COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Advisory Council

May 13, 2015

Agenda

- Enhancing Behavioral Health through the CHART Investment Program
- HPC's Substance Use Disorder Report and Recommendations
- HPC's Health Care Innovation Investment Program
- Health System Transformation and Enabling Policies/Support
- Schedule of Next Advisory Council Meeting (September 16, 2015)

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Six CHART Phase 1 Initiatives tackled behavioral health challenges exclusively; many others included BH as a component of broader initiatives

Addison Gilbert Hospital	Multidisciplinary team addressed gaps in the care of patients with complex social, behavioral and medical needs	Reduction in 30 day readmission rate for complex patients from 19% baseline to 8.8% in most successful month
Hallmark Health System	Clinical practice guidelines to document the reasons for imaging and opioid prescription and requiring use of the MA DPH's prescription-drug program prior to writing an opioid prescription.	Reduction in rate of opioids prescriptions by 26% and 43% at its two emergency departments and its urgent care centers
Harrington Memorial Hospitals	Behavioral health electronic record redesigned to increase efficiency	Lowered wait time to schedule appointments from 6 days to ≤1 day and lower average wait time to see a provider from 25 to 13 days
HealthAlliance Hospital	Emergency Department Navigator Care Coordination Model for patients with serious mental illnesses through local partnerships	Reduction in ED length of stay from baseline of 283 minutes to an average of 255 minutes.
HealthAlliance, Heywood-Athol Memorial Hospitals	Enhanced coordination and cooperation across environments including of behavioral health care throughout the hospitals' communities, and school systems	Universal patient consent form to enable care coordination and efficient information sharing.
Southcoast-St Luke's Hospital	Integrated model for BH in primary care, including comprehensive medication support services	Online "asset map" of behavioral health and community resources; comprehensive plan for BH integration into primary care

Implementation Planning defines target populations; ~50% focused on BH; many others (high utilizers) have heavy BH component

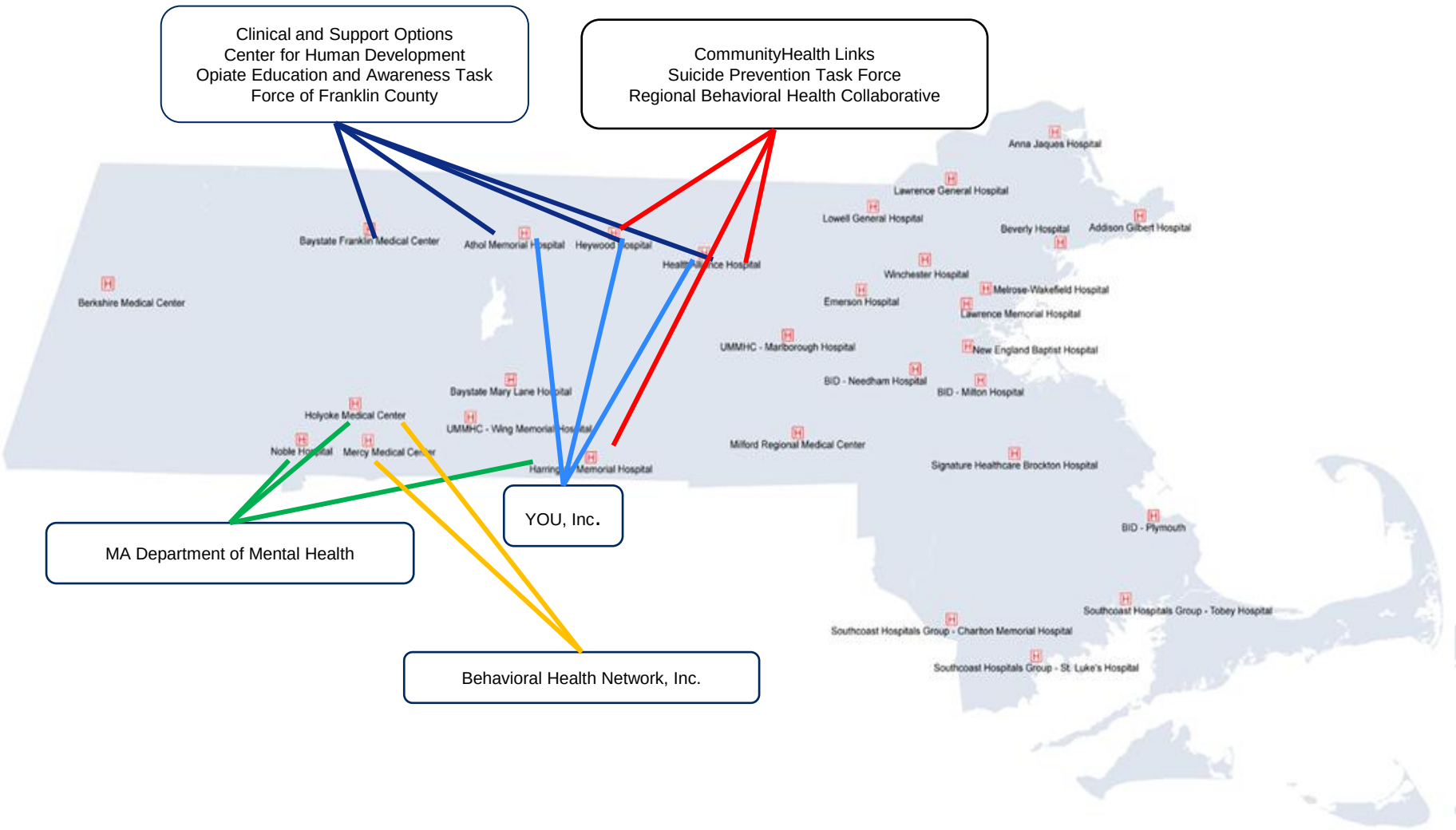
SUBJECT TO CHANGE: Updated 4.15.2015

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 eligible; 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*

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

Community partnerships are being developed across the Commonwealth to support cross-continuum care for patients with complex needs

Slide is illustrative of only some members of Central Mass partnerships



Fragmented Service Delivery for Complex Needs

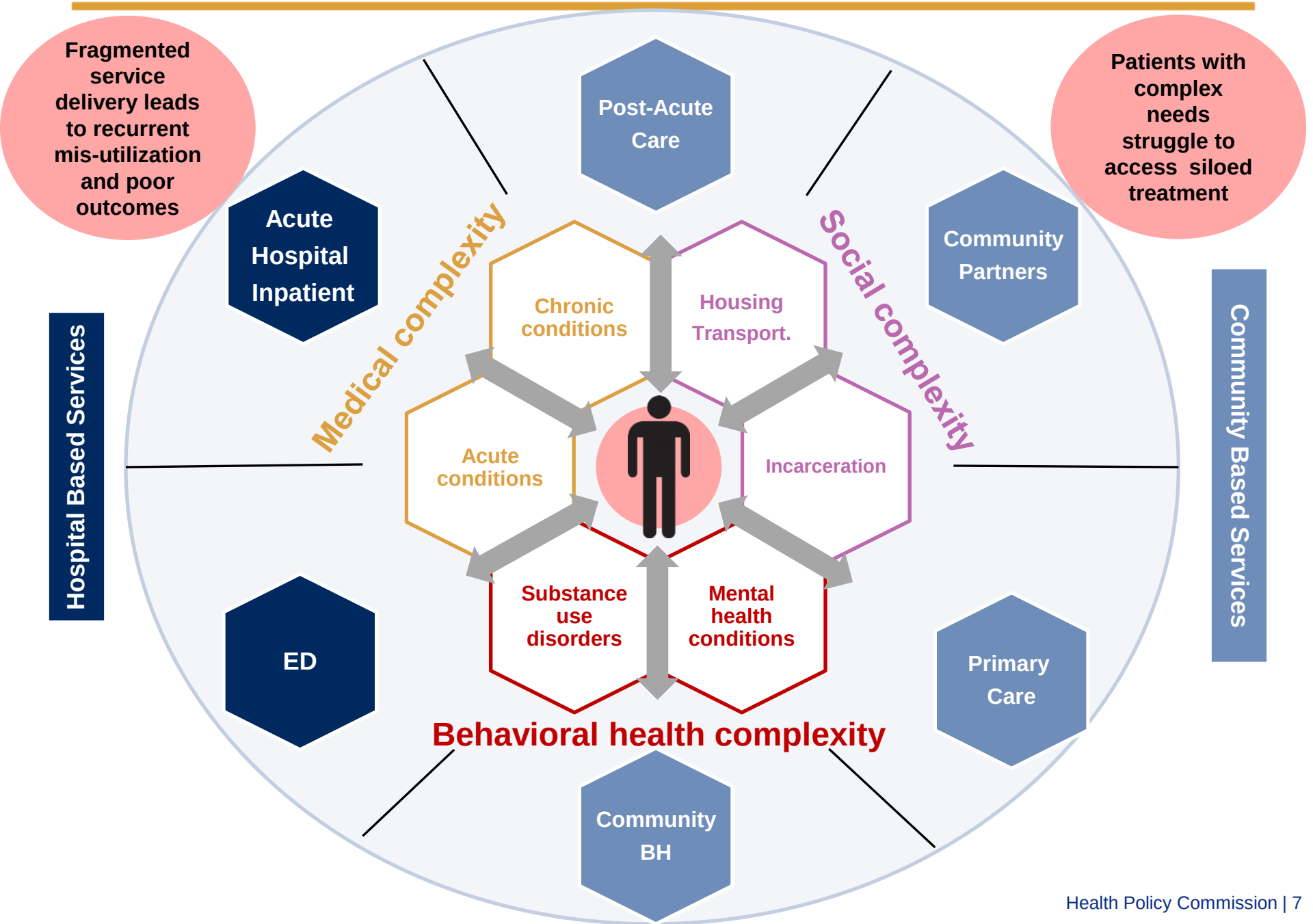
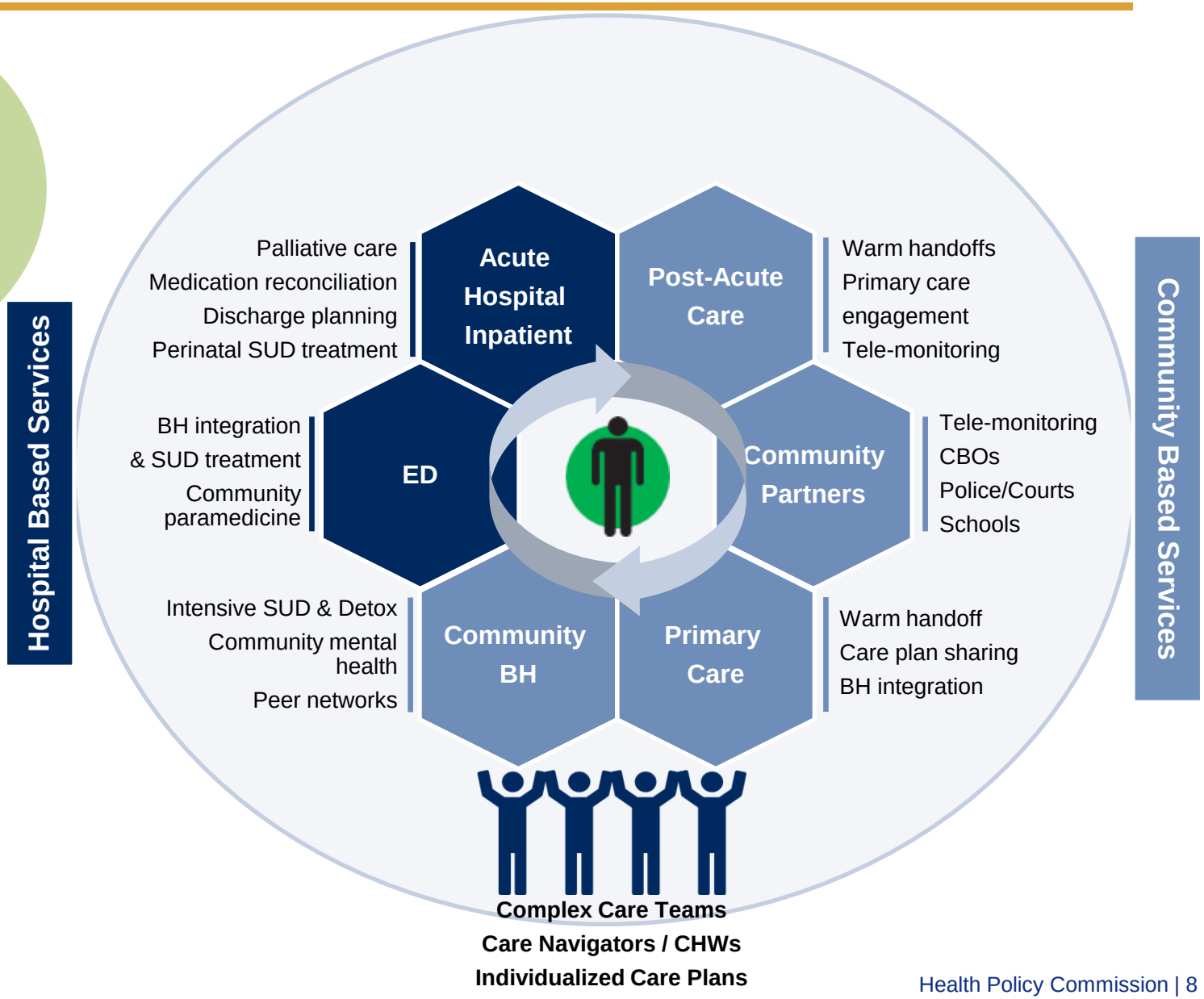


CHART Care Teams: Coordinated patient care with high intensity services that leverage innovative technology

CHART funding & capacity-building promote integrated BH care that is:

- **Patient-centered**
- **Coordinated**
- **Efficient**



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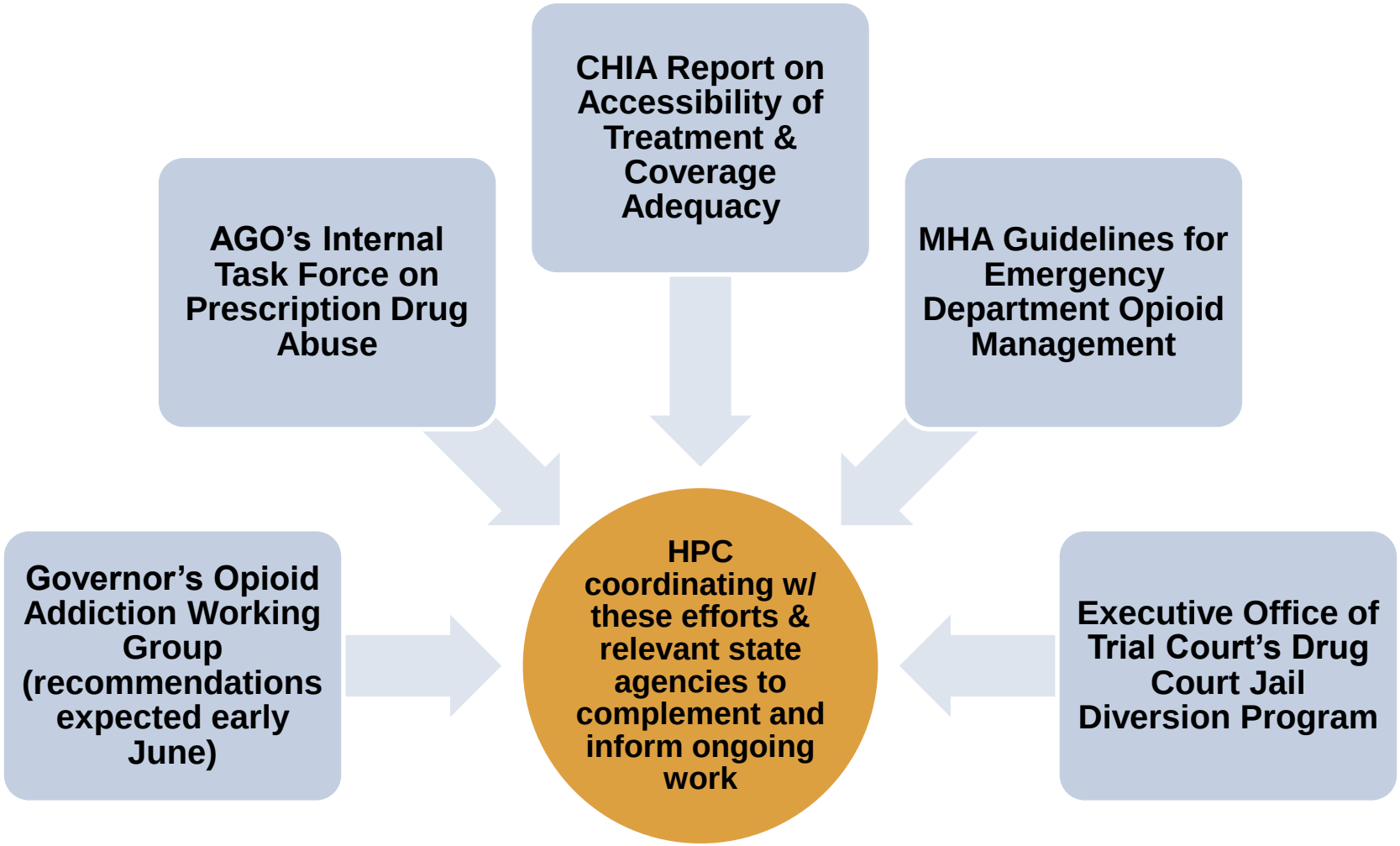
HPC Substance Use Disorder Report Statutory Mandate

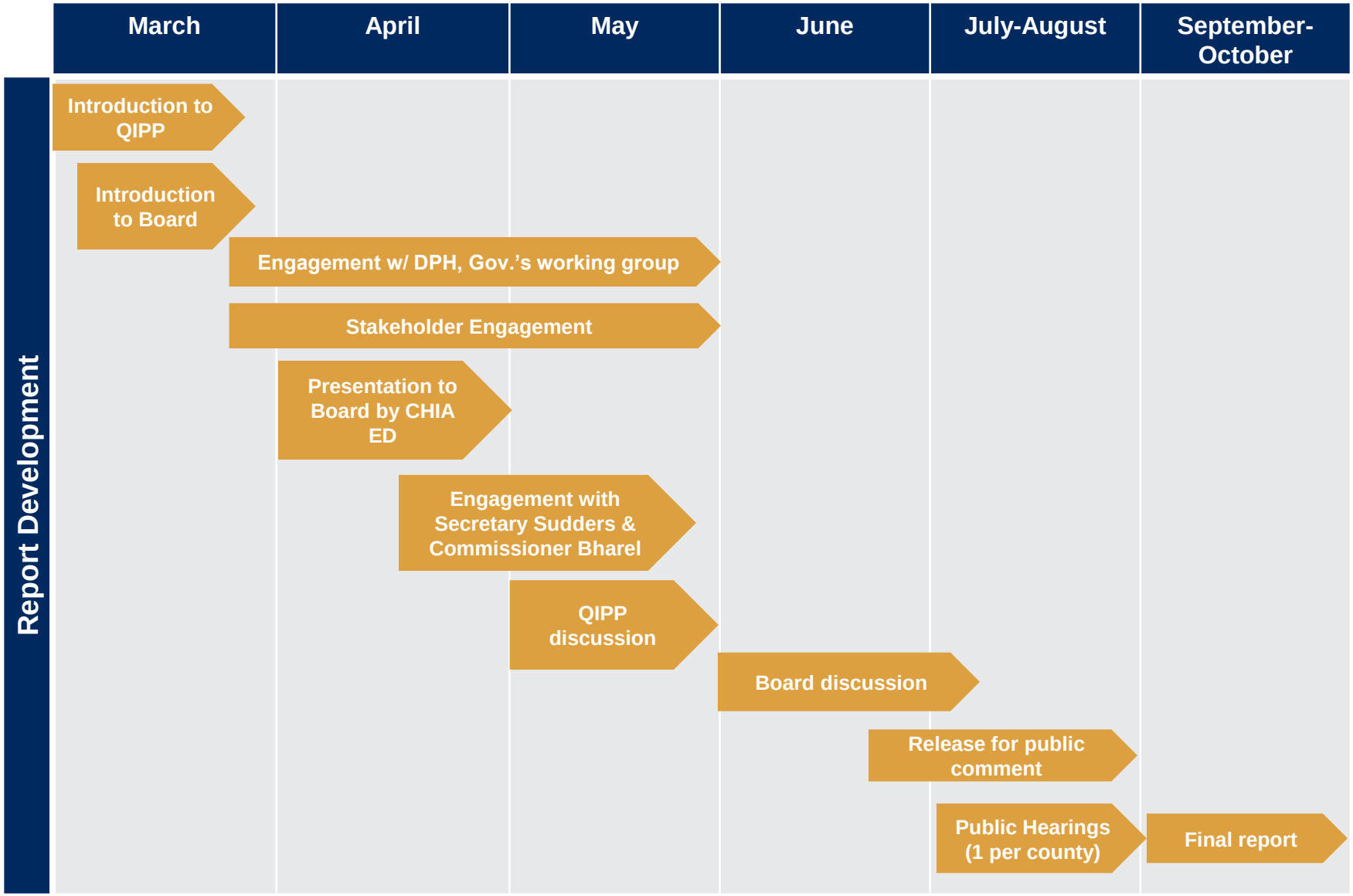
As mandated by Section 30 of Chapter 258 of the Acts of 2014, HPC will make recommendations to the legislature on:

- Improving the adequacy of coverage by public and private payers where necessary;
- Improving the availability of opioid therapy where inadequate
- The need for further analyses by CHIA

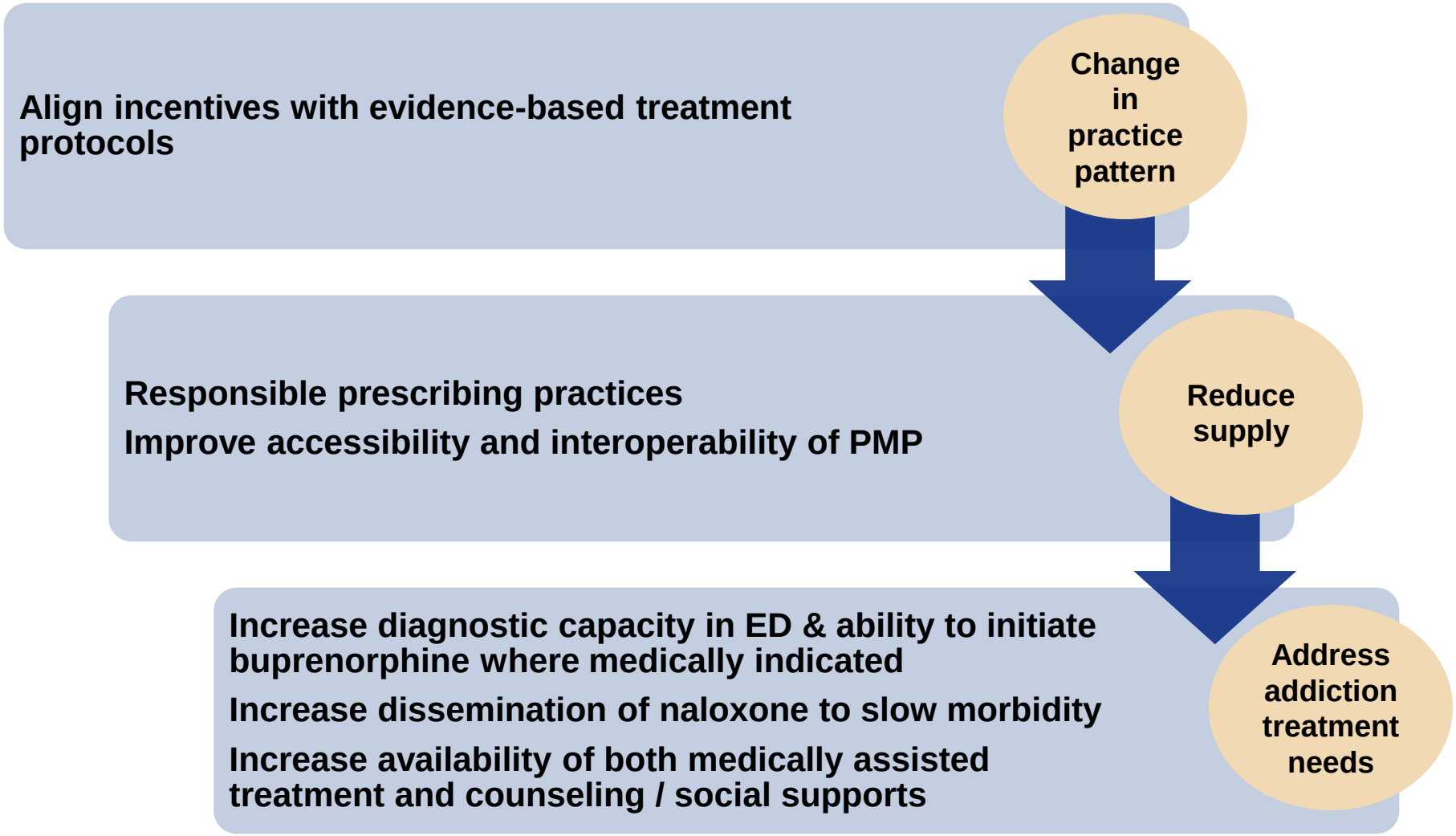
Major activities in the Commonwealth relating to HPC's 2015 SUD agenda



Substance Use Disorder Report Timeline



Basic Story Line



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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

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 discussion questions

Key questions

- *How to Invest.* Should the HPC prioritize spending on piloting new ideas, evaluating existing initiatives for effectiveness, or broadening the impact of successful models by bringing them to scale?
- *Where to Invest.* Please share your perspective on high-need areas for payment or delivery reform. What three challenges are unmovable in your organization?
- *With Whom to Invest.* What opportunities for partnership exist with change-makers in health care, public health, and other sectors?

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HPC's Accountable Care Strategy

Basis for certification programs

Ch.224 charges the HPC with establishing **voluntary certification programs** for patient centered medical homes (PCMHs) and accountable care organizations (ACOs), emphasizing cost containment, quality improvement, and patient protection

ACO priority domains

- Governance
- Payment methodologies
- Health IT
- Consumer protection
- Behavioral health integration
- Price transparency
- Shared decision-making

PCMH priority domains

- Behavioral health integration
- Population health
- Patient experience
- Resource stewardship

Transformation will require enabling policy initiatives, robust technical assistance, and investment

- Multi-payer model payment systems
- Data standardization & improved analytic capacity
- Focused investment to support provider capacity development and clinical workflow redesign

Provider feedback on barriers to certification or system transformation

Key areas of feedback

1. APMs should support transformation across provider types and different stages of development
2. Standardized and accessible payer data is needed for population health management & resource stewardship tracking
3. Challenges related to health information sharing barriers / privacy must be mitigated
4. Access gaps (e.g., to behavioral health providers) must be addressed
5. Payer product designs that promote delivery of high-value care are needed
6. Provider workforce capabilities need to be built and supported

Enabling Policies and Supports to Facilitate System Transformation

Priorities	Enabling policies	Enabling strategies
1 **APMs that support transformation across provider types and stages of development**	• Develop model APMs that support PCMH • Support introduction of all-payer global budget arrangements for more advanced providers; phased risk-sharing for less advanced providers	• Contracting/risk management support (helping providers who are new to risk contracts, e.g., “model contract”) • Provide TA to support clinical work flow redesign • Invest in care management, risk management, reconfiguration, etc.
2 **Standardized and accessible payer data for population health management & resource stewardship tracking**	• Payers should provide routine, timely, and standardized performance reports and raw claims data • Push development of statewide capability for real-time patient notification (ADT feeds/notices) • Support quality measure alignment and increase utilization of outcome-based measures • Promote alignment of risk adjustment methods across payers (with a focus on bringing in risk adjusters for socioeconomic status)	• Provide investment and technical support to develop provider analytic capabilities to use internal, payer, and public information for performance improvement

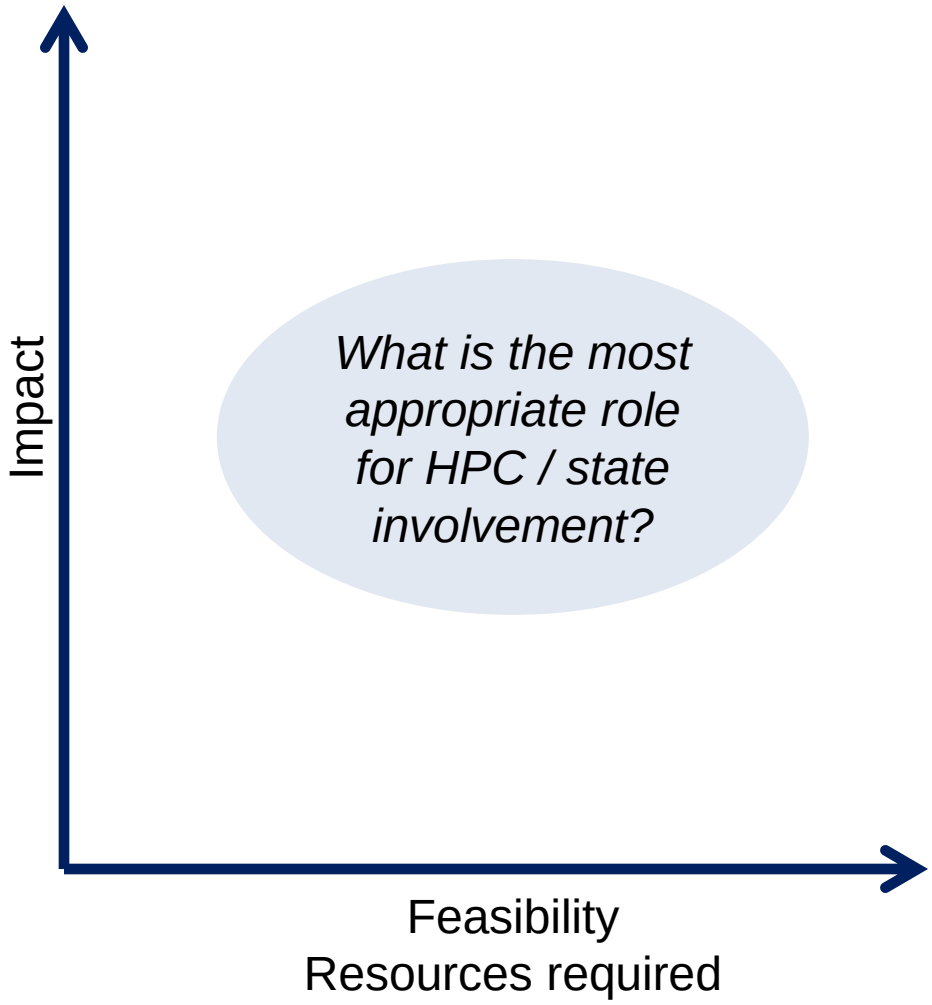
Enabling Policies and Supports to Facilitate System Transformation

Priorities	Enabling policies	Enabling strategies
3 **Mitigate challenges related to health information sharing barriers / privacy**	• Promote standardized consent processes to reduce barriers to information sharing; facilitate data sharing of areas requiring distinct consent • Examine opportunity to shift to opt-out consent on Mass HIway	• Technical support to help providers identify and implement best practices for patient consent (e.g., standard consent workflows) and data sharing (e.g., 'model' data sharing agreements)
4 **Address provider access gaps**	• Promote payment for telehealth services to enhance access to limited clinical resources such as BH specialists • Enhance workforce capability (e.g,. scope of practice regulations) • Link providers with non-medical but necessary support services	• Develop tool to capture availability of community resources (community resource and outpatient provider directory) with correlating performance information; searchable & up to date • Provide access to workforce training opportunities (e.g., in BHI) • Regional high-intensity care models for superutilizers (e.g., Alameda / Spectrum models of ambulatory ICUs)

Enabling Policies and Supports to Facilitate System Transformation

Issues:	Enabling policies	Enabling strategies
5 **Enhance payer product design to promote delivery of high-value care**	• Align health insurance product designs with goals of care delivery models (value-based product design, direct provider contracting) • Examine network adequacy standards to maximize efficacy of value based products	• Facilitate enhanced consumer decision making around use of high value providers (e.g., higher price does not equal better care) • Conduct patient engagement campaign (e.g., healthy lifestyles, education on clinical options, more care does not equal better care) • Facilitate employer engagement – in steering employees to high-value products through health insurance exchanges or multiple plan offerings with defined contributions, and incentives for wellness programs and use of high-value providers
6 **Build and support provider workforce capabilities**	• Promote payment and regulatory policies that encourage practice at the top of license, including team based care models and evolving clinical work flow design to support such approaches to care • Reimbursement for care management, risk management, data analytics	• Technical supports that include targeted workforce trainings • Adjusting capitated budgets to include all practice functions related to managing patient care

How should HPC prioritize enabling strategies?



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Contact Information

For more information about the Health Policy Commission:

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