoyed diving into the Center for Health Information and Analysis case-mix datasets, which provide information on all hospital visits in Massachusetts. I combined the Hospital Inpatient Discharge Data and the Emergency Department Data to construct the complete denominator of all patients visiting an emergency department in the state. I then added in information from internal crosswalks and other sources of data to investigate the rate of admissions from the emergency department before, at the onset, and throughout the duration of the pandemic. Alongside this investigation, I was able to analyze differential patterns in emergency department admission rates by hospital and by diagnosis as well as patient length of stay and acuity within the hospital. I conducted all of my analyses in STATA, which was my first time completing a project of this size with the software. In all, I greatly enjoyed my experience as a Summer Fellow at the HPC, and I highly recommend it to any interested students.



SAHIL TEMBULKAR
(he/him/his)

MSHP, Stanford
University

SAHIL TEMBULKAR

Health Care Transformation and Innovation

As a master's student in Health Policy at Stanford University completing my first year, I was looking for a summer opportunity where I could learn about innovative health care programs that were attempting to meet the needs of marginalized populations. The experience I gained through the three projects I worked on during my summer fellowship with the Health Care Transformation and Innovation (HCTI) team at the HPC proved to be exactly what I had been looking for.

A large portion of my experience involved working closely with the Learning and Dissemination team within the HCTI department on outputs highlighting novel elements of two awardees of the SHIFT-Care Challenge investment program, which funded health care systems seeking to reduce avoidable acute care utilization, such as ED visits or hospital readmissions, by addressing health-related social needs. After careful review of the final program evaluations, I developed guides for and conducted interviews with the program staff that coordinated operations for each awardee. I also worked on drafting outlines of the eventual spotlights that will be written up and published on the HPC website.

The remaining portion of my summer work was on intentional efforts to address health equity in accountable care organizations (ACOs). For this project, I conducted a thorough assessment of the landscape of efforts undertaken by ACOs in other states to address health inequities. In collaboration with the ACO certification team, I developed a slide deck as a guide for implementing intentional health equity efforts at the ACO-level.

I am very grateful for what I have been able to learn from the group of devoted and extremely knowledgeable staff members at the HPC. The experience I have gained from my work with the HCTI department will equip me well to support health equity for marginalized populations in the next steps in my career after the conclusion of my master's program.



TAYA WESTFIELD
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MPH, University of
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TAYA WESTFIELD

Health Care Transformation and Innovation

This summer, I had the opportunity to work alongside members of the Health Care Transformation and Innovation (HCTI) department on an internal, midway review of the Moving Massachusetts Upstream (MassUP) program. The MassUP investment program supports partnerships between health care provider organizations and community-based organizations as a way to address the various social determinants of health that lead to health inequities. My time at the HPC has given me more insight into how people involved in the fields of public health and health care can work together to address the root causes of health inequities, all while centering the lived expertise of those who are the most impacted by these issues.

My fellowship began at the midway point of MassUP's implementation period, at a time when the MassUP team was interested in reflecting on the lessons they had learned during the first half of the program's implementation. Based on this, my primary goals were to (1) gain a better understanding of the structure and efforts of upstream programming outside of the Commonwealth, and (2) document the internal successes and challenges of implementing MassUP. To achieve my first goal, I researched and documented upstream programming that is currently being implemented outside of the Commonwealth. As a part of this landscape review, I also compiled various learning and dissemination products that will be useful as the MassUP team begins thinking through how to best communicate the story of this program. My second project involved facilitating two 90-minute staff focus group discussions on various components of MassUP. Since I had not previously facilitated focus group discussions, I spent a lot of time learning about focus group best practices, creating and editing my interview guides, and keeping track of themes that emerged across the two discussions. I summarized the major themes of both discussions, as well as a set of group-generated recommendations, in a focus group report. My work this summer will not only be used to inform planning efforts for the final half of MassUP implementation, but it also serves as a way to document some of the lessons the MassUP team has learned over the course of the program.

As I enter the final year of my Master of Public Health studies and begin my public health career, I am excited to implement what I have learned about the intersection of health equity and health policy. I am grateful for the HPC and all the new, exciting experiences I was able to have alongside the HCTI team this summer!

**MASSACHUSETTS HEALTH
POLICY COMMISSION**

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