



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

July 18, 2018



AGENDA

- Call to Order
- Approval of Minutes from the April 25, 2018 Meeting
- Care Delivery Transformation
- Executive Director's Report
- Market Oversight and Transparency
- Schedule of Next Board Meeting (September 12, 2018)



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VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on April 25, 2018 as presented.



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 - SHIFT-Care Investment Opportunity Recommendation (VOTE)
 - Regulation on Risk-Bearing Provider Organization and Accountable Care Organization Appeals (VOTE)
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 - **SHIFT-Care Investment Opportunity Recommendation (VOTE)**
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The SHIFT-Care Challenge is a \$10 million competitive funding opportunity to support and scale promising ideas to reduce avoidable acute care use.



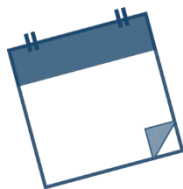
Reducing avoidable acute care utilization by investing in innovative care delivery models that are community-based, collaborative, and sustainable



- Care model design and impact
- Organizational leadership, strategy, and demonstrated need
- Evaluation
- Sustainability and scalability
- Preference provided to CHART-eligible hospitals and HPC-certified ACOs and ACO participants



Up to \$750,000 per award. Applicants are responsible for at least 25% in-kind financial contribution



21 months (3 months of preparation and 18 months of implementation)

SHIFT-Care sought proposals that address the whole-person needs of patients through two innovative care models.

Innovative Model 1: Addressing health-related social needs

- Support for innovative models that **address health-related social needs** of complex patients in order to prevent a future acute care hospital visit or stay



Innovative Model 2: Addressing behavioral health needs

- Support for innovative models that **address the behavioral health care needs** of complex patients in order to prevent a future acute care hospital visit or stay



→ OUD FOCUS: Enhancing opioid use disorder (OUD) treatment

- Support for innovative models that expand access to opioid use disorder treatment by **initiating pharmacologic treatment in the ED** and connecting patients to community-based BH services

The \$9.75 million in recommended SHIFT-Care awards will leverage an additional \$5.4 million of in-kind support, resulting in over \$15 million total.

Health-related social needs

CHART or ACO	Applicant Entity	HPC Funding	In-Kind Funding*	Grand Total of Initiative Costs*
ACO	Community Care Cooperative (C3)	\$750,000.00	\$327,571.00	\$1,077,571.00
ACO	Boston Medical Center	\$542,883.53	\$180,961.16	\$723,844.69
ACO	Steward Health Care Network, Inc	\$745,350.96	\$1,028,289.04	\$1,773,640.00
ACO	Baystate Health Care Alliance	\$750,000.00	\$420,854.00	\$1,170,854.00
Part of ACO	Hebrew Senior Life	\$500,000.00	\$489,872.11	\$989,872.11

Behavioral health needs

Part of ACO	Holyoke Health Center	\$565,422.00	\$188,474.00	\$753,896.00
CHART	Lowell General Hospital	\$606,609.00	\$202,203.75	\$808,812.75

OUD treatment in the ED focus

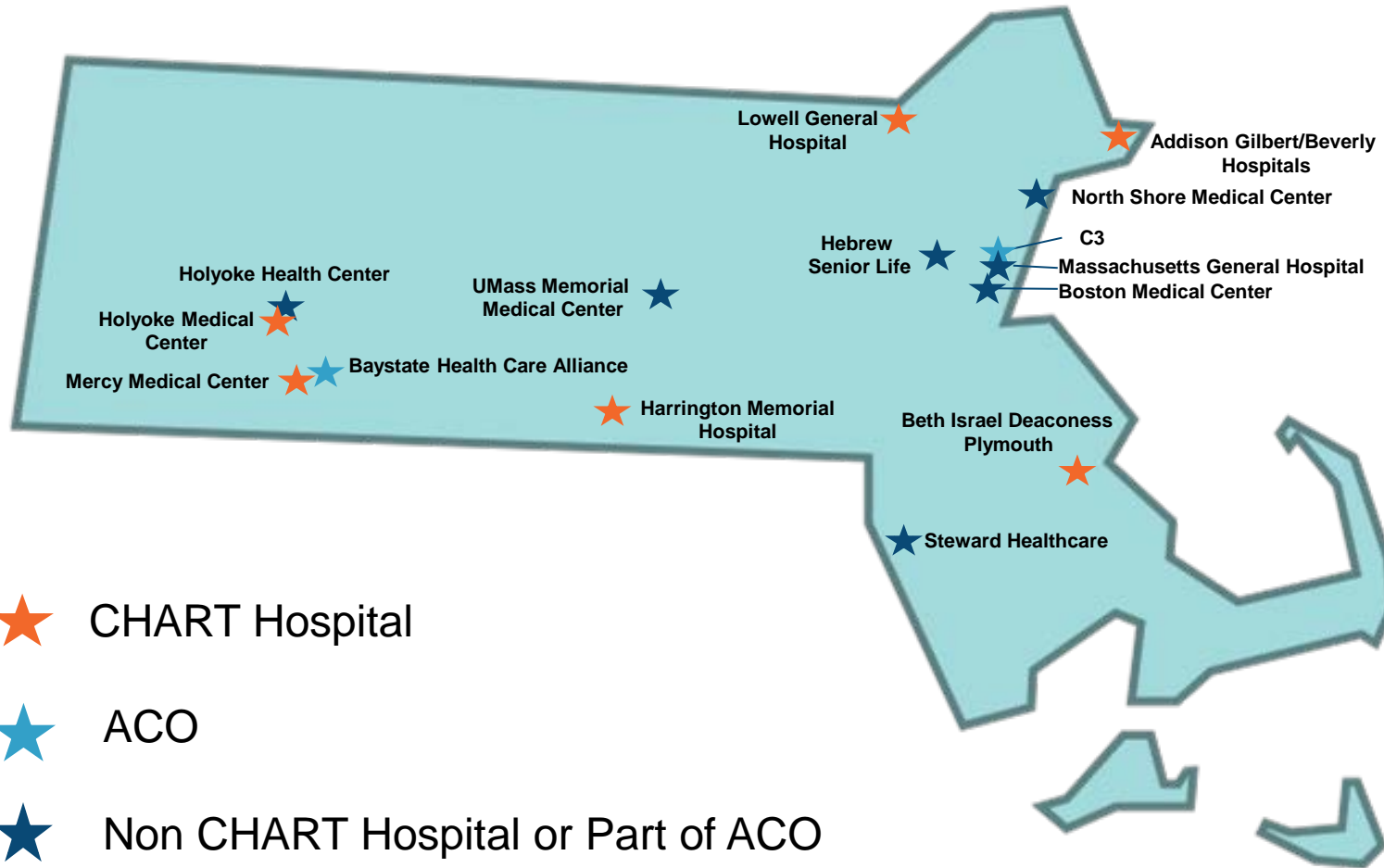
CHART	BID Plymouth	\$742,407.02	\$247,469.00	\$989,876.02
CHART	Beverly/Addison Gilbert	\$750,000.00	\$375,146.50	\$1,125,146.50
N/A	UMass Memorial Medical Center	\$750,000.00	\$383,673.00	\$1,133,673.00
CHART	Harrington Memorial Hospital	\$486,580.00	\$208,190.00	\$694,770.00
CHART	Mercy Medical Center	\$516,048.00	\$172,015.67	\$688,063.67
CHART	Holyoke Medical Center	\$750,000.00	\$437,353.00	\$1,187,353.00
Part of ACO	Massachusetts General Hospital	\$550,000.00	\$549,414.00	\$1,099,414.00
Part of ACO	North Shore Medical Center	\$750,000.00	\$250,000.00	\$1,000,000.00

\$9,755,300.51	\$5,461,486.23	\$15,216,786.74
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*Note: In-kind amounts based on proposals, subject to final contract



The SHIFT-Care recommended awards span the Commonwealth and include a diverse set of health care providers and community partners.



Summary of Recommended Proposals to Reduce Acute Care Use by Addressing Health-Related Social Needs



Hebrew
SeniorLife

5 initiatives

Recommended for funding

\$3.4 million

In proposed HPC funding

**34 Partner
Organizations**



Secondary aims include:

- Referrals for health-related social needs
- Access to food/nutrition support
- Housing stability
- Transportation access
- Reduction in missed school/work days

5,200+ patients

In proposed target
populations

\$5.8 million
in initiatives' total
costs

Summary of Recommended Proposals to Reduce Acute Care Use through Timely Access to Behavioral Health



2 initiatives

Recommended for funding

\$1.2 million

In proposed HPC funding

4 Partner Organizations



Secondary aims include:

- Reduced use of illicit opioids
- Rates of follow up care
- Utilization of CHW support services

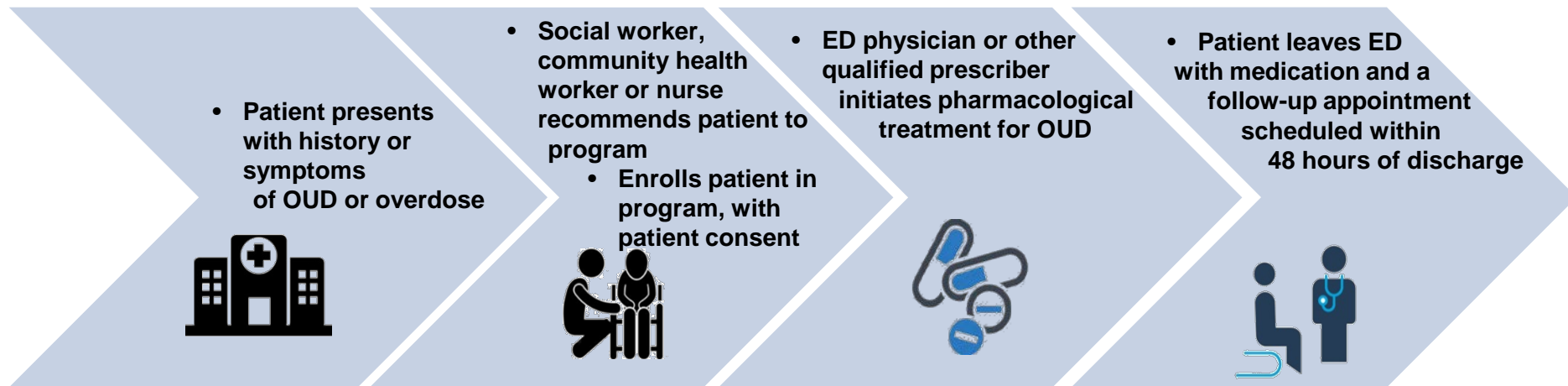
5,700+ patients

In proposed target populations

\$1.6 million
in initiatives' total costs

SHIFT-Care will support the Commonwealth's nation-leading efforts to address the opioid epidemic by funding an evidence-based model for initiating pharmacological treatment in the emergency department (ED).

What: Identify patients → Enroll in program → Initiate pharmacological treatment → Engage in recovery services



Where: ED, practice sites, or in the community → Emergency Department → Outpatient Setting

Applicants propose to deploy peer recovery coaches to engage and support patients across the care delivery continuum

Recommended Proposals to Initiate of Pharmacologic Treatment in the ED



NORTH SHORE
MEDICAL CENTER



Beverly Hospital
Addison Gilbert Hospital
Members of Lahey Health



Beth Israel Deaconess Hospital
Plymouth

Harrington
HOSPITAL



Holyoke Medical Center



MASSACHUSETTS
GENERAL HOSPITAL



UMassMemorial
Medical Center

8 initiatives

Recommended for funding

\$5.2 million

In proposed HPC funding

**27 Partner
Organizations**



Measures include:

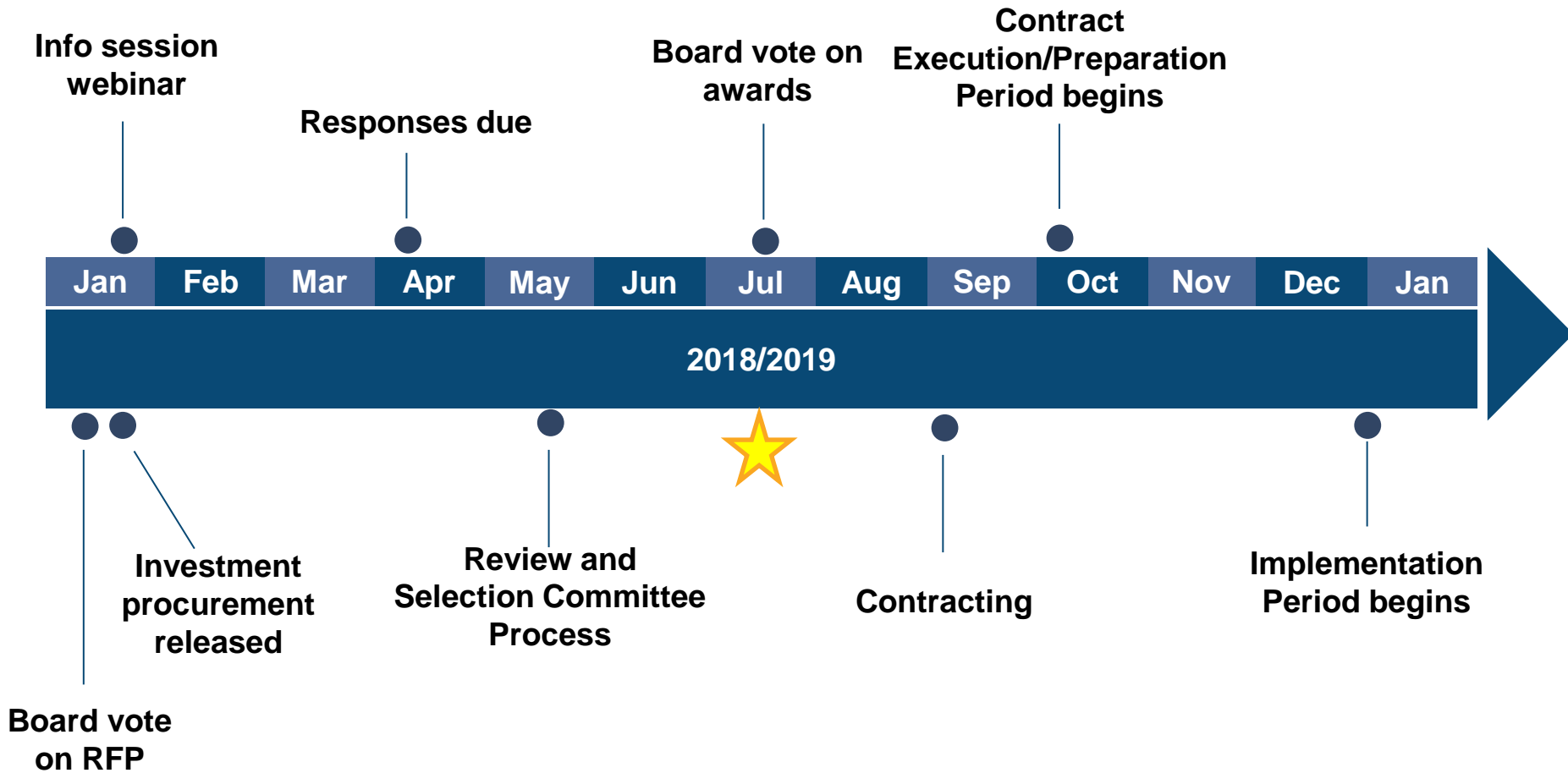
- Patient initiation and engagement with substance use disorder treatment
- Number of reported overdoses
- Reduction in premature mortality

12,000+ patients

In proposed target
populations

\$7.8 million
in initiatives' total
costs

Next steps for SHIFT-Care





VOTE: SHIFT-Care Investment Opportunity Recommendation

MOTION: That the Commission hereby accepts and approves the Executive Director's recommendations that the Applicants for the SHIFT-Care Challenge receive award funding pursuant to section 7 of chapter 6D and section 2GGGG of chapter 29 of the Massachusetts General Laws, section 178 of chapter 133 of the Acts of 2016, and 958 CMR 5.07, as applicable, up to the amounts presented and subject to successful completion of Awardee contracting, and authorizes the Executive Director in his discretion to determine the final terms and amount of each award.



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Purpose of the RBPO/ACO Appeals Process Regulation

Overview

- **Chapter 224** requires the HPC/ Office of Patient Protection (OPP) to develop requirements for internal appeals and an external review process for patients of certain provider organizations (M.G.L. c. 6D §§ 15 & 16; c. 176O, §24).

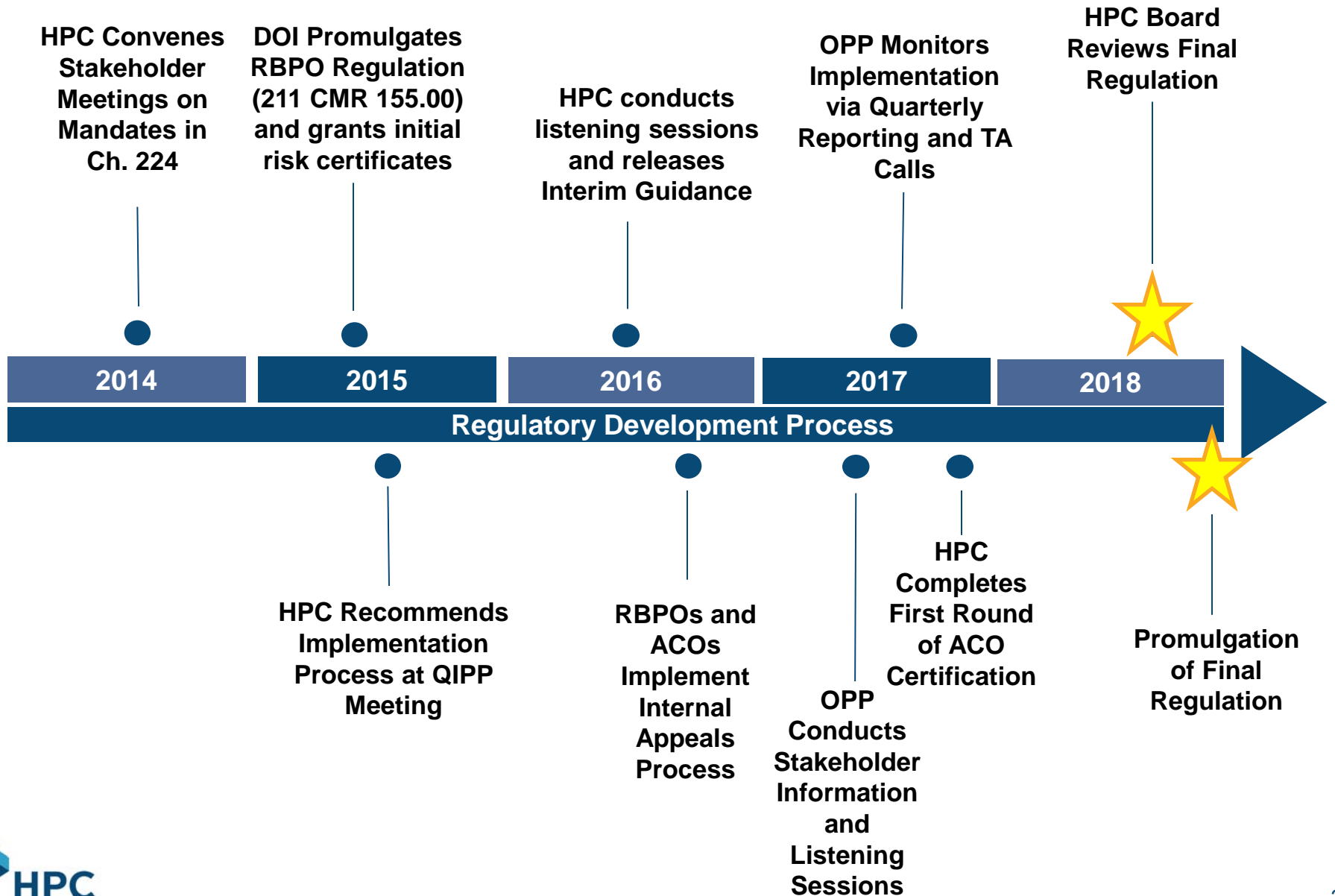
Regulatory Scope

- The regulation establishes requirements for internal appeal processes of DOI-certified **Risk Bearing Provider Organizations (RBPO)** and HPC-certified **Accountable Care Organizations (ACO)** and an external review process to obtain third party review of such appeals.

Novel Patient Protections

- The requirements are **similar to existing** OPP consumer protection rules regarding review of health plan medical necessity determinations but **apply to provider decisions** about referrals, treatments and access to care for patients for whom they are at risk.

Key Milestones in Regulatory Development Process



Key Considerations in Regulatory Development

- 1 Advance consumer protection established in Chapter 224 in a manner distinct from protections in existing carrier insurance appeals
- 2 Recognize differences among provider organizations and minimize administrative burden and expense
- 3 Protect patients and inform consumers of appeal rights
- 4 Build on successful implementation of Interim Guidance and existing provider mechanisms for addressing patient concerns
- 5 Continue to gather meaningful data to monitor implementation

Comments and Testimony Submitted By:

Atrius Health

Beth Israel Deaconess Care Organization

Children's Medical Center Corporation

Health Law Advocates

Health Care For All

Mental Health Legal Advisors Committee

Massachusetts Association of Health Plans

Massachusetts Health and Hospital Association

Massachusetts Medical Society

Southcoast Health

Summarized Comments and Proposed Updates to Regulation

Category	Summarized Comments	HPC Recommendations
Effective Date	<ul style="list-style-type: none"> Providers expressed concerns about ability to implement new regulatory requirements in August; requested September effective date 	<ul style="list-style-type: none"> Recommend September 7, 2018 effective date
Time limits for internal appeals 11.07 (2)	<ul style="list-style-type: none"> Providers requested changing to 3-day time limit for expedited internal appeals from calendar to business days 	<ul style="list-style-type: none"> Change 3-day time limit for expedited internal reviews from calendar days to business days
Standard of Review 11.21 (2)	<ul style="list-style-type: none"> Two provider organizations suggested an alternative standard like medical necessity Consumer advocates recommended adding timely access in external review standard 	<ul style="list-style-type: none"> No change recommended; proposed standard of review of “more clinically beneficial...” is objective and considers multiple factors Add language to address timeliness

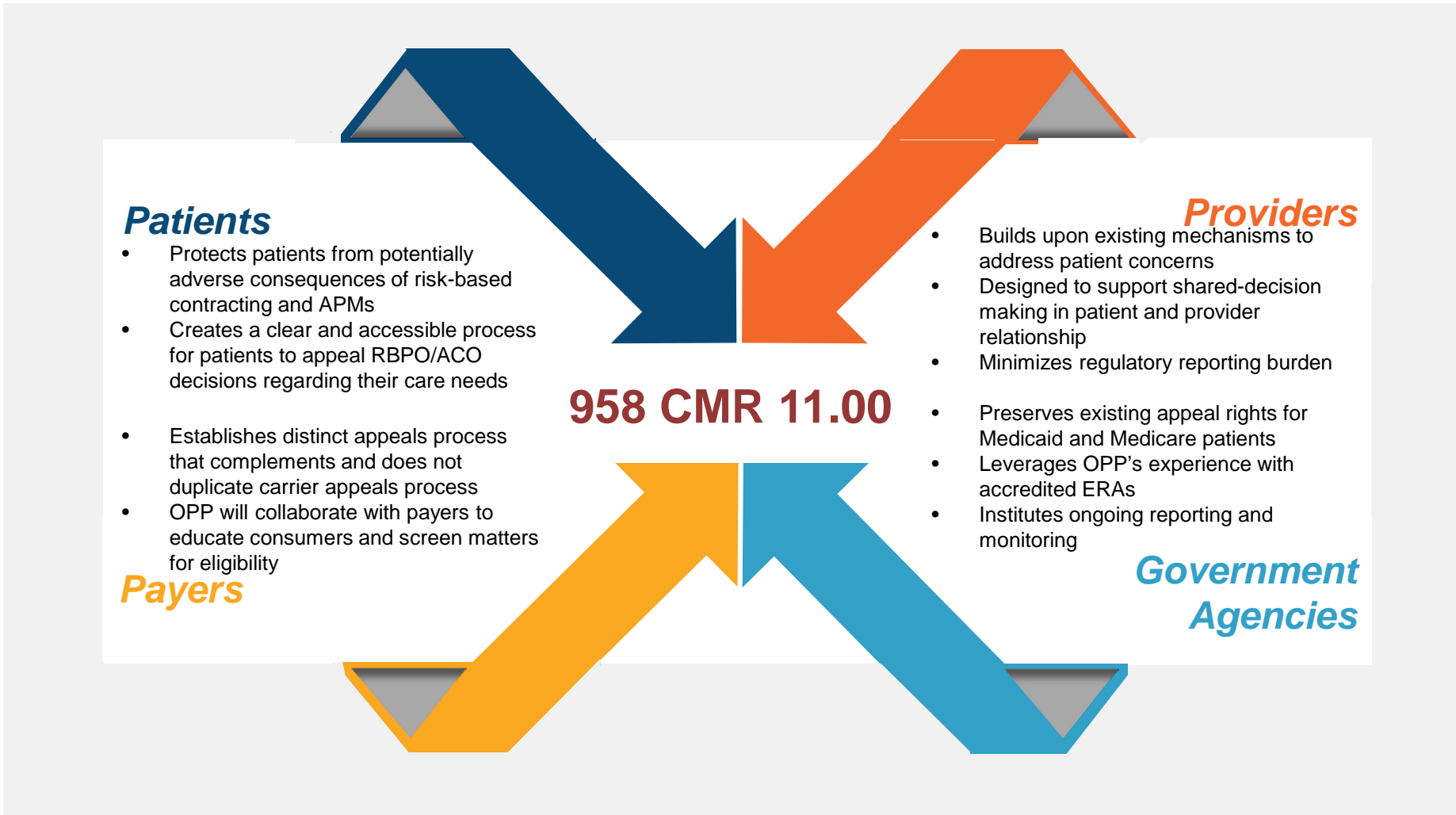
Comments and Proposed Updates to Regulation

Issue	Comments	HPC Recommendation
<p>Fees 11.12</p>	<ul style="list-style-type: none"> Providers raised concerns about costs borne for external review and urged patient fee One provider organization suggested ACOs/RBPOs should be refunded if decision is upheld Providers raised concerns pertaining to transparency of fees for contracted external review agencies (ERA) 	<ul style="list-style-type: none"> No change recommended; Patient fee not required by statute and no evidence of frivolous appeals Costs of external review borne by organization is consistent with carrier process (not refunded) OPP will make fee schedule and list of ERAs readily available
<p>Notice 11.04</p>	<ul style="list-style-type: none"> Commenters requested clarification on the patient notice requirements 	<ul style="list-style-type: none"> Clarify notice to patients must be available at regular site of care and in hard or electronic copy upon request Clarify additional notification methods (e.g. e-mail and web) are permissive and add patient portal option

Comments and Proposed Updates to Regulation

Issue	Comments	HPC Recommendation
<p>Access to Medical Records 11.13 11.19</p>	<ul style="list-style-type: none"> Commenters recommended clarifications regarding access to medical records in the context of appeals Provider organizations requested additional time for providers to provide relevant medical records to the assigned ERA Consumer advocates sought new requirements to access medical records prior to initiating appeal 	<ul style="list-style-type: none"> Clarify that RBPOs/ACOs must ensure that the patient has timely access to relevant medical records for purposes of an external review and in accordance with state and federal law Change time limits to 3 business days for non-expedited and 1 business day for expedited review No change recommended; new mandate for expedited access are out of scope
<p>Review and Binding Nature of ERA Decision 11.21 (7) 11.21 (8)</p>	<ul style="list-style-type: none"> Commenters expressed concern that OPP Director discretion to revise ERA decision is too limited Commenters suggested that binding nature of ERA decision could be interpreted too broadly and foreclose other rights 	<ul style="list-style-type: none"> Recommend retaining limited discretion to review ERA decisions, consistent with carrier process. Add minor clarification on authority to request revision. Clarify the binding nature of decision is limited to issue and factors reviewed in the appeal

First in the Nation Patient Protection – A Balanced Approach





VOTE: RBPO/ACO Appeals Regulation

MOTION: That the Commission hereby approves and issues the attached FINAL regulation for 958 CMR 11.00, Internal Appeals and External Reviews for Patients of Risk-Bearing Provider Organizations (RBPOs) and Accountable Care Organizations (ACOs) 958 CMR 11.00, pursuant to M.G.L. c. 6D, §§ 15 and 16 and c. 176O § 24.



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By the Numbers: Health Care Innovation Investment (HCII) Program

>100
organizations
collaborating to deliver care

104
Qualitative
Reports
submitted by awardees

210 months
of Key Performance
Indicators reporting on
patient/provider experience,
quality, and outcomes to the
HPC.

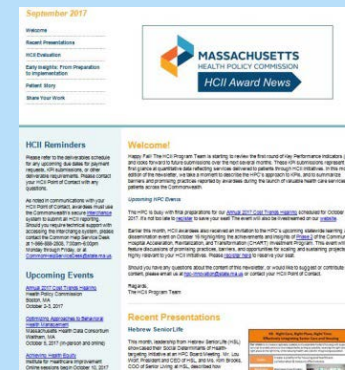
236 working
meetings with HPC
staff for progress reports,
learning, and technical
assistance

**Awardees span the
Commonwealth:**
From the Berkshires to Boston

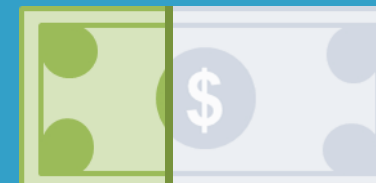
**Initiatives deliver
lower-cost care by
shifting site and
scope**



11 HCII newsletter features



~\$4.5M disbursed
to-date



60% of funding remaining

HCII Program Timeline



Awardees are continuously enrolling patients in their target populations and delivering services, including:

- Assessing students for unmet behavioral health needs
- Engaging opioid-using mothers in evidence-based care for their Substance Exposed Newborn
- Expanding outreach on the streets to engage homeless patients

CHART Phase 2: Activities since program launch¹

15

regional meetings

with

900+

hospital and
community provider
attendees

290+

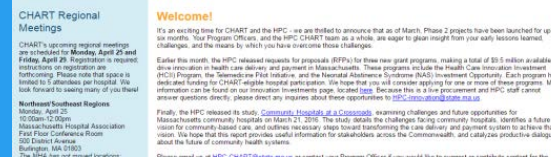
technical
assistance
working
meetings

925+

hours of coaching phone
calls

31

CHART newsletter features



600+

data reports received

3,955 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



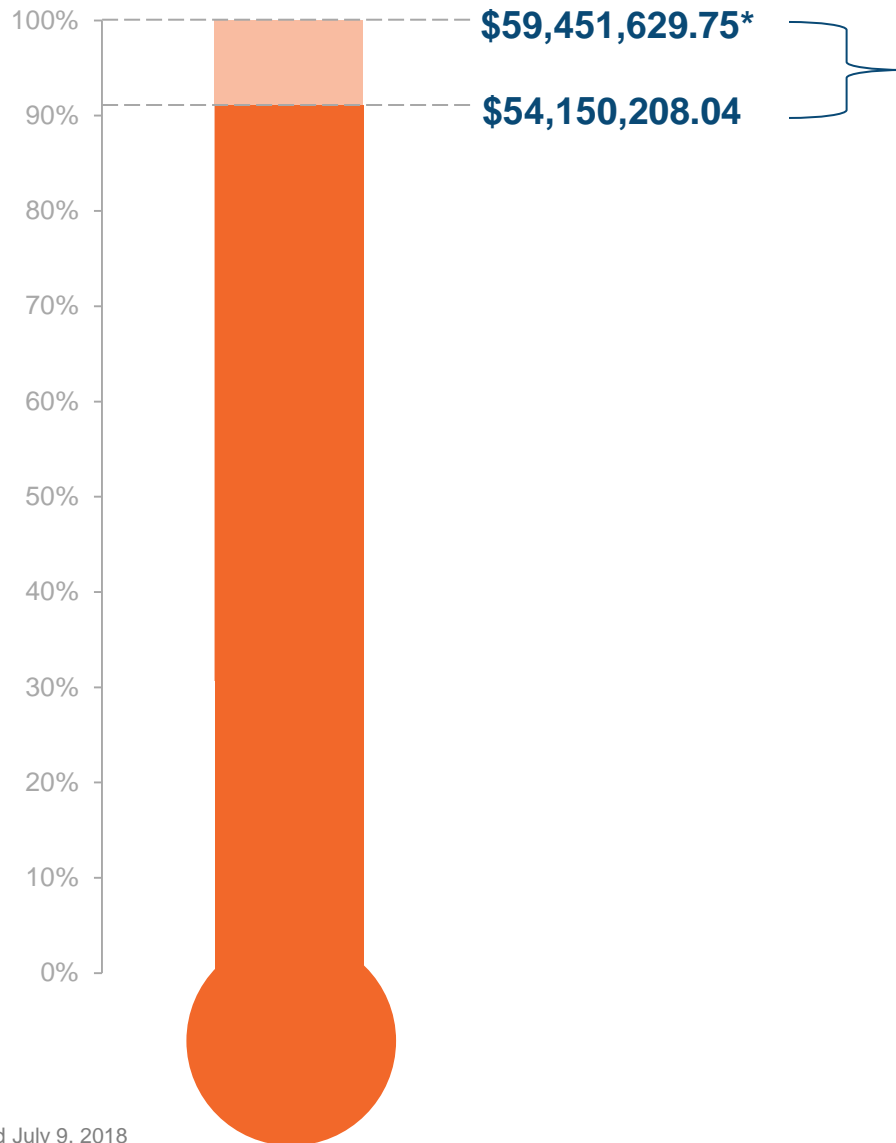
CHART Phase 2 Program Guide

- [CHART Phase 2 Award Guide](#)

18 awards

are pursuing No Cost
Extensions, using
unspent funds to
continue the model or
finalize reporting for
up to six months

CHART Phase 2: The HPC has disbursed \$54M to date



Remaining
\$5,301,421.71
is inclusive of
\$914,209.64
maximum
outcome-based
Achievement Payment
opportunity

Updated July 9, 2018

*This reflects the most recent, up-to-date accounting of CHART Phase 2 contract maximum obligations

* Not inclusive of Implementation Planning Period contracts. \$100,000 per awardee hospital authorized March 11, 2015.

Practices Participating in PCMH PRIME

Since January 1, 2016 program launch:

79 practices
are PCMH PRIME Certified

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

1 practice
applying for NCQA PCMH
Recognition and PCMH PRIME
concurrently

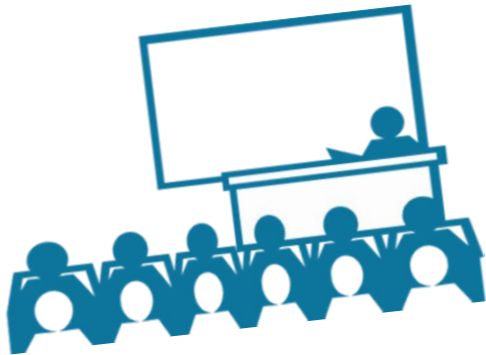
**101
Total
Practices
Participating**



Summer Fellowship Program

13

Summer
Fellows



Enrolled in:

MPH, MPP, MS, JD, and PhD programs

Schools:

- Harvard University
- Yale University
- Tufts University
- University of California, Berkeley
- Columbia University
- Boston University
- MA College of Pharmacy and Health Sciences
- New England School of Law



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HPC Line-Item: FY19 Budget Proposals

For FY19, both the House and the Senate recommended a modest increase to the HPC's line-item. The state budget is expected to be finalized soon.

State Budget Process

Governor's FY19 Budget Proposal

1450-1200: *For the operation of the Health Policy Commission...* \$8,540,451

House FY19 Budget Proposal

1450-1200: *For the operation of the Health Policy Commission...* \$8,769,931

Senate FY19 Budget Proposal

1450-1200: *For the operation of the Health Policy Commission...* \$8,769,931

Final State Budget

1450-1200: *For the operation of the Health Policy Commission...* Finalized July 2018

Budget Overview: Summary of FY19 Budget Proposal

Source of Funds	1 Line Item	2 Distressed Hospital Trust Fund	3 Payment Reform Trust Fund
Approved Budget	\$8,769,931	\$2,188,373	\$1,000,000
Use	General operating expenses	Operating expenses related to DHTF-supported grant programs	Direct technical assistance and investments (no payroll)
Summary	Modest 3% increase after two years of level-funding	29% reduction to the FY18 Board-approved budget	Level-funding to the FY18 Board-approved budget

FY19 Line Item Appropriation

FY18-FY19 Crosswalk for General Operating Expenses

Category	Approved FY18 Spending	Proposed FY19 Spending	Difference (FY19 minus FY18)
Payroll	\$4,941,548	\$5,414,838	\$473,290
Rent/Utilities	\$625,000	\$628,500	\$3,500
Professional Services and ISAs	\$2,410,868	\$2,300,000	-\$110,868
Admin/IT Support	\$501,593	\$426,593	-\$75,000
Line Item Total	\$8,479,800	\$8,769,931	\$290,131
Employee Fringe Assessment	\$1,627,571	\$1,831,848	\$204,277
Totals	\$10,107,371	\$10,601,779	\$494,408

*Note: The FY19 Employee Fringe Assessment is included in the annual assessment on health plans, hospitals, and ambulatory surgery centers, but is *not* included in the line item appropriation. The difference between FY18 and FY19 in this amount is driven in part by an increase in the fringe rate, from 34.86% to 35.41%.

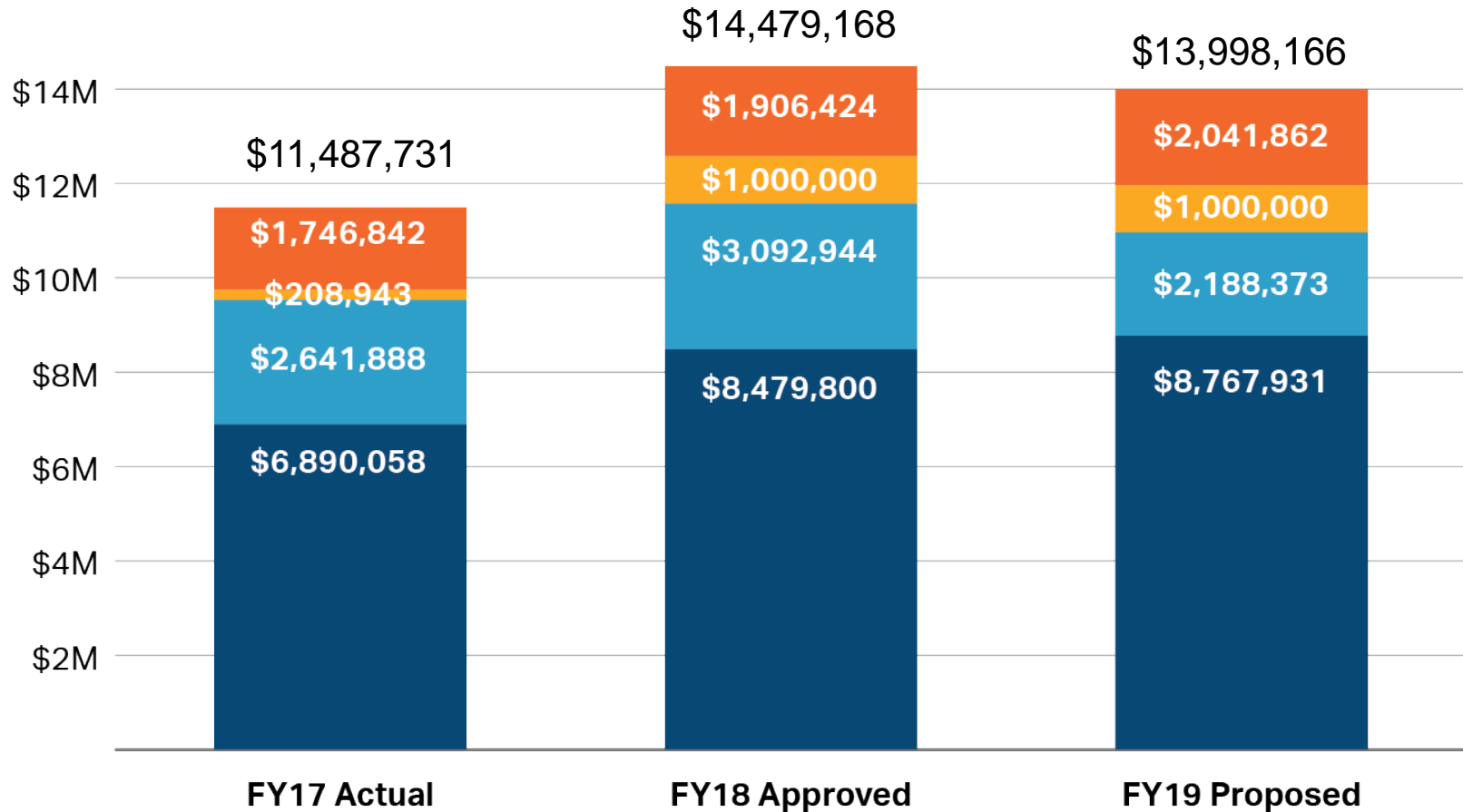
FY19 Distressed Hospital Trust Fund

FY18-FY19 Operating Expenses from the Distressed Hospital Trust Fund

Category	Approved FY18 Spending	Proposed FY19 Spending	Difference (FY19 minus FY18)
Payroll	\$820,765	\$613,234	-\$207,531
Rent/Utilities	\$109,500	\$112,500	\$3,000
Professional Services and ISAs	\$1,600,000	\$1,049,552	-\$550,448
Admin/IT Support	\$81,750	\$81,750	\$0
State Comptroller Assessment	\$202,076	\$121,323	-\$80,753
Employee Fringe Assessment	\$278,853	\$210,014	-\$68,839
Totals	\$3,092,944	\$2,188,373	-\$904,571

*Note: This table does not reflect direct grant spending to providers through the CHART and Health Care Innovation Investment program. These allocations were approved separately from the annual budget.

The recommended FY19 total combined spending is 3% lower than the FY18 approved budget.



■ HPC Line-Item
 ■ Distressed Hospital Trust Fund
 ■ Payment Reform Trust Fund
 ■ Fringe



*Note: This table does not reflect direct grant spending to providers through the CHART and Health Care Innovation Investment program. These allocations were approved separately from the annual budget. The difference between FY18 and FY19 in this amount is driven in part by an increase in the fringe rate, from 34.86% to 35.41%.



VOTE: FY2019 Operating Budget

MOTION: That the Commission hereby accepts and approves the HPC's total operating budget for fiscal year 2019, as recommended by the Commission's Administration and Finance Committee and as presented and attached hereto, and authorizes the Executive Director to expend these budgeted funds.

5–Minute Break



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 - Notices of Material Change
 - Preliminary Report on the Cost and Market Impact Review (CMIR) of the proposed Beth Israel Lahey Health (BILH) transaction (**VOTE**)
- Schedule of Next Board Meeting (September 12, 2018)



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Types of Transactions Noticed

April 2013 to Present

Type of Transaction	Number of Transactions	Frequency
Clinical affiliation	21	23%
Physician group merger, acquisition, or network affiliation	20	22%
Acute hospital merger, acquisition, or network affiliation	19	21%
Formation of a contracting entity	16	18%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	9	10%
Change in ownership or merger of corporately affiliated entities	5	5%
Affiliation between a provider and a carrier	1	1%

Notice Currently Under Review

Received Since 4/25

- Proposed contracting affiliation between Partners HealthCare System and the Cooley Dickinson Physician Hospital Organization, which is jointly owned by Partners' Cooley Dickinson Hospital and approximately 266 affiliated physicians.



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2018 Meetings and Contact Information



Board Meetings

Wednesday, July 18, 2018
Wednesday, September 12, 2018
Thursday, September 27, 2018
Thursday, December 13, 2018



Committee Meetings

Wednesday, October 3, 2018
Wednesday, November 28, 2018



Contact Us

Mass.Gov/HPC
 @Mass_HPC
HPC-Info@state.ma.us



Special Events

Monday and Tuesday, October 15 and
16, 2018: Cost Trends Hearing

SHIFT-Care Proposals

Partner: Action for Boston Community Development (ABCD)

Primary Aim

Reduce inpatient hospitalizations and ED visits by 10% compared to comparison group.

Target Population

Top 3-5% risk of BMC's ACO (BACO) patients who receive care at Boston Medical Center.

Care Model

- Project tests an expansion of BMC's screening, referral and follow-up model for primary care patients to address health-related social needs in partnership with ABCD (a community-based human services organization that addresses poverty-related needs such as housing services, adult education and job training and early childhood education).
- Grant supports an ABCD program manager to coordinate referrals and Community Wellness Advocates (CWAs) responsible for screening and ensuring follow-up with services by helping patients overcome any financial, logistical or other barriers to accessing services – as well as doing patient education and motivation.
- Strong evaluation design will compare model of using CWAs in the community to the model of services at BMC, which is more referral based.

Total Initiative Cost

- Requested HPC Funding: \$542,883
- Applicant Contribution: \$180,961
- Grand Total Cost of the Initiative: **\$723,844**



Community Care Cooperative (C3)

Health-related
social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Brookline Community Mental Health Center, Health Law Advocates, Dartmouth College Master of Health Care Delivery Science

Primary Aim

Build a cost effective health-related social need (HRSN) intervention model that reduces inpatient and ED utilization by 18% compared to baseline.

Target Population

300 adult/youth MassHealth risk patients (900 eligible) with complex care needs and significant HRSN.

Care Model

- Safety-net program for complex members unable to succeed with C3's other clinical CM strategies as a result of significant health-related social needs.
- Frequent community-based/home visits inclusive of attendance at medical appointments, social service agency meetings, school visits, and meetings with family and social supports.
- Represents a core approach difference from C3's other CM programs where teams rely on meeting the member at the health center or support them via telephonic outreach.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$327,571
- Grand Total Cost of the Initiative: **\$1,077,571**



Dartmouth

Steward Health Care Network, Inc

Partners: Community Counseling of Bristol County, High Point Treatment Center, Steppingstone, Inc., MLPB, Circulation, Brewster Ambulance, Fall River FD, Steward Good Samaritan Medical Center, Steward Saint Ann's Hospital, Steward Morton Hospital

Primary Aim

Reduce ED utilization by 6%, reduce future hospitalizations by 6%, and reduce total cost of care by 6% compared to both baseline and a comparison group.

Target Population

480 (out of 2,661 eligible) all-payer Steward ACO patients in Southeastern Massachusetts who are eligible for service to treat SUD and other identified health-related social needs.

Care Model

- This award tests a multi-sector collaboration across a team of behavioral health providers, primary care, community health workers, peers, first responders, health-related social needs experts (e.g. legal experts) and ambulance providers meet behavioral and social needs of high-risk SUD patients.
- A new digital health company, Circulation, will provide non-medical transportation – and the ambulance will provide medical transportation and do paramedicine, pending regulations.
- MLPB will support customized health-related social needs screening tools and participate in case conferences of patients to help address housing and other legal needs.

Total Initiative Cost

- Requested HPC Funding: \$745,350
- Applicant Contribution: \$1,028,289
- Grand Total Cost of the Initiative: \$1,773,640



Baystate Health Care Alliance

Health-related
social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Baystate Pulmonary Rehabilitation/Baystate Medical Center/Baystate Health, Public Health Institute of Western MA, Mercy Health ACO/Mercy Medical Center/Trinity Health, Revitalize Community Development Corporation, Springfield Partners for Community Action, Springfield Office of Housing, Pioneer Valley Asthma Coalition, Green and Healthy Homes Initiative

Primary Aim

Reduce hospitalizations by an absolute difference of 15% or greater and ED utilization by an absolute difference of 20% or greater compared to a comparison group.

Target Population

150 MassHealth ACO adults and children (out of 600 eligible) from Baystate and Mercy who live in Greater Springfield with at least one asthma related inpatient stay or two or more asthma related ED visits in the previous year.

Care Model

- Strong public health-anchored partnership to support addressing health-related social needs of patients and families with asthma between two regional ACOs, the public health organization, and social/community services agencies including housing.
- Following discharge, patients receive a home visit with a community health worker to assess what the patient needs to improve health in the home. The follow-up visit takes place with the PCP or pulmonologist as appropriate with the community health worker.
- The patient/family is placed in one of three tiers of follow up: education, asthma related home repairs, or referral to other housing services.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$420,854
- Grand Total Cost of the Initiative: **\$1,170,854**



Revitalize CDC
Rebuilding our Community Since 1992



**PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS**
PARTNERS FOR HEALTH EQUITY



Green & Healthy Homes Initiative®

Partners: Milton Residences for the Elderly, WinnCompanies, Tufts Health Plan, BIDMC, Boston Medical Center, Brookline PD, Fallon Ambulance, Randolph FD, Springwell, HSL Center for Memory Care, HSL Home Care, UMass Boston

Primary Aim

Reduce ED visits and hospitalizations by 20% compared to baseline.

Target Population

All low income seniors (age 62+) living in any of seven affordable housing sites (400 residents served, all payer, out of 1,100 eligible).

Care Model

- Project continues and expands HSL's HCII award, which embeds wellness teams (a nurse and a community health worker) in affordable senior housing to coordinate care for vulnerable older adults.
- Strong focus on monitoring and improving Activities of Daily Living (ADL) and Intellectual Activities of Daily Living (IADL) – as well as coordination of mental health services with Brookline and South Shore mental health for program participants in order to prevent a hospital stay or ED visit
- Expansion of the HCII award here includes a focus on partnerships with ACOs/hospitals and introduces risk arrangement modeling with payers to ensure sustainability.

Total Initiative Cost

- Requested HPC Funding: \$500,000
- Applicant Contribution: \$489,872
- Grand Total Cost of the Initiative: **\$989,872**



Hebrew
SeniorLife



 **TUFTS**
Health Plan



Beth Israel Deaconess
Medical Center

Holyoke Health Center

Partners: BHN

Behavioral health
needs

HPC Certified ACO: Yes
CHART Hospital: No

Primary Aim

Reduce readmissions by 30% compared to baseline.

Target Population

Approximately 2,800 non-ACO Holyoke Health Center patients with a psychiatric diagnosis.

Care Model

- Bolsters behavioral health services and supports in primary care sites for a very high need population (half of the health center's non-ACO patients have a behavioral health diagnosis) in an underserved community.
- Based on the collaborative care model, primary care clinicians are supported by consulting behavioral health clinicians to manage mild to moderate need patients within primary care.
- Funds support an expansion of the NP psychiatric prescribing clinic at Holyoke. Highly complex patients are referred to BHN's psychiatry clinic, City Clinic.
- Community Health Workers will follow up with patients to ensure medication adherence and to address any social needs or barriers to care, as well as to track ED use.
- Evaluation will use baseline and control group comparisons.

Total Initiative Cost

- Requested HPC Funding: \$565,422
- Applicant Contribution: \$188,474
- Grand Total Cost of the Initiative: **\$753,896**



Partners: Middlesex Recovery, P.C., Lowell Community Opiate Outreach Program, Department of Public Health, Zuckerberg College of Health Sciences University of Massachusetts, Lowell

Primary Aim

Reduce 30-day opioid-related ED revisits by 15%

Target Population

Adult patients who present to the hospital systems two EDs with evidence of opiate overdose or OUD.

Care Model

- Expands access to OUD treatment by engaging patients through either of the system's EDs or by referral from the Lowell Community Opiate Outreach Program (CO-OP)
- Pharmacotherapy is initiated at the Bridge Clinic, when appropriate, and patients are assessed for social, medical, and behavioral health needs, which are addressed by a multi-disciplinary team consisting of Psych NP, Social Worker, RN, CHW, and Recovery Coach.
- Funding supports "bridge" treatment, community based engagement and support for patients.
- Established community partnerships with Lowell CO-OP and Middlesex Recovery will be expanded and enhanced to increase the engagement of patients in OUD treatment.

Total Initiative Cost

- Requested HPC Funding: \$606,609
- Applicant Contribution: \$202,203
- Grand Total Cost of the Initiative: **\$808,812**



Partners: Harbor Health Services, CleanSlate Centers, Crossroads Treatment Centers, Gosnold, Spectrum Health Systems, Inc.

Primary Aim

Reduce ED revisits by 8% for the target OUD population compared to baseline.

Target Population

360 all payer ED patients with: 1) Naloxone reversal; 2) Evidence of opioid use; 3) Other clinical indicators of OUD; and 4) Detoxification needs.

Care Model

- Patients with OUD are engaged in this model in both ED and inpatient settings.
- Pharmacotherapy is initiated when appropriate and recovery navigator/NP/LICSW will discuss and schedule follow up services with patient.
- Funds support recovery coaches at Gosnold to support engagement in treatment by helping to address any health-related social needs and barriers to accessing treatment.
- For ACO patients, linked back to BIDCO and his/her primary care team for care coordination and support.
- Partner outpatient sites are responsible for long-term follow up/engagement in treatment.

Total Initiative Cost

- Requested HPC Funding: \$742,407
- Applicant Contribution: \$247,469
- Grand Total Cost of the Initiative: **\$989,876**



Beth Israel Deaconess Hospital
Plymouth



Partner: Lahey Health Behavioral Services

Primary Aim

Reduce 30-day ED revisits by 25% for patients meeting target population criteria and engaged in MAT defined services, compared to those patients meeting target population criteria and refusing all services during the period of performance.

Target Population

225 (out of 450 eligible) all payer adult patients who present with an OUD and live within Applicants' community benefits service area.

Care model

- Patients with OUD are engaged in this model in both ED and inpatient settings.
- The model seeks to promulgate ED based prescribing of pharmacotherapy through training, protocols, and waiver licensing
- Recovery Coaches and medical staff meet with patients to assess their readiness and willingness to initiate pharmacotherapy and recovery
- Funding equally supports the hospitals and their long-term behavioral health partner, Lahey Behavioral Health Service (LBHS), to ensure continuity of pharmacotherapy post-discharge and ongoing treatment through LBHS Leap to Recovery Clinic.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$375,146
- Grand Total Cost of the Initiative: **\$1,125,146**



Beverly Hospital
Addison Gilbert Hospital

Members of Lahey Health



Lahey Health
Behavioral Services

Partners: Community Health Link, AdCare Hospital, UMass Medical School, UMass Memorial Medicare ACO, Department of Health and Human Services, City of Worcester

Primary Aim

Reduce ED revisits by 25% compared to a historical comparison group and establish 50% community-based treatment initiation rates post intervention.

Target Population

2,000 all payer patients presenting in the ED with OUD.

Care Model

- Patients with OUD are engaged in this model in the ED setting.
- Through this model, patients, families, and community are engaged through direct treatment, referral, and education about community based services for SUD treatment and resources.
- Funding will support Recovery Coaches to engage with patients with OUD through in person or videoconference and initiation of pharmacotherapy will be available for eligible patients, with support services provided by the bridge clinic and Recovery Coaches.
- Through the strengthening of existing partnerships, patients will be referred and followed in the community to increase engagement and retention in outpatient recovery.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$383,673
- Grand Total Cost of the Initiative: **\$1,133,673**



Harrington Memorial Hospital

ODU treatment in the ED

HPC Certified ACO: No
CHART Hospital: Yes

Partners: Harrington Hospital Outpatient Behavioral Health Services, Southbridge Police Department,

Primary Aim

Reduce ED visits by 20% compared to baseline.

Target Population

Estimated 3,000-4,500 all payer patients identified through ED, inpatient, and police/EMS with opiate withdrawal, dependence, or overdose.

Care Model

- Patients with OUD are engaged in this model in the ED and inpatient settings, as well as through encounters with first responders/EMS.
- Funding will support the medical, social, and behavioral health evaluation of all patients with OUD and, regardless of recovery status or initiation of pharmacologic treatment initiation, will provide support and follow-up by the SUD therapist and Navigators.
- The model builds on and expands the successful relationship with the Southbridge Police Department by funding a Recovery Specialist to work with the police department to engage and coordinate treatment for target population.

Total Initiative Cost

- Requested HPC Funding: \$486,580
- Applicant Contribution: \$208,190
- Grand Total Cost of the Initiative: **\$694,770**

Harrington
HOSPITAL

Southbridge
Police Department

Partners: Behavioral Health Network, Mercy Specialist Physicians, Providence Behavioral Health Hospital, Outpatient Services, Healthy Living Program

Primary Aim

Reduce Mercy's 30-day readmission rate by 20% compared to the 2017 baseline of 28% (for all ED OUD patients).

Target Population

1,268 all-payer Mercy ED OUD patients (out of a likely eligible 4,225)

Care Model

- Patients with OUD are engaged in this model in the ED and outpatient settings.
- Through this model, patients are provided services from recover coaches and social workers. Peer Recovery Support Coaches assist patients as they engage in decision-making regarding the initiation of and engagement in buprenorphine treatment and provide support in the transition from the ED to the outpatient providers. Social Workers engage with patients to address social determinants of health during treatment and recovery.
- Funding will support Mercy and their partner, Behavioral Health Network, in providing an evidence-based, social service intervention to enhance patient outcomes in initiating treatment and staying engaged in the treatment and recovery process, along with their addition treatment partners, Mercy Recovery Services, the Healthy Living Program, and Providence Behavioral Outpatient Services.

Total Initiative Cost

- Requested HPC Funding: \$516,048
- Applicant Contribution: \$172,015
- Grand Total Cost of the Initiative: **\$688,063**



Partners: Gandara, Western Mass Physician Associates (WMPA) Suboxone Clinic, River Valley Counseling Center, Providence Behavioral Health Hospital, Hampden County Sheriff's Department,

Primary Aim

Bridge 20% of ED patients to MAT or addiction services

Target Population

1,581 (based on 2017 numbers) Holyoke Medical Center ED patients with primary or secondary diagnosis of OUD and/or positive OUD screen.

Care Model

- Patients with OUD are engaged in this model in the ED, inpatient, or outpatient settings, as well as through referral from local courts and jails.
- Funding will support the medical, social, and behavioral health evaluation of all patients with OUD and, regardless of recovery status or initiation of pharmacologic treatment initiation, will provide support and follow-up by the Social Worker and either RN Care Navigator or CHW. Key partners, such as the Gandara Center, will support ongoing treatment.
- The funding of the HMC Suboxone Clinic will support bridge prescribing and ongoing pharmacologic treatment as needed.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$437,353
- Grand Total Cost of the Initiative: **\$1,187,353**



Partner: Boston Healthcare for the Homeless Program (BHCHP)

Primary Aim

Reduce ED revisits by up to 50% for the target population compared to baseline.

Target Population

3,285 all-payer patients who present to the MGH ED or Bridge Clinic who have an opioid use disorder; and BHCHP adult patients for whom the Bridge Clinic is a more effective site of ongoing care.

Care Model

- Patients with OUD are engaged in this model in the MGH ED and in the outpatient setting by MGH and BHCHP physicians/ providers.
- Funding will support the expansion of existing pharmacologic induction services in the ED and Bridge Clinic to BHCHP's patients, as well as an expansion of Recovery Coaches, beyond the Bridge Clinic, to include the ED and McInnis House
- As part of the funded initiative, MGH will establish a Learning Collaborative to offer technical assistance, guidance, and shared learning to organizations interested in developing models that are similar to their initiative and the Bridge Clinic.

Total Initiative Cost

- Requested HPC Funding: \$550,000
- Applicant Contribution: \$549,414
- Grand Total Cost of the Initiative: **\$1,099,414**



MASSACHUSETTS
GENERAL HOSPITAL



BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

Partners: Lynn Community Health Center, North Shore Physicians Group, North Shore Community Health, Bridgewell,

Primary Aim

Reduce ED revisits by 50% for the target population compared to baseline.

Target Population

500 (out of 10,000 eligible) all payer North Shore Medical Center ED opioid overdose patients and patients with a positive OUD screen.

Care Model

- Patients with OUD are engaged in this model in ED.
- Through this model, initiation of pharmacologic treatment will begin in the ED followed by referral back to primary care or one of North Shore's outpatient behavioral health partners, depending on PCP affiliation/severity of need.
- Funding will support the training and waiving of primary care physicians to allow them to engage in prescribing, thereby expanding access to pharmacologic treatment for OUD in this geographic area of need.

Total Initiative Cost

- Requested HPC Funding: \$750,000
- Applicant Contribution: \$250,000
- Grand Total Cost of the Initiative: **\$1,000,000**



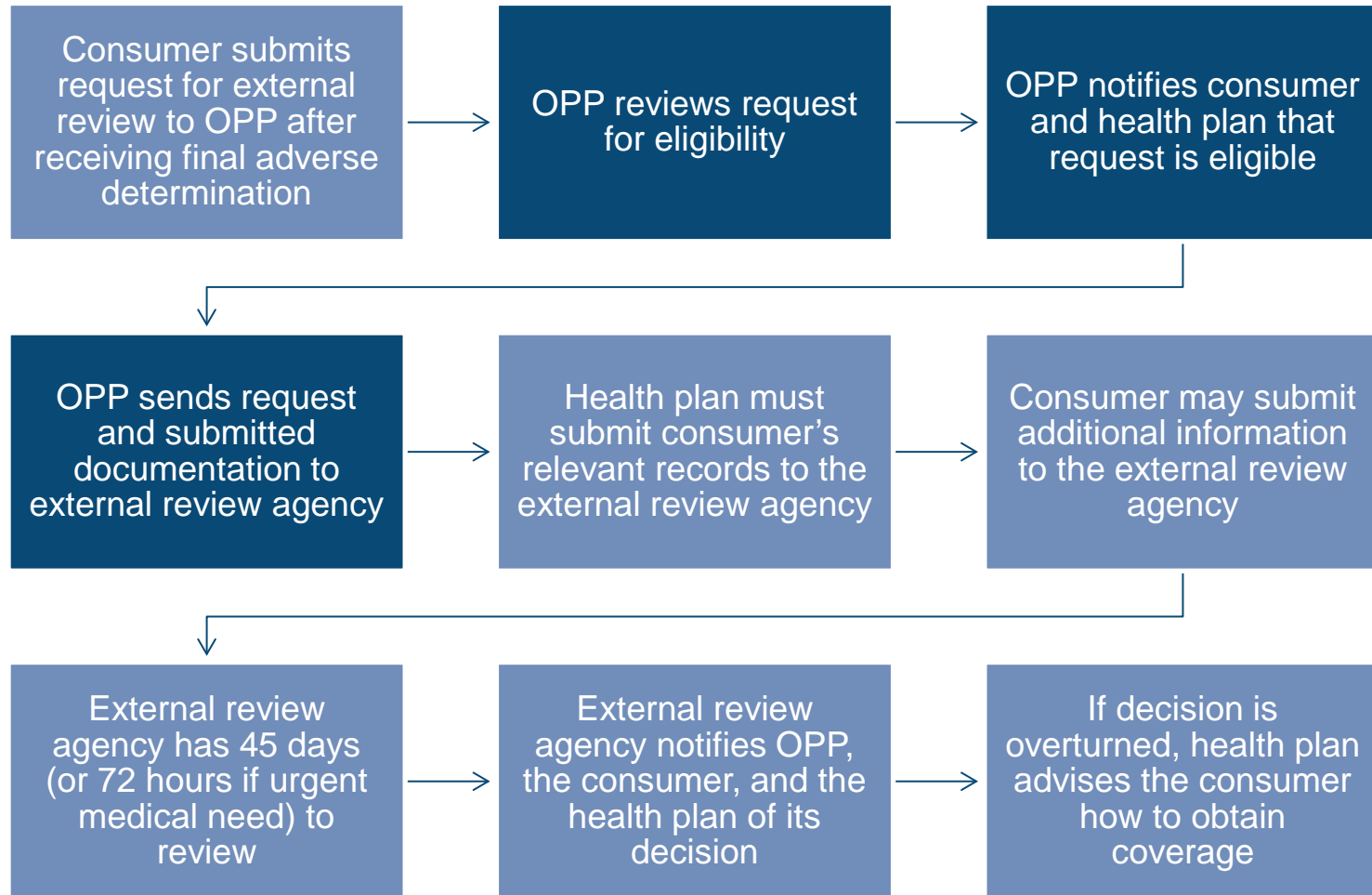
NORTH SHORE
MEDICAL CENTER

Lynn
COMMUNITY
health
CENTER

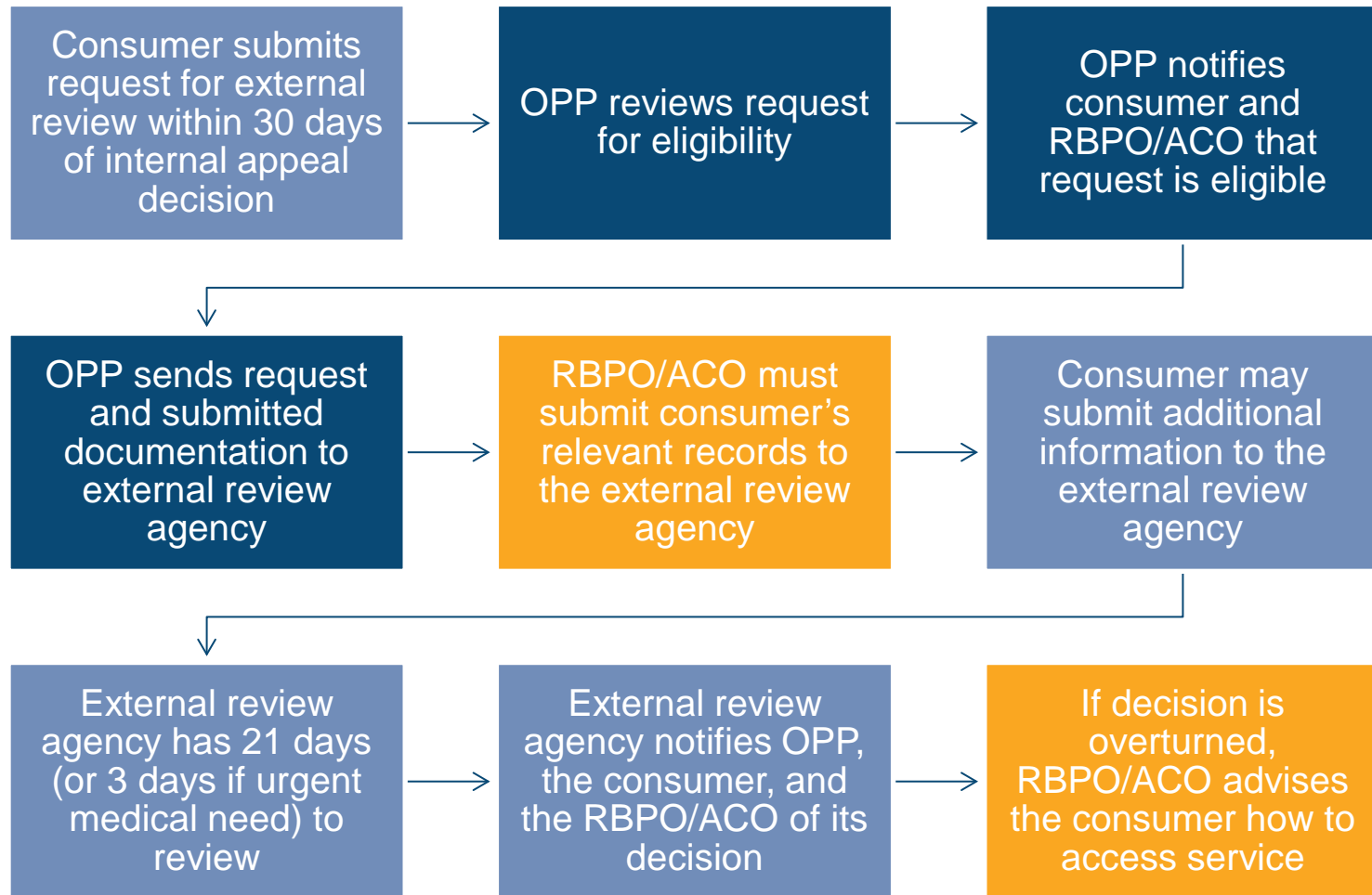


RBPO/ACO Appeals Regulation

Appendix: Detail of Current Carrier External Review Process



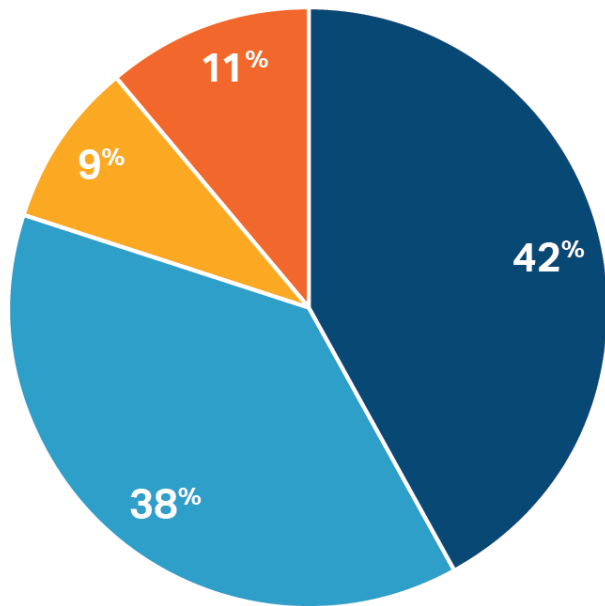
Appendix: Detail of Proposed RBPO/ACO External Review Process



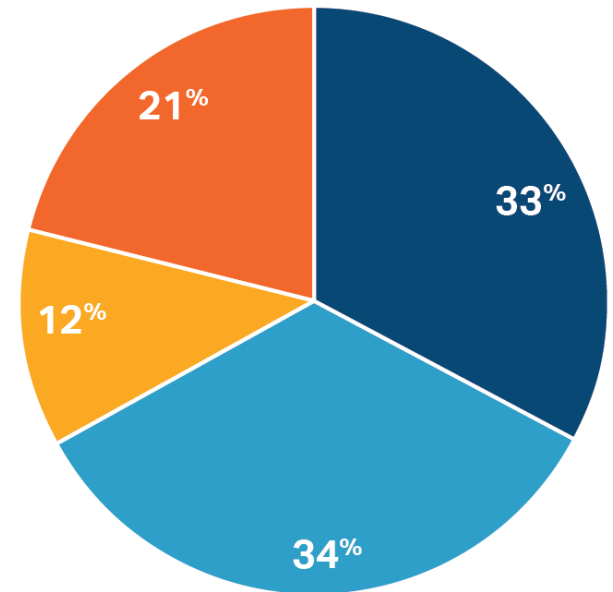
HPC FY19 Budget Proposal

The FY19 budget proposal balances the primary policy priorities of the HPC

Total Payroll and Professional Services by Major Category

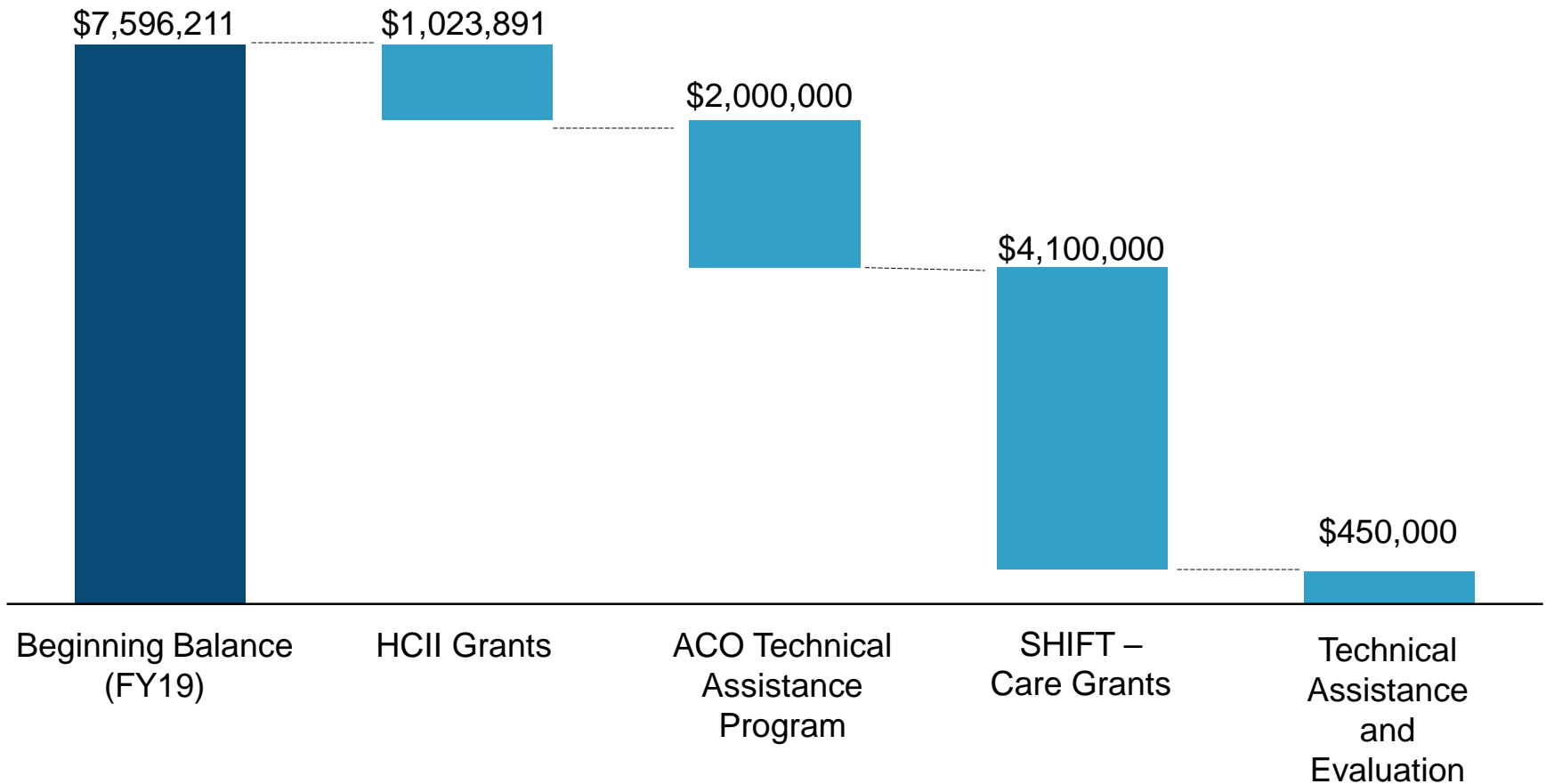


Total FTEs by Major Category

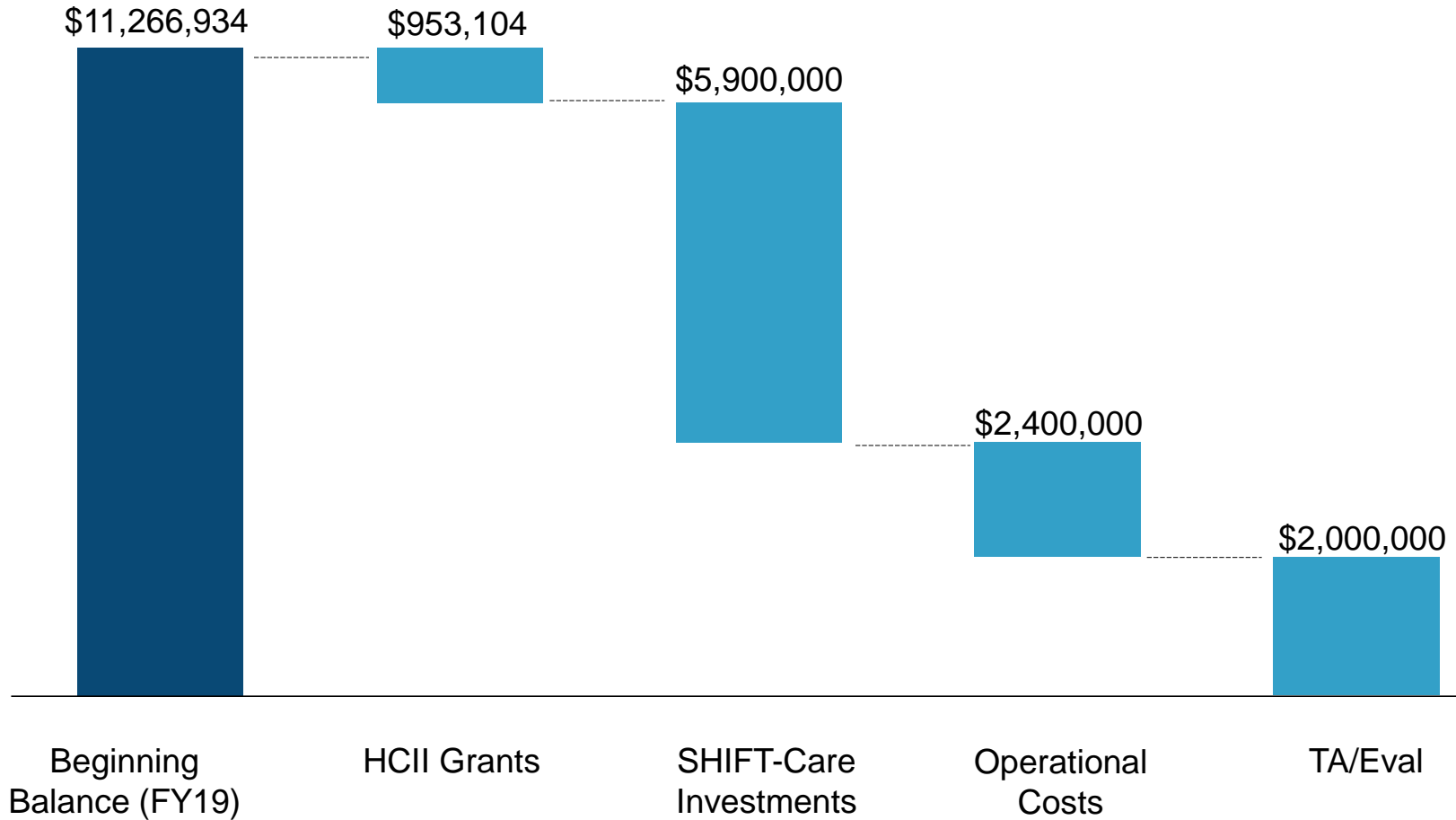


- Care Delivery Transformation
- Market Oversight and Transparency
- Legal
- ANF / External

FY19-FY21 Projected Spend Down: Health Care Payment Reform Trust Fund



FY19-FY21 Projected Spend Down: Distressed Hospital Trust Fund



FY19 Overview: Total number of HPC employees has been relatively stable over the past two and a half years.

