



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

September 13, 2017



AGENDA

- Call to Order
- Approval of Minutes from the July 26, 2017 Meeting
- Executive Session
- Discussion of Performance Improvement Plans
- Presentation on CHIA's *2017 Annual Report on the Performance of the Massachusetts Health Care System*
- Presentation from a Health Care Innovation Investment Program Awardee – Hebrew SeniorLife
- Executive Director's Report
- Schedule of Next Board Meeting (November 1, 2017)



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VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on July 26, 2017 as presented.



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VOTE: Executive Session

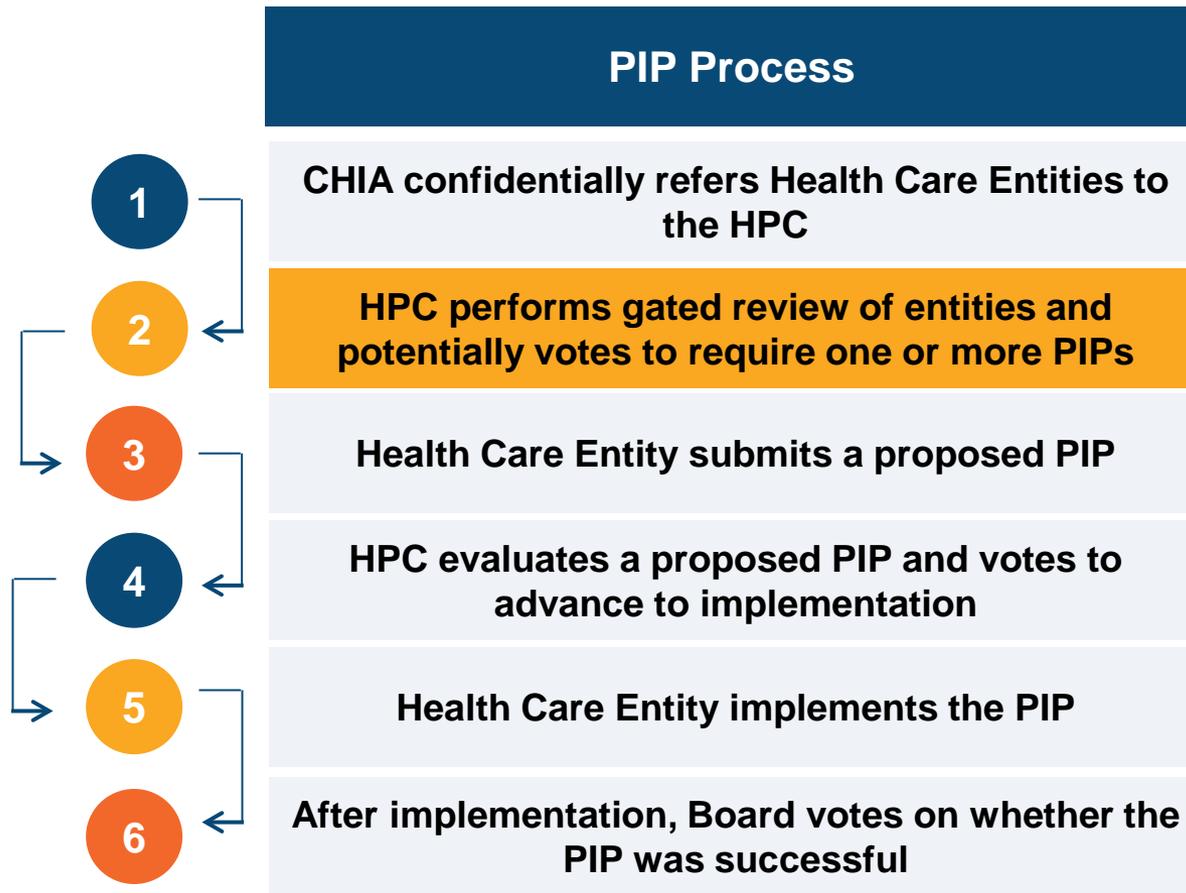
MOTION: That, pursuant to G.L. c. 30A, § 21(a)(7), the Commission hereby approves going into executive session for the purpose of complying with G.L. c.6D, § 10 and its associated regulation, 958 CMR 10.00, and G.L. c.12C, § 18, in discussions about entities confidentially identified to the Commission by the Center for Health Information and Analysis under consideration for performance improvement plans.



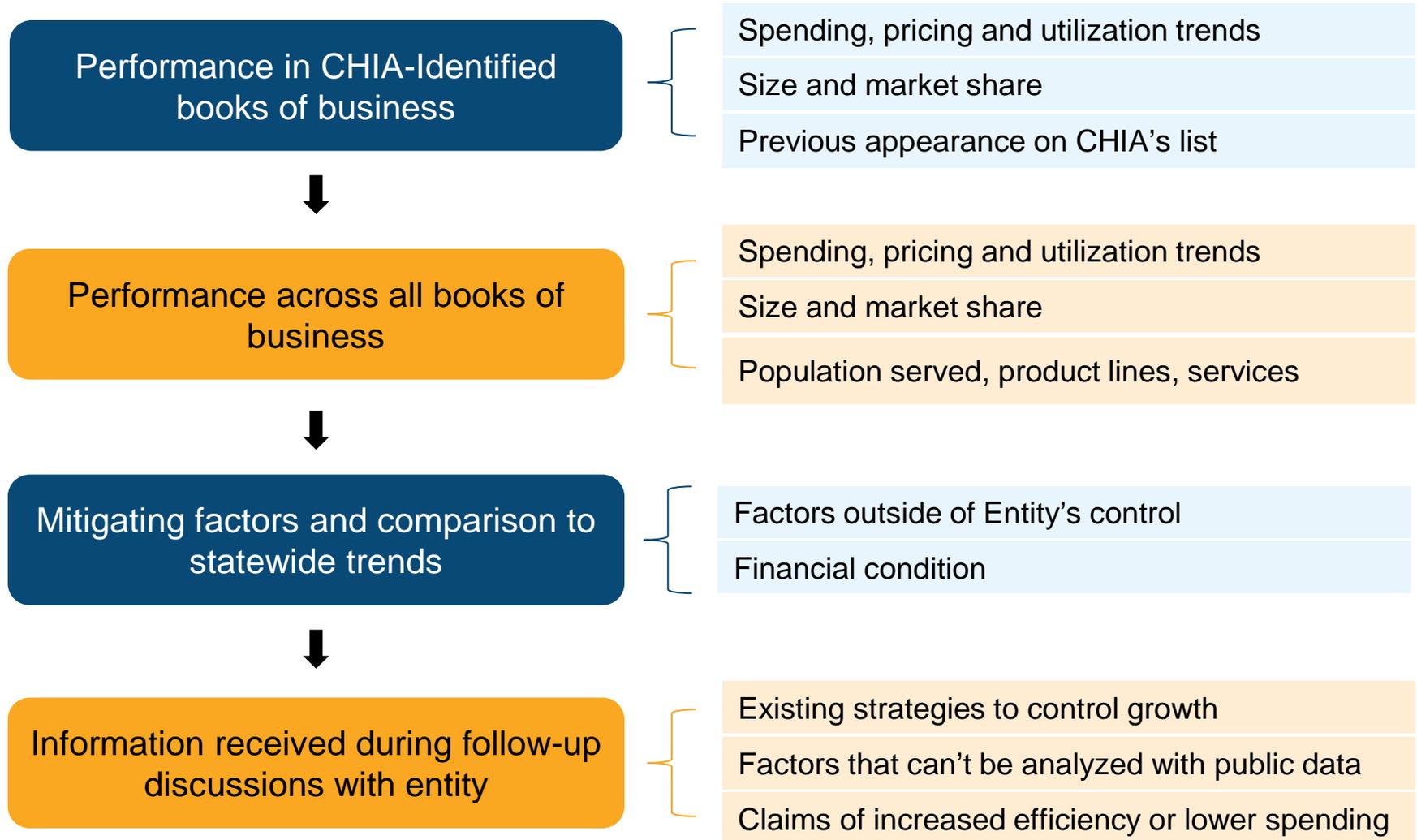
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Performance Improvement Plans: Overview



Gated Review Factors



Key Themes of 2017 Gated Review

Provider Spending

Most of the large providers were identified based on spending for only one payer contract and their overall spending growth (across multiple payers) was generally moderate.

Commercial Books of Business

Concerning trends of cost growth were more likely to appear in commercial books of business than in other insurance categories

Adjusted vs Unadjusted TME

Due to the effect of risk scoring, the direction and magnitude of change in HSA TME was not always correlated with that of unadjusted TME

Changes in Member Months

Several identified providers had large changes in member months in some contracts which may explain large changes in risk scores, TME or HSA TME

Data Issues

In a few cases, both CHIA and HPC identified potential data quality concerns; we anticipate working to resolve in conjunction with CHIA

Follow-up Topics

Causes of Growth

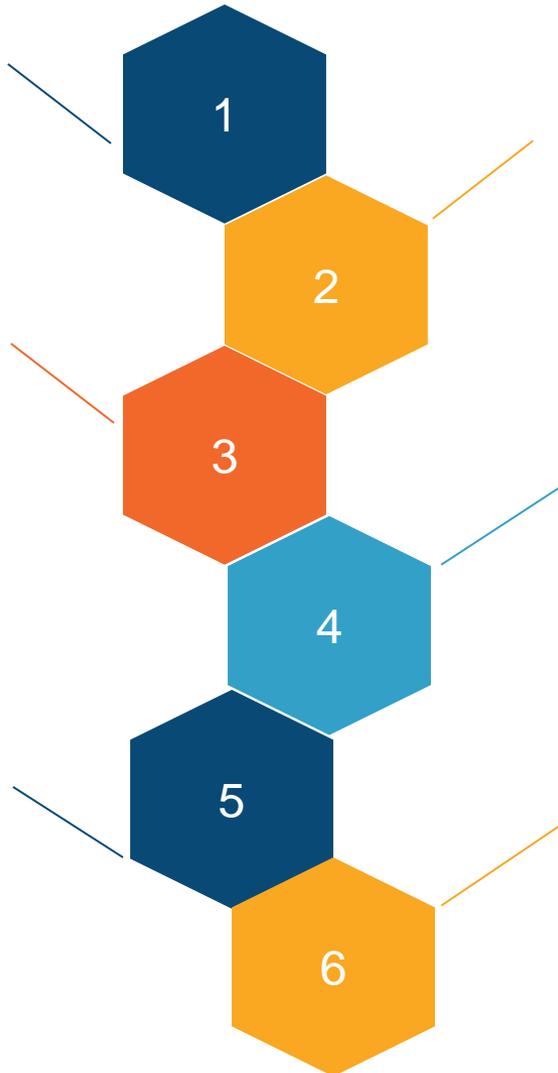
- What factors explain the high spending growth in the named books of business?

Care Delivery Patterns

- What role do site of care patterns (ED, AMC, community hospital, etc.) play in spending growth?
- What strategies is the entity using to encourage use of high-value providers?

Data Issues

- Are very high / low trends reliable or likely to be the result of reporting errors?



Cost Control Activities

- What is the entity doing to control its spending growth?
- What have been the results of those activities?

Risk Adjustment

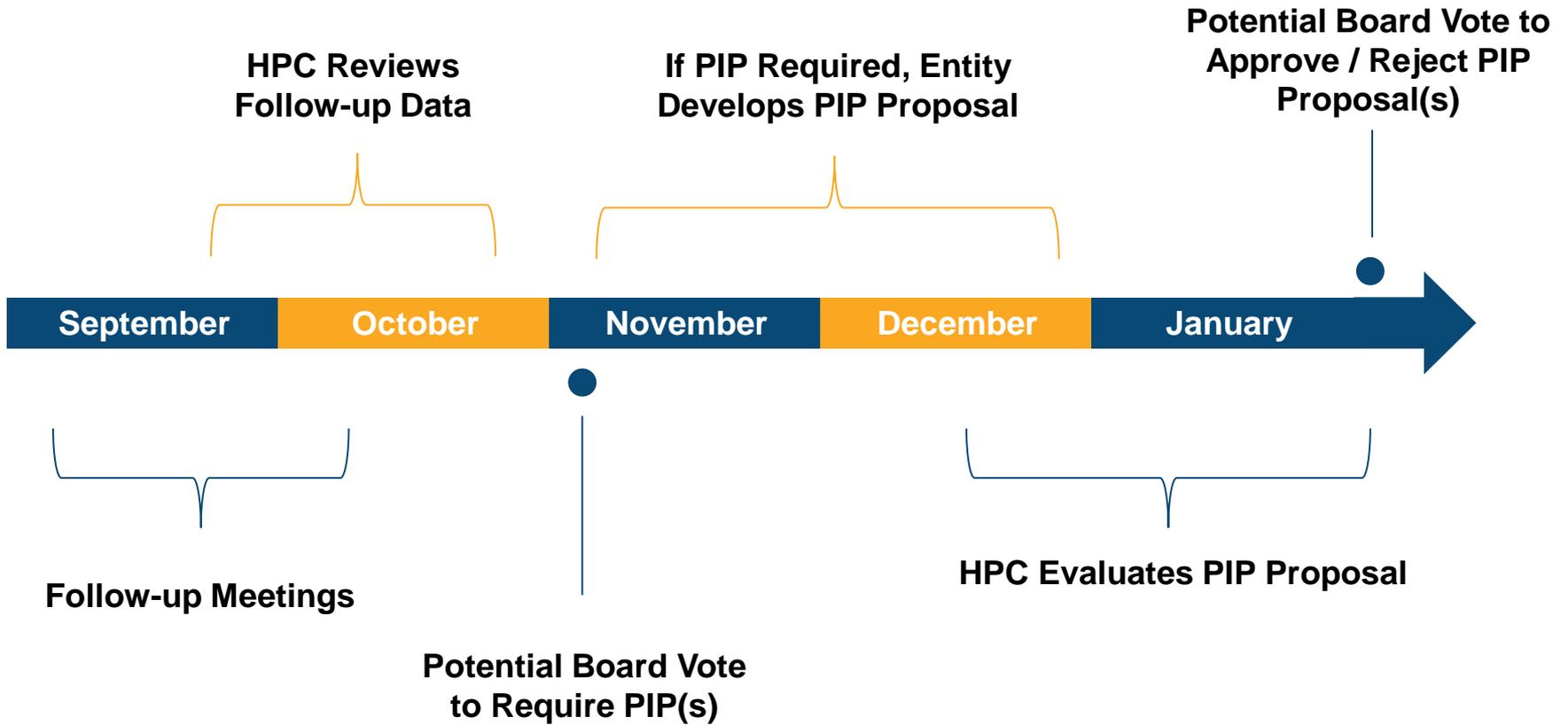
- What factors explain changes in the entity's risk score?
- What role does risk adjustment play in spending growth or control?

Other Topics

- As recommended by Commissioners.

PIPs Timeline

Commissioner Engagement Throughout





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Types of Transactions Noticed

April 2013 to Present

Type of Transaction	Number of Transactions	Frequency
Clinical affiliation	19	23%
Physician group merger, acquisition, or network affiliation	19	23%
Acute hospital merger, acquisition, or network affiliation	17	20%
Formation of a contracting entity	14	17%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	8	10%
Change in ownership or merger of corporately affiliated entities	5	6%
Affiliation between a provider and a carrier	1	1%

Notices Currently Under Review

Proposed acquisition of the non-hospital-based diagnostic laboratory business of **Cape Cod Healthcare** by **Quest Diagnostics Massachusetts**, a subsidiary of a national diagnostic testing provider.

Proposed acquisition of the non-clinical assets of **Reliant Medical Group** by the **OptumCare business of Collaborative Care Holdings**, a subsidiary of UnitedHealth Group.

Proposed merger of **CareGroup, Lahey Health System, and Seacoast Regional Health Systems**, the related acquisition of the **Beth Israel Deaconess Care Organization** by the merged entity, and the contracting affiliation between the merged entity and **Mount Auburn Cambridge Independent Practice Association**.

Received Since 7/26

Proposed acquisition of **Community Health Care d/b/a Health Care Resources Center**, a for-profit provider of opioid dependency treatment services throughout Massachusetts, by **BayMark Health Services**, a national for-profit provider of opioid dependency treatment services.

CMIR In Progress

■ Proposed acquisition of the Foundation of the Massachusetts Eye and Ear Infirmary and its subsidiaries, including the **Massachusetts Eye and Ear Infirmary** and **Massachusetts Eye and Ear Associates**, by **Partners HealthCare System**.



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Save the Date

OCTOBER 2 & 3, 2017

THE HEALTH POLICY COMMISSION'S 5TH ANNUAL **HEALTH CARE COST TRENDS HEARING**

The annual health care cost trends hearing is a public event at which policymakers and researchers convene to address challenges and discuss opportunities for improving care and reducing costs in the Commonwealth's health care sector. The prominent, two-day hearing features live testimony from top health care executives, industry leaders, and government officials. Questions are posed from Massachusetts and national health care experts about the state's performance under the Health Care Cost Growth Benchmark, the drivers of health care costs, and other health care reform efforts.



MASSACHUSETTS
HEALTH POLICY COMMISSION

Reserve your seat: tinyurl.com/HPCCTH17

FEATURING

State Leadership and Elected Officials

Expert Speakers Offering National Perspectives

Reports on Key Findings and Data

Top Industry Stakeholders and Health Care Executives

Opportunity for Public Testimony

OCTOBER 2 & 3 2017 • 9AM

SUFFOLK UNIVERSITY LAW SCHOOL
FIRST FLOOR FUNCTION ROOM
120 TREMONT STREET, BOSTON, MA 02108

Health Care Cost Trends Hearing

VISIT US AT MASS.GOV/HPC. TWEET US @MASS_HPC #CTH17

2017 Cost Trends Hearing Update

October 2

Welcome and Remarks

9:00 AM

Dr. Stuart Altman, Chair, Health Policy Commission
The Honorable Charles Baker, Governor
The Honorable Stanley Rosenberg, President of the Senate

State Perspective

9:45 AM

Mr. Ray Campbell, Executive Director, Center for Health Information and Analysis
Dr. David Auerbach, Director, Research and Cost Trends, Health Policy Commission

National Perspective

10:30 AM

Guest Speaker Presentation

Witness Panel 1: Reducing Unnecessary Hospital Use

11:15 AM

Lunch Break

12:30 PM

Witness Panel 2: Evaluating the Impact of Recent Provider Transactions

1:15 PM

Public Testimony

2:30 PM

2017 Cost Trends Hearing Update

October 3

Welcome and Remarks Dr. Stuart Altman, Chair, Health Policy Commission The Honorable Maura Healey, Attorney General The Honorable Robert DeLeo, Speaker of the House	9:00 AM
Witness Panel 3: Promoting High-Value Care Through Payment Reform and Purchaser Innovations	10:00 AM
Witness Panel 4: Achieving the Health Care Cost Growth Benchmark in 2018 and Beyond	11:15 AM
Closing Discussion Board of Commissioners, Health Policy Commission	12:30 PM
Public Testimony	1:15 PM
Adjournment	



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Practices Participating in PCMH PRIME

**42 practices
are PCMH PRIME Certified**

Recently Certified practices include:
Upham's Corner Health Center
Charles River Community Health of Brighton
Charles River Community Health of Waltham

**65 practices
are on the Pathway to PCMH PRIME**

1 practice
is working toward NCQA PCMH Recognition and
PCMH PRIME Certification concurrently

**108
Total
Practices
Participating**



PCMH PRIME Certified Practices

Acton Medical Associates	CHA Primary Care Revere	Geiger Gibson Community Health Center
Boston Health Care for the Homeless Program - BMC Clinic	CHA Primary Care Somerville Hospital	Harbor Community Health Center - Hyannis
Boston Health Care for the Homeless Program - Pine Street Inn Clinic	CHA Primary Care Windsor Street	Harbor Community Health Center - Plymouth
Boston Health Care for the Homeless Program - St. Francis House Clinic	CHA Union Square Family Health	Lowell Community Health Center
Boston Medical Center- General Internal Medicine	Charles River Community Health - Brighton	Lynn Community Health Center
Bowdoin Street Health Center	Charles River Community Health - Waltham	Manet Community Health Center at North Quincy
Brockton Neighborhood Health Center	Codman Square Health Center	Neponset Health Center
CHA Broadway Care Center	Community Health Center of Cape Cod - Bourne	SSTAR Family HealthCare Center
CHA Cambridge Family Health	Community Health Center of Cape Cod - Falmouth	Tufts Medical Center Primary Care - Boston
CHA Cambridge Family Health North	Community Health Center of Cape Cod - Mashpee	Upham's Corner Health Center
CHA Cambridge Pediatrics	East Boston Neighborhood Health Center	Whittier Street Health Center
CHA Malden Family Medicine	Family Doctors	Yogman Pediatric Associates
CHA Primary Care Cambridge Hospital	Family Health Center of Worcester	
CHA Primary Care East Cambridge	Fenway Health	
CHA Primary Care Everett	Fenway South End	

ACO Certification and the MassHealth ACO Program



- ACOs seeking to participate in the MassHealth ACO program are **required by MassHealth to obtain HPC certification** by January 1, 2018
- Newly formed ACOs seeking to participate in the MassHealth ACO program will be eligible for **“Provisional Certification”** if they meet certain criteria and demonstrate substantive plans to meet others before ACO program launch
- HPC has collaborated extensively with MassHealth to align components of the certification and bid processes in order to **reduce administrative burden**



Alignment without unnecessary duplication

HPC ACO Certification Linkages to Other State Initiatives

Health Connector Approach

Under the 2018 Seal of Approval process, the Health Connector is allowing plans to deviate from standardized designs by reducing enrollee costs for select high-value providers.



HPC-Certified ACOs as High-value Providers

While plans may define high-value providers, they are “strongly encouraged” to include: community hospitals; providers/facilities certified as Accountable Care Organizations by the Health Policy Commission; and other providers meeting independent, external metrics identified by the plan

Revised DoN Regulation (105 CMR 100.000)

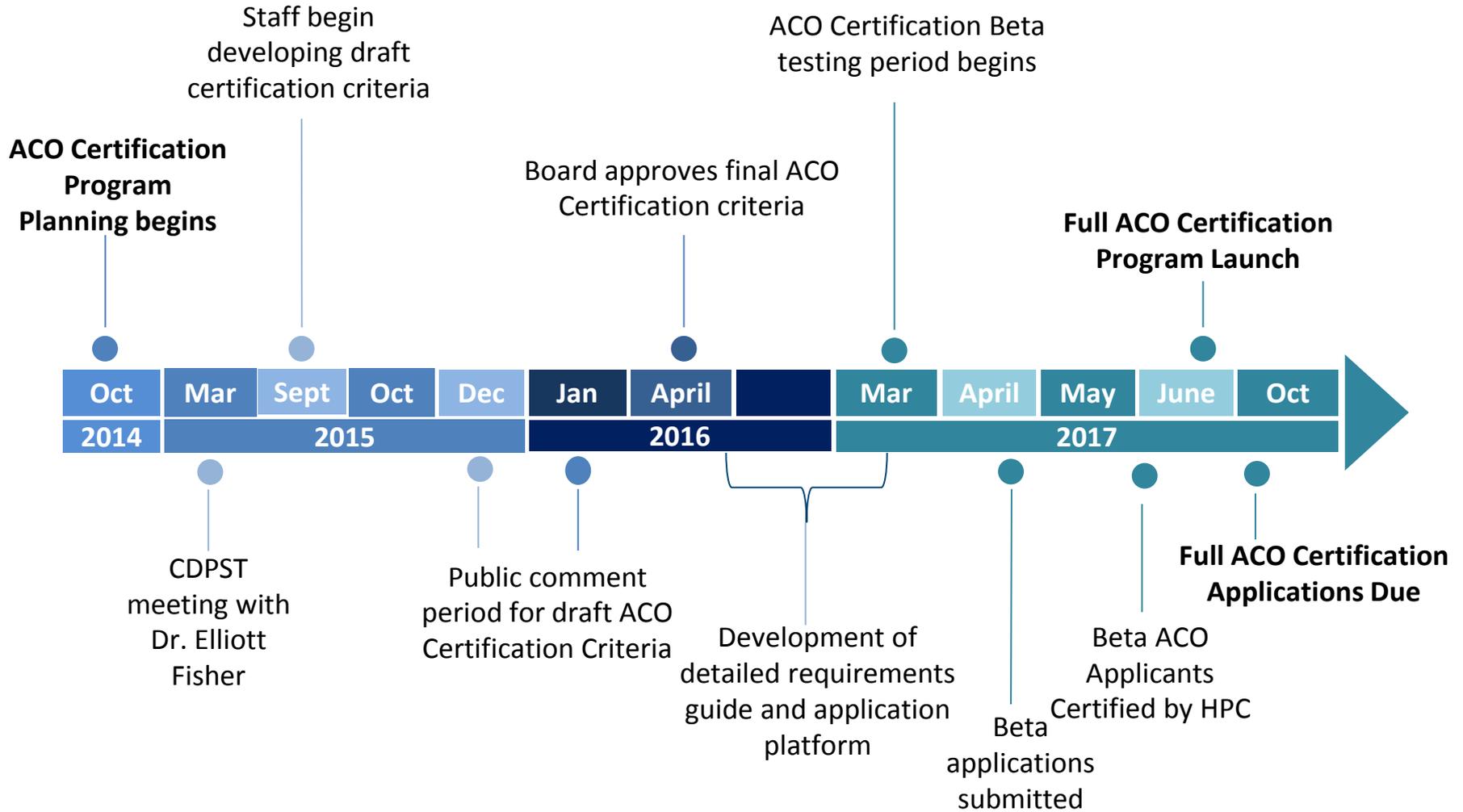
No person shall be issued a DoN for new construction of ambulatory surgery capacity/affiliation without first becoming or entering into a joint venture with an HPC-certified ACO.

Current Guidance from HPC and DPH

An ACO that is “in process” of obtaining HPC ACO Certification may submit a DoN application or form a joint venture with a DoN applicant. “In process” is defined as having submitted an application to the HPC. However, no Notice of DoN shall be issued prior to HPC ACO Certification.



ACO Certification Program: Key Milestones to Date



Full Launch Activities



Finalized Application Requirements and Platform User Guide (PUG) issued June 2

1:1 calls with ACOs



to address PUG questions

Application system go-live June 9



2 in-person trainings in June, and 1 webinar in July for application system users

Ongoing support to ACOs through weekly office hours, dedicated email, “FAQs and FYIs,” and individual calls



After Successful Beta Launch, Now Accepting Applications from All ACOs



Beta Launch Certified ACOs

Community Care Cooperative (C3)
Boston Accountable Care Organization (BACO)

Full Launch: June 9 – October 1, 2017

14 notices of Intent to Apply submitted and approved

Timeline and Next Steps

June 9, 2017 – Application system open for all Applicants

October 1, 2017 – Application submission deadline for MassHealth ACOs

Rolling to January 1, 2018 – HPC issues certification decisions

HPC expects to issue decisions within 60 days of application receipt

Certifications are valid until December 31, 2019

2018 – Analyze and report on information received, implement technical assistance program, re-open application system as needed, etc.



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CHART Phase 2: Progress as of August 2017

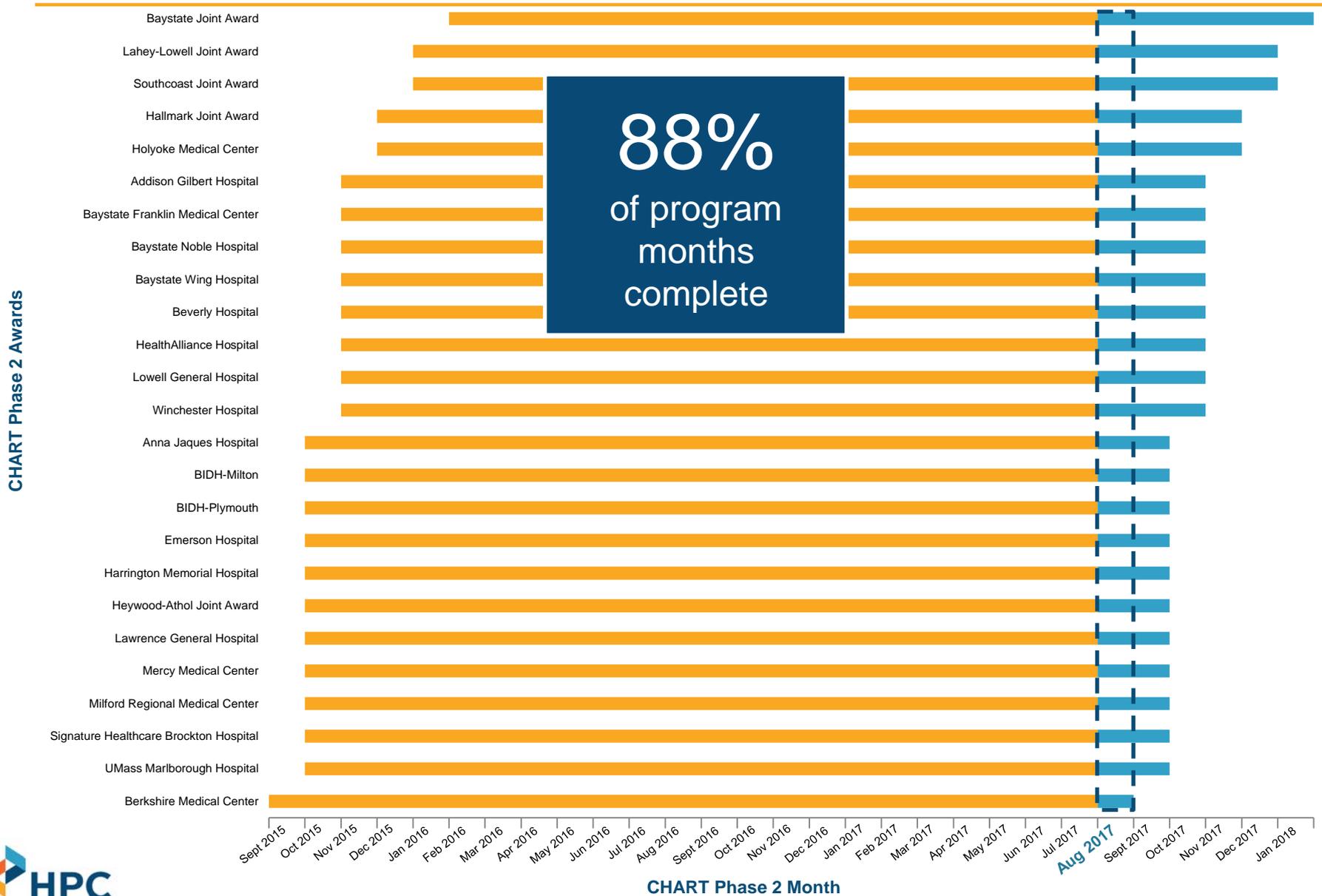


CHART Phase 2: Activities since program launch¹

14
regional meetings

with

700+
hospital and
community provider
attendees

260+
technical assistance
working meetings

790+
hours of coaching phone
calls

20
CHART newsletters

March 2016

Welcome

Featured Topic

CHART Patient Story

Measure Update

CHART Evaluation Data Requirement

NE QIN-QIO

Share Your Work

COMMUNITY HOSPITAL ACCELERATION, REVITALIZATION AND TRANSFORMATION PROGRAM

CHART Regional Meetings

CHART's upcoming regional meetings are scheduled for **Monday, April 20** and instructions for registration are forthcoming. Please note that space is limited to 5 attendees per hospital. We look forward to seeing many of you there!

Northeast/Southeast Regions
Monday, April 20
10:00am-12:00pm
Massachusetts Hospital Association
First Floor Conference Room
100 District Avenue
Springfield, MA 01103

The final day of our regional meetings, please allow a few extra minutes travel time.

Central/Western Regions
Friday, April 23
10:00am-12:00pm
Baystate Medical Center
Chestnut Conference Room
Chestnut Street
Waltham, MA 01978

Continue to check the [CHART Hospital Resource Page](#) for updates.

Welcome!

It's an exciting time for CHART and the HPC - we are excited to announce that as of March, Phase 2 projects have been launched for up to six months. Your Program Officers, and the HPC CHART team as a whole, are eager to gain insight from your early lessons learned, challenges, and the means by which you have overcome those challenges.

Earlier this month, the HPC released requests for proposals (RFPs) for three new grant programs, making a total of \$5.1 million available to drive innovation in health care delivery, and payment in Massachusetts. These programs include the Health Care Innovation Investment (HCCI) Program, the Healthcare Path Innovator, and the Hospital Advancing Sustainable (HAS) Investment opportunity. Each program has dedicated funding for CHART eligible hospital participation. We hope that you will consider applying for one or more of these programs. More information can be found on our Innovation Investments page, located [here](#). Because this is a new procurement and HPC staff cannot answer questions directly, please direct any inquiries about these opportunities to hpc.innovation@state.ma.us.

Finally, the HPC released its study, [Community Hospitals at a Crossroads](#), examining challenges and future opportunities for Massachusetts community hospitals on March 11, 2016. The study details the challenges facing community hospitals, identifies a future vision for community-based care, and outlines necessary steps toward transforming the care delivery and payment system to achieve that vision. We hope that this report provides useful information for stakeholders across the Commonwealth, and catalyzes productive dialogue about the future of community health systems.

Please email us at info@chart@state.ma.us or contact your Program Officer if you would like to suggest or contribute content for the CHART newsletter or Hospital Resource Center.

Regards,
The HPC CHART Team

Featured Topic: Notes from Community Partnerships

Baystate Franklin Medical Center - Methods to Avoid Service Fatigue

Baystate Franklin Medical Center (collaborating with Franklin County Home Care Consortium (FCCC) and Clinical Support Options (CSO)) to deploy three Community Health Workers (CHW) and a Peer Specialist as part of a complex care team to establish relationships and provide patient registration and appointment support in the community. Six (6) staff from CHART team identified that many CHART eligible patients are "well-known not only to the hospital but also, in the community. Many of these patients have received various

3,523 unique visits
to the CHART hospital
resource page

CHART Hospital Resource Center

Updates from the HPC

CHART Phase 2 Reports

CHART Phase 2 reports with due dates that fall during a weekend or state holiday may be submitted before the due date or on the next business day after the weekend/state holiday.

Upcoming CHART Regional Meetings

HPC CHART will host several regional meetings in 2016. Registration is required; instructions on registration are forthcoming. Please note that space is limited to 5 attendees per hospital. [Regional assignments can be found here.](#)

April CHART Regional Meetings

Northeast/Southeast Regions
Monday, April 25
10:00am-12:00pm
Massachusetts Hospital Association



CHART Phase 2 Program Guide

- [CHART Phase 2 Award Guide](#)
- [Lessons Learned and Reflections](#)
- [Request for Modification - Budget](#)
- [Request for Modification - Key Performance Indicators](#)

CHART Phase 2 Measurement

To obtain a copy of your CHART Program unique measure reporting template, please contact your Program Officer.

- [Baseline Data Submission Template](#)
- [Program-specific Measure Specifications](#)

500+
data reports received

CHART Phase 2: The HPC has disbursed \$36.4M to date

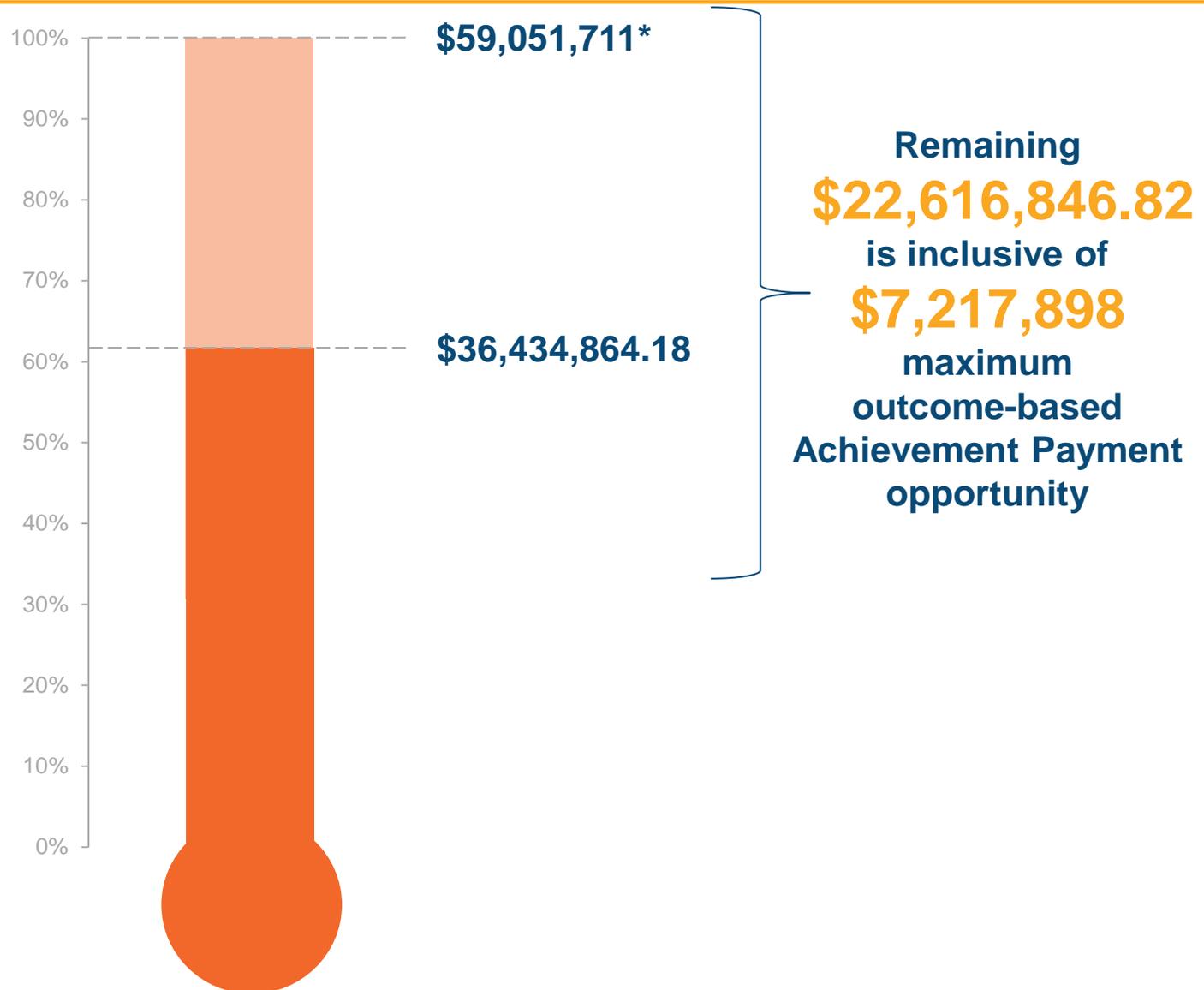


CHART Phase 2 Updates

No Cost Extension

- Offered to CHART Phase 2 Awardees that anticipate not spending all of the Phase 2 budgeted funds to continue implementation of Phase 2 Initiatives for up to six months after the 24 month Measurement Period (no increase to the Award Cap)
- Many CHART Awardees have indicated interest in No Cost Extension

Achievement Payment

- CHART Phase 2 performance is based upon performance in Outcomes and Transformation Indicators
 - Outcomes: Awardees' progress toward achieving the goal specified in the Primary Aim Statement, such as reduced readmissions
 - Transformation Indicators: Awardees' demonstrated success in capacity-building and meaningful care transformation changes that support the delivery of efficient and effective care

CHART Phase 2 Updates

BUSPH Evaluation

- Patient Perspective study underway at multiple CHART hospitals
- Baseline report issued last month
 - describes findings of the analysis of the multi-year period prior to the launch of CHART Phase 2 in order to generate a baseline for comparison for the evaluation
- Interim report due this fall
 - reports on the design of CHART initiatives and the successes and challenges of the first year based on analysis of the site visit interviews.

Publications

- Journal article to be published this month in *The Journal of Delivery Science and Innovation Healthcare*: “Complex care models to achieve accountable care readiness: Lessons from two community hospitals”
 - Authored by HPC staff: Gabe Malseptic, Lauren Melby, Kathleen Connolly
 - Discusses the experience of 2 CHART hospitals: Hallmark’s COACHH program aimed at reducing ED utilization and Lowell General’s program aimed at reducing 30 day readmissions

HPC's Health Care Innovation Investment Program

The Health Care Innovation Investment Program: \$11.3M invested in innovative projects that further the HPC's goal of **better health and better care at a lower cost.**

Health Care Innovation Investment Program: Three Pathways

Targeted Cost Challenge Investments (TCCI)

Telemedicine Pilot Initiatives

Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions

Primary Goal:

Lower Costs



Greater Access



Better Outcomes



Target Populations:

8 diverse cost challenge areas:



Patients from the following categories with Behavioral Health needs:

1. Children and Adolescents
2. Older Adults Aging in Place
3. Individuals with Substance Use Disorders (SUDs)

Pregnant women with Opioid Use Disorder (OUD) and substance-exposed newborns



100% of initiatives launched

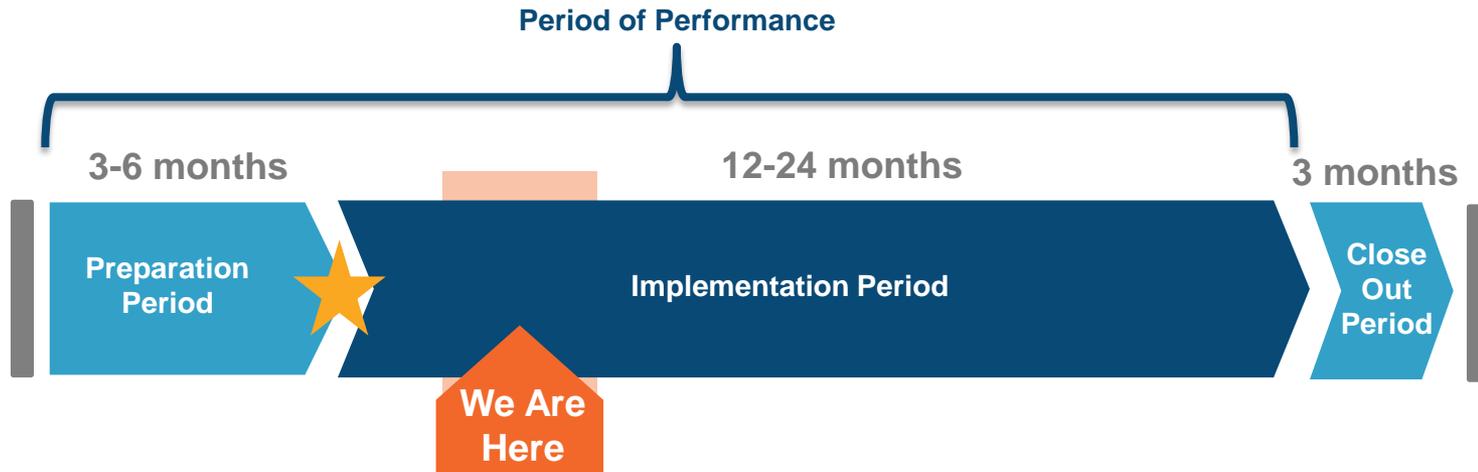


100% of Initiatives launched



100% of Initiatives Launched

HCII Program Status Update



All 20 HCII Awardees are enrolling and serving their target populations, including:

- Homeless families affected by substance use disorder
- Middle and high school students with behavioral health needs
- Substance exposed newborns and their mothers
- Patients with a life-limiting illness and comorbidities
- High utilizers of the ED with social determinants of health needs



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Contact Information

For more information about the Health Policy Commission:

Visit us: <http://www.mass.gov/hpc>

Follow us: @Mass_HPC

E-mail us: HPC-Info@state.ma.us