MINUTES OF THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEE

Meeting of August 6, 2014

MASSACHUSETTS HEALTH POLICY COMMISSION

THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
Center for Health Information and Analysis
Daley Room, Two Boylston Street, 5th Floor
Boston, MA 02116

Docket: Wednesday, August 6, 2014, 9:30 AM – 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Community Health Care Investment and Consumer Involvement (CHICI) Committee held a regular meeting on Wednesday, August 6, 2014 in the Daley Room at the Center for Health Information and Analysis located at Two Boylston Street, 5th Floor, Boston, MA 02116.

Dr. Paul Hattis (Chair) was present at the start of the meeting. Mr. Rick Lord and Ms. Kim Haddad, designee for Mr. Glen Shor, Secretary of Administration and Finance, arrived late.

Ms. Jean Yang and Ms. Veronica Turner were absent.

Dr. Hattis called the meeting to order at 9:34 AM.

ITEM 1: Approval of minutes

Noting the absence of quorum, Dr. Hattis tabled this agenda item.

ITEM 2: Update on CHART Investment Program

Mr. Iyah Romm, Director for System Performance and Strategic Investment, outlined the day's agenda. He stated that CHICI would hear a brief update on CHART Phase 1, a process update on CHART Phase 2, and an update and discussion on the HPC's Community Hospital Study.

ITEM 2b: CHART Phase 1 Program Update and Leadership Summit

Mr. Romm introduced Ms. Margaret Senese, Program Manager for Strategic Investment, to provide updates on CHART Phase 1.

Ms. Senese stated that CHART Phase 1 is underway, with staff completing site visits to nearly all awardees. She noted that the HPC has received 19 requests for no-cost extensions. These extensions have been granted to 16 awardees so they can complete work for CHART Phase 1 projects.

Ms. Senese reviewed the technical assistance provided to hospitals as part of Phase 1. She noted that the HPC hosted a Learning Session on July 7 to facilitate conversations about hospital implementation needs. She stated that it was very well received by the CHART hospitals. She added that the HPC would be looking into hosting more sessions of this nature in the coming months.

At this time, Dr. Hattis noted the arrival of Ms. Haddad and Mr. Lord.

Ms. Senese stated that the HPC is working on ways for CHART hospitals to collaborate. She stated that Safe & Reliable (S&R) Healthcare, a consultant hired by the HPC to analyze culture and safety in CHART hospitals, has completed onsite interviews with all CHART Phase 1 awardees and will continue its survey work.

Dr. Hattis stated his enthusiasm in seeing hospitals' positive responses to contact with the HPC and its consultants. Mr. Romm noted that conversations with hospitals demonstrate that constant engagement has been extremely helpful to the outcome of projects. Dr. Hattis asked if staff felt positive about conversations surrounding transformation. Mr. Romm stated that the conversation has been productive and helpful.

Ms. Senese stated that the HPC is collaborating with Harvard Business School and London School of Economics to conduct the World Management Survey for CHART hospitals. She noted that participation in the survey is not required of CHART hospitals, but it can be used by hospital leadership as an additional resource.
Mr. Romm stated that all of the CHART engagement activities will culminate in the CHART Leadership Summit scheduled for September 2. He stated that CHART Phase 1 contracts stipulate participation in this event. The HPC has been engaging hospitals and stakeholders to create a pool of resources for distribution at the Leadership Summit.

Mr. Romm introduced Mr. Sam Wertheimer, Senior Policy Associate for Performance Analytics, to present on the CHART Leadership Summit.

Mr. Wertheimer stated that the goal of the Leadership Summit is to create a data-driven discussion on leadership, organization culture, and transformation of hospital safety, reliability, community-based care, and business approaches. He stated that CHART hospital executives, board members, and clinicians will be in attendance.

Dr. Hattis applauded the inclusion of hospital board members in the Leadership Summit. Ms. Senese stated that, according to early registration, at least one board member from most hospitals will be attending Mr. Romm stated that the Leadership Summit will include 200 hospital leaders who are interested in continued collaboration on transformation.

Mr. Lord questioned why cost-control was not included as a theme of the Leadership Summit. Mr. Romm stated that the theme of efficiency-oriented aims includes elements of cost-efficiency. Mr. Wertheimer added that some individual sessions specifically address overall cost-efficiency.

Dr. Hattis suggested the inclusion of a fiscally-oriented aim, as it is aids in the understanding of hospital expenses. Mr. Romm responded that a major goal of the Leadership Summit is to share hospital-specific cost trends data with hospital leaders to identify how it informs their overall decision-making process. He noted this would help point to variation among hospitals and encourage overall positive progress and collaboration. Mr. Romm stated that this data could be subsequently utilized by CHART hospitals as a tool for long-term improvement.

Mr. Wertheimer stated that the Leadership Summit will include presentations by S&R and Cynosure, two HPC consultants, to facilitate focused conversations on various topics.

Dr. Hattis asked for any further comment. Seeing none, he moved to the next agenda item.

ITEM 2c: CHART Phase 2 Prospectus Submissions

Ms. Senese provided an update on Phase 2 of the CHART Investment Program.

She noted a change to CHART eligibility in Phase 2, stating that Berkshire Medical Center (BMC) is now CHART-eligible. BMC operates in the area previously served by North Adams Regional Hospital, which closed earlier this year. Ms. Senese stated the addition of BMC raises the cohort to 31 eligible hospitals for CHART Phase 2. Mr. Romm clarified that BMC was made eligible by an amendment in the FY15 state budget, which did not specify the activities for which BMC may use a potential CHART grant.

Mr. Lord asked why BMC was excluded from CHART eligibility in Phase 1. Mr. Romm stated that BMC is a major teaching hospital and was, therefore, statutorily ineligible.

Ms. Senese provided an update on the CHART Phase 2 RFR process. She stated that the HPC has received 31 prospectus submissions from 30 qualified acute hospitals, with 24 individual submissions and 7 joint submissions. She stated that the total funding requested across the proposals was $153 million. She reminded CHICI members that the total potential funding pool for CHART Phase 2 is $60 million.

Ms. Senese reviewed the prospectuses submitted. She stated that the hospital proposals were diverse, but aligned with the goals of Phase 2. She noted that many of the prospectuses had a core behavioral health focus. Ms. Senese added that very few of the joint hospital prospectus submissions were external to a hospital’s system.

Dr. Hattis asked for clarification on the joint proposals. Ms. Senese clarified that almost all of the joint proposals involved a hospital proposing a project with another hospital with which it has a contractual affiliation.

Ms. Senese noted that overall budgets for proposed projects were high, but that they are expected to decrease during hospital strategic planning.

Mr. Lord asked for clarification on next steps. Ms. Senese stated that full proposals are due on September 12. The staff intends to make award recommendations at the October 22 board meeting.

Seeing no further comment on this agenda item and noting the quorum of committee members, Dr. Hattis asked for a motion to vote on the minutes from June 4, 2014. Mr. Lord made the motion and Ms. Haddad seconded. Members approved the minutes as presented. Voting in the affirmative were the three members present. There were no votes in opposition or abstention.

ITEM 3: Discussion of HPC's Community Hospital Study

Mr. Romm introduced Ms. Cecilia Gerard, Deputy Director for System Performance, to present on the Community Hospital Study.

Ms. Gerard stated that the HPC has spent significant time defining the scope of the study. To that end, the HPC has convened an Interagency Policy Steering Committee and Staff Working Group, which gathers various agencies, such as the Department of Public Health (DPH) and CHIA, to assist with the study. She added that the HPC has also sought input from various stakeholders to further inform the study.

Ms. Gerard reviewed the analytic approach and goals of the study. She stated that the first goal is to evaluate the current state of community hospitals and provide recommendations to policymakers to support these hospitals and meet the acute-care needs in Massachusetts. The second goal is to identify barriers to transformation and provide a tool kit for overcoming the barriers. She stated that staff and commissioners would spend the next few months identifying these barriers.

Dr. Hattis asked if the study would focus on in-patient services. Ms. Gerard stated that, as of now, emergency department utilization and in-patient services are within the analytic scope.

Ms. Gerard briefly reviewed the study process. She stated that the study is divided into two streams to support the two primary goals. She noted that the HPC is completing the study design and working towards a draft of the analytic framework. Ms. Gerard stated that the HPC has released a request for proposals (RFP) to assist with the study. She stated that a deliverable likely would be produced in February or March 2015.

Dr. Hattis asked whether the study would focus on geographic variations in utilization. Mr. Romm responded that the HPC is still determining the focuses of the study. He noted that several states have done studies of this nature. These studies demonstrate that the HPC has to decide whether the goal of the study is to be directive or informative to hospitals.

Mr. Lord asked whether the study duplicates the work of Health Planning Council. Mr. Romm stated that the HPC has engaged with the Health Planning Council and Secretary Polanowicz to align efforts and avoid duplication.

Ms. Gerard reviewed early concepts of deliverables. She stated that the HPC anticipated releasing a public report with findings and policy recommendations. She added that a second deliverable would be a public-oriented interactive tool to allow flexible views of how changes in factors such as demographics, referral patterns, and service availability impact communities across Massachusetts. Finally, she stated the third deliverable would be a series of case studies, tools, and approaches aimed at creating and supporting opportunities to overcome identified barriers to transformation.

Dr. Hattis asked if these case studies would address and help work through identified barriers. Ms. Gerard stated this would be the intended goal.

Dr. Hattis asked if the study would address provider-specific issues such as finances and overall viability. Mr. Romm stated the study will discuss these factors at a baseline, but that it is not a goal to predict the future financial situation at hospitals.

Dr. Hattis stated that he hopes the report will be useful in the event of a financial crisis at a hospital. Mr. Romm stated that a central goal of the study is to inform proactive decisions regarding the transformation of the community hospital cohort in Massachusetts.

Ms. Gerard reviewed the current work of the HPC. She stated that staff has been conducting preliminary expert interviews to inform the scope of the study. She stated that the study has been discussed with the HPC the Advisory Council, the Interagency Policy Steering Committee, and more than 20 stakeholders and experts.

Dr. Hattis stated that he would like to see transportation time and related issues examined in the study. Mr. Romm stated that this would be incorporated.

Dr. Hattis clarified that the study would not examine first-responder services. Mr. Romm stated that it would not as it would be very challenging to examine and prioritize.

Dr. Hattis stated the study seems extremely extensive in breadth. He noted that Chapter 224 created the Health Care Workforce Transformation Fund Advisory Board and that some of this work may intersect with its efforts.

Dr. Hattis opened the meeting to public comment. Public comment was offered by Stacey Ober of the Coalition of Nurse Practitioners, Patricia Edraos of the Massachusetts League of Community Health Centers, and Tish McMullin of Beth Israel Deaconess Medical Center.

Ms. Gerard briefly reviewed next steps for the community hospital study. She stated that the HPC hopes to return to CHICI on October 1 with a draft analytic plan.

ITEM 4: Discussion of Cost Trends Reports

Mr. Romm briefly reviewed key findings and recommendations from the Cost Trends Report: July 2014 Supplement. He stated that conversations around value-based market

are extremely relevant to the community hospital study and the CHART program. Mr. Romm further noted that an underpinning of overall conversations before the committee center upon better care-delivery and transformation in an environment rapidly moving towards APMs.

Mr. Romm briefly reviewed findings on emergency department (ED) visits and boarding by diagnosis type. He noted that there is no significant variation in this data. He highlighted that, while patients with a primary behavioral health diagnosis represent only 6% of all ED visits, they are about 47% of visits resulting in ED boarding.

Mr. Lord asked for the definition of ED boarding. Mr. Romm clarified this refers to the DPH definition of an ED visit lasting longer than 12 hours.

Mr. Romm briefly reviewed overall inflow and outflow of inpatient discharges across Massachusetts. He stated that this data is particularly relevant to help CHART hospitals appropriately redirect patient flow from Metro Boston back to the community.

Mr. Romm reviewed disparities in preventable hospitalization for acute and chronic conditions by income quartile. He stated that patients from lower income zip codes were disproportionately admitted for preventable conditions.

Dr. Hattis stated that he would like more understanding regarding preventable hospitalizations, specifically in regards to spending by community. He added that it would be especially relevant as trends continue towards global payments.

Mr. Lord asked if Dr. Hattis was referring just to an examination of commercial spending or public spending. Dr. Hattis noted he was unsure of Medicaid/Medicare gradients, but that he assumes private and public data may mirror each other.

Dr. Hattis stated that he would like to see further data examining differences between mental health and substance abuse treatment. He stated that further research should look at the before and after effects of substance abuse in terms of cost and delivery.
He added that there must be an overall examination of medical and mental health conditions.

ITEM 5: Schedule of Next Committee Meeting (October 1, 2014)

Seeing no further business before the committee, Dr. Hattis adjourned the meeting at 10:56 AM.