

Community Health Care Investment and Consumer Involvement

Health Policy Commission

Committee Meeting
October 1, 2014



Agenda

- Approval of the minutes from August 6, 2014 meeting
- Update on CHART Investment Program
- Update on Community Hospital Study
- Presentation by MeHI
- Schedule of Next Committee Meeting (December 3, 2014)

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Vote: Approving minutes

Motion: That the Community Health Care Investment and Consumer Involvement Committee hereby approves the minutes of the Committee meeting held on August 6, 2014, as presented.

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Leadership Summit

HEALTH POLICY COMMISSION

CHART LEADERSHIP SUMMIT

AGENDA MORNING SESSION

TIME	SESSION	LOCATION
7:30 AM	REGISTRATION AND CONTINENTAL BREAKFAST	N. BALLROOM
8:00 AM	OPENING REMARKS AND INTRODUCTION TO FACULTY	N. BALLROOM
8:10 AM	KEYNOTE PRESENTATION Secretary John Polanowicz , Executive Office of Health and Human Services Topic: <i>Community Hospitals in a Dynamic Healthcare Environment</i>	N. BALLROOM
8:40 AM	WELCOME David Seltz , Executive Director, Health Policy Commission Topic: <i>Controlling Healthcare Costs and Investing in Community Hospitals: the Health Policy Commission and the CHART Investment Program</i>	N. BALLROOM
9:00 AM	PRESENTATION Iyah Romm , Policy Director, System Performance and Strategic Investment, Health Policy Commission Topic: <i>The Innovation Imperative: CHART and the Path to the Second Curve</i>	N. BALLROOM
	FACILITATED DISCUSSION: HOSPITAL PERSPECTIVES ON TRANSFORMATION	
9:45 AM	BREAK <i>AFTER THE BREAK PLEASE SIT AT THE TABLE INDICATED ON THE REVERSE OF YOUR NAME BADGE FOR THE REMAINDER OF THE MORNING SESSION</i>	
10:00 AM	FACILITATED DISCUSSION Amy Boutwell, MD, MPP , President, Collaborative Healthcare Strategies, and Health Policy Commission Staff Topic: <i>Deconstructing Massachusetts Trends: Utilization, Quality, and Cost</i>	N. BALLROOM
11:00 AM	FACILITATED DISCUSSION Allan Frankel, MD , Chief Medical Officer, Safe and Reliable Healthcare Michael Leonard, MD , Managing Partner, Safe and Reliable Healthcare Topic: <i>Deconstructing Massachusetts Trends: Safety, Reliability, and Culture</i>	N. BALLROOM
12:00 PM	LUNCH WITH PRESENTATION Bryan Sexton, PhD, MA , Director, Duke Patient Safety Center Topic: <i>The Intersection of Hospital Performance, Stress and Fatigue: Resilience as a Leadership Imperative</i>	S. BALLROOM



HEALTH POLICY COMMISSION

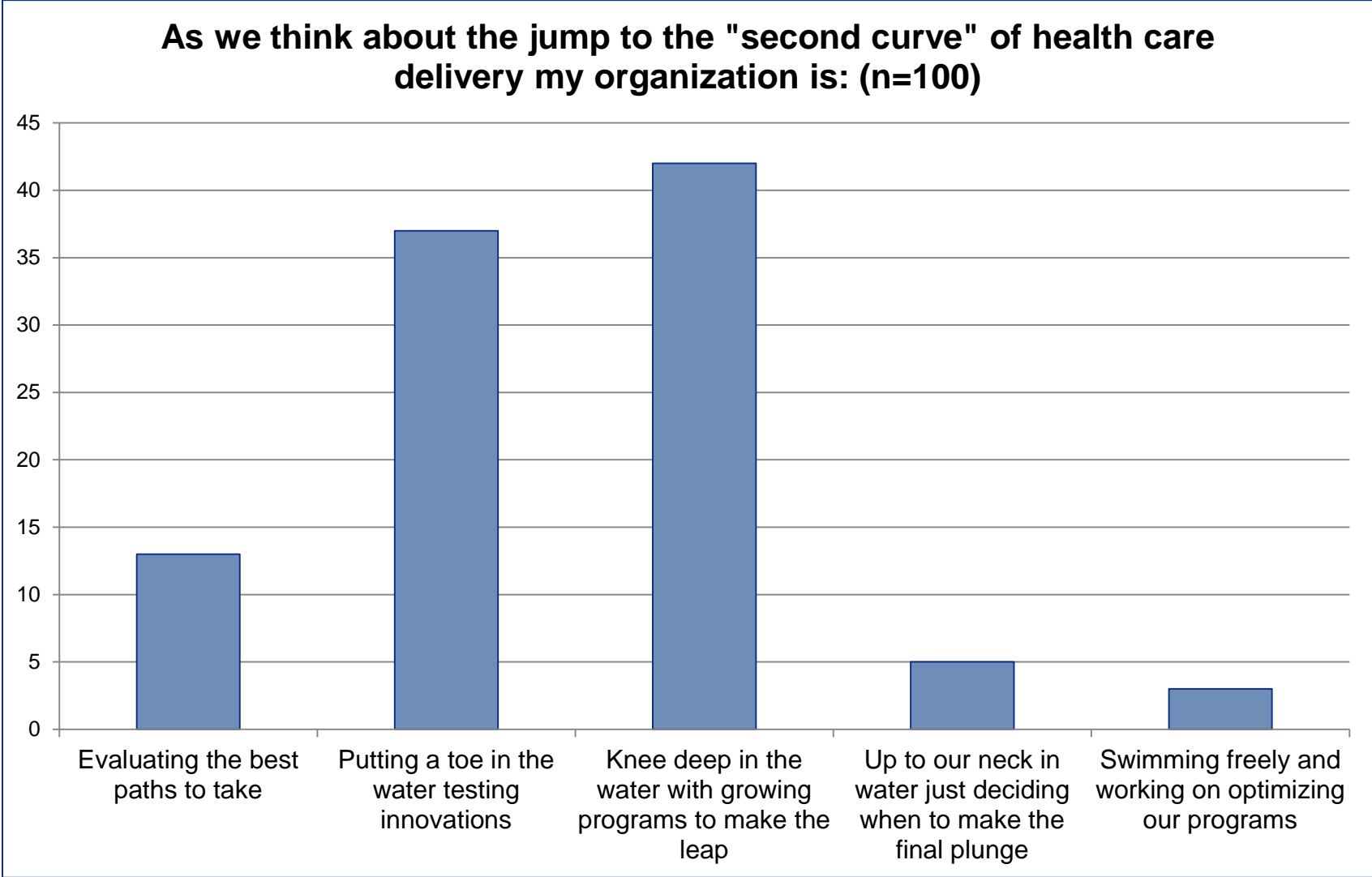
CHART LEADERSHIP SUMMIT

AGENDA AFTERNOON SESSION

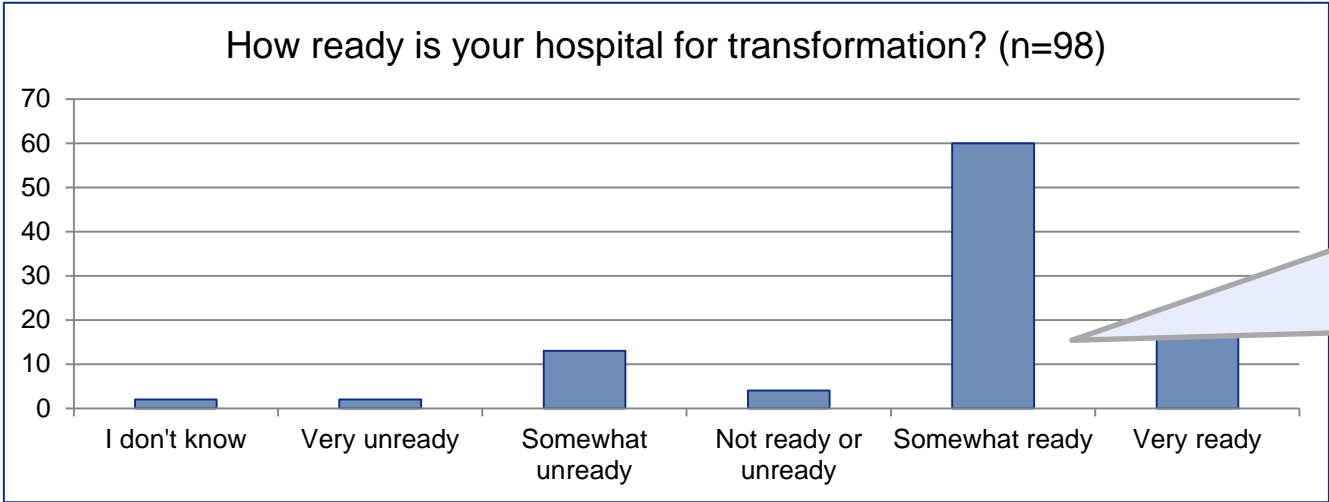
TIME	SESSION	LOCATION
1:00 PM	BREAK OUT DISCUSSIONS - DRIVING TRANSFORMATION (2) 35 MINUTE SESSIONS <i>SEE YOUR BREAK OUT SCHEDULE ON THE BACK OF YOUR NAME BADGE</i>	ROOMS A, B, C AND D
	Topic: Enriching Community Partnerships: Skills and Principles Facilitator: Amy Boutwell, MD, MPP Case Review: Addison Gilbert Hospital; Gloucester Health Department; Lawrence General Hospital	ROOM A
	Topic: Skills and Principles of Safety, Reliability, and Culture Facilitators: Allan Frankel, MD; Michael Leonard, MD Case Review: Signature Healthcare-Brockton Hospital	ROOM B
	Topic: Skills and Principles of Community Care and Population Health Facilitator: Bruce Spurlock, MD Case Review: Baystate Franklin Medical Center; HealthAlliance Hospital	ROOM C
	Topic: Skills and Principles of Innovative Business Approaches Facilitator: John Freedman, MD, MBA Case Review: Beth Israel Deaconess-Plymouth; Southcoast Hospitals Group	ROOM D
2:15 PM	BREAK	
2:30 PM	BREAK OUT DISCUSSIONS CONTINUE (2) 35 MINUTE SESSIONS <i>SEE YOUR BREAK OUT SCHEDULE ON THE BACK OF YOUR NAME BADGE</i>	ROOMS A, B, C AND D
4:00 PM	FACILITATED DISCUSSION Facilitator: Bruce Spurlock, MD and All Faculty Topic: <i>Anticipating Challenges: How CHART Hospitals and the HPC Can Smooth the Path Ahead</i>	N. BALLROOM
4:30 PM	KEYNOTE PRESENTATION Sara Singer, PhD, MBA , Associate Professor of Health Policy and Management, Harvard School of Public Health Topic: <i>Enabling Transformation through Engaged Leadership</i>	N. BALLROOM
5:15 PM	CLOSING REMARKS	N. BALLROOM



During the sessions, participants were queried on their current state of transition from volume to value

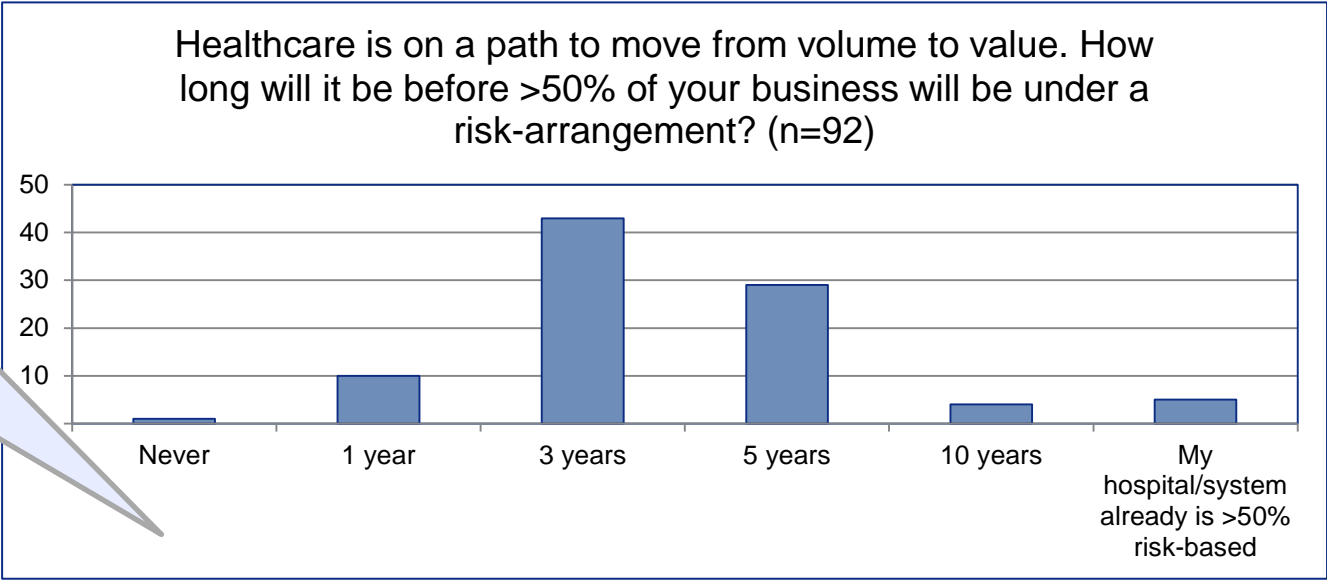


Leaders also answered questions about their readiness for transformation

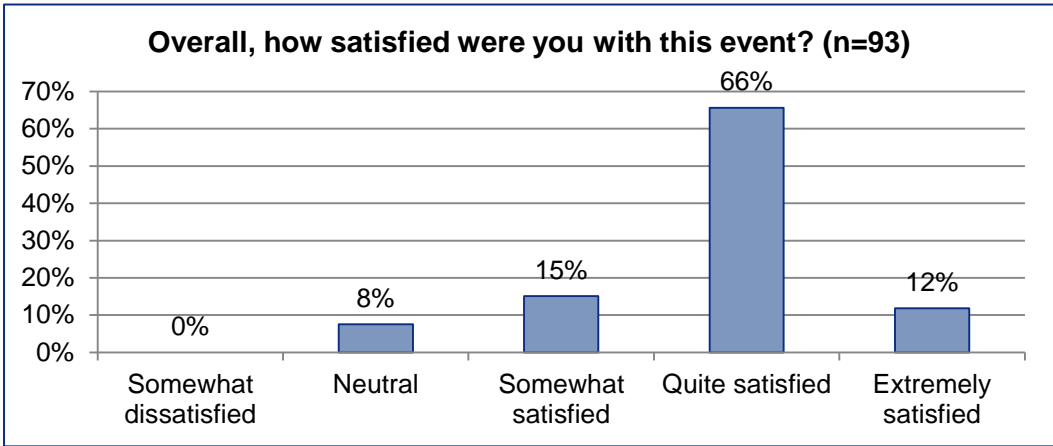


The majority of hospital leaders say their hospital is somewhat or very ready for transformation

Most hospital leaders predict >50% APMs in 3-5 years



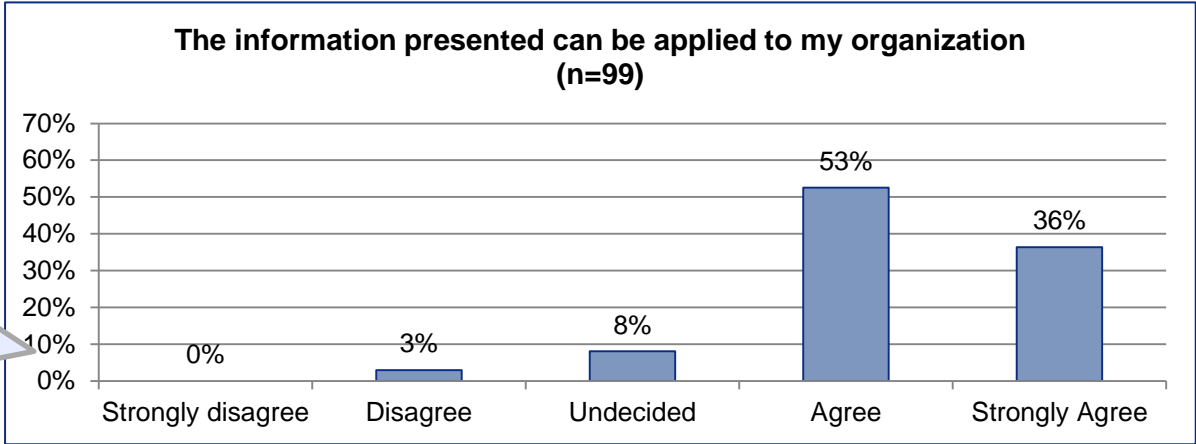
Hospital leaders generally reacted positively to the Leadership Summit



92% of respondents were at least somewhat satisfied

95% enjoyed the data discussions and interaction with other hospital leadership

89% of respondents agreed that they could apply the information presented to their organization



Activities that CHART hospitals would like to see the HPC develop

Facilitated Groups

- Bring together groups with similar projects to promote alignment
- Identify and share best practices and challenges
- Discuss culture and approaches to improvement

Showcase of CHART Initiatives

- Share successful projects – understanding lessons learned
- Build an opportunity for hospitals to learn from one another

Centralized Resource Platform

- Build a database for analytics / feedback reports
- Share examples of successful projects and best practices
- Share tools and protocols used across projects

Technical Assistance

- Provide assistance in developing metrics, mining, and interpreting data
- Identify gaps in barriers to transformational efforts
- Share ideas around how to make culture changes
- Provide assistance with strategic planning

Education

- Provide opportunities for staff, community, and boards
- Diverse topics: compensation models, challenges with declining reimbursement, physician recruitment, behavioral health, community engagement, physician alignment, safety, process improvement, and culture

Similar supports are likely valuable across the care continuum

Anticipated CHART publications

- The HPC is actively developing a **white paper** summarizing key themes and discussion at the Leadership Summit.
- Staff are also developing a series of **case studies** highlighting themes of Phase 1 work.
 - Six case studies will be completed on a rolling basis starting in mid-November.
 - The first three case studies are timed to be useful for Phase 2 Implementation Planning Period and Phase 2 launch.
 - Themes may include using data productively, building an effective team starting with leadership, and efficient use of the hospital emergency department.

CHART Phase 2 review and selection overview

958 CMR 5.07

The Executive Director, and any Commissioner designated by the Chair, shall review applications...in accordance with the criteria set forth in 958 CMR 5.05 and 5.06. The Executive Director shall recommend to the Commission Applicants to receive grants and the amounts to be awarded. The Commission shall make the final award decisions based on the recommendations of the Executive Director

- The Executive Director has named a **Review Committee** to provide recommendations to support his decision making. That Committee consists of:
 - HPC Staff and Expert Consultants
 - Interagency Participants: *Department of Public Health, Executive Office of Health and Human Services State Innovation Model Team, Betsy Lehman Center, Massachusetts eHealth Institute, and MassHealth*
 - The Review Committee will be supported by the HPC's legal team
- The Review Committee will additionally brief and consult with select content experts as needed
- The Chair has designated one Commissioner, Dr. Paul Hattis, to join the Review Committee.
- The Review Committee will make a recommendation to the Executive Director based upon the criteria set forth in 958 CMR 5.00 and the CHART Phase 2 RFR, HPC-CHART-002

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A call to action for understanding the state of community hospitals

- Hospitals and health systems in Massachusetts are facing an unprecedented impetus to transform care delivery structures and approaches
 - Shifts in reimbursement models and funding pressures
 - Shifting demographics of Commonwealth's residents
 - General trend from inpatient to outpatient care
- No comprehensive set of vetted approaches exists to guide hospital transformation
- Community hospitals, as small organizations, can be particularly sensitive to such change
- Massachusetts is at the cusp of delivery system transformation, and effective, action-oriented planning is necessary to ensure that hospital resources are distributed to meet current and future community need
- Many stakeholders, including the HPC Advisory Council, have emphasized the importance and timeliness of a study of community hospital use, capacity and need as well as barriers and opportunities for change

Supporting current statutory responsibilities

- Monitoring the Delivery System *M.G.L c. 6D § 5*
 - “The commission shall monitor the reform of the health care delivery and payment system in the commonwealth under this chapter. The commission shall...**(vi) monitor and review the impact of changes within the health care marketplace and (vii) protect patient access to necessary health care services.**”
- Cost and Market Impact Reviews: *M.G.L c. 6D § 8*
 - “the availability and accessibility of services similar to those provided, or proposed to be provided...the provider or provider organization's impact on competing options for the delivery of health care services ...[and] the role of the provider or provider organization in providing low margin or negative margin services”
- CHART Investments: *M.G.L c. 29 § 2GGGG*
- Cost Trends Reporting: *M.G.L c. 6D § 8*
 - The commission shall compile an annual report concerning spending trends and underlying factors along with any recommendations for strategies to increase the efficiency of the health care system, [which shall include]:
 - “...**payment systems, care delivery models, payer mix**, cost structures, administrative and labor costs, capital and technology cost, **adequacy of public payer reimbursement levels**, reserve levels, utilization trends, relative price, quality improvement and care-coordination strategies, investments in health information technology, the **relation of private payer reimbursement levels to public payer reimbursements** for similar services, efforts to improve the efficiency of the delivery system...”

The HPC developed the Community Hospital Study to take action on the future of community hospitals in Massachusetts

Throughout the development and release of the Study, the HPC aims to meet the following objectives:

- To understand and describe the **current state** of community hospitals in the Commonwealth
- To better plan for changes in capacity and related **access concerns for vulnerable populations**, especially for services that are historically under-reimbursed
- To examine the **cost implications** of market changes that often lead to elimination or reduction of the **'low-cost alternatives'**
- To identify **challenges to and opportunities for transformation** in community hospitals
- To examine the **experience of key stakeholders** to inform solutions to these challenges and identify innovations that can work in the Commonwealth to help the **Commonwealth's investments** drive transformation
- To support **HPC funding prioritization** and hospital proposals for future phases of CHART
- To support **policy development** related to the health care cost growth benchmark, health resource planning, market performance reviews, accountable care model development, and many other key government functions

Study process



CONFIDENTIAL DRAFT – POLICY

**Aim 1
Aligning Supply
Analysis and
Capacity**

Today

Preliminary
Expert
respondent
Interviews to
inform
analytic plan
design
(August –
October)

5-10 yr trend
in capacity &
need

Current
capacity &
need

Quantitative
analyses
(past,
current,
future)

Report on
Mass.
Community
Hospitals

Data
Visualization

**Aim 2
Addressing
Barriers to
Transformation**

Expert
respondent
interviews;
literature
review; case
studies

Examination
of hospital &
community
centered
barriers to
transformation

Hospital
Leadership
Toolkit/ Case
Studies

State
regulatory
frameworks

Examination
of policy
barriers

Preliminary expert respondent interviews

- Polled the HPC Advisory Council, the study's Interagency Working Group, and other key stakeholders to identify expert respondents to inform scope development
- Invited a group of more than 20 academics, researchers, policy makers and other thought leaders who together represent diverse perspectives with knowledge in study design, community hospital financing, community care delivery and market dynamics. These interviews are remain in progress
- Specific areas of expertise related to community hospitals include, for example:
 - Hospital financing structures
 - Community-based care / population health
 - Overall Massachusetts market knowledge
 - Experience with hospital transformation and barriers
 - Expertise in select areas of focus (i.e., behavioral health, satellite emergency facilities)
 - Health planning
 - Analytic methods
 - Healthcare workforce

Expert respondents recommended several directions for the study

Create an objective definition of community need

- “**There should be a way the community hospital can respond to the community’s need.** It’s not driven by that; it’s driven by hospital networks. We need more systems that integrate in the patient’s interest, answered by questions like: do all these patients have access to an MD, are they getting routine physicals, can they receive care from the appropriate specialist, do they have reasonable access and choice?”

Have an honest conversation on trade-offs

- “We would never design the system we have today from a blank sheet of paper. You are coming in mid-stream and there will be winners and losers. Use the opportunity to **have an honest conversation on trade-offs** if you implemented policies per the study findings.”

Address quality gaps in Massachusetts

- “Why are we the highest cost State in the country, and given all we are, do we have the poorest health outcomes in the country? **Many things we do well, but many we don't -- let's talk about community hospitals role in this.**”

Expert respondents recommended several directions for the study

Focus on “Core” community hospital services

- “HPC should focus this analysis on the ‘core’ of what it means to be a community hospital...Think about **behavioral health, pediatrics, emergency services, deliveries, end of life care** not the latest and greatest in FFS revenue generators”

Examine opportunities to promote use of alternative sites of care

- “Work ...to **build out non-acute capacity for the population left behind in communities** in the form of crisis stabilization units.”
- “**Promote innovative care models** like employing EMS personnel to deliver after hours care to patients wherever they are.”

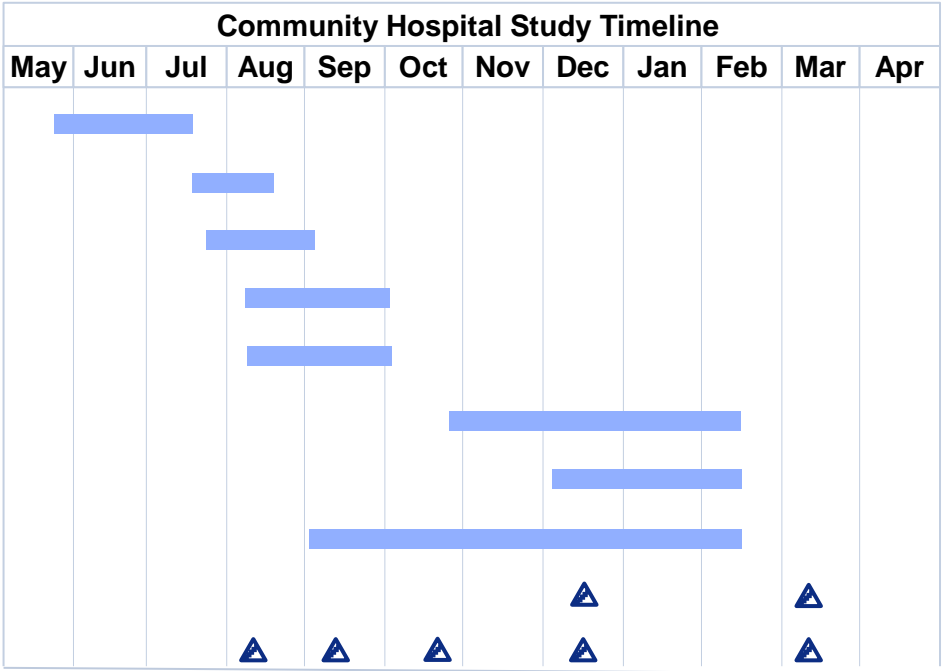
Examine opportunities for payment reform to incentivize core public health needs

- “**Go to the communities that have urgent needs** ... substance abuse, teenage pregnancy, the public health problems... That is an area where you can get more creative with the state’s role [in payment and program supports]”

Create the forum for community providers to coordinate care in a collaborative way.

- “**Act as a convener to ensure that all voices are heard.** The State can make sense of the competing voices as you are...the most neutral party. Collaboration won’t occur naturally in a competitive marketplace.”

Immediate next steps for the study include finalizing an analytic plan and procuring analytic support to execute on the plan this fall



- HPC staff scope development
- Steering committee engagement¹
- Expert respondent interviews – Round 1 (scope)
- Request for Proposals / expert contracting
- Analytic plan development
- Quantitative analysis (Aim 1)
- Expert respondent interviews – Round 2 (Aim 2)
- State-by-state / national policy landscape review
- Preliminary findings / Final report release
- Committee/Commission checkpoints

Analytic support procurement process update

Health System Strategy and Analysis Consulting Services to Support Study of Community Hospitals (RFR # HPC-2014-003-Hospital Study):

- RFR was posted on July 29, 2014 and outlined dual aims for the study:
 - Analysis of acute care supply and identification of opportunities to support community hospitals' alignment of services with community needs and to support public and private sector health resource planning and investment
 - Identification of barriers to, and strategies to support structural transformation in, community hospitals to inform policy initiatives and to facilitate hospital strategic planning and engagement in transformation, including
- RFR closed on September 5, 2014:
 - Six responses were received and reviewed by HPC staff
 - HPC staff are conducting interviews with respondents of interest and anticipate making a recommendation to the CHICI Committee and the Board on October 22, 2014

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2014 MeHI Provider and Consumer Health IT Research Study

About MeHI

A division of the Massachusetts Technology Collaborative, MeHI is the state agency for:

- Coordinating health care innovation, technology and competitiveness;
- Accelerating the adoption of health information technologies;
- Promoting health IT to improve the safety, quality and efficiency of health care in Massachusetts; &
- Advancing the dissemination of electronic health records systems in all health care provider settings.

GOALS

Adoption



Support
Health Reform

- ✓ Better Health
- ✓ Better Care
- ✓ Lower Costs

Consumer eHealth
Engagement



Grow & Promote
Innovation &
eHealth Cluster

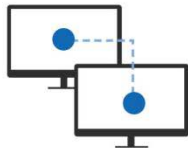


2014 MeHI Provider and Consumer Health IT Research Study

RESEARCH GOALS



Accessing HIE



Who Needs Help



SURVEYED

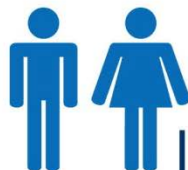


507
Practice Managers

308
Healthcare Providers



807
Individual Consumers



KEY FINDINGS

① EHR Adoption very high among Primary Care Providers

② Move providers beyond EHR adoption

③ Focus needed on increasing EHR adoption among Behavioral Health and Long-Term and Post-Acute Care

④ Consumers excited about technology benefits



EHR Adoption

EHR Adoption	Affiliated	Independent	Overall	Progress
Primary Care	100%	95%	96%	
Specialists	91%	83%	86%	
Behavioral Health	100%	50%	55%	
Long-Term & Post-Acute Care	82%	35%	55%	
Home Health*	50%	77%	74%	
Dental	100%	59%	60%	

*Limited Sample Size

PROVIDERS SEE SIGNIFICANT BENEFITS TO USING EHRs



Facilitates communication of patient information among care team



Reduces errors



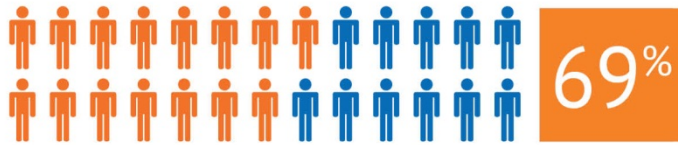
Improves quality of care



Enables better decision making

Consumer Attitudes

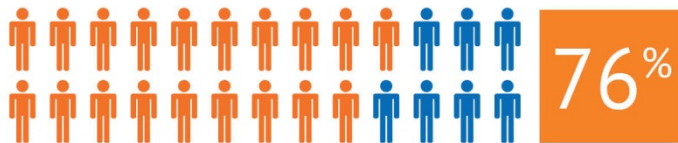
CONCERNED about the privacy and security of information



POSITIVE about sharing data with consent

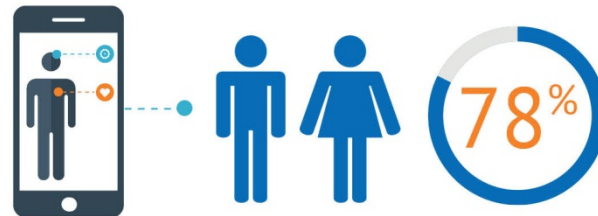


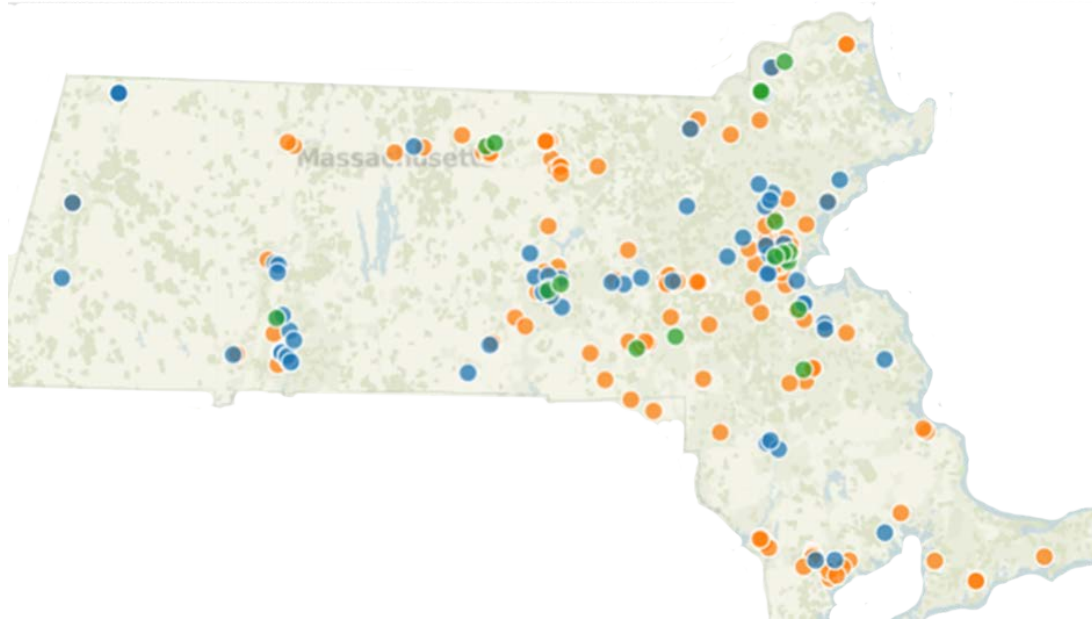
COMMUNICATION with physician is easier electronically



Asked a question electronically they would not have otherwise

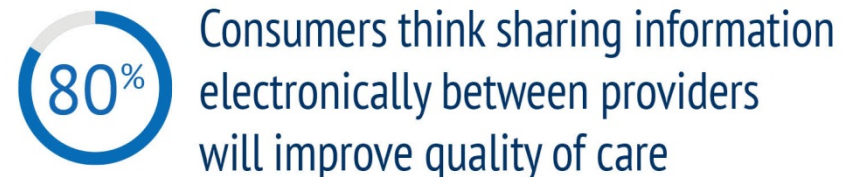
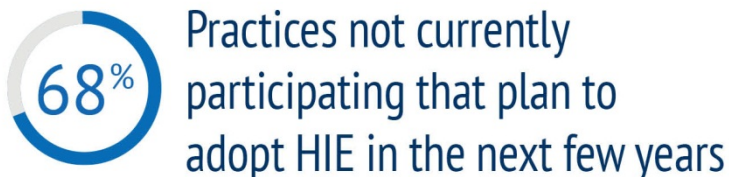
If all doctors used EHRs instead of paper records it would improve care





Hiway Connection Status

- In-Progress
- Connected
- Transacting



Conclusion

- Meaningful progress has been made in EHR adoption, which is now very high among primary care providers;
- Adoption is not as strong among certain provider groups, such as Behavioral Health and Long-Term and Post-Acute Care organizations. These groups will be a focus of MeHI's efforts in the years ahead;
- We need to support providers as they move beyond EHRs to information exchange; and
- **Consumers are excited about the benefits of health information technology!**

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Contact information

For more information about the Health Policy Commission:

- Visit us: <http://www.mass.gov/hpc>
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