Baystate Medical Center

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September 27, 2013

Mr. David Seltz, Executive Director
The Commonwealth of Massachusetts
Health Policy Commission
Two Boylston Street
Boston, MA 02116

Subject: Testimony for Public Hearing on Health Care Cost Trends

Dear Mr. Seltz:

In response to your August 28, 2013 letter, we have prepared the following written testimony. The deadline for providing a response to your letter was extremely short and some of the requested information was not readily available in the format requested. Accordingly, the testimony submitted below has been prepared based on reasonable inquiry and is true and correct to the best of our knowledge, information and reasonable belief.

Health Policy Commission Questions and Baystate Medical Center Testimony

1. **Chapter 224 of the Acts of 2012 (c.224) sets a health care cost growth benchmark for the Commonwealth based on the long-term growth in the state's economy. The benchmark for growth between CY2012-CY2013 and CY2013-CY2014 is 3.6%.**

    a. **What are the actions your organization has undertaken to reduce the total cost of care for your patients?**

    Baystate Medical Center is committed to the continual development and application of a comprehensive model for system wide continuous improvement in the areas of staff engagement, quality outcomes, patient satisfaction, and cost reduction. We have a long history of continuous improvement based on scientific methods. We continue this tradition with the aggressive development of a model for process improvement that engages leadership and staff at all levels toward a common set of organizational goals and objectives. Cost containment and reduction are expected as key outcomes in conjunction with improved quality and patient satisfaction. We are developing leadership and staff capabilities around the utilization of proven models of teamwork, waste elimination and value enhancement. Some actions our organization has undertaken to reduce the total cost of care for our patients involve the following areas: Centers for Medicare and Medicaid Innovation (CMMI); STAAR Collaborative (State Actions on Avoidable Readmissions); Premier QUEST; Health Information Exchange/Electronic Medical Record; Benchmarking;

Patient Center Medical Homes; the Medicare Shared Savings Program; and the Group Insurance Commission (GIC)-Integrated Risk Bearing Organizations (IRBO's).

For additional comments, please see Appendix A.

b. What are the biggest opportunities to improve the quality and efficiency of care at your organization? What current factors limit your ability to address these opportunities?

Our focus on reducing harm (hospital acquired conditions) is a continuous improvement initiative. We continue to focus on harm reduction until we achieve zero harm events for all patients. This is an ongoing opportunity to improve quality and efficiency at our organization.

The Leapfrog Group Hospital Safety Score program grades hospitals on their overall performance in keeping patients safe from preventable harm and medical errors. The grades are derived from expert analysis of publicly available data using 26 evidence-based, national measures of hospital safety. Our safety score from LeapFrog is an A.

Opportunities to improve the quality and efficiency of care at our organization also involve population health and lifestyle changes. The future of our health care system will be dependent on our ability to focus on improving the health of the population. Engaging patients in healthcare decision making, shared decisions and patient education will be key to this work. Some factors that limit our ability to address these opportunities include limited resources, improvement capacity, and education. We are, however, working to actively manage the population we care for using changes in urgent care and creating new models for care management.

c. What systematic or policy changes would encourage or help organizations like yours to operate more efficiently without reducing quality?

Changes in the regulatory environment should promote administrative simplification. Issues like sub-acute eligibility also need to be addressed to ease the difficulty of placing uninsured patients in the right care setting. Legal guardianship issues also complicate getting patients to the right level of care. Readmission penalties should be waived as well.

We also recommend that government payers increase payment levels to cover costs of care so that the burden of the shortfall is not shifted to the commercial payers. In order to offset this payment shortfall, we must negotiate higher payment rates from our non-governmental payers. Therefore, if the government payers would increase their rates to cover the costs and provide a margin for our ability to invest in new capital technologies, this would likely result in lower price increases to commercial payers.

For additional comments, please see Appendix A.

d. **What steps are you taking to ensure that any reduction in health care costs is passed along to consumers and businesses?**

Baystate Medical Center's rate increases from our significant payers in recent years have been less than 3%.

Baystate Medical Center in 2013 has again been recognized by Cleverley and Associates as one of the Top 100 Community Value Hospitals. The Community Value Index (CVI) is a proprietary index created to offer a measure of the value that a hospital provides to its community. In addition, BMC has again been recognized by Cleverley and Associates as a Community Value Five-Star Hospital. Five-Star Hospitals are those that achieve CVI scores in the top 20% of all hospitals in the study.

2. **The 2013 Examination of Health Care Cost Trends and Cost Drivers by the Attorney General's Office found that growth in prices for medical care continues to drive overall increases in medical spending. What are the actions your organization has undertaken to address the impact of the growth in prices on medical trend and what have been the results of these actions?**

As discussed in detail in the response to question 1, Baystate Medical Center has taken numerous actions to improve the quality and efficiency of care to reduce the overall cost of care.

These efforts also impact the growth in prices on medical trend. As detailed in the Center for Health Information and Analysis August 2013 Annual Report on the Massachusetts Health Care Market, Baystate Medical Center had lower relative prices than other academic medical centers.

3. **C.224 seeks to promote the integration of behavioral and physical health. What are the actions your organization has undertaken to promote this integration?**

a. **What potential opportunities have you identified for such integration?**

Baystate Medical Center (and Baystate Health) has identified the enormous, unmet burden of behavioral health need across our communities. To address these needs we have carried out the following initiatives:

1. Led the development for the Massachusetts Child Psychiatry Access Project (MCPAP).
2. Implemented integrated behavioral health services across our community primary care network.
3. Supported adjacent specialty practices to address behavioral health needs across the continuum of care.
4. Partnered with community-based behavioral health services to meet the needs of our Springfield area health centers.

For additional comments, please see Appendix A.

b. **What challenges have you identified in implementing such integration?**

With the initiatives listed in response to question 3.a., we see the following challenges:

- Ongoing development of a robust model for clinical integration

- Balancing the financing and staffing for new initiatives
- Navigating the transition of payment models from fee for service to pay for performance / risk based contracts.

For additional comments, please see Appendix A.

c. What systematic or policy changes would further promote such integration?

We believe that the following systematic or policy changes would further promote such integration:

1) Grant access for behavioral health providers to the Massachusetts Rx Monitoring Program.
2) For professional licensure purposes, include questions on exams as well as require supervised work hours that support integrated behavioral health.
3) Realistic infrastructure payments to support integrated behavioral health in the patient centered medical home setting.
4) Develop potential start-up of grant funding for behavioral health providers to implement or gain access to an electronic health record.
5) Include integrated behavioral health in bundled payment initiatives.
6) Add behavioral health measures and metrics to ACO risk/pay-for-performance contracts (including but not limited to: high risk and mortality conditions to address depression and substance abuse).

4. C.224 seeks to promote more efficient and accountable care through innovative care delivery models and/or alternative payment methods.

a. Describe your organization's efforts to promote these goals.

Our efforts to promote innovative care delivery include all major initiatives detailed in question 1.a. including an improvement model, health information exchange and electronic medical record, patient centered medical homes, Medicare Shared Savings Program and the GIC - IRBO.

b. What current factors limit your ability to promote these goals?

Our ability to effectively execute strategies to promote innovative care delivery models is limited by our ability to fund the related required operating and capital investments.

c. What systematic or policy changes would support your ability to promote more efficient and accountable care?

Financial support in terms of improved Medicaid rates and reasonable rate increases to offset inflation are needed. This would allow for further investments in the infrastructure and technology required to implement innovative care models at an accelerated pace.

In addition, we are interested in administrative simplification and consistency among payers to further streamline our operations.

5. **What metrics does your organization use to track trends in your organization's operational costs?**

   a. **What unit(s) of analysis do you use to track cost structure (e.g., at organization, practice, and/or provider level)?**

      Baystate Medical Center (and Baystate Health) uses a number of metrics to track cost structure at provider, cost center, department, division, and corporate levels. The metrics are service line specific, such as: RVUs for physician practices; visits, procedures, or tests for clinical sites; meal counts for dietary areas; square footage for real estate and security. Trends of salary and non-wage costs per unique metric are analyzed monthly to identify areas of concern and focus, as well as to highlight areas of optimal performance.

   b. **How does your organization benchmark its performance on operational cost structure against peer organizations?**

      Baystate Medical Center (and Baystate Health) utilizes a variety of products to benchmark, allowing us to evaluate operational and financial data in a realistic context: head-to-head with best-in-class organizations and facilities of similar size, payer mix, complexity, and patient population. We utilize Truven, the largest comparative database in the healthcare industry, with operational and financial data from more than 750 healthcare organizations across the country. In addition, we utilize Premier's online supply chain data analysis tool (My Spend), allowing us to analyze supply spending and find savings opportunities by comparing our prices to peers, thus allowing for transparency in negotiation with vendors.

   c. **How does your organization manage performance on these metrics?**

      We have developed a number of online tools for managers to track their performance metrics. External benchmarking data is available quarterly to department managers, and internal metrics are available monthly within our Business Planning & Consolidation (BPC) software. Analysts regularly review and question variances of actual to expected performance, and work with managers and senior leaders to ascertain the root cause of the variances. The My Spend tool allows BH to conduct spending analysis at the departmental / facility / system level, monitor contract utilization, and ensures all of our facilities are paying appropriately discounted prices.

6. **Please describe the actions that your organization has undertaken or plans to undertake to provide patients with cost information for health care services and procedures, including the allowed amount or charge and any facility fee, as required by c.224.**

   Baystate Medical Center is currently studying the provisions of c.224 related to providing patients or prospective patients with cost information for health care services and procedures including the "allowed" amount or charge. We are reviewing our current processes and systems to determine what is required to meet these requirements. There are many complexities in determining the "allowed" amount or charge. The provision of medical care to a patent who is being admitted to a hospital for treatment is much different from reserving a hotel room or purchasing an automobile. It is not uncommon for a patient to receive treatment for conditions which were not anticipated

before or at the time of admission. We are concerned that these provisions, without more consideration of the complexities of a hospital admission, could lead to more confusion by patients.

For additional comments, please see Appendix A.

7. **After reviewing the reports issued by the Attorney General (April 2013) and the Center for Health Information and Analysis (August 2013), please provide any commentary on the findings presented in light of your organization's experiences.**

We have not yet fully analyzed the reports issued by the Attorney General (April 2013) and the Center for Health Information and Analysis (CHIA) (August 2013). Baystate Medical Center has always strived to be a high quality, low cost provider. The CHIA report does include relative price information in regard to academic medical centers for which Baystate Medical Center compares favorably. In other sections of our response, we have detailed our quality efforts and resulting recognition that we have received.

Office of the Attorney General Questions and Baystate Medical Center's Testimony

1. **For each year 2009 to present, please submit a summary table showing your operating margin for each of the following three categories, and the percentage each category represents of your total business: (a) commercial business, (b) government business, and (c) all other business. Include in your response a list of the carriers or programs included in each of these three margins, and explain and submit supporting documents that show whether and how your revenue and margins are different for your HMO business, PPO business, or your business reimbursed through contracts that incorporate a per member per month budget against which claims costs are settled.**

Baystate Hospitals & Physician Group Operating Margin (in millions)	**FY 2009**	**FY 2010**	**FY2011**	**FY2012**
Governmental	($34.7)	($31.7)	($42.9)	($11.9)**
Commercial	$84.1	$72.1	$70.3	$52.8
Other Business	$14.9	$10.7	$1.6	$18.9
Subtotal - Baystate Hospitals	**$64.3**	**$51.1**	**$29.0**	**$59.8**
Physician Group	($10.8)	($10.9)	($13.8)	($15.7)
Total Baystate Hospitals & Physician Group	**$53.5**	**$40.2**	**$15.2**	**$44.1**
Percentage of Total Business - Baystate Hospitals (Gross Revenue)				
	FY 2009	**FY2010**	**FY 2011**	**FY 2012**
Governmental	39.68%	40.59%	39.96%	40.84%
Commercial*	57.63%	56.78%	57.20%	56.20%
Other Business	2.69%	2.63%	2.84%	2.96%
Total	**100%**	**100%**	**100%**	**100%**

* Commercial includes Medicare HMO's, Medicaid HMO's, and Commonwealth Care plans that represent approximately 15% of our gross revenue that could also be considered as governmental.

**Governmental includes impact of Medicare rural floor.

In accordance with the Office of the Attorney General's instructions, this table includes Baystate Medical Center, Baystate Franklin Medical Center and Baystate Mary Lane Hospital.

For additional comments, please see Appendix A.

2. **If you have entered a contract with a public or commercial payer for payment for health care services that incorporates a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged to you, including contracts that do not subject you to any "downside" risk (hereafter "risk contracts"),please explain and submit supporting documents that show how risk contracts have**

affected your business practices, including any changes you have made, or plan to make, to care delivery, operational structure, or to otherwise improve your opportunities for surpluses under such contracts, such as any changes to your physician recruitment or patient referral practices. Include in your response any analysis of the impact of changes in your service mix, payer mix, or patient member type (e.g., HMO v. PPO, fully-insured v. self-insured) on your opportunities for surpluses.

Baystate Medical Center currently participates in several risk contracts, each of which provides for upside only sharing. One of the contracts does expose the hospital to a potential loss of withhold, but because the number of patients under that contract is so small, which subjects the financial results to significant variability and little predictability, we have not invested specific additional resources to manage the risk.

If the hospital does consider entering risk contracts that include material downside risk, it will work with Baycare®, the physician-hospital organization serving Baystate Medical Center and over 200 medical practices with approximately 1,200 physicians, to quantify, analyze and help project our ability to manage that risk. Baycare has experience managing upside and downside risk contracts with two large commercial payers, and has developed an infrastructure that provides appropriate cost, utilization and quality reporting, along with medical director and business analyst resources to interpret those reports and help providers determine action plans to increase the likelihood of reduced costs and increased quality and patient satisfaction.

3. **Please explain and submit supporting documents that show how you quantify, analyze, and project your ability to manage risk under your risk contracts, including the per member per month costs associated with bearing risk (e.g., costs for human resources, reserves, stop-loss coverage), solvency standards, and projections and plans for deficit scenarios. Include in your response any analysis of how your costs and risk-capital needs would change due to changes in the risk you bear on your commercial or government business.**

Baystate Medical Center shares risk in the commercial and Medicare Advantage risk agreements held by its PHO, Baycare Health Partners, Inc. (Baycare®). Since 2010, Baycare® has implemented a patient-centered medical home (PCMH) Prototype that encompasses primary care practice redesign through the development of patient-centered medical homes coupled with alternate payment methodologies based upon a shared savings model that would evolve to a single comprehensive care payment. The multi-year PCMH Prototype has shared risk agreements with two major commercial health plans in our service area: Health New England (HNE) and Blue Cross Blue Shield of Massachusetts (BCBSMA), the latter through its Alternative Quality Contract (AQC). Both agreements have upside and downside risk components on the efficiency side and offer the potential for substantial bonuses on the quality side. These agreements, therefore, require the PCMH Prototype practices to monitor their performance routinely.

Baystate Medical Center also participates in the Medicare Shared Savings Program through Pioneer Valley Accountable Care, LLC (PVAC), a subsidiary of Baycare®. Its mission and purpose are to operate as an ACO and to support the IHI Triple Aim of reducing the overall cost of care while improving both the quality of care and the overall patient experience for beneficiaries served.

Robust analysis and reporting of quality and efficiency and utilization metrics is a key component for the PCMH Prototype and the ACO. Key components include data warehouse, electronic medical records and practice performance meetings.

Additional details and comments on risk mitigation and reserves are included in Appendix A.

4. **Please describe and submit supporting documents regarding how, if at all, you track changes in the health status of your patient population or any population subgroups (e.g., subgroups by carrier, product, or geographic area).**

   Baycare® is the physician-hospital organization serving Baystate Medical Center and over 200 medical practices with approximately 1,200 physicians. The health status of the patients covered by the Baycare® risk agreements is continually tracked through the performance dashboards described in the previous question. In addition, a key element of population health management under the Baycare® agreements is its Integrated Health Care (IHC) Program, which coordinates care for the commercial, Medicare Advantage, and MSSP patients under the care of the PCMH Prototype – the majority of which receive care at Baystate Medical Center. The program currently has about 22 registered nurse care managers and 14 care coordinators, all of whom are embedded in the PCMH practices.

   For additional comments, please see Appendix A.

5. **Please submit a summary table showing for each year 2009 to 2012 your total revenue under pay for performance arrangements, risk contracts, and other fee for service arrangements according to the format and parameters provided and attached as AGO Exhibit 1 with all applicable fields completed. Please attempt to provide complete answers. To the extent you are unable to provide complete answers for any category of revenue, please explain the reasons why. Include in your response any portion of your physicians for whom you were not able to report a category (or categories) of revenue. Responses must be submitted electronically using the Excel version of the attached exhibit. To receive the Excel spreadsheet, please email HPC-Testimony@state.ma.us.**

   In accordance with the AGO Excel template, the requested information for 2010, 2011 and 2012 is submitted with this response.

6. **Please identify categories of expenses that have grown (a) 5% or more and (b) 10% or more from 2010 to 2012. Please explain and submit supporting documents that show your understanding as to the factors underlying any such growth.**

   In addition to our commitment to provide high quality care, Baystate Medical Center's vision also includes making health care more affordable for the communities we serve. As demonstrated in the chart below, our total operating expenses only increased at an annual rate of less than 3.8% from FY2010 to FY2012 or 7.6% over the two year period. This cost control is even more remarkable considering during this same time period Baystate Medical Center completed construction of a $296 million 641,000 square foot clinical facility which included the opening of the Davis Family Heart & Vascular Center in March 2012.

(in thousands)			Change FY10 to FY12	
	FY2010	FY2012	Amount	%
Salaries & wages	$331,934	$338,634	$6,700	2.0%
Supplies and expense	427,480	475,291	47,811	11.2%
Depreciation and amortization	40,924	46,033	5,109	12.5%
Bad debts	11,940	10,806	(1,134)	-9.5%
Interest expense	5,893	9,317	3,424	58.1%
Total operating expenses	**$818,171**	**$880,081**	**$61,910**	**7.6%**

For additional comments, please see Appendix A.

7. **Please describe and submit supporting documents regarding any programs you have that promote health and wellness (hereinafter "wellness programs") for (1)patients for whom you are the primary care provider; (2) patients for whom you are not the primary care provider; and (3) employees. Include in your response the results of any analyses you have conducted regarding the cost benefit of such wellness programs.**

   Baystate Medical Center demonstrates its commitment to creating healthier communities through our various offerings of health and wellness programs for patients and their families and our dedicated employees. We extend the traditional definition of health and wellness to include economic opportunity, affordable housing, education, safe neighborhoods, food security, arts/culture, and racism-free communities – all elements needed for individuals, families and communities to thrive. In addition, we provide many valuable community benefit initiatives, inclusive of health and wellness programs, that are offered to the broader community -- beyond the walls of the hospital and into the communities and homes of the people we serve every day, with quality and compassion.

   Please see Appendix A for a complete listing of health and wellness programs we offer to our patients, employees and the broader community, and for additional comments.

In closing, I am legally authorized and empowered to represent Baystate Medical Center for the purposes of this testimony. I hereby certify under the pains and penalties of perjury that, under my direction, Baystate Medical Center has made a diligent effort to respond to the foregoing questions, and that, to the best of my knowledge, information, and reasonable belief, the foregoing answers are true and correct.

Sincerely,

Dennis W. Chalke
Sr. VP, CFO and Treasurer, Baystate Health

Attachments

AGO Exhibit 1
Appendix A – Supporting Testimony for Public Hearing on Health Care Cost Trends

Appendix A – Supporting Testimony for Public Hearing on Health Care Cost Trends

Health Policy Commission Questions
and Baystate Medical Center Testimony

1. **Chapter 224 of the Acts of 2012 (c.224) sets a health care cost growth benchmark for the Commonwealth based on the long-term growth in the state's economy. The benchmark for growth between CY2012-CY2013 and CY2013-CY2014 is 3.6%.**

    a. **What are the actions your organization has undertaken to reduce the total cost of care for your patients?**

<u>High Reliability Organization</u>
Baystate Medical Center is an organization focused on improving reliability within our system. Our organization is focused on achieving high performance in terms of safety, quality and cost of care. We incorporate tools, checklists, protocols within standard workflow to help reduce the chance of human error. The Leapfrog Group Hospital Safety Score program grades hospitals on their overall performance in keeping patients safe from preventable harm and medical errors. The grades are derived from expert analysis of publicly available data using 26 evidence-based, national measures of hospital safety. Our safety score from LeapFrog is an A.

<u>Centers for Medicare and Medicaid Innovation (CMMI)</u>
Baystate Medical Center is participating in the innovative new payment Bundle Payments for Care Improvement initiative CMMI program. Under the initiative, BMC will enter into payment arrangements that includes financial and performance accountability for episodes of care. The total joint and coronary artery bypass graft (CABG) populations are targeted for the Model 2 bundle program.

In January, 2013, a new Bariatric Lap Band Bundle program was implemented with BMC, Health New England, Baystate Medical Center Practices and Pioneer Valley Surgical Associates. The Bariatric Lap Band Bundle program developed includes a clinical and financial model.

<u>STAAR Collaborative (State Actions on Avoidable Readmissions)</u>
Reducing avoidable re-hospitalizations has been a clinical quality and patient safety organizational goal since 2010 with the focus of reducing avoidable re-hospitalizations in select high risk populations. Targeted populations for implementation of the STAAR framework include: heart failure, acute myocardial infarction, pneumonia and COPD. BMC has been the leader in developing and sustaining the Western MA Cross Continuum Partnership. For the last year (2013) of the STAAR collaborative, the Institute of Healthcare Improvement (IHI) selected Baystate Medical Center as an intensive pilot site for studying the concept of spread and sustainable improvement. Overall readmission indices have been below expected for the organization.

<u>Premier QUEST</u>
Baystate Medical Center reports quality efficiency measures through a number of organizations. We participate with Premier, a national quality improvement organization, and the Quality Advisor product for quality measure reporting to CMS. We report hospital acquired infection data to National Healthcare

Safety Network (NHSN). Baystate Medical Center has been recognized as a Charter Hospital in the Premier QUEST project and has achieved Top Performance in terms of Effectiveness, Mortality and Cost for three consecutive years (2010, 2011 and 2012). BMC staff plays leadership roles in the development and evaluation of this national project. Quality effectiveness measures are near the top decile of all hospitals nationally.

Health Information Exchange/Electronic Medical Record

Baystate Medical Center has had a long history of using health information technology to measure and improve the quality of care. Beginning in 1989 when Baystate Medical Center launched a computerized provider order entry system, the medical center has been using health information technology to decrease practice variation, enable care to be redesigned along the principles of high reliability, and to improve coordination and communication. We currently use the Cerner Millennium product as the core of our electronic medical record across the enterprise in three hospitals, their emergency departments, and 70 multispecialty and primary care practice sites. Real-time clinical decision support has been incorporated into the EMR. In the inpatient setting, clinical practice guidelines have been translated into care sets which have helped to decrease practice variation and achieve high quality and lower costs of inpatient care. In addition the Cerner Millennium product has been used to improve patient safety. Rules and alerts have been incorporated into the EMR system to enhance compliance with best practices in patient safety.

The Department of Health and Human Services recently declared that Electronic health records have been implemented by more than 80% of hospital systems and almost 60% of physician practices, largely in response to the introduction of the EHR Incentive Reimbursement Program (Meaningful Use). This federally-sponsored program presents the unique opportunity for the robust aggregation and exchange of patient health information in the service of healthcare delivery transformation. Baystate Health, a national leader in quality and patient safety, has long leveraged information technology in its pursuit of excellence in care for the individual as well as the community at large. Baystate is now leading the design and deployment of a regional health information exchange, PVIX, in order to create the HIE hub for the healthcare organizations of Western MA that will facilitate real-time access to patient health information for use at the point of care. Providing the right information, at the right time, to the right provider, regardless of entity or individual, promises to improve the experience of the patient by expediting efficient care, improve the health of the population by building platforms for analysis and predictive modeling, and decrease the total cost of care by preventing the duplication of services while enabling the most effective course of treatment. A replete health information exchange will serve the efforts and improve the satisfaction of the provider by reducing the inefficiencies created by disparate sources of data and its presentation.

Benchmarking

We also use a number of tools to track our progress and to improve the quality of care. Cerner's Power Insight is a business intelligence tool that we use to track quality data such as process measures, as well as condition management and outcomes. In addition, it drives our ability to monitor compliance with order set and generates condition-specific registries and Meaningful Use reports. In addition, we use SAP Business Objects as a software foundation to track all of our quality data and to create dashboards that are the core of our transparency initiatives to improve care. Data captured from our electronic medical record, as well as from manual chart abstractions, are incorporated into our dashboards for the purpose of sharing discrete and graphical data with our performance improvement division and

executive leadership. Finally, we use claims data from McKesson's cost accounting system which allows us to create modules to understand how care is delivered. Our cost accounting system has been helpful in identifying opportunities to improve cost reduction and quality improvement. Finally, Baystate Medical Center is an active Premier partner and so avails itself of their information informatics tools. We benchmark ourselves on quality costs, mortality and patient safety using the "Quality Adviser" system. Data from Premier is used within our performance improvement system for benchmarking an improvement purposes.

Patient Centered Medical Home

Baystate Medical Center provides hospitalized care to patients supported in the Patient-Centered Medical Home (PCMH) initiative. The medical home model supports fundamental changes in primary care service delivery and payment reforms, with the goal of improving health care quality. All 18 adult and pediatric primary care Baystate Medical Practices have been officially recognized as Patient-Centered Medical Homes. The PCMH employ care managers who work directly with each access point of care including Baystate Medical Center to ensure coordination and efficiencies of care to each patient.

Medicare Shared Savings Program

Baystate Medical Center is participating in the Centers for Medicare & Medicaid Services (CMS) Medicare Shared Savings Program (Shared Savings Program) to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Through the participation of the hospital in the Pioneer Valley Accountable Care Organization (ACO), BMC is working to improve care coordination, improve quality of care and lower costs of care.

Group Insurance Commission (GIC) – Integrated Risk Bearing Organizations (IRBO's)

Baystate Medical Center together with Baycare Health Partners, Inc. is developing an IRBO for certain shared savings arrangements that cover GIC members. The IRBO will include high quality care for the chronically ill, including a care team led by a primary care practitioner supported by nurse navigators.

1.c. What systematic or policy changes would encourage or help organizations like yours to operate more efficiently without reducing quality?

Specific ideas to increase government payments include:

- Increase Medicare payment rates for certain outpatient services where payments currently do not cover costs
- Restore Medicaid reimbursement for graduate medical education.
- Begin Medicaid reimbursement for allied medical professional education.
- Ensure adequate and appropriate payment rates from MassHealth (e.g., Statewide Payment Amounts per Discharge do not correspond to current case mix) and Health Safety Net for services delivered by hospitals.

Other ideas for governmental intervention include:

- Develop and implement a statewide strategy to recruit primary care physicians and expend primary care capacity in the state.
- Address primary care access problems by encouraging alternative care sites and after-hours options to hospital emergency departments.

3. C.224 seeks to promote the integration of behavioral and physical health. What are the actions your organization has undertaken to promote this integration?

a. What potential opportunities have you identified for such integration?

Recognizing the extensive evidence regarding the impact of behavioral and emotional factors upon overall health and the enormous burden of unmet behavioral health needs for individuals and families in our community and across the nation, we have developed innovative models for integrating behavioral health services within our primary care and specialty care ambulatory programs. Several examples include: 1) Baystate has led the process of development and provides statewide clinical direction for the Massachusetts Child Psychiatry Access Project (MCPAP). MCPAP is a statewide program for delivering collaborative mental health resources to enhance the ability of pediatric primary care providers to address patients' behavioral health problems in the primary care setting. This program has emerged as a national model for integrating behavioral health services with pediatric primary care, has been replicated in 28 states, and has been recognized as such by the Agency for Healthcare Research and Quality (http://innovations.ahrq.gov/content.aspx?id=3058). 2) Baystate has designed a model for providing integrated behavioral health services for our community primary care practices throughout the communities in our service area. This model includes embedding behavioral health clinicians within the primary care team, as well as a system to provide immediate access to provider-to-provider psychiatric consultation and expedited co-located face-to-face psychiatric consultation for these practices. We launched the program in 2 of our primary care sites in July of this year and are planning to phase in the remainder of our 10 community practices over the next 2 years. We were awarded a grant from the MA Executive Office of Health and Human Services to support performance evaluation for this program. 3) For the past 12 years, our outpatient Adult and Child Behavioral Health programs have worked collaboratively with adjacent medical and pediatric specialty practices in order to address the behavioral health needs of patients with special health care needs. 4) In our health centers including Brightwood Health Center, High Street Health Center, and Mason Square Health Center, we have developed partnerships with neighboring community mental health agencies who have jointly developed processes to improve access to care for our patients and to coordinate the provision of their behavioral health services within the medical home. We have been very successful at recruiting and retaining behavioral health providers for all of these programs who are accustomed to working in medical settings and collaborating with medical and pediatric colleagues.

We have identified substantial opportunities in the development of these activities for improving patient experiences, improving health outcomes, and reducing healthcare costs. Access to conventional mental health services have been extremely difficult for our patients; integrated models have been

demonstrated to be much more convenient for patients and result in a reduced experience of stigma associated with behavioral health services. Evidence has been accumulating from studies conducted over the past 10 years that addressing behavioral health problems in the primary care setting has the potential to improve outcomes associated with a variety of chronic illnesses including cardiac disease, diabetes, pulmonary disease, and depression. Integration of behavioral and physical health services also has been demonstrated to reduce health disparities and improve the health outcomes for patients with chronic mental illness who have been shown to have significantly higher rates of physical health morbidity and mortality than their age-matched peers. These improved outcomes also provide the opportunity to reduce the utilization of costly hospital-based healthcare services and to result in financial benefits for patients and communities by improving occupational productivity and reducing sick time and disability. Our organization has an opportunity to build upon our existing strength in the area of behavioral health integration by expanding and spreading our current programs.

3.b. What challenges have you identified in implementing such integration?

Challenges associated with integrated behavioral health services include the need for workforce development, and the need for further development of financing strategies to support the expansion of these services in the fee-for-service environment including bundled payment methodologies and outcome-based reimbursement. Integrated behavioral health services are very different from conventional mental health services and existing community behavioral health providers are frequently ill-prepared for this role. Baystate has robust academic and training programs for existing and emerging behavioral health providers and is prepared to address this workforce development need by providing this training and partnering with other academic institutions. The field of outcome and performance measurement for behavioral health services has lagged behind that for physical health services, limiting the inclusion of behavioral health outcomes in existing pay-for-performance programs. With our current EOHHS grant, we will be developing methods to measure the performance of our programs in order to demonstrate value and return on investment for these services in order to ensure sustainability.

6. Please describe the actions that your organization has undertaken or plans to undertake to provide patients with cost information for health care services and procedures, including the allowed amount or charge and any facility fee, as required by c.224.

Baystate Medical Center is committed to enhancing the patient experience. One element of the patient experience involves our interactions with patients about their financial obligations. Patients are not necessarily interested in the "allowed" amount or charge, but rather they want to know their expected "out-of-pocket" costs. In support of improving this experience we initiated a project back in January 2011 to inform patients, prior to receiving services, of their estimated "out-of-pocket" financial obligation and to give them the opportunity to pay prior to that service. We believe patients should be made aware of their potential financial obligation prior to service and should not be surprised by a hospital bill months after the service has been provided.

Office of the Attorney General Questions and Baystate Medical Center's Testimony

1. **For each year 2009 to present, please submit a summary table showing your operating margin for each of the following three categories, and the percentage each category represents of your total business: (a) commercial business, (b) government business, and (c) all other business. Include in your response a list of the carriers or programs included in each of these three margins, and explain and submit supporting documents that show whether and how your revenue and margins are different for your HMO business, PPO business, or your business reimbursed through contracts that incorporate a per member per month budget against which claims costs are settled.**

The cost accounting system calculates the annual operating margin by patient and then aggregates all patients into their primary payer to determine a payer's operating margin. We calculate the expected reimbursement for each patient based on the services received and the associate primary payer's contract payment terms. We include both direct and indirect cost in our margin calculations. We include other operating revenue in our margin calculations. We include non-patient revenue.

Governmental Includes:

Mass Behavioral Health Partnership
Massachusetts Medicaid
Medicare
Out-of-State Medicaid

Commercial Includes:

Aetna Insurance
Blue Cross of Massachusetts
Boston Medical Center Health Net
CHAMPUS
CIGNA Health Plan
Commonwealth Care
CTCare of Massachusetts
Fallon Community Health Plan
GIC Indemnity Plan
Harvard Pilgrim Health Plan
Health New England
Neighborhood Health Plan
Network Health
Tufts Associated Health Plan
United Health Care
Various Automobile Insurance Plans
Various Other Commercial Insurance Plans
Various Workers Compensation Plans

Other Business includes miscellaneous transactions relating to both current and prior years.

Baystate Hospitals FY2011 & FY2012 Commercial HMO, PPO & POS Operating Revenue and Margin (in millions)	Revenue 2011	Revenue 2012	Margin 2011	Margin 2012	Margin Direction
HMO	$325.1	$326.1	$27.2	$15.2	↓
PPO	$147.6	$150.7	$35.8	$32.7	↓
POS	$ 18.8	$ 19.6	$ 3.7	$ 3.9	↔

3. **Please explain and submit supporting documents that show how you quantify, analyze, and project your ability to manage risk under your risk contracts, including the per member per month costs associated with bearing risk (e.g., costs for human resources, reserves, stop-loss coverage), solvency standards, and projections and plans for deficit scenarios. Include in your response any analysis of how your costs and risk-capital needs would change due to changes in the risk you bear on your commercial or government business.**

Managing Risk

Currently, eight adult primary care practices with 25 sites, 23 of which have achieved Level 3 Patient-Centered Medical Home NCQA recognition, constitute the PCMH Prototype. Together, approximately 200 physicians in these practices care for about 40,000 HNE members and approximately 14,000 BCBSMA members. Several specialty practices and the three Baystate Health hospitals also have agreed to collaborate with the PCMH practices in managing the care of the risk patients and sharing in the risk, although none are parties to the agreements.

Critical to the success of patient-centered care and the transition from a fee-for-service to comprehensive payment model is the integration of health care across the continuum of the patient experience. Care must be better coordinated, rather than fragmented, as patients navigate through the various sites of care including pharmacies, physician offices, diagnostic & imaging centers, ambulatory procedure centers, acute care hospitals, and post-acute facilities. Providers of care must collaborate to ensure the best outcome for their patients. Variations in practice patterns must be addressed to improve quality and reduce health care costs.

Robust analysis and reporting of quality, efficiency, and utilization metrics is a key component of the PCMH Prototype and ACO. Examples of how Baycare® leverages components of its PCMH Prototype to quantify, analyze, and manage its risk contracts are described below.

Data warehouse: The foundation of the Baycare® cost and quality metrics reporting infrastructure is its data warehouse, the MillimanMedInsight® business intelligence application. Baycare® receives, stores, and analyzes data and produce reports from a variety of sources. Through its contracts with several health plans, Baycare® receives population demographics for the patients/

Appendix A – Supporting Testimony for Public Hearing on Health Care Cost Trends (continued)

members covered under its agreements and their associated medical and pharmacy claims and quality measure cohorts. Laboratory values from several local and national laboratories are incorporated in the data warehouse as are feeds of encounter data from some of its medical practices. Staff query the data warehouse to determine the most prevalent and high cost diagnoses and to identify patients appropriate for the various core quality measures. BCBSMA provides DxCG scores on all members, and MedInsight® incorporates ERG scores; both risk adjustment scores are used in predictive modeling algorithms that identify patients for proactive care management.

The data warehouse is flexible, and it accommodates evolving, increasingly complex performance metrics. For example, it is being modified to track common post-acute metrics such as skilled nursing facility lengths of stay and readmission rates to help manage the entire continuum of care.

- *Electronic medical records*: In addition to the global analytics that a data warehouse enables, all practices in the PCMH Prototype have implemented electronic medical records (EMRs). All use electronic prescribing. All have enabled the clinical decision support module in their respective EMRs, which provides various alerts to the providers at the point of care such as preventive screening alerts, care model decision points, adverse drug-drug and drug-allergy interactions, and pharmaceutical formulary compliance. The practices track metrics on the use of such alerts. This robust tool greatly assists in compliance, with opportunities for improvement identified through the more global analyses, as alerts may be tailored to specific gaps in care.

  Further, Baystate Medical Center is at the forefront of the electronic medical environment and was recently recognized as a "Most Wired Hospital" by the American Hospital Association. Compiled by Hospitals and Health Networks, the Most Wired survey assesses health care organizations on their progress in adopting, implementing, and using information technology in four critical areas: infrastructure; business and administrative management; clinical quality and safety; and care continuum. Hospitals that make the list have been selected for using technology to improve the quality of care given to patients.

- *Practice performance meetings*: Since 2010, Baycare® clinical and management staff have met monthly with each practice participating in the PCMH Prototype. Practice participants typically include the physicians, care managers, and practice managers. The purpose of the meetings is: to monitor and review the un-blinded quality, utilization, and efficiency performance of the PCMH Prototype overall and of each practice or sub-pool for each agreement; to identify opportunities for performance improvement; to review actionable data (including at the individual physician and/or patient level) to assist in the quality and cost performance improvement efforts; and to share best practices gleaned from other PCMH practices participating in the Prototype. The PCMH Prototype practices incorporate action plans developed in these performance meetings into their own internal quality improvement processes.

  Standard report packages are reviewed at the performance meetings, which contain comparative financial, utilization, and quality data. Specific clinical reports are also provided (e.g., lists of high-cost cases, list of patients with readmissions in a 30-day period, lists of patients with multiple emergency room visits in a three- to six-month period, lists of members filling more than eight different prescriptions per month), which the care management teams use for patient outreach. Specific agenda items may receive in-depth review in any given month, such as:

- Performance against PMPM budget;
- Inappropriate admissions or readmissions;
- Emergency room utilization, cost, and follow-ups;
- Quality measure and HEDIS performance;
- Patient experience scores;
- Inpatient and outpatient utilization and costs;
- Pharmacy review (PMPM costs and generic prescribing rates) and opportunities; and
- High-end radiology utilization and costs.

The MedInsight® business intelligence application has enabled incorporation of Milliman performance benchmarks in the monthly dashboards described above.

These practice performance meetings have been very successful tools for using internally reported cost and quality data to reduce cost and improve quality. Review of un-blinded data, whether cost, quality, or utilization, enables providers to identify unintended variations in the pattern of care delivery and potential outliers. It facilitates discussion among providers regarding whether any variation is justified, and if not, guides efforts to reduce such variation. Such review also encourages those who may be outliers to seek education regarding improving their performance and encourages relatively stronger performers to share best practices with relatively weaker performers.

Risk Mitigation

The health plans may cover deficits in any given contract year by withholding any infrastructure payments and/or quality payments and, if necessary, offset future claims due the physicians. For the AQC, BCBSMA requires Baycare® to obtain adequate stop loss insurance. For the HNE risk agreement, an internal reinsurance mechanism is in place that pools high cost cases plan-wide.

Reserves

We are in the preliminary phases of developing a comprehensive strategy as we anticipate the volume of business subject to risk will increase in the near term. In the existing commercial and Medicare Advantage risk agreements, Baystate Medical Center itself bears such a small percent of the total risk that existing reserves are adequate; the participating medical practices are responsible for covering the vast majority of any deficits incurred. The monthly dashboard reports described above present the year-to-date surplus or deficit and project an estimated annual surplus or deficit such that the practices have adequate notice to prepare for any year-end deficit.

Further, Baystate Health has convened a Community Care Steering Group that is charged with developing a coherent system-wide strategy regarding Medicaid contracting and managing the associated data and/or risk.

4. Please describe and submit supporting documents regarding how, if at all, you track changes in the health status of your patient population or any population subgroups (e.g., subgroups by carrier, product, or geographic area).

The IHC Program provides integrated care management, including chronic and complex care management, use of disease management protocols, and care coordination activities. Care management teams in the PCMH practices meet regularly to discuss care plans for patients with chronic and complex issues. The care plans include an assessment, short and long term goals, and barriers/progress towards meeting goals. All of the PCMHs use care managers to outreach to patients with chronic conditions. We believe embedded nurse care managers and care coordinators facilitate physician decision-making in managing populations of patients by incorporating processes to efficiently, effectively, and comprehensively deliver quality healthcare. The IHC Program is a tool to assist practices in achieving improved quality of care and enhanced clinical outcomes in risk environments and in making the patient's entire episode of care as safe, effective, and seamless as possible.

Further, Baystate Medical Center participates in the Baycare® agreement with BMC HealthNet Plan, a Medicaid managed care plan. Since 2001, Baycare® has had a delegated practice-based care management program whose purpose is to support physician decision-making in the coordination and provision of health care services. Baycare® currently manages approximately 32,000 BMC HealthNet members under this program. This highly evolved care management model facilitates communication among physicians, ancillary service providers, the managed care organization, and patients to eliminate unnecessary costs while delivering the highest quality care. In 2009, Baycare® achieved recognition as a delegated entity within BMC HealthNet's NCQA certification for this practice-based care management program. The delegation covers Diabetes, Asthma and Complex Cases as defined by NCQA disease management programs.

The program has two foci: a practice-based care management model for BMC HealthNet's traditional Medicaid members and a centralized care management model for the plan's Commonwealth Care members. The practice-based model's operation involves the supervision of staff (Outpatient Care/Case Managers and Medical Outreach/Data Coordinators) who are embedded at various practice sites. For the centralized model, the population is spread among numerous Baycare® practices; therefore, Baycare®staff provide the care management activities centrally via telephonic means. The scope of the care management activities includes complex care management, post discharge follow up, emergency room visit follow up, disease management, population management, and care coordination across the continuum of care.

6. Please identify categories of expenses that have grown (a) 5% or more and (b) 10% or more from 2010 to 2012. Please explain and submit supporting documents that show your understanding as to the factors underlying any such growth.

As reflected in the above chart, BMC experienced the largest percentage expense growth in Depreciation and amortization and Interest expense. Both of these increases were a direct result of the completion of the $296 million construction project and the opening of the Davis Family Heart & Vascular Center in March 2012. The components of the Supplies and expense are as follow:

(in thousands)			Change FY10 to FY12	
	FY2010	FY2012	Amount	%
Supplies	$164,020	$167,018	$2,998	1.8%
Other expense	263,460	308,273	44,813	17.0%
Total Supplies and expense	**$427,480**	**$475,291**	**$47,811**	**11.2%**

The major elements of the Other expense increases are:

- Information technology expense increases to support the continued development of our electronic health record and other information technology initiatives.
- Consulting cost increases related to our Financial Improvement Initiative. This initiative is a multi-year project to attain approximately $100 million in cost reduction or revenue enhancement improvements. This project began to reap benefits in FY2012 as you can see in the charts above which reflect only marginal increases in both Salaries & wages and Supplies expenses.
- Cost increases necessary to prepare for the significant changes in health care delivery and financing including costs related to participate in the Medicare Shared Savings program.
- Physician cost increases related to our expanded heart & vascular procedural capacity and to support our inpatient hospital model of care.
- Employee benefit cost increase primarily due to pension expense.
- Building rental expense increase primarily due to the opening in April 2012 of the Baystate Orthopedic Surgical Center, a 32,000 square foot facility.

7. Please describe and submit supporting documents regarding any programs you have that promote health and wellness (hereinafter "wellness programs") for (1)patients for whom you are the primary care provider; (2) patients for whom you are not the primary care provider; and (3) employees. Include in your response the results of any analyses you have conducted regarding the cost benefit of such wellness programs.

1) Hospital health and wellness programs offered to patients for whom you we are the primary care provider

- **Adolescent/HIV Support Group** meets monthly, open to any adolescent who is followed in our HIV clinic program and who is living with HIV.
- **Baystate Family Advocacy Center** is a nationally accredited Child Advocacy Center serving children, families and communities of western Massachusetts affected by child abuse, domestic violence and/or homicide.
- **Breastfeeding Resources** are provided by lactation consultants that are registered nurses who have special training in the field of human lactation. Complete breastfeeding support for

expectant couples and breastfeeding families, including education and classes, consultation and assistance, sales and rentals of breastfeeding equipment, support for mothers breastfeeding at home, gathering for breastfeeding moms and babies

- **Expectant Parent Newsletter** is a weekly online newsletter for expectant and new parents, regarding important information about your baby's development. Each week is customized to your exact week of pregnancy or baby's age up through their third birthday. Register at any point in your pregnancy. Available in English and Spanish.
- **Hampden County House of Corrections HIV Services** enhances linkages to HIV primary care and services in the jail setting at the Hampden County Correctional Center. The program promotes continuity of care for inmates and releases by using dually-based physicians and case managers working at the jail and at community health centers in Hampden County. The model emphasizes five elements: early detection, effective treatment, education, prevention, and continuity of care.
- **Parent Education** offers classes in the following categories for first-time and experienced expectant parents, parents of newborns, grandparents and siblings: preparing for childbirth, before baby is born, family programs, after baby is born, infant and childcare. Fees are reasonable; many classes and tours are free. No one is turned away due to inability to pay.
- **Postpartum Support Groups** based in two of the three community health centers and soon-to-be at the Hospital-based Wesson Women's Clinic, these support groups address postpartum depression and anxiety and support the mental and physical health of women, especially women of color and immigrant mothers. The groups are facilitated by hospital staff who been trained in the MotherWoman model.
- **Women's Support Group** is designed for women who are seen in our clinic and are living with HIV and have or have had a child living with or at risk for HIV.
- **MIGHTY** (Moving, Improving and Gaining Health Together at the Y) **is** a community-based multidisciplinary pediatric obesity treatment program that is held at the Springfield YMCA and includes 14 - 2 hour sessions which include physical activity, nutrition and behavior modification. It targets children and adolescents age 5-21. Sessions are augmented by weekly phone calls, monthly group activities, cooking classes and a gardening experience. In addition participants and their families are given a free 6 month long membership to their local YMCA.

  Ongoing monthly maintenance groups are available to all previous program participants. This program enrolls approximately 300 children per year.
- **Community Health Centers** the Hospital invests significant resources into three Springfield-based community health centers including Baystate Brightwood Health Center, Baystate High Street Health Center (Adult and Pediatric Medicine) and Baystate Mason Square Neighborhood Health Center. Our health centers are comprehensive primary care medical practices that offer Adult and Pediatric Ambulatory Services, staffed by physicians, nurse practitioners, nurse-midwives, and many other health care professionals. The health centers serve as community training sites for our Medical Residency Program and in FY12, provided continuity of care for over 26,442 patients for a total of 122,238 encounters. To enhance primary medical care services, the following grant-funded programs are offered:

- **Emergency Preparedness** provides free flu services and information to patients and community residents about potential health threats (i.e. H1N1 flu epidemic), natural and man-made disasters, how to prepare for such events, and available resources in the community (i.e. emergency shelter, etc.)
- **HIV/AIDS Prevention (PICSR-T)** offers free integrated preventive testing, counseling, referral and treatment for HIV, STI, and Hepatitis at Baystate Mason Square & Brightwood Health Centers. Rapid HIV testing is provided at the Emergency Department.
- **Medical Case Management/Hep Treatment** provides intensive case management of HIV+ individuals to insure patients are retained in care, adherent to medical treatment/protocols and medication regimens. Provides support (i.e. taxi vouchers/bus tokens) to increase access to other needed services and medical appointments, etc.
- **Migrant Farm workers Primary Care** provides outreach & primary medical care to migrant and seasonal farm workers and their families at farm sites in CT and MA and follow-up care at the Baystate Brightwood Health Center.
- **Office–based Opioid Treatment (OBOT)** provides a nurse case manager to work with patients maintaining or starting on an office based opioid treatment program. Referrals are from primary care physicians, substance abuse counselors, family members or self referrals. Addresses: affordable/access to care, health behaviors/prevention, substance abuse, mental health, and racial ethnic health disparities (morbidity & mortality).
- **Project Bread** through a grant from ProjectBread.org the Hospital's Community Health Center's purchase gift cards for distribution to food-insecure patient's at all three community health centers.
- **Ryan White HIV + Primary Care** sub-contract with Holyoke Health Center (HRSA funded Ryan White Care Act) to provide medical care/treatment, support services (housing, food, utility payments, etc) for HIV+ individuals

- **Regional Tuberculosis Clinic** provides access to TB diagnosis and treatment for adult and pediatric patients throughout western Massachusetts. The majority of patients served are non-English speaking immigrants who have been referred for examination and treatment after receiving a positive PPD test or with a history of TB exposure in their native country.
- **Reduction of Early Labor Inductions** births that are performed early without a medical reason lead to increased risk of maternal and infant complications, including risk of maternal and neonatal morbidity and longer hospital stays for both mothers and newborns. The Hospital has created a policy to eliminate elective induction of labor before 41 weeks.
- **Skin to Skin Contact** when babies are born at the Hospital their first embrace is with mom immediately following delivery. Weight and measurements occur later. Mom's have skin-to-skin contact by holding their baby against their chest. A blanket is placed over them and their baby to create a warm, calm place for their baby to relax. Babies learn through touch, sight, sound, smell and taste which are enhanced by this skin-to-skin contact. This is also a good way to begin breastfeeding. Snuggling on mom's chest for an hour or two, baby is able to bond with mom, settle into the perfect temperature, and breastfeed naturally at the right time.

- **Tdap Vaccine** according to the Massachusetts Department of Public Health, pertussis rates in Massachusetts (and nationally) remain elevated. Pertussis, also known as whooping cough, is a very serious disease and can be life-threatening for infants, small children, and the elderly. The Pertussis vaccine (also known as Tdap, which is an abbreviation for Tetanus, Diphtheria, and acellular pertussis) continues to be the best way to protect ourselves from Pertussis and its complications. The Hospital, through its women's clinic, ob/gyn and midwifery practices is offering to administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. Transplacental transfer of maternal pertussis antibodies from mother to infant may provide protection against pertussis in early life, before beginning the primary DTaP series. A woman vaccinated with Tdap vaccine during pregnancy will also herself be protected at time of delivery and will be less likely to transmit pertussis to her newborn infant.
- **Hospital Financial Assistance Program** ensures the community has access to quality health care services provided with fairness and respect and without regard to a patients' ability to pay. The hospital not only offers free and reduced cost care to the financially needy as required by law, but has also voluntarily established discount and financial assistance programs that provide additional free and reduced cost care to additional patients residing within the communities served by the Hospital. The Hospital also makes payment plans available based on household size and income.

2) Hospital health and wellness programs offered to patients for whom you are not the primary care provider (community benefit initiatives and programs that benefit the broader community)

- **Partners for a Healthier Community (PHC)** founded as a not-for-profit organization in 1996 by Baystate Health, the City of Springfield and other key local stakeholders, PHC has partnered with over 100 organizations in various community benefit projects since its creation. The hospital supports the core infrastructure of PHC by donating $250,000 annually plus additional in-kind services. PHC's mission is to build measurably healthy communities for all with equitable opportunities and resources through civic leadership, collaborative partnerships and policy advocacy. PHC is committed to improving the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia organized to create a measurably healthier community using collaborative programming to solve pressing community health issues. PHC does not provide direct services; rather it takes the role of neutral facilitator to promote community collaborations. In this role, PHC provides multipurpose support including, convening and partnering, health policy development, population based health program delivery and research and evaluation. PHC initiatives include:
    - **BEST Oral Health** Bringing early Education, Screening, and Treatment ("BEST"): to prevent dental decay among preschool-aged children. BEST is a collaborative effort to mobilize constituents in the design and implementation of community-based, prevention-focused programs and policy advocacy that address local oral health issues.
    - **Live Well Springfield Eat Smart. Stay Fit** a comprehensive, collaborative, functioning coalition that promotes city-wide campaigns to increase daily physical activity and healthy eating through programming, physical infrastructure improvements, and policy work – targeting all people who live, work and play in Springfield.

- **Farm to Preschool & Families (F2P)** an innovative initiative to link Springfield families to locally grown food by providing fresh, local produce to preschool children and their families and exposing them to healthy eating habits.
- **Pioneer Valley Asthma Coalition (PVAC)** a coalition of health professionals & institutions, community groups and residents, public health organizations, municipal and state agencies, academic institutions, schools, day care, housing and environmental groups committed to improving asthma and environmental conditions that affect health in Western Massachusetts.
- **YEAH! Network** the Youth Empowerment Adolescent Network consists of diverse community stakeholders who work together to create a proactive, comprehensive response to adverse adolescent sexual health and adolescent sexuality. Priorities include the Springfield Pregnant and Parenting Teen Project and the Teen Leadership Training on adolescent reproductive health.

- **Community School Health Center** located in Brightwood Elementary School in the North End of Springfield, is a satellite for the Baystate Brightwood Health Center. This office is maintained by a Baystate Community Program Manager that creates and supports capacity building infrastructure for a healthier community. Programs and services are focused on the health needs of the community and aligned with movements throughout the region. The Community Manager works collaboratively with city teams, state staff, regional managers and other initiative partners to integrate and improve the health of the population. The health center is also a hub for a broad range of services through an integrated, collaborative framework to ensure cohesive health care for school aged children and the broader community.
- **Safe Kids of Western MA** strives to prevent accidental childhood injuries and death through public awareness, safety education and distribution of safety devices. Program activities include car seat safety education and inspections, bicycle safety workshops and parent seminars.
- **Transgender Support Group** in partnership with UNITY of Pioneer Valley is a peer lead and psychosocial support group for Transgender individuals, their allies and all GLBTs. The confidentiality of the meetings in the hospital facility provides a safe environment in which to address issues related to transition, such as relationships, family, health care, spirituality and the workplace.
- **Brightwood Walking School Bus** a nationally recognized, multi-focal, low cost and sustainable program that encompasses exercise, safety, increasing school attendance and learning capacity, improving environmental air quality and increasing community engagement. This program also helped form the Springfield Safe Routes to School Alliance: a consortium of local, state and national organizations with a focus on safety, health and wellness, physical activity or the environment as it pertains to children, families and the surrounding school districts.
- **Baystate Springfield Educational Partnership (BSEP)** offers a variety of hospital-based learning experiences for students, 9th through 12th grade, to participate in programming actives that expose them to varied careers in the health field, requirements for employment and sills to enhance their employability. Program outcomes include improved health outcomes for Springfield minority populations and improvement of social determinant of health of the local

population. The hospital is also funding the transition of BSEP to the Baystate Academy Charter Public School (BACPS), a college preparatory school with a focus on the health sciences.

- **Baystate Mason Square Community Outreach** a Hospital outreach worker helps to identify unmet community health needs and provide outreach to underserved residents of the Mason Square community via the coordination of health education focus groups, community health forums and fairs. They also help connect vulnerable patients and community residents to food (via Project Bread), financial counseling, and other basic health needs. Baystate High Street Clinic – Pediatrics and Baystate Brightwood Clinic now have a staff person working in a similar outreach capacity.
- **Trauma and Injury Prevention** trauma centers have an important role in reducing the impact of injury by participating in prevention efforts. These efforts are based on identification of specific injuries and risk factors in patients, families and the community. For many injuries, prevention is often the only, if not the best, means of dealing with this health care problem. Examples of our programs include; Brains at Risk, The Balancing Act, AARP Drivers Safety Program, and Drowsy Driving Campaign. Currently there are several programs that are in development. Radiantly, the Trauma and Injury Prevention Coordinator participates in ROCA and the annual county Gun Buy Back Program.
- **Baystate Continuing Education** provides national accredited continuing education for health care professionals on staff and in the community. Our mission is to provide high-quality, evidence based continuing education to maintain and enhance the knowledge, expertise, and performance of health care professionals, to improve the health of the people in our communities every day, with quality and compassion. In 2012, Baystate Health ran 65 courses for a total of 1,143 hours of continuing education activities. A total of 14,173 health care professionals attended these live activities. All courses and sessions were attended by both employees and non employees. Our educational activities are a service to the community.
- **Consumer Health Library** offers free and reliable library resources and services to patients and their families. Open Monday-Friday from 12:00-5:00pm, the Library is staffed by a librarian or trained library assistant to handle requests for information about health topics. The library has standard drug and medical reference books, current newsletters from Harvard, Mayo Clinic, Johns Hopkins, and UC Berkeley and free pamphlets on general health topics. Visitors have access to subscription databases through the use of two PCs and a wireless connection. Visitors look at anatomical models and medical images to gain greater understanding about anatomy and physiology.
- **Library Community Outreach - Reliable Health Information Classes** help the community find reliable online health information. The librarian offers their knowledge, expertise and skills and (in some cases) use of the library's computer lab. The community partners are the contacts to populations facing chronic disease and racial/ethnic disparities. The teaching is a collaborative effort of the Outreach Librarian and hospital community partners.
- **Baystate Health Senior Class**, a free loyalty program dedicated to health and wellness offered exclusively for men and women ages 55 and over. Also available is Senior Class eNews, an online newsletter, a convenient way to receive our health and event information. In the Senior Class eNews, "quick links" to current video seminars and video portraits of new physicians sharing their patient care philosophy are shared. Senior Class offers free educational seminars

on topics such as nutrition, exercise, the latest medical technologies and treatments, and other health issues important to you. Additional benefits include free and low cost health screenings, a quarterly *Senior Class Newsletter* full of information about seminars, screenings, volunteer opportunities, articles on wellness, and special events.

- **Baystate's Spirit of Women,** is a free loyalty program that offers seminars with direct access to physicians, nurses and other medical professionals and the latest women's health information in a comfortable and lively setting. The program is designed to increase your knowledge of women's health issues, and in turn, provide you with the information you need to make the best decisions regarding your health. Members of Spirit of Women have access to a full range of benefits including subscription to the Spirit of Women quarterly newsletter, Subscription to *E-Spirit!*, a monthly electronic newsletter and free or discounted admission to all Spirit of Women sponsored events.
- **Mini-Medical School** gives us the opportunity to open our doors to the public and share our knowledge of medicine in a comfortable and friendly environment. Many of the students participate due to a general interest and later find that many of the things they learned over the semester are relevant to their own lives. The goal of this program is to help members of the public make more informed decisions about all aspects of their health care while receiving insight on what it's like to be a medical student. The Mini-Medical School program is an eight part health education series featuring a different aspect of medicine each week. Designed for an adult audience, each course is taught by an energetic faculty member who will explain the science of medicine without resorting to complex terms.
- **United Way** is strongly supported by Baystate Health through major contributions to the organization with three workforce campaigns and thousands of employee donors and volunteers. Baystate Health's contributions help the United Wayserve our families, friends, colleagues and others who seek help in different ways and at different times in their lives. Three community campaigns are held annually: Springfield workplace to support the United Way of Pioneer Valley, Greenfield workplace to support the United Way of Franklin County and Ware workplace to support the United Way of Hampshire County.

3) Hospital health and wellness programs offered to employees

- ***Caring for Colleagues*** fund offers emergency assistance to employees who have experienced a sudden loss of income, family crisis, or other unforeseen circumstances. Established in 2009, *Caring for Colleagues* is funded by donations made by employees of Baystate Health. Awards from the fund may not exceed $1,000.
- **Employee Assistance Program** offers confidential services, including: personal consultation, educational programs, behavioral health benefit information, and resource information to assist employees in maintaining health and well being
- **Flexible Work Arrangements** are available to accommodate the business needs of the organization and to allow employees to accomplish work efficiently while accommodating their individual and family needs.
- **Health Insurance Credit Program** is for eligible hospital employees to help pay health insurance. The credit is available to full-time employees with parent/child, employee/spouse or family health coverage and expected gross family income of $45,000 or less.

- **Baystate Neighbors Program** assists employee first time homebuyers purchase a home and promotes homeownership in neighborhoods around the hospital. Employees are granted forgivable loans in the amount of $7,500 that may be used towards a down payment or closing costs
- **Baystate Healthy'** mission is to create a strong, fit, energized, and resilient workforce, positioned for business success. Their team coordinates programs and resources designed to enhance employee health, well-being and worklife balance. Key initiatives include:
    - **Assess well-being** through health assessments and coaching
    - **Balance everyday life** through a resource and referral services
    - **Manage health** through various programs and resources
    - **Maintain motivation** through ongoing events, educational resources and incentives
    - **Baystate Healthy Cost-Benefit Analysis**

A cost benefit analysis for employee health and wellness programs: Demanding work schedules across multiple shifts and professional dedication to "put the patient first" create challenges for employees to adopt healthy lifestyle behaviors. Baystate Healthy, a culture of health strategy, was initiated with the goal "to achieve significant improvement in the health of employees." The strategy originally focused on addressing medical costs and has evolved over the years to become an integral part of Baystate's organizational effectiveness strategy to attract, develop and retain a high-performing work culture. An integrated database was developed in 2007 with an external data management company to identify priority health needs, monitor change over time and evaluate program outcomes. The database includes medical and pharmacy claims, worker's compensation, FMLA, health risk assessment, biometrics, self-reported productivity, and program participation and employee demographic data. A three-year study (2008-2010) shows significant improvement in several health risk factors for repeat program participants (N=2,798) including blood pressure, nutrition, stress, tobacco use, safety belt use and perception of health ($p< 0.05$). Total employees in the high risk group decreased by eight percentage points while the population of employees at low risk increased by eleven percentage points. The study findings also show that participants who improve two or more health risks yield an average of $300 in medical cost savings and $1,739 savings due to reduced productivity loss annually.

Exhibit 1 AGO Questions to Providers and Hospitals

Baystate Medical Center

In accordance with the AGO Excel template, the requested information for 2010, 2011 and 2012 is submitted with this response.

2010

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	65,292,267	61,103,044	1,077,527	1,050,912											
Tufts	10,360,041	5,068,345	-	-											
HPHC	2,833,904	3,477,851	-	-											
Fallon	10,091,651	-	-	-											
CIGNA											3,225,205	9,833,094			
United											9,758,929	1,408,073			
Aetna											2,328,163	11,005,297			
Other Commercial					55,434,759	16,459,236	558,879	-			67,071,256	21,688,409			
Total Commercial	88,577,864	69,649,241	1,077,527	1,050,912	55,434,759	16,459,236	558,879	-			82,383,553	43,934,874			
Network Health											2,757,253	-			
NHP											14,946,865	-			
BMC Healthnet											85,523,830	-			
Fallon											287,495	-			
Total Managed Medicaid	-	-	-	-	-	-	-	-			103,515,443	-			
Mass Health	62,236,516	-	1,717,381												
Tufts Medicare Preferred											4,225,355	-			
Blue Cross Senior Options					22,520,277	6,723,266	119,036								
Other Comm Medicare											17,736,210	-			
Commercial Medicare Subtotal	-	-	-	-	22,520,277	6,723,266	119,036	-			21,961,565	-			
Medicare											236,465,064	-			
GRAND TOTAL	150,814,380	69,649,241	2,794,908	1,050,912	77,955,036	23,182,502	677,915	-	-	-	444,325,625	43,934,874	-	-	-

2011

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	61,508,737	68,119,737	921,967	1,085,947											
Tufts	12,305,732	1,628,578	-	-											
HPHC	3,850,475	3,381,083	-	-											
Fallon	10,320,793	-	-	-											
CIGNA											9,155,830	8,180,780			
United											9,441,000	882,199			
Aetna											5,067,145	6,259,379			
Other Commercial					65,212,475	18,262,525	1,054,362	-			63,983,859	14,201,370			
Total Commercial	87,985,738	73,129,397	921,967	1,085,947	65,212,475	18,262,525	1,054,362	-			87,647,833	29,523,728			
Network Health											2,333,674	-			
NHP											13,439,122	-			
BMC Healthnet											84,805,276	-			
Fallon											403,179	-			
Total Managed Medicaid	-	-	-	-	-	-	-	-			100,981,251	-			
Mass Health	61,244,504	-	1,717,381												
Tufts Medicare Preferred											4,510,275	-			
Blue Cross Senior Options					16,767,044	7,476,402	407,275								
Other Comm Medicare											22,899,289	-			
Commercial Medicare Subtotal	-	-	-	-	16,767,044	7,476,402	407,275	-			27,409,564	-			
Medicare											226,237,255	-			
GRAND TOTAL	149,230,242	73,129,397	2,639,348	1,085,947	81,979,519	25,738,928	1,461,637	-	-	-	442,275,903	29,523,728	-	-	-

2012

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	48,840,685	67,989,588	649,671	927,469											
Tufts	14,378,018	2,117,275	100,641	-											
HPHC	3,005,844	3,767,901	-	-											
Fallon	9,190,767	-	-	-											
CIGNA											12,682,859	7,506,790			
United											10,282,780	953,879			
Aetna											7,348,465	4,626,054			
Other Commercial					66,255,058	24,892,755	4,942,033	-			58,523,001	13,801,653			
Total Commercial	75,415,315	73,874,764	750,312	927,469	66,255,058	24,892,755	4,942,033	-			88,837,105	26,888,375			
Network Health											3,438,574	-			
NHP											10,991,499	-			
BMC Healthnet											86,657,911	-			
Fallon											497,530	-			
Total Managed Medicaid	-	-	-	-	-	-	-	-			101,585,514	-			
Mass Health	66,069,497		2,485,544												
Tufts Medicare Preferred											4,202,342	-			
Blue Cross Senior Options					12,297,474	7,777,639	480,487								
Other Comm Medicare											31,812,901	-			
Commercial Medicare Subtotal	-	-	-	-	12,297,474	7,777,639	480,487	-			36,015,243	-			
Medicare											279,892,373	-			
GRAND TOTAL	141,484,812	73,874,764	3,235,856	927,469	78,552,532	32,670,394	5,422,520	-	-	-	506,330,235	26,888,375	-	-	-

Exhibit 1 AGO Questions to Providers and Hospitals

Please email HPC-Testimony@state.ma.us to request an Excel version of this spreadsheet.

NOTES:

1. Data entered in worksheets is **hypothetical** and solely for illustrative purposes, provided as a guide to completing this spreadsheet. Respondent may provide explanatory notes and additional information at its discretion.
2. For hospitals, please include professional and technical/facility revenue components.
3. Please include POS payments under HMO.
4. Please include Indemnity payments under PPO.
5. **P4P Contracts** are pay for performance arrangements with a public or commercial payer that reimburse providers for achieving certain quality or efficiency benchmarks. For purposes of this excel, P4P Contracts do not include Risk Contracts.
6. **Risk Contracts** are contracts with a public or commercial payer for payment for health care services that incorporate a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged to you, including contracts that do not subject you to any "downside" risk.
7. **FFS Arrangements** are those where a payer pays a provider for each service rendered, based on an agreed upon price for each service. For purposes of this excel, FFS Arrangements do not include payments under P4P Contracts or Risk Contracts.
8. **Other Revenue Arrangements** are arrangements for revenue under P4P Contracts, Risk Contracts, or FFS Arrangements other than those categories already identified, such as managements fees and supplemental fees (and other non-claims based, non-incentive, non-surplus/deficit, non-quality bonus revenue).
9. **Claims-Based Revenue** is the total revenue that a provider received from a public or commercial payer under a P4P Contract or a Risk Contract for each service rendered, based on an agreed upon price for each service before any retraction for risk settlement is made.
10. **Incentive-Based Revenue** is the total revenue a provider received under a P4P contract that is related to quality or efficiency targets or benchmarks established by a public or commercial payer.
11. **Budget Surplus/(Deficit) Revenue** is the total revenue a provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a Risk Contract.
12. **Quality Incentive Revenue** is the total revenue that a provider received from a public or commercial payer under a Risk Contract for quality-related targets or benchmarks established by a public or commercial payer.

2010

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	65,292,267	61,103,044	1,077,527	1,050,912											
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Total Managed Medicaid	-	-	-	-	-	-	-	-			103,515,443	-			
Mass Health	62,236,516	-	1,717,381												
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Blue Cross Senior Options					22,520,277	6,723,266	119,036								
Other Comm Medicare											17,736,210	-			
Commercial Medicare Subtotal	-	-	-	-	22,520,277	6,723,266	119,036	-			21,961,565	-			
Medicare											236,465,064	-			
GRAND TOTAL	150,814,380	69,649,241	2,794,908	1,050,912	77,955,036	23,182,502	677,915	-	-	-	444,325,625	43,934,874	-	-	-

2011

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
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Medicare											226,237,255	-			
GRAND TOTAL	149,230,242	73,129,397	2,639,348	1,085,947	81,979,519	25,738,928	1,461,637	-	-	-	442,275,903	29,523,728	-	-	-

2012

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
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Medicare											279,892,373	-			
GRAND TOTAL	141,484,812	73,874,764	3,235,856	927,469	78,552,532	32,670,394	5,422,520	-	-	-	506,330,235	26,888,375	-	-	-