

**MINUTES OF THE COMMUNITY HEALTH CARE INVESTMENT AND
CONSUMER INVOLVEMENT COMMITTEE**

Meeting of February 25, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT
COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
Health Policy Commission Conference Center
50 Milk Street, 8th Floor
Boston, MA 02109**

Docket: Wednesday, February 25, 2015, 11:00 AM – 12:30 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's Community Health Care Investment and Consumer Involvement (CHICI) Committee held a regular meeting on Wednesday, February 25, 2015 in the Conference Center at the Health Policy Commission located at 50 Milk Street, 8th Floor, Boston, MA 02109.

Members in attendance were Dr. Paul Hattis (Chair), Ms. Jean Yang, Ms. Veronica Turner, Mr. Rick Lord, and Ms. Lauren Peters, designee for Ms. Kristin Lepore, Secretary of Administration and Finance.

Dr. Hattis called the meeting to order at 11:10 AM.

ITEM 1: Approval of Minutes from the October 22, 2014 Meeting

Dr. Hattis noted there was an absence of quorum to approve the meeting minutes at the December 3, 2014 meeting. He asked for a motion to approve these minutes. Upon motion made by Mr. Lord and duly seconded by Ms. Turner, the minutes were unanimously approved by the members present.

ITEM 2: Approval of Minutes from the December 3, 2014 Meeting

Dr. Hattis asked for a motion to approve the minutes from the December 3, 2014 meeting. Upon motion made by Mr. Lord and duly seconded by Dr. Hattis, the minutes were unanimously approved by the members present.

ITEM 3: Presentation from Barbra Rabson and Barbra Lambiaso on Choosing Wisely

Mr. Iyah Romm, Policy Director for System Performance and Strategic Investment, stated that the agenda for the day included a presentation by Ms. Barbra Rabson from Massachusetts Health Quality Partners (MHQP), a review of various activities throughout the CHART Investment Program, and a brief discussion of early work on the HPC's Health Care Innovation and Investment (HCII) Grant program.

Dr. Hattis introduced Ms. Barbra Rabson, Executive Director of Massachusetts Health Quality Partners (MHQP), to give a presentation on the “Choosing Wisely” program. A full copy of this presentation can be found on the HPC’s website.

ITEM 4: Discussion of CHART Investment Program

Mr. Romm stated that the Committee would hear an update on various CHART activities.

ITEM 4a: CHART Phase 1 Case Studies

Mr. Romm stated that most hospitals have satisfied their requirements under CHART Phase 1 and that the HPC is in the process of drafting a robust publication summarizing work completed.

Mr. Romm noted that the HPC released a document outlining the lessons learned at the HPC’s CHART Leadership Academy at the January 2015 board meeting. He added that the HPC is currently drafting a series of case studies for release throughout the spring.

Mr. Romm reviewed major highlights from CHART Phase 1. He stated that a major theme in CHART Phase 1 was a discussion on locating and using locally-derived data. He noted that hospitals had expressed significant desire for locally-derived data as a means to guide direct and targeted investments on care delivery. Mr. Romm stated that hospitals, such as Hallmark Health and Addison-Gilbert Hospital, had shown early success in CHART Phase 1 utilizing locally-derived data.

Mr. Romm reviewed major needs from hospitals coming out of CHART Phase 1. He stated that these included more robust data, dedicated project managers and support staff, and community-partnerships to implement new initiatives.

Dr. Hattis stated that many of these themes would be evident in a discussion of ongoing work in CHART Phase 2.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 4b: CHART Phase 2 Update

Mr. Romm provided a brief review of the overall Implementation Planning Period (IPP) for CHART Phase 2. He stated that the HPC has worked closely with hospitals to define a scope for various initiatives. These discussions explored target populations, goals for the project, milestones for success, and overall staffing and technology needs.

Mr. Romm reviewed the timeline for the IPP. He stated that the HPC embarked on IPP in early November. He stated that the HPC and hospitals have found this process to be extremely rewarding, but also incredibly time-consuming.

Mr. Romm stated that the HPC and CHART hospitals have been committed to maximizing resources through regional convening to highlight best practices and ensure IPP goals are met. Mr. Romm added that the HPC has also made it a priority to provide a balanced approach of oversight and assistance.

Mr. Romm reviewed major obstacles to achieving IPP goals. He stated these included lack of best practices for project management, under-resourced capacity for data and analytics, and significant technical assistance in key program domains.

Dr. Hattis asked if hospitals are experiencing a combination of these barriers. Mr. Romm responded that they were. As such, the HPC has dedicated significant time to addressing common issues.

Ms. Yang stated that project management is an incredibly grueling task. She asked if would be possible for hospitals to work with vendors to integrate solutions to the aforementioned barriers. Mr. Romm stated that the HPC has explored this option.

Mr. David Seltz, Executive Director, stated that the HPC has been committed to creating a base of best practices and solutions for hospitals to quickly overcome these barriers in the future.

Mr. Romm stated that the HPC has been working with hospitals to reach agreement on services as well as clinical and non-clinical workflows. He noted that to facilitate this process, many hospitals have created a services flowchart to outline various work streams and ensure accountability. He added that one hospital has completed a significant examination of overall need and utilization data at the local level in order to tailor their CHART Phase 2 award towards the needs of the community.

Dr. Hattis asked if hospitals were moving uniformly through IPP or if there was variance. Mr. Romm stated that hospitals have been moving at different paces based on need, but generally all hospitals have indicated the high-value of the IPP process.

Public comment was offered by Ms. Jennifer Heil of Lowell General Hospital.

Ms. Yang asked for clarification on the term "lightweight technology" as relevant to the IPP. Mr. Romm stated that the goal is to encourage hospitals to utilize technologies that will immediately serve goals and objectives. Ms. Yang stated that it is important to make sure the market is compatible with the level of investment.

At this point, Ms. Peters left the meeting.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 4c: CHART Phase 2 Technical Assistance Plan

Mr. Romm provided a brief review of topics for technical assistance and supports requested by providers. He stated that the majority of hospitals requested direct access to subject matter experts, regional learning opportunities, and direct engagement with HPC staff.

Mr. Romm briefly reviewed various modes for technical assistance and provider engagement. He stated that a major component of this process is routine maintenance consisting of phone outreach, site visits, and data-oriented trainings. He added that overall technical assistance will primarily focus on the themes of the CHART Investment Program and common topics necessary for transformation such as performance improvement.

Dr. Hattis asked if this technical assistance plan reflected engagement throughout CHART Phase 2 or just during IPP. Mr. Romm stated that the HPC envisions this technical assistance to be ongoing through the entirety of CHART Phase 2.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 4d: CHART Phase 2 Implementation Planning Amendment

Mr. Romm noted that the IPP has proven to be extremely valuable and rewarding for both hospitals and the HPC. He stated that this process has resulted in additional incurred costs and needs throughout the CHART cohort in order to successfully achieve various aims. He noted that all awardees had received the \$100,000 initiation payment, but that many hospitals were struggling to garner financial resources to ensure Phase 2 success. Mr. Romm asked Committee members to vote to endorse the issuance of an additional payment to each CHART hospital for the implementation planning period.

Dr. Hattis stated that he has been engaged with Mr. Seltz, Mr. Romm, and the Committee in an ongoing discussion surrounding further targeted investments to support hospitals in the IPP process. He stated that there is a significant learning curve for hospitals throughout the cohort and that the HPC is committed to ensuring continued success throughout CHART Phase 2.

Ms. Turner stated that investing in planning is investing in transformation.

Ms. Yang stated this framework was important and that the HPC should stay heavily engaged throughout these targeted investments in order to maximize efficiency.

Mr. Seltz stated that this vote is not a request for a specific amount, but rather an authorization to explore further targeted investments to be approved at the next Board meeting. He added that no decisions would be made without significant engagement of all Commissioners.

Dr. Hattis asked if final amounts would come at a further expense to the HPC. Mr. Romm stated that there are additional funds in the CHART Investment Program to support this initiative.

Dr. Hattis asked for a motion to approve the amendment as presented. Upon motion made by Ms. Turner and duly seconded by Mr. Lord, the amendment was unanimously approved by the members present.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 5: Discussion of Health Care Innovation Investment Grants

Mr. Romm briefly reviewed initial discussions of the Health Care Innovation and Investment Grant Program (HCII), a new program created by Chapter 224. HCII is a \$3-5 million program created by Chapter 224 to support targeted and strategically-aligned investments in care delivery. He noted that this program will support broader initiatives than the CHART program and that all payers and providers will be eligible to apply for funding. Mr. Romm stated that the Committee, along with stakeholders, would be heavily engaged in the coming months in the overall development of this program.

ITEM 6: Schedule of Next Committee Meeting

Seeing no further business before the committee, Dr. Hattis adjourned the meeting at 12:34 PM.