JOINT MEETING MINUTES:
COST TRENDS AND MARKET PERFORMANCE COMMITTEE & COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEES

Meeting of May 31, 2017

MASSACHUSETTS HEALTH POLICY COMMISSION

COST TRENDS AND MARKET PERFORMANCE & COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEES OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02109

Docket: Wednesday, May 31, 2017 10:00 AM-12:00 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's Cost Trends and Market Performance (CTMP) and Community Health Care Investment and Consumer Involvement (CHICI) Committees held a joint meeting on Wednesday, May 31, 2017 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Dr. David Cutler (Chair), Mr. Ron Mastrogiovanni, Dr. Donald Berwick, Mr. Tim Foley, Undersecretary Alice Moore, designee for Secretary Marylou Sudders of Health and Human Services, and Ms. Lauren Peters, designee for Secretary Kristen Lepore of Administration and Finance.

Dr. Wendy Everett participated over the phone.

The agenda for the day's meeting can be found here.
The presentation for the day's meeting can be found here.

ITEM 1: APPROVAL OF MINUTES FROM THE MARCH 29, 2017, FEBRUARY 24, 2017 AND MARCH 22, 2017 MEETINGS

Dr. Cutler asked for a motion to approve the minutes from a meeting of the CTMP Committee held on March 29, 2017. **Mr. Mastrogiovanni** motioned to approve the minutes. **Ms. Peters** seconded. Committee members voted unanimously to approve the minutes, as presented.

Dr. Cutler asked for a motion to approve the minutes from a joint meeting of the CTMP and CHICI Committees held on February 24, 2017. **Ms. Peters** motioned to approve the minutes. **Mr. Mastrogiovanni** seconded. Committee members voted unanimously to approve the minutes, as presented.

Dr. Cutler asked for a motion to approve the minutes from a meeting of the CHICI Committee held on March 22, 2017. **Ms. Peters** motioned to approve the minutes. **Mr. Mastrogiovanni** seconded. Committee members voted unanimously to approve the minutes, as presented.

ITEM 2: CENTER FOR HEALTH INFORMATION AND ANALYSIS PRESENTATION

Mr. Ray Campbell, Executive Director of the Center for Health Information and Analysis (CHIA) provided a presentation to the Joint Committee. For more information, see slides 8-30.

ITEM 3: PROPOSED REGULATION GOVERNING PERFORMANCE IMPROVEMENT PLANS (PIPs)

Dr. Cutler provided a brief introduction and turned the discussion over to Ms. Kara Vidal, Senior Manager, Market Performance.

Ms. Vidal reviewed the underlying concepts and processes for Performance Improvement Plans (PIPs) in 2017. For more information, see slides 32-37.

ITEM 4: STRATEGIC INVESTMENT PROGRAMS, LEARNING AND DISSEMINATION STRATEGY

Mr. David Seltz, Executive Director, introduced Ms. Lauren Melby, Project Manager, Strategic Investment.

Ms. Melby explained the process involved for supporting learning and dissemination and the focus on lessons from the HPC's certification and investment programs. For more information, see slides 39-51.

Dr. Cutler asked which area should be explored first. He explained that time had been spent on acute care services and excessive hospitalizations and asked where the HPC should focus going forward.

Mr. Seltz said that there were a range of different topics. He said that the primary goals for most CHART programs were reducing readmissions and avoidable inpatient admissions, and reducing ED visits and ED boarding. He said that the HPC was targeting high utilizers in the system, many of whom have very complex with co-morbid conditions. Mr. Seltz stated that the programs had been in place for a year-and-a-half and that there were a wide range of topics that aligned with the overall strategic priorities of HPC regarding reducing hospital utilization. He noted that the HPC was considering MassHealth's restructuring and the launch of their accountable care organization (ACO) program in January. He said that the HPC would have a new audience of providers that were not previously with the CHART program but would face the same types of challenges and goals that the CHART program had already begun to tackle. Mr. Seltz said that the HPC would need to know how it could assist other organizations with the necessary tools in order to be successful in that program.

Dr. Berwick said that he loved the focus on learning. He said that the CHART program had great potential moving forward to align with priorities that might arise from the Cost Trends

Hearing (CTH). He said that the staff's list of targets for cost reduction presented a promising list for action. Dr. Berwick emphasized peer-to-peer learning and peer-to-peer ambassadorships where individuals working in CHART programs are the best resources for replicating best practices. He suggested commissioning people to take on roles like these. He said that there would be value in designating clinicians, managers, or people identified as having continuous relationships with the HPC around CHART and CHART-like activities as HPC fellows at every hospital in the Commonwealth.

Mr. Seltz said that there were no other questions or comments.

ITEM 5: CHART PHASE 2 EVALUATION PROGRAM UPDATE

Mr. Seltz introduced Ms. Jessica Lang, Senior Manager, Evaluation. Ms. Lang reviewed the progress of the CHART Phase 2 evaluation. For more information, see slides 53-61.

Mr. Mastrogiovanni asked Ms. Lang if utilization was broken down by condition, age and, gender on the report. Ms. Lang said that there could potentially be a subgroup analysis and that the HPC could see if there were useful findings. Ms. Lang added that there were some differences across the brackets, and that CHART target populations were already a subset of the population and therefore it may or may not be feasible to do all the breakdowns.

Mr. Mastrogiovanni described studies on people in their last two years of life which show significantly more ED visits. He said that he would be interested to see how the HPC could view that statistically since it constituted a significant portion of ED visits. Ms. Lang said that some CHART programs work with hospice and palliative care in order to reduce ED visits in the final years of life. She stated that it would be interesting to see whether the HPC could detect an impact.

Dr. Berwick asked why the number of hospitals with fully developed programs to reduce readmissions, referenced on slide 57, was so low.

Ms. Lang said that the low numbers confirmed the need for CHART. She said that if all of the hospitals had fully developed programs to reduce readmissions, this would either be erroneous or mean that CHART was unnecessary.

Mr. Seltz said that the hospitals might have programs for some specific populations potentially under a risk contract rather than on an all-payer, population-wide basis.

Ms. Lang said that all of the hospitals indicated that they could do something to address these issues.

Mr. Mastrogiovanni asked what percentage of patients were willing to participate and whether they fell into a certain category.

Ms. Lang said that she did not know the percentage but believed that the number would be highly variable. She said that there was a selection bias at play since some patients were

less willing to be contacted, which could have affected the HPC's results. She said that the HPC would be working with program managers to make sure patients without permanent addresses, particularly the homeless population, were not missed. Ms. Lang said that the HPC would also interview patients who declined CHART services and were identified as members of the target population.

Mr. Foley asked about how the opinions and thoughts of front-line caregivers and workers implementing these programs were taken into account.

Ms. Lang said that workers' and caregivers' perceptions were a significant part of the interim report. She said that the hospital site visits and team interviews included around 10 staff members or community partner members at each hospital, along with leadership, management, and patient-facing providers. Ms. Lang said that the analysis of those interviews would be highlighted in the interim report to be released this summer.

Dr. Cutler asked if Boston University School of Public Health (BUSPH) would conduct a financial analysis for the institutions. Ms. Lang responded in the negative and said that by the end, BUSPH would have estimated the return on investment (ROI) but not at a hospital by hospital level.

Dr. Cutler asked if there would be a financial analysis for a typical hospital to evaluate program efficacy. Ms. Lang said that the HPC would try to feed hospitals the information that they would need to lead their own analysis.

Mr. Seltz said that CHART Phase 2 funds were set aside for future planning for each of the hospitals to allow hospitals to do financial sustainability modeling. He said that this would feed the HPC's expectations for CHART Phase 3.

Dr. Cutler said that the last thing that the HPC should want is for a great program to fail because funds are gone.

Mr. Seltz agreed. He referenced slide 62 regarding potential ideas for theme reports across the different areas highlighted in CHART Phase 2 that would be part of an evaluation and learning and dissemination strategy. Mr. Seltz referenced slide 63 regarding next steps for evaluation.

ITEM 6: FINAL PORGRAM DESIGN OF CHART PHASE 3

Mr. Seltz moved on to the final portion of the presentation regarding CHART Phase 3. He turned the discussion over to Ms. Kathleen Connolly, Director, Strategic Investment, who provided an overview of the final program design for CHART Phase 3. For more information, see slide 75.

Dr. Berwick said that it was important to align with MassHealth, but that there was a higher-level design challenge. He asked what having the architecture of a community health

system means. He said that community health systems (CHS) might look different in different parts of the state.

Mr. Seltz said that the HPC saw this as the framework of the investment program, and that part of using grant dollars to force hospitals to do uncomfortable things meant engaging in the broader community with different clinical providers and others such as the court system, law enforcement system, and schools in the community which had been transformational in terms of how hospitals saw themselves in the broader community. Mr. Seltz said that in CHART Phase 3, the hope was to continue to push this concept of strengthening community partnerships as a key lever towards pushing hospitals to think about themselves as more than just hospitals. He said that ACOs would consider reductions in hospital utilization as a way to save money. Mr. Seltz stated that the HPC had tested this model in CHART Phase 2. Mr. Seltz agreed that hospitals should think of themselves within their systems but also within ACOs, which would be their biggest challenge in the next 18 months in terms of incorporation into the MassHealth program. Mr. Seltz said that alternative payment methods (APMs) and ACOs represented the sustainability model without having a financial business model to continue programs.

Ms. Connolly opened the floor for questions.

Dr. Cutler asked how to further push for ACOs and APMs because doing so would dramatically increase the case for doing this. He said that the more things were put into an accountable care basis, the greater the returns would be for choosing this method.

Ms. Connolly said that during CHART Phase 3 the hope was to offer continuation of funding but with a higher commitment from hospitals to work with community partners and the ACO with which they are participating in order to develop a long-term business case.

Mr. Seltz stated that they would discuss offline the specifics of the design. He said that more would be covered at the next board meeting on June 14.

ITEM 5: SCHEDULE OF NEXT MEETING (JULY 5, 2017)

Mr. Seltz thanked Committee members.

Dr. Cutler asked if there were any comments from the public. None were heard. Dr. Cutler adjourned the meeting at 11:57 AM.