

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

Meeting of January 6, 2016

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT
COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02109**

Docket: Wednesday, January 6, 2016 9:30 AM-10:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Community Health Care Investment and Consumer Involvement (CHICI) Committee held a meeting on Wednesday, January 6, 2016 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Mr. Rick Lord (Interim Chair); Mr. Ron Mastrogiovanni; and Ms. Lauren Peters, designee for Ms. Kristen Lepore, Secretary of Administration and Finance. Dr. Carole Allen was also present.

Ms. Veronica Turner was absent from the meeting.

Mr. Lord called the meeting to order at 9:32 AM.

Item 1: Approval of Minutes

Mr. Lord asked for any changes to the meeting minutes from December 2, 2015. Seeing none, **Mr. Mastrogiovanni** made a motion to approve the minutes. **Ms. Peters** seconded the motion. The motion passed with three votes in the affirmative.

Item 2: Update on CHART Phase 2 Operations

Mr. Iyah Romm, Policy Director for Care Delivery Innovation and Investment, reviewed the agenda for the day's meeting. He introduced Ms. Margaret Senese, Senior Manager of Strategic Investment. Ms. Senese said that all but one of the CHART Phase 2 projects have launched.

Ms. Senese stated that two multisite projects launched on January 1, 2016. She reviewed the details of these projects, noting that 80% of each award is appropriated for staff salary, fringe benefits, and contracted professional services that provide clinical support.

Dr. Allen asked how the HPC will ensure that CHART projects are sustainable once the funding period ends. Ms. Senese responded that sustainability is a main challenge of the CHART program. Mr. Romm added that long-term sustainability can be achieved through payment reform.

Dr. Allen asked how long the HPC will follow patients that are participating in CHART-sponsored programs. Ms. Senese responded that patients will be monitored for two years, the period of the grant.

Mr. Lord stated his appreciation for the multisite projects. He added that the models created through the CHART program could be employed by other community hospitals to address drivers of health care costs.

Item 3: Presentation on the HPC's Robert Wood Johnson Grant

Mr. Romm provided background on the HPC's grant from the Robert Wood Johnson Foundation, which will allow the agency to examine what is driving consumers' decisions on where they are accessing healthcare.

Dr. David Auerbach, Deputy Director of Research and Cost Trends, said the HPC received \$300,000 for the 12 month grant. He said the HPC has partnered with Dr. Amy Lischko from Tufts University School of Medicine to understand how consumers decide whether to obtain their care at a community hospital or Boston academic medical center.

Dr. Auerbach stated that Dr. Lischko conducted focus groups on why consumers made certain choices about their site of care. These groups found that patients with commercial insurance and higher incomes are more likely to go to Boston hospitals for treatment. Dr. Auerbach reviewed additional findings from the focus groups.

Dr. Auerbach summarized the major components of the study. He highlighted that the HPC will conduct a survey of over 1,000 Massachusetts residents in spring 2016. He reviewed the survey questions for commissioners.

Dr. Allen asked whether survey respondents will have the opportunity to describe why they made a specific choice. Dr. Auerbach responded that this would not be collected in the survey. He noted that the HPC will glean this information through focus groups.

Dr. Allen hazarded the HPC against making assumptions on why consumers made the selections they did on the survey. Dr. Auerbach responded that he will ascertain whether the HPC can add an open ended response to the survey. Ms. Peters agreed that more information about why consumers made a specific decision should be collected in the survey.

Mr. Mastrogiovanni asked whether the HPC could collect data on what hospital a consumer would use if cost or quality were non-factors. Mr. Auerbach said that the survey design will allow the HPC to isolate any one factor.

Dr. Allen asked whether consumer choice is influenced by hospitals' location in Boston or their reputation as academic medical centers. Dr. Auerbach responded that the study will help to answer this question. He hypothesized that their choice is influenced by the reputation of the doctors at such institutions.

Mr. Romm said that the HPC has observed patients perceiving a quality difference that is not supported by data, but instead likely driven by the hospital's reputation and brand. He said that the Commonwealth must find ways to demonstrate to consumers that they can obtain the same quality of care in a local setting and at a lower cost.

Mr. Mastrogiovanni stated that the HPC's challenge will be to disseminate the survey's results, as well as data on hospital quality and cost, to residents of the Commonwealth so they can make more informed choices.

Mr. Lord asked Dr. Auerbach to share the survey tool with the committee after it is finalized. Dr. Auerbach noted that he would be happy to do so. He asked commissioners whether they would serve as testers for the tool prior to its launch.

Dr. Auerbach summarized the timeline of the study.

Item 4: Discussion of Program Design for the Health Care Innovation Investment Program (VOTE)

Mr. Romm introduced the HCII grant program and stated that the committee would be asked to endorse the proposed program design for discussion by the Board on January 20, 2016.

Mr. Griffin Jones, Program Manager for Care Delivery Innovation and Investment, stated that HCII grant proposals should (1) focus on engaging in meaningful collaboration to meet patients' needs, (2) bring promising delivery and payment innovations to scale to advance accountable care, and (3) demonstrate an impact on cost savings.

Mr. Jones reviewed the innovation lifecycle. He said that HCII will focus on areas where new methods are being developed, implemented, or evaluated. Mr. Jones anticipated that these areas will demonstrate the most cost savings and achieve rapid results in the program timeframe.

Mr. Romm noted that, with only \$5 million, HCII needs to focus on market ready areas that will have an impact on cost and can be implemented in other healthcare entities where similar innovation is needed.

Mr. Romm stated that, based on commissioner feedback, a broad array of providers and payers will be eligible for funding through HCII. Mr. Jones reiterated that the goal of the program is for the market to propose the implementation and dissemination of existing solutions.

Mr. Jones stated that eligible entities are encouraged to submit collaborative proposals. He noted that the emphasis on partnerships reflects the fact that greater innovation comes through cross-functional cooperation.

Mr. Jones summarized award caps and project duration. He reviewed the eight HCII challenges areas, under which each entity must apply, and selection criteria.

Mr. Jones summarized the proposed Request for Proposals process. He noted that funding will be highly competitive. Mr. Romm stated that the HPC intends to create an easy application process to reduce administrative burden on those applying for funding.

Mr. Lord noted that the HPC's experience with the CHART Investment Program will provide solid background as the agency begins the procurement process for HCII.

Mr. Jones added that HCII and the HPC's upcoming telemedicine initiative will align approaches in measurement, partnership, and technical assistance.

Mr. Lord motioned to endorse the issuance of an RFP for HCII. **Ms. Peters** seconded. The motion passed unanimously.

Item 5: Discussion of Program Design for the HPC's Telemedicine Pilot

Mr. Romm stated that the HPC received a \$500,000 appropriation in the FY2016 state budget to implement a regional telemedicine pilot program. He stated that the HPC is proposing to expand the pilot program to \$1,000,000 (with \$500,000 from the Distressed Hospital Trust Fund) to allow for two regional initiatives in telemedicine. Mr. Romm stated that, while the first \$500,000 will have open eligibility, the second award will only be open to CHART-eligible hospitals.

Ms. Cecilia Gerard, Deputy Director of Care Delivery Innovation and Investment, outlined the aims of the telemedicine pilot. She noted that these program aims, obtained through stakeholder feedback, will evolve into the evaluation criteria for the program.

Ms. Gerard reviewed various state and national models to demonstrate the value of telemedicine.

Ms. Gerard stated that this program can be an opportunity to support access expansion for behavioral health. She said the RFP will focus on behavioral health as a priority area, but allow the applicants to focus on the needs of their community.

Ms. Gerard said the three target populations with behavioral health conditions are pediatric patients, patients aging in place, and patients with substance use disorder. She summarized various use cases for telemedicine for each of these populations.

Mr. Lord asked about reverse integration. Mr. Romm responded that this is the notion of bringing physical care into a behavioral health facility.

Ms. Gerard reviewed the project timeline and RFP for the telemedicine initiative.

Mr. Lord asked whether the HPC had the existing staff capacity to implement and monitor the numerous upcoming grant programs. Mr. Romm responded that HCII and telemedicine will not be as intensive as the CHART Investment Program.

Mr. Lord motioned to endorse the issuance of a RFP for the telemedicine pilot. **Mr. Mastrogiovanni** seconded. The motion passed unanimously.

Item 6: Schedule of Next Meeting

Mr. Lord said that the next meeting is scheduled for Wednesday, February 24, 2016 at 9:30 AM. He adjourned the meeting at 10:40 AM.