COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Community Health Care Investment and Consumer Involvement Committee

April 15, 2015

Agenda

- **Approval of Minutes from the February 25, 2015 Meeting (VOTE)**
- Update on CHART Phase 2 Implementation Planning
- Presentation on CHART Provider Engagement Plan
- Update on CHART Evaluation Activities
- Presentation on Health Care Innovation Investment Program
- Authorization of CHART Program Consultant Contract (VOTE)
- Schedule of Next Committee Meeting

Vote: Approving Minutes

Motion: That the Community Health Care Investment and Consumer Involvement Committee hereby approves the minutes of the Committee meeting held on February 25, 2015 as presented.

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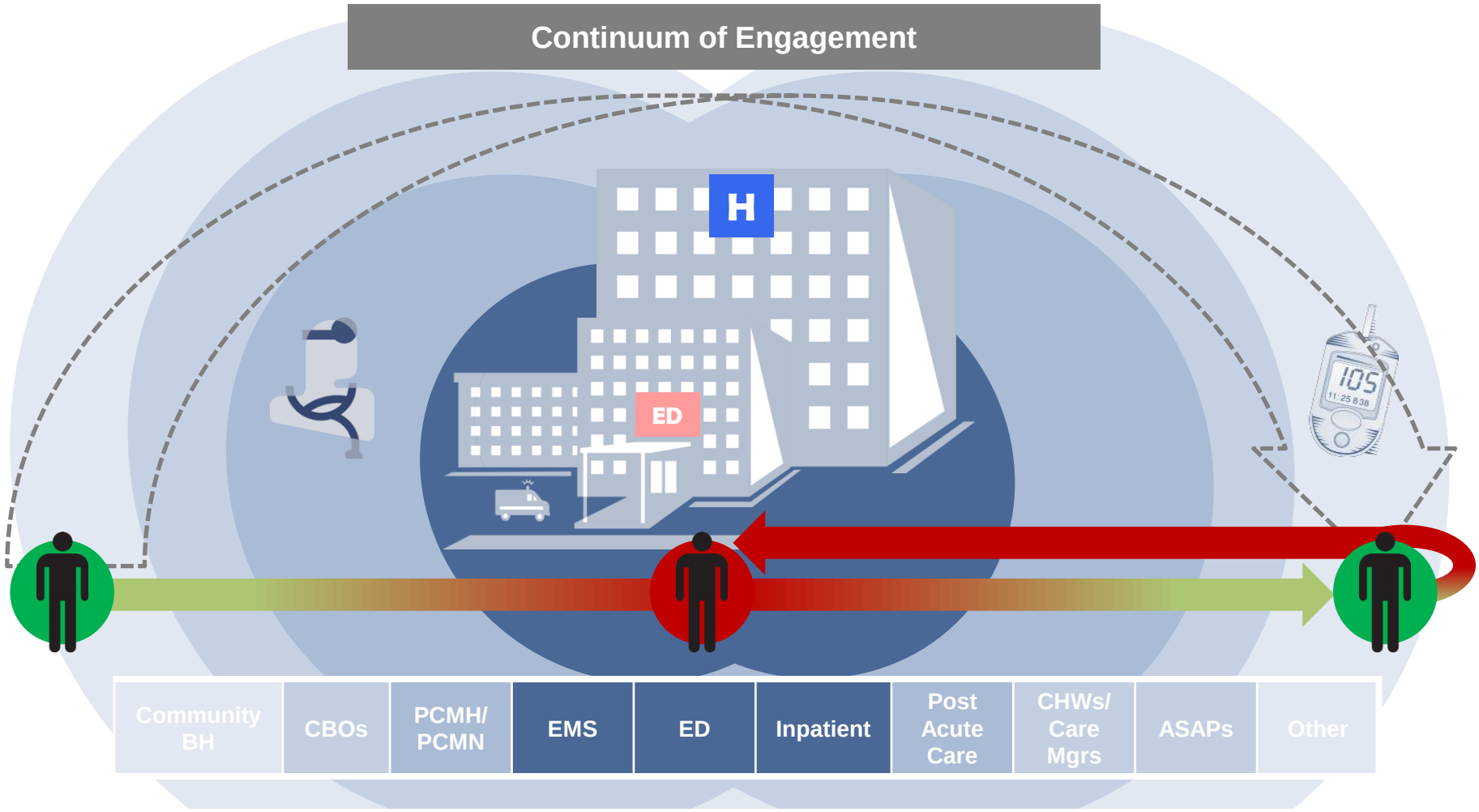
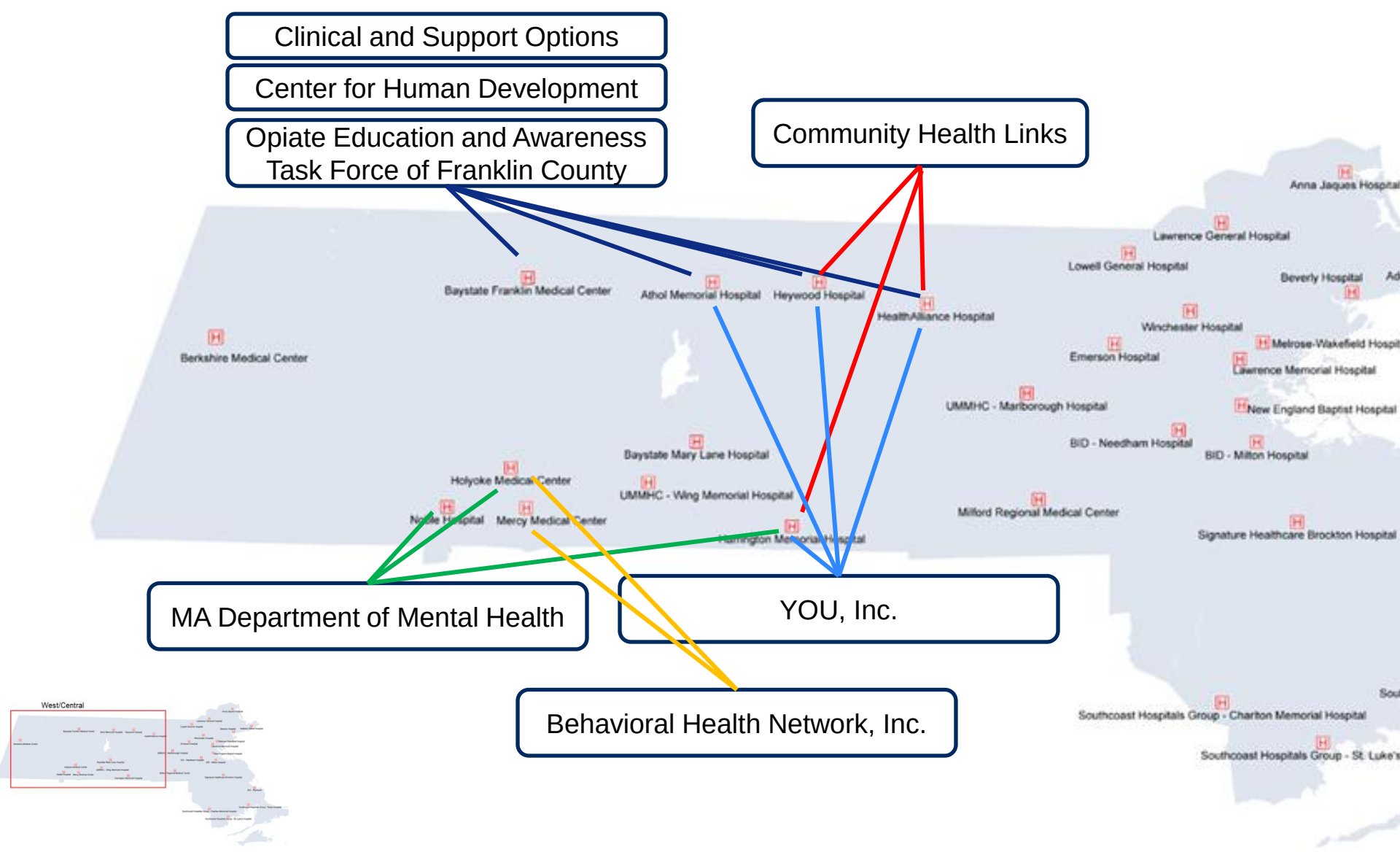
Investments empower CHART hospitals as integrators, while engaging providers across the continuum through community-oriented models

Primary focus of the majority of proposals is ↓ hospital use (↓ readmissions and ED visits) and ↑ community care; when patients are in hospital, proposals focus on ↓ LOS and ↑discharge to appropriate setting with services. Investments are distributed across the continuum.



Community partnership is an ongoing challenge, but with emerging successes in western Massachusetts



Implementation Planning continues, with hospitals in varied stages; all but two target populations specified (continued adaptation however)

Target Population

High utilizers; socially complex; palliative care	High utilizers; socially complex; palliative care	ED utilizers with BH	All ED BH	All ED BH; BH EMS calls
High utilizers	High risk (utilization, disposition)	High utilizers; all BH ED	All BH	All admissions; low acuity ED visits 3-11p
High utilizers	High utilizers; high risk & those at risk of HU	Dual eligibles; primary BH	All BH; students	Residents of underserved catchment area
High utilizers	High utilizers; discharges to SNF	All ED BH	Socially complex	*In progress*
High utilizers	High utilizers; discharges to PAC	All ED BH	Socially complex; BH; life-limiting conditions	*In progress*

SUBJECT TO CHANGE

High utilizers | Social and behavioral factors | Other criteria | *In progress*

Implementation Planning continues, with hospitals in varied stages; aim statements and drivers largely developed

Aim Statement & Driver Diagram

Seventeen hospitals will **reduce readmissions by 15-35%** for their target populations, within two years (median goal 20%)

Eight hospitals will **reduce ED revisits by 10-40%** for their target populations, within two years (median goal 20%)

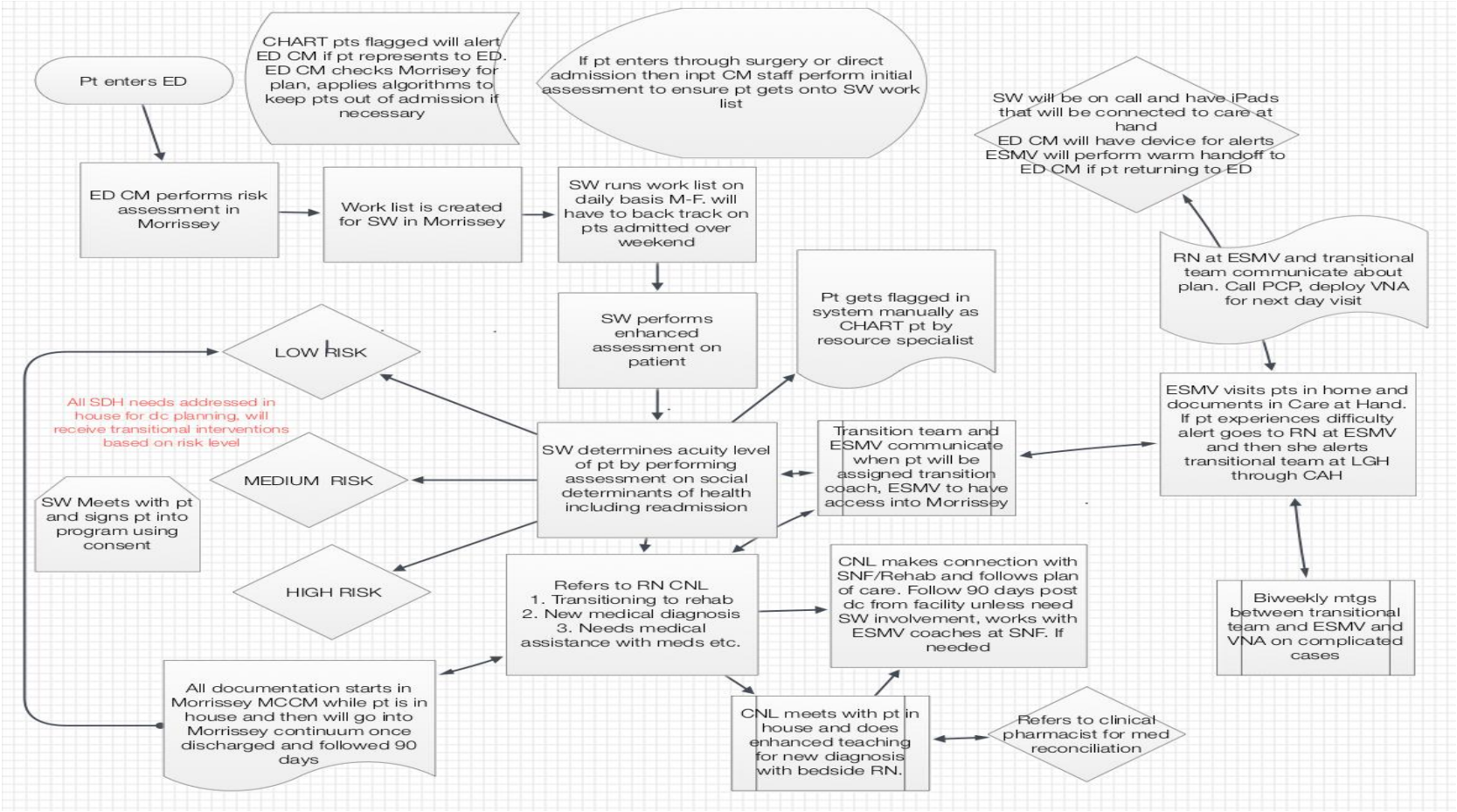
Three hospitals will **reduce ED LOS by 15-60%** for their target populations, within two years (median goal 31%)

SUBJECT TO CHANGE

CHART hospitals can have more than one measureable aim. Additional measurable aims are under development.

Implementation Planning continues, with hospitals in varied stages; service models require high intensity technical assistance

Service Model



Implementation Planning continues, with hospitals in varied stages

Measurement & Enabling Technologies

Measurement

- Cohort-wide measures are required, including, e.g., discharges, readmissions, ED revisits, ED LOS
- Program-specific measures are tailored to the specific service model
- Continuous improvement plan describes reporting to leadership team, program team, and community partners and encourages awardees to contemplate *how* they will use data to improve

Enabling Technology

- Key needs include
  - Reporting
  - Admission-Discharge-Transfer notification
  - Cross-setting, multidisciplinary care management
  - Living repository of individual care plans
- HPC working with hospitals to meet these needs; encouraging hospital collaboration in identifying tools
- Additional tools are considered on a case-by-case basis

Implementation Planning continues, with hospitals in varied stages

Budget; Milestones & Deliverables

Budget

- In IPP, once service model development is complete and technology needs are established, budgets will be built up to the award cap approved by the HPC Board.
- Budgets include all aspects of anticipated expenditures
- Given the adaptive nature of this program, hospitals will be required to submit quarterly budget reconciliations

First wave hospitals are beginning budget development this week

Milestones & Deliverable

- The final step of IPP, Milestones, Deliverables and Payment Schedule, will form the basis for accountability and payment terms
- Each hospital will work with the HPC to specify detailed timelines and workplans for CHART 2 implementation
- Some deliverables will be standardized (e.g., all hospitals will establish a measurement baseline for their target population in Q1) and others will be tailored to given programs

No hospital is yet developing milestones & deliverables

CHART Phase 2 Implementation Planning by the numbers*

5 Regional Convenings

24 Site visits

20+

Expert advisor and HPC staff intensive working meetings with hospitals

450+

Hours of coaching calls

and counting

*Updated April 9, 2015

Example: Addison Gilbert Hospital and Beverly Hospital

Beverly Hospital
Addison Gilbert Hospital
Members of Lahey Health

Award	$1.27 million to Addison Gilbert Hospital and $2.5 million to Beverly Hospital
Aim	Reduce 30-day readmissions by 20% for target population, within two years
Target Population	Inpatient high utilizers (4+ discharges / year); social complexity (active BH; legal, housing, food, transportation services); palliative care
Primary Drivers	1. Improve hospital-based care; 2. Deploy complex care team; 3. Leverage technology
Service Model	Complex care team (pharmacist, social worker, nurse practitioner, pharmacy tech, navigator); individual care plans; referral to palliative care and hospice; linkage to PCP

SUBJECT TO CHANGE

Example: Lawrence General Hospital

Lawrence General Hospital
So good. So caring. So close.

Award	$1.48 million
Aim	Reduce 90-day readmissions for target population, within two years; *improvement target in progress*
Target Population	Socially complex patients, including all behavioral health disorders, homelessness, and no PCP
Primary Drivers	1. Transitional care best practices; 2. Reliable care management workflows 3. Engage community partners; 4. Leverage technology
Service Model	Social worker, nurse, ASAP coach; service intensity stratified by patient risk

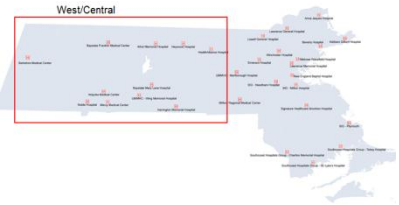
SUBJECT TO CHANGE

Example: Heywood / Athol Memorial / HealthAlliance

Heywood Healthcare
Athol Hospital | Heywood Hospital
HealthAlliance Hospital
A Member of UMass Memorial Health Care

Award	$2.9 million
Aim	Reduce ED visits by 10% for all ED BH patients and reduce number of ED BH patients with high utilizer status by 20%, within two years
Target Population	• ED BH patients • Patients with ≥10 ED BH visits per year
Primary Drivers	1. Deploy cross-setting care teams 2. Expand community treatment sites 3. Increase cross-setting collaboration 4. Leverage technology
Service Model	Warm referral and navigation in ED and after; school-based clinics; SBIRT; telepsych; regional online repository of BH services

SUBJECT TO CHANGE



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Looking forward to evaluation

1. HPC staff to release a summative report on CHART Phase 1

2. Case study work continues
   - Strategies to Manage Social and Behavioral Drivers of Utilization
   - Examining the CHART Investment-Engagement Model

3. External evaluation will be a major shift for Phase 2. The HPC is seeking an external evaluator for hospital and program-level analysis in Phase 2

4. CHART will provide supporting evidence for the HPC's research and cost trends agenda
   - White papers
   - 2015 Cost Trends Report

5. Other opportunities to share CHART program learnings

Provider engagement and support plan

Models for '*monitoring and accountability*' and '*technical assistance*' are integrated and aligned to maximize impact and efficiency

In CHART Phase 2, we look forward to continuing our partnership with CHART hospitals. HPC support in Phase 2 will include enhanced technical assistance activities, within a '**Will, Ideas, Execution**' improvement framework. In this closed loop process, execution informs ongoing will building, leadership activities and testing of new ideas

Will

- **Leadership engagement**, oversight and accountability
- Supportive **data and analytics** addressing micro and macro system issues
- Cross-organizational communication to accelerate change through **social influencers**

Ideas

- **Convening** to spread effective practices, implementation approaches and strategies to overcome barriers
- **Dissemination tools** such as information repositories, regional progress reports, change packages, etc.
- Subject matter and evidence-based **expertise** both from participants and other successful programs elsewhere

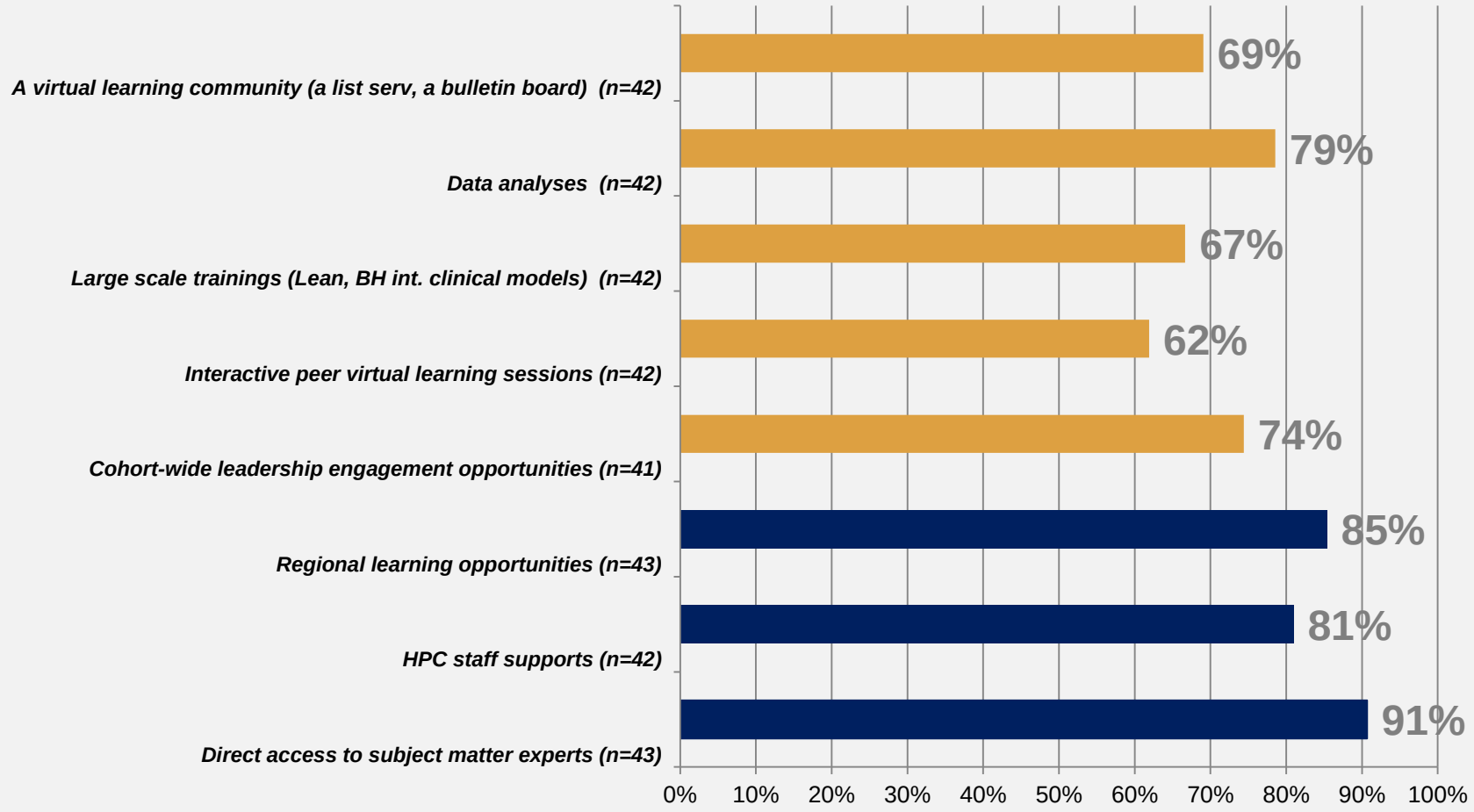
Execution

- **Direct technical assistance** customized to organizational needs and capabilities
- **Capacity building** for sustainability and the ability to address emergent system transformation
- **Network building** to strengthen collaborative relationships and promote independent problem solving
- Story telling of situations, **prototypical** (yet de-identified) patients that were dramatic and led to change/adoption

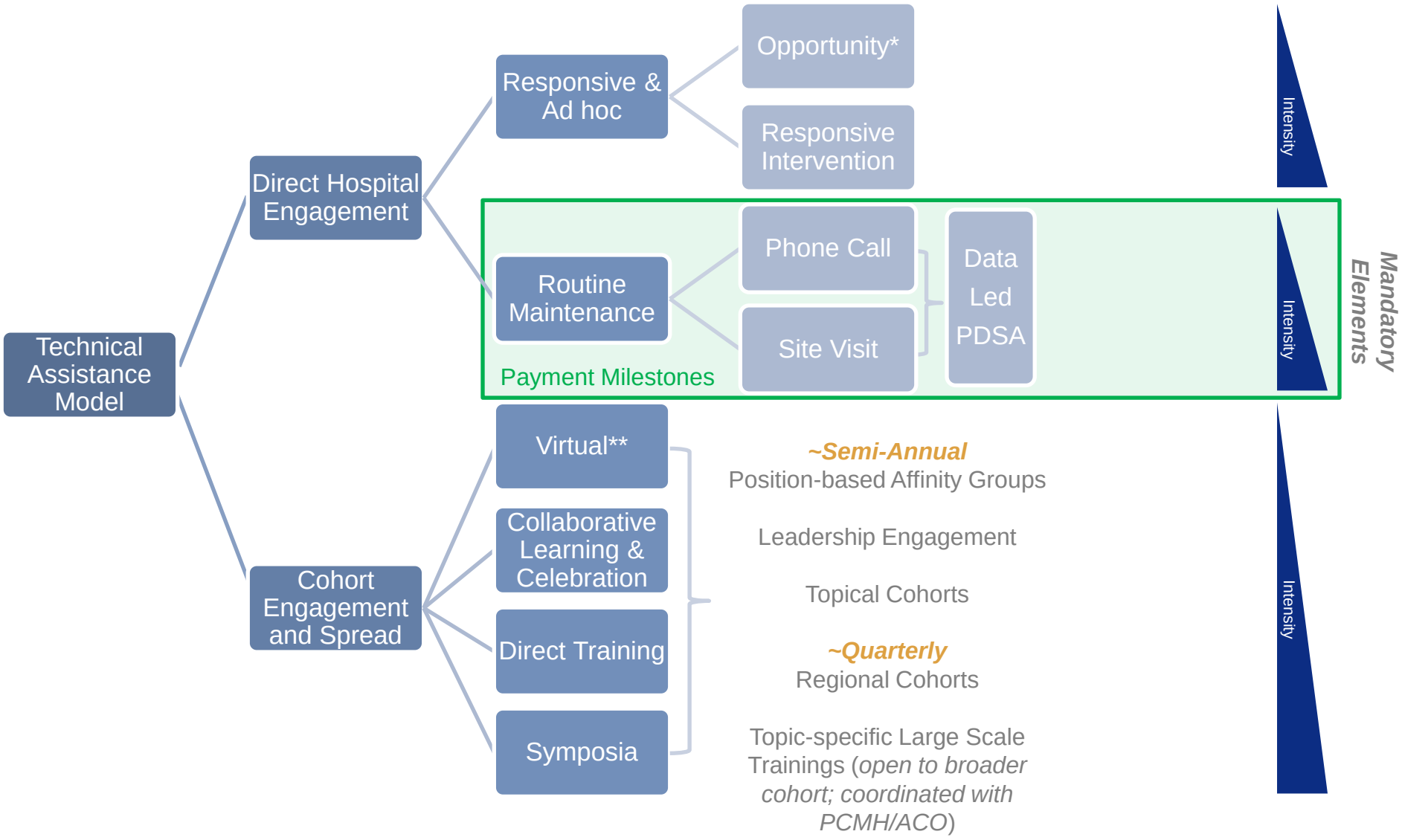
Nolan TW. *Execution of Strategic Improvement Initiatives to Produce System-Level Results*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007.

Provider engagement and support

Percent of respondents who agreed or strongly agreed that it would be helpful for the HPC to facilitate:



Modes for technical assistance and provider engagement



* Opportunities e.g., publication opportunities, pivot points for significant adaptation or enhancement, evolution of the scope and scale of interventions

** Virtual: **Passive** (content delivered to hospitals) or **Active** (facilitated)

Technical assistance topics and necessary expertise

Technical assistance will focus on themes of CHART investment and common topics necessary for hospital transformation

Potential Topics for Technical Assistance Activities

- *Performance improvement, e.g.,*
  - Applying improvement systems (Lean, Baldridge, Model for Improvement, etc.)
  - Data analytics and reporting
  - Team building with effective communication; physician and staff engagement
- *Achieving aims, e.g.,*
  - Reducing readmissions, ED visits, avoidable admissions
  - Identifying high-risk populations, including clinical, social and other factors
  - Behavioral health integration models
  - Chronic complex patients
- *Specific interventions, e.g.,*
  - BRIDGE and INTERACT models
  - Tele-behavioral health
  - Use of care navigators and community health workers
  - Developing community coalitions/partnerships

Necessary Content Expertise

- *Care delivery models*
  - Acute and chronic behavioral health management (including primary care integration)
  - ED care coordination with ambulatory providers
  - Community care models (e.g., accountable care communities, community health workers, regional “hot spotting”)
  - Care-coordination across the continuum
  - Hospital readmission reduction programs
  - Patient Centered Medical Home (Neighborhood)
  - Intensive Outpatient Care Programs (e.g., primary care based, case management based, partnership based)
- *Transformation prerequisites*
  - Cross cutting HIT topics (similar issues, not software specific discussions)
  - Hospital flow
  - Data analytics, data reporting to accelerate adoption, data mining for improvement
  - Project management
  - Improvement capacity building (target middle managers, improvement team leaders)

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Health Care Innovation Investment Program (HCII)

Establishment of the Health Care Innovation Investment Program

- M.G.L. c. 6D § 7
- Funded by revenue from **gaming licensing fees** through the Health Care Payment Reform Trust Fund
- Total amount of **$6 million**
  - *May increase if 3rd gaming license is awarded*
- Unexpended funds may to be rolled-over to the following year and do not revert to the General Fund
- **Competitive** proposal process to receive funds
- Broad eligibility criteria (*any **payer or provider***)

Purpose of the Health Care Innovation Investment Program

- To **foster innovation** in health care **payment** and service **delivery**
- To **align** with and **enhance** existing funding streams in Mass. (e.g., DSTI, CHART, MeHI, CMMI, etc.)
- To support and further efforts to meet the **health care cost growth benchmark**
- To improve **quality** of the delivery system
- **Diverse uses** include incentives, investments, technical assistance, evaluation assistance or partnerships

Chapter 224 provides guidance on program development process and framework but does not provide detailed specifications for use of funds

Program development considerations

1. HPC shall solicit ideas for payment and care delivery reforms directly from providers, payers, research / educational institutions, community-based organizations and others
2. HPC must coordinate with other state grant makers
3. Investments must be evaluated for cost and quality implications
4. Chapter 224 encourages broad dissemination of learnings and incorporation of successes into ACO certification and state-administered payment reforms
5. Suggests potential funding priorities such as in safety-net and DSH providers, support for PIPs, employee wellness programs, evaluation of mobile health technologies and chronic disease management programs for rural health and underserved areas

Investments that catalyze care delivery and payment innovations

In 2015, HPC will release a first round of innovation funding (HCII.1)

Principles for HCII program development

- Design a program infrastructure that will support the testing of payment and care delivery models and provide opportunities to scale successful initiatives through further investments and policy
- Prioritize evidence-based approaches for evaluating and funding investments
- Engage in extensive dialogue with market participants to identify the highest-need areas for payment and care delivery reform that are not adequately addressed by policy, the market, or current investment programs
- Build a nimble approach to investment that maximizes impact of relatively small investments

$3M

Anticipated 2015-2016 Investment

Draft HCII.1 Goals

1. Generate multi-sector collaboration and engagement to advance innovations that will reduce health care costs

2. Address complex health care challenges by identifying, testing, and expanding promising solutions

HCII.1 Investment Options

The fund shall be used for the following purposes:
...foster innovation in health care payment and service delivery.
...establish a competitive process for health care entities to develop, implement or evaluate promising models in health care payment and health care service delivery

Develop	Implement	Evaluate
Present a problem to solve and focus funding on its potential solutions via a prize incentive	Identify and fund existing solutions that are proven to work and bring them to scale	Find organizations that are already developing solutions and evaluate their progress

Invest in a mix of approaches to span all stages of the innovation journey and manage the risk of innovation proportionate to the program priorities

HCII.1 Funding Mechanism

Develop | Implement | Evaluate

	Example 1: ***Help providers address complex problems***	*Example 2:* ***Source new ideas from the innovation community***
Potential Activity	Identify a high-need provider problem; Convene data scientists and innovators to develop and test solutions	Fund development track focused on high-need health care problem (e.g., high cost patients); Support challenge, hosted and run by partner, to meet need
HPC Role	Directly fund provider organization via competitive bid (focused on problem generation) Convene workgroup and provide data and TA	Transfer dollars to a partner to administer per joint requirements; Partner oversees, reinvests, and tests solutions with HPC as a strategic advisor

HCII.1 Funding Mechanism

Develop | **Implement** | Evaluate

	Example 1: ***Solve delivery challenges through innovative organizational models***	*Example 2:* ***Assess efficacy of market-ready enabling technology***
Potential Activity	Identify a structural or operational provider problem; Fund innovative approach to meet the socio-medical needs of high-risk patients, especially in Medicaid	Work with a partner (accelerator, challenge lead, etc.) to identify emerging tech ready for implementation focused on high need area (e.g. behavioral health)
HPC Role	Directly fund provider organization via competitive bid focused on innovative solutions/models and potentially source matching funds; Monitor performance and outcomes	Deploy technology through existing HPC structure (e.g., CHART, certification program) to evaluate efficacy and viability for scale; Focused on replicable technologies

HCII.1 Funding Mechanism

Develop | Implement | Evaluate

	Example 1: ***Prove the health and cost impact of launched, funded technologies***	*Example 2:* ***Evaluate emerging care integration models for policy inclusion***
Potential Activity	Identify a market-live tool used by a MA payer or provider to evaluate for cost and quality impact	Fund a provider or payer in testing an innovative approach (e.g., ED bypass) to understand implications for payment models and certification programs
HPC Role	Fund a 3rd party evaluator; Select candidate technologies through proposals submitted by payers and providers	Fund a 3rd party evaluator; Select pilots to be evaluated through multi-stakeholder partnership

Draft Selection Criteria

To meet regulatory requirements

- Involves a payer or provider
- Likely reduces cost of care and improves quality

To align with spirit of the program

- Is innovative for health care
- Aligns with one or more program priority areas*

To support investment success and sustainability

- Appropriately costed for HCII parameters
- Adequately costed to achieve proposal aims
- Likely yields a positive financial ROI
- Timed for rapid impact

**Focus of a future conversation*

HCII.1 Timeline

	Feb	March	April	May	June	July
Meetings	• CHICI 2/25	• Board 3/11 • Advisory Council 3/18	• CHICI 4/15 • Board 4/29 Goal Setting	• Advisory Council 5/13	• Board 6/10 Program Design	• Board 7/22 Program Design cont.

Goal Setting	Program Design	Partnership
Activities		
☑ Evaluate Ch. 224 and HPC governance structure to understand bounds/flexibility of the program ☑ Scan literature for public and private investment models ☐ Meet with state partners, funds and industry leadership to identify gaps in funding ecosystem **Today**	☐ Decide funding approach ☐ Decide proposal selection criteria ☐ Define an operating model (with and without partnership) ☐ Define a funding/contracting vehicle with legal	☐ Select a partner organization with board approval ☐ Publically announce partnership ☐ Target marketing and outreach ☐ Design measurable goals for each segment of portfolio and program overall
Output		
• ***Program Goals*** • ***Program Priority Areas***	• ***Funding Criteria*** • ***Mechanism for procurement***	• ***Partner Selection*** • ***Program Announcement***

Launch Fall '15

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Vote: Approving staff recommendation for contract award

Motion: That, the Community Health Care Investment and Consumer Involvement Committee endorses the recommendation of the Executive Director to amend the Commission's contract with Collaborative Healthcare Strategies for an additional amount of up to $175,000 through June 30, 2015, for clinical expertise in ongoing support of the Commission's Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program, subject to further agreement on terms deemed advisable by the Executive Director, and recommends that the Board approve this recommendation at its meeting on April 29, 2015.

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Contact information

For more information about the Health Policy Commission:

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