MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Care Delivery Transformation Committee

October 2, 2019

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- **Call to Order**
- Appointment of Committee Chair
- Approval of Minutes from June 5, 2019 Meeting
- Health Care Transformation and Innovation Team Structure
- ACO Certification Program 2.0: Process Update
- Academic Detailing Program: adviseRx
- DataPoints Issue 15: Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Investments
- CHART Phase 2 Evaluation: Initial Findings
- MassUP Investment Program Design
- Schedule of Next Meeting (November 20, 2019)

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VOTE: Appointment of Committee Chair

MOTION: That, pursuant to Section 4.1 of the Commission's By-Laws, the Care Delivery Transformation committee hereby appoints _____ to serve as Chairperson of the committee.

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VOTE: Approving Minutes

MOTION: That the Committee hereby approves the minutes of the CDT Committee meeting held on **June 5, 2019**, as presented.

REGISTER TODAY! Health Care Cost Trends Hearing VII, Oct 22-23

Agenda

Day One

- Remarks: Governor Baker & Speaker DeLeo
- Expert Presentation: Health Care Cost Trends
- Panel 1: Confronting Complexity in the Health Care System
- Panel 2: Pharmaceutical Market Trends and Cost Drivers
- Public Testimony

Day Two

- Remarks: Attorney General Healey and Senate President Spilka
- Expert Presentation: State Policies to Enhance Primary Care
- Panel 3: Strengthening Primary and Behavioral Health Care
- Panel 4: Provider Market Trends and Cost Drivers

HPC

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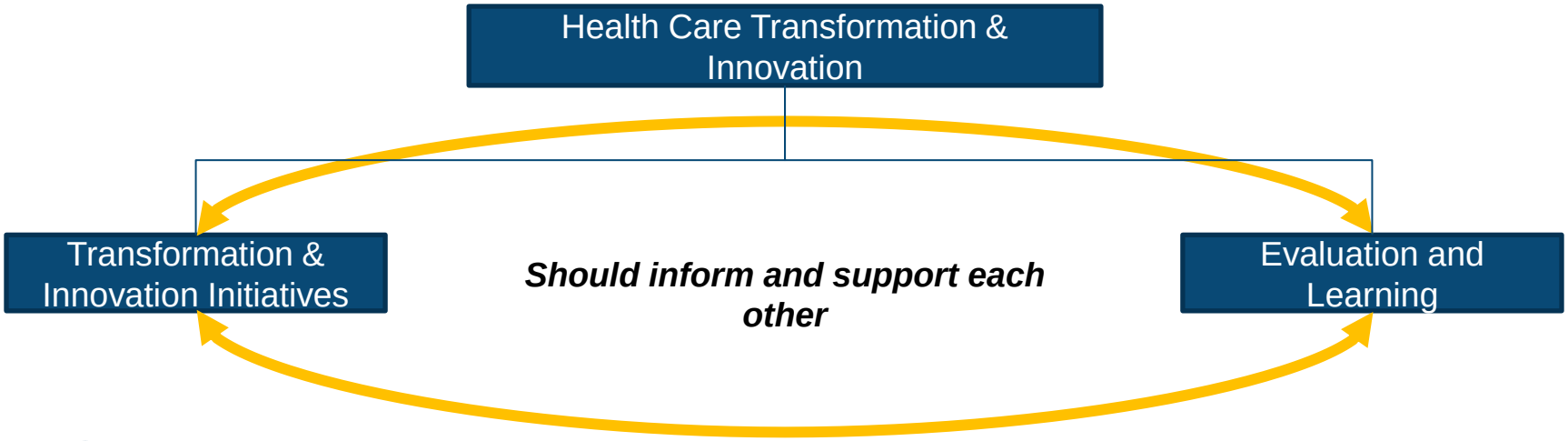
Goals for Health Care Transformation and Innovation (HCTI) Team

- Previous structure was built around large, statutory mandates (e.g. CHART, HCII, PCMH and ACO Certification programs)
- Future work may entail more mid-sized projects, with variety in size and scope
- As new work has come in, lines between “investment” and “transformation” programs have already started to blur (e.g., MassUP, BH agenda)
- Need to respect ongoing work and relationships, while building a new structure that:
  - Eliminates arbitrary or unnecessary siloes
  - Allows for nimbleness in the way work is designed and staffed
  - Promotes cross-functional learning and professional development opportunities at all levels
  - Enables delivery of work in a positive and supportive team environment



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ACO Certification Update: Starting Application Reviews

14 ACOs are submitting applications for re-certification.

Review all applications for completeness

Work with ACOs on clarifications as needed

Finish multi-reader application review process

Issue decisions by December 31, 2019

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Statutory Authorization for the HPC's Academic Detailing Program

The FY2019 state budget provides $150,000 for the HPC to develop and implement an academic detailing program for Massachusetts providers.

"1450-1266. For the operation of an **evidence-based outreach and education program designed to provide information and education on the therapeutic and cost-effective utilization of prescription drugs** to physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs; provided, that **the health policy commission shall work with the office of Medicaid to access prescription data** aggregated by provider on an ongoing basis for the use of the program; … and provided further, that funds shall be set aside from this appropriation to evaluate programs **and assess the effectiveness of and cost savings** associated with this program."

Overview of the HPC's "adviseRx" Program

adviseRx

HPC

$150,000
budgeted by legislature

Reports to the legislature: analysis of ACO data capabilities and program summary

Alosa Health

Clinical content and skills-based training

Participants conduct educational outreach to ACO prescribers—with Alosa Health expert trainer support

Measure tracking and Reporting

Program Features

- Clinical focus on **type 2 diabetes**
- **ACO staff training approach**: build skills to educate colleagues on evidence-based prescribing practices
- ACOs can identify up to **two staff participants**

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Four HPC-certified ACOs will participate in the new adviseRx program.

Baycare Health Partners, Inc.	Beth Israel Lahey Health Performance Network	CHA Cambridge Health Alliance	Signature Healthcare
Goal: Improve diabetic care and outcomes through a more structured approach	**Goal**: Expand pharmacy management programs to include type 2 diabetes prescribing, focusing on MassHealth population	**Goal**: Opportunity to improve tracking and adherence to evidence-based guidelines for patients with type 2 diabetes	**Goal**: Build on existing endocrinology pilot program to improve medication management of type 2 diabetes in primary care
Staff participants: MD and NP team	**Staff participants**: PharmD and clinical pharmacist	**Staff participants:** Pharmacotherapist and nurse educator	**Staff participants:** Two registered pharmacists certified in medication management

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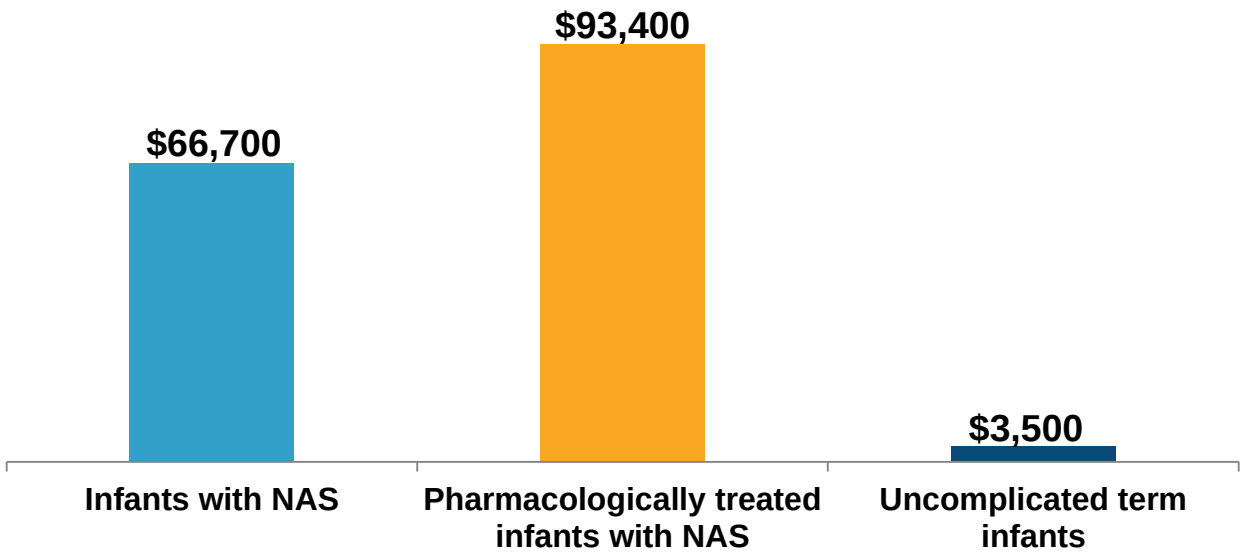
Background: Neonatal Abstinence Syndrome

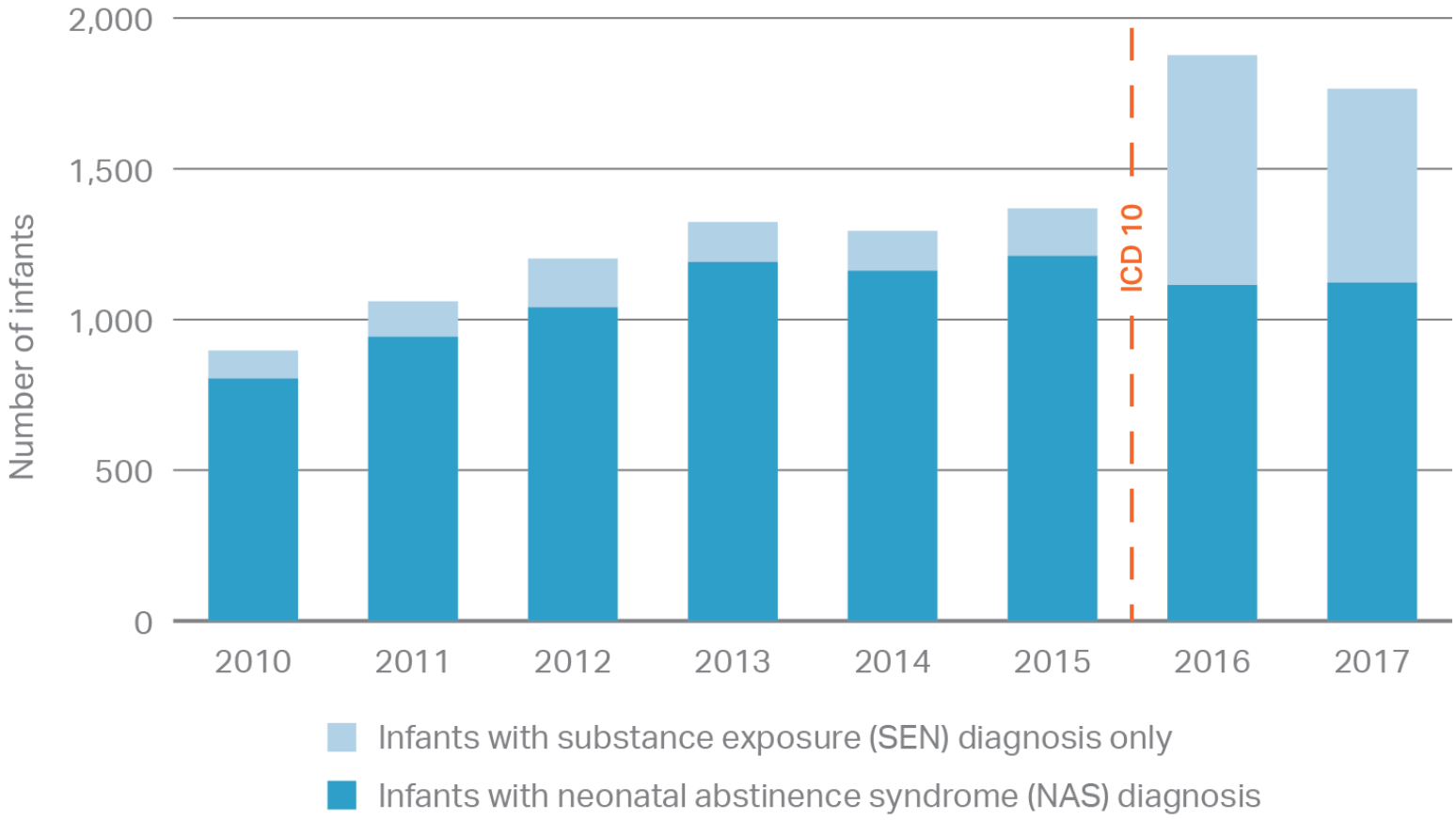
- **Neonatal Abstinence Syndrome (NAS) is a condition that can affect infants with prenatal exposure to opioids** as a result of the mother's use of opioids and/or prescribed medication for addiction treatment.
- Caring for infants with NAS can be **complex and costly**. Historically, infants with NAS have required admission to a neonatal intensive care unit for observation and administration of pharmacotherapy.

Mean hospital charges per infant in 2012[1]



1. Patrick SW, et al. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatal. 2015;35:650–655.

In Massachusetts, the number of infants diagnosed with NAS or substance exposure has increased since 2010.



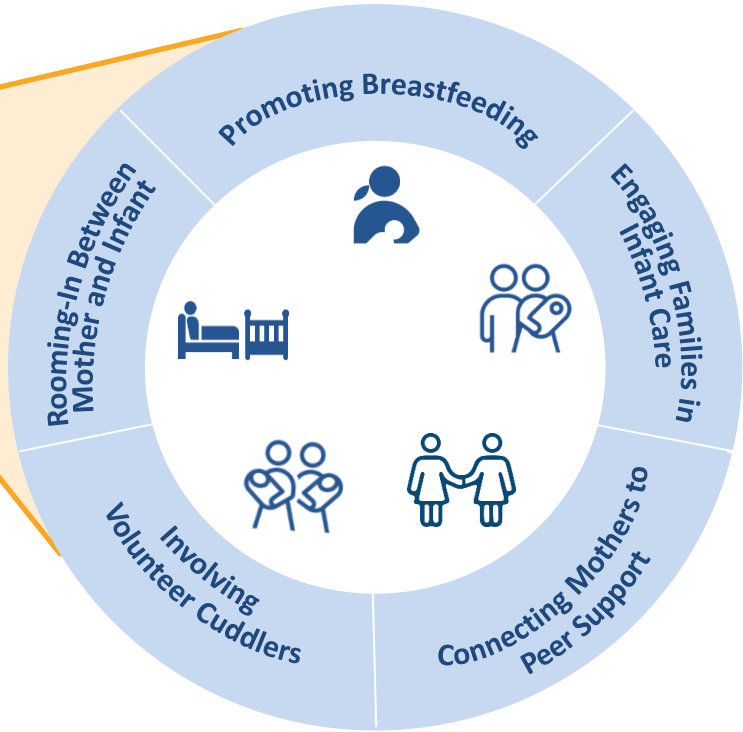
Source: HPC Analysis of the Center for Health Information and Analysis (CHIA), Hospital Inpatient Discharge Database, 2017

In 2017, the HPC launched the Mother and Infant-Focused Neonatal Abstinence Syndrome Intervention Opportunity.

- The program was designed **to improve care for infants born exposed to opioids and for women in treatment for opioid use disorder** during and after pregnancy.
- $3 million was awarded to **6 hospitals**, extending from Springfield to Middlesex County.
- More than **400 infants with NAS have been treated** as part of the program since 2017.

Key components of the care model:

- Increasing non-pharmacologic interventions
- Optimizing NAS pharmacologic treatment
- Increasing access to services for mothers and infants after discharge



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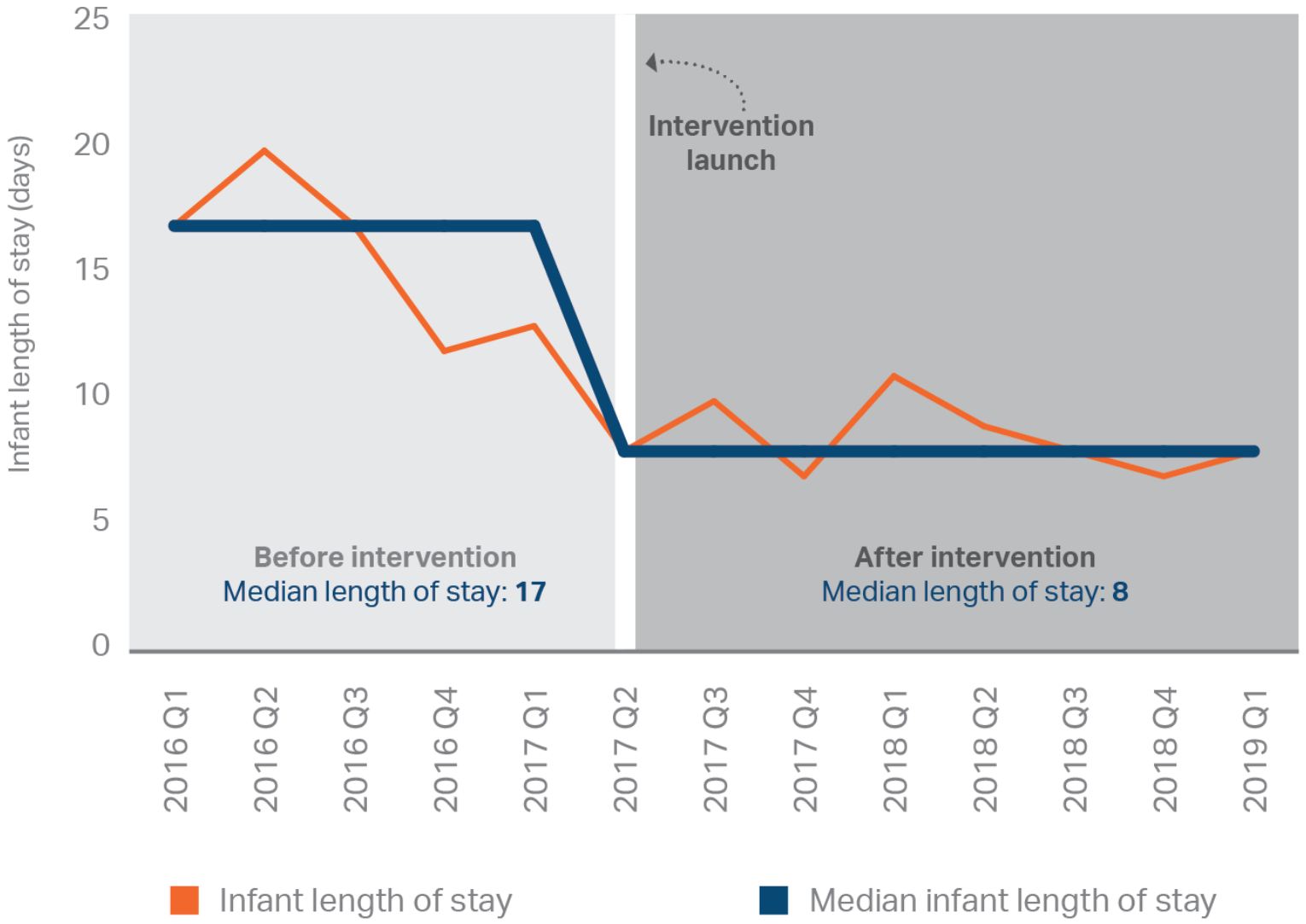
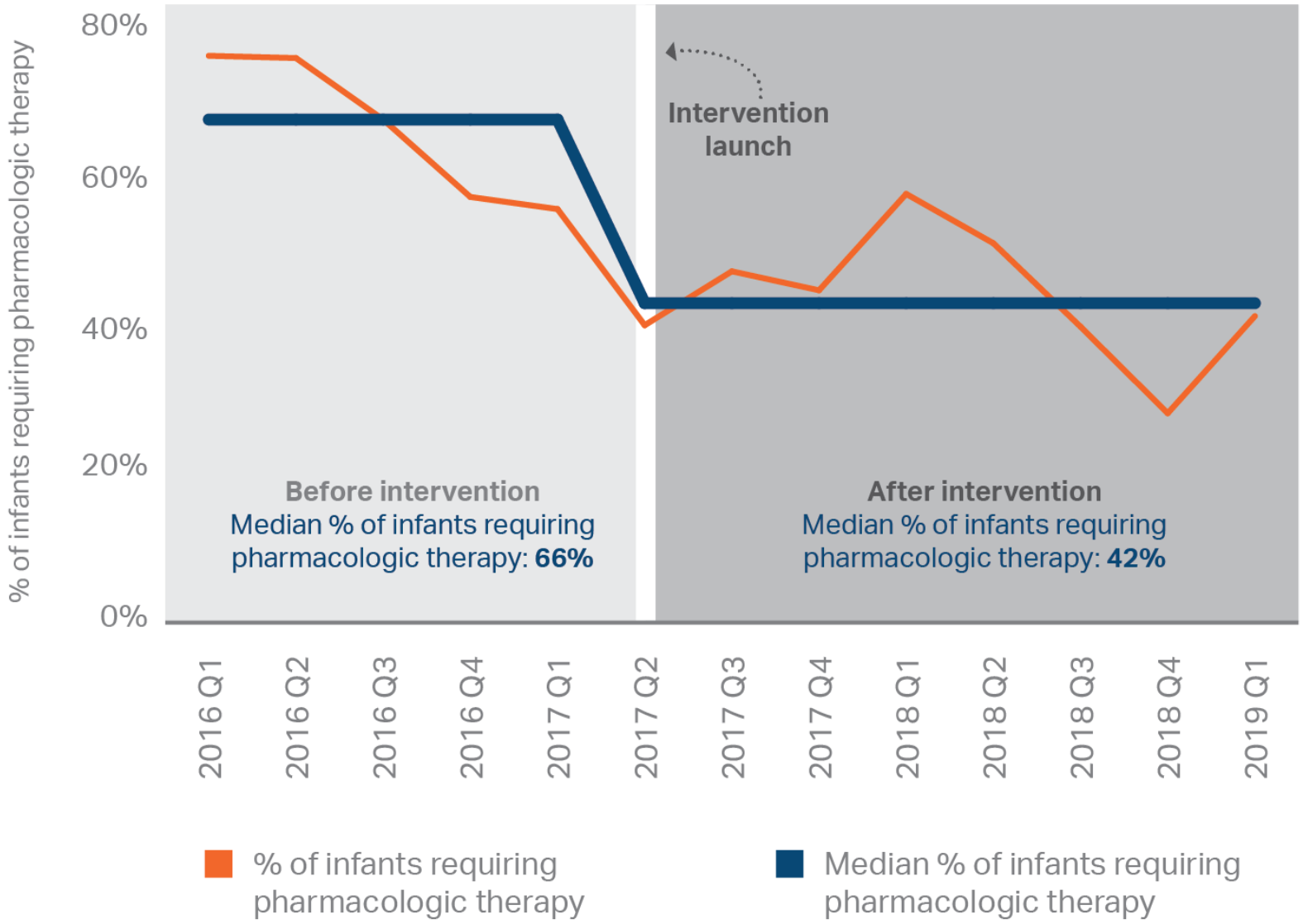
Hospitals observed a 53% reduction in the median length of stay for infants.



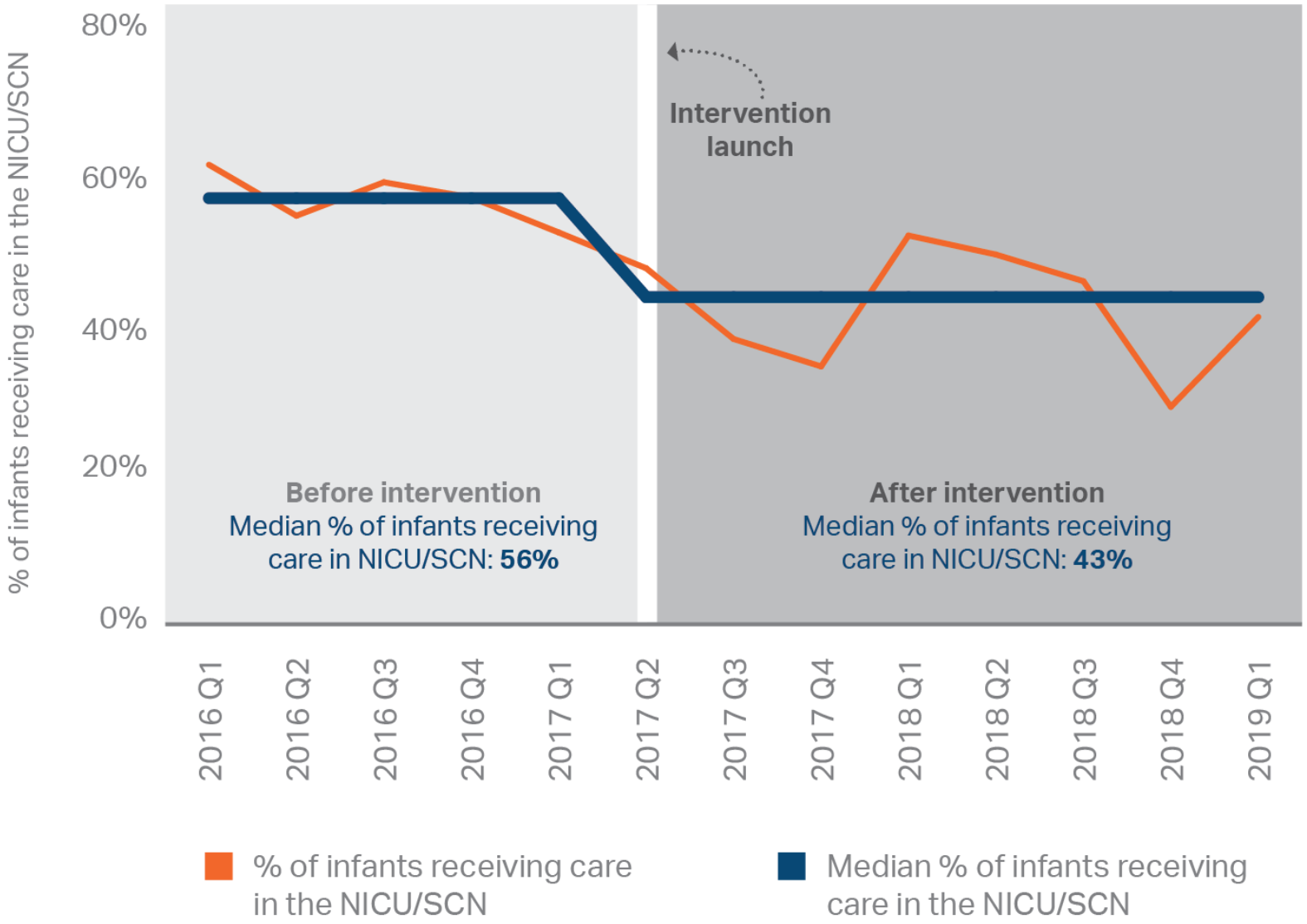
Source: NeoQIC analysis of data submitted by the six HPC funded hospitals via REDCap, January 2016-March 2019.

The percentage of infants requiring pharmacotherapy dropped from 66% to 42%.



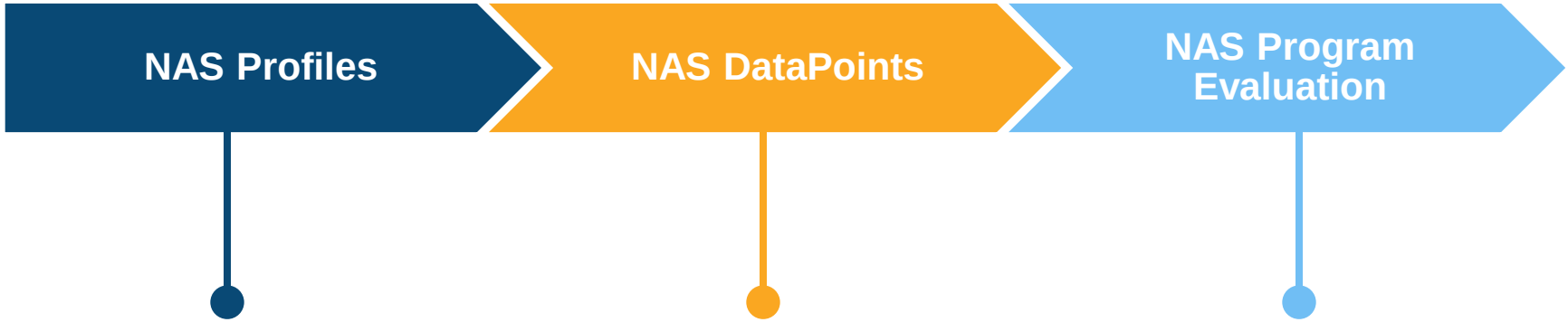
Source: NeoQIC analysis of data submitted by the six HPC funded hospitals via REDCap, January 2016-March 2019.

The percentage of infants requiring care in the NICU declined from 56% to 43%.



Source: NeoQIC analysis of data submitted by the six HPC funded hospitals via REDCap, January 2016-March 2019.

Outputs from the NAS Programs



Released June 2019

- Highlights each hospital's care model, target population, and primary aims

Released September 2019

- Draws on state-wide data from the 2019 Opioid-related Acute Hospital Utilization Chartpack
- Highlights preliminary findings from the HPC NAS Interventions

Anticipated summer 2020

- Comprehensive mixed-methods evaluation of the NAS interventions
- Supported by the Neonatal Quality Improvement Collaborative (NeoQIC)

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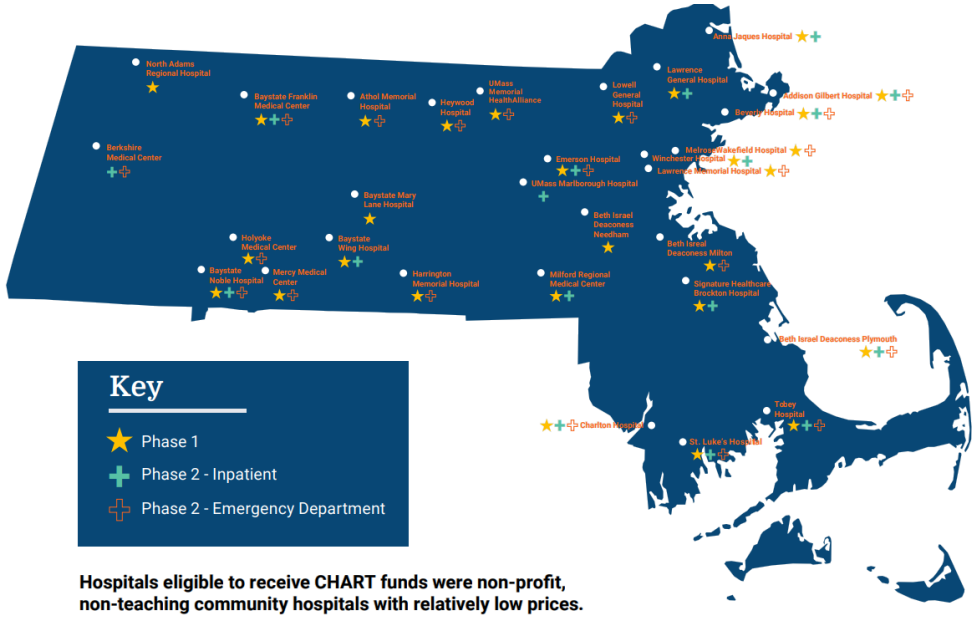
CHART Phase 2 Overview and Primary Goals



Hospitals eligible to receive CHART funds were non-profit, non-teaching community hospitals with relatively low prices.

2 YEARS*

27 HOSPITALS

GOAL 1:
Deliver Integrated Care Across Medical, Behavioral Health, and Social Needs

GOAL 2:
Shift Care From the Hospital to the Community

GOAL 3:
Use Data and Analytics to Better Serve Patients

GOAL 4:
Prepare to Succeed in Value-Based Care Models

*CHART Phase 2 programs launched on a rolling basis beginning September 2015 and were implemented over the period of 24 months, with the final Period of Performance ending January 31, 2018.

CHART Phase 2 Evaluation Report

Part one: Design & Implementation

- *Procurement*
- *Preparation*
- *Implementation*
- *Adaptation*

Part two: Impact

- *Use of data and analytics*
- *Integrated whole-person care*
- *Community partnership*
- *Acute care utilization*
- *Patient experience*

Part three: Sustainability

- *Organizational culture change*
- *Programmatic sustainment*

Report Development Timeline

CHART Phase 2 Implementation

Sept. 2015 — *Jan. 2018*

Data Collection

Sept. 2015 — *May 2019*

We Are Here

Analysis & Report Drafting

Jan. 2018

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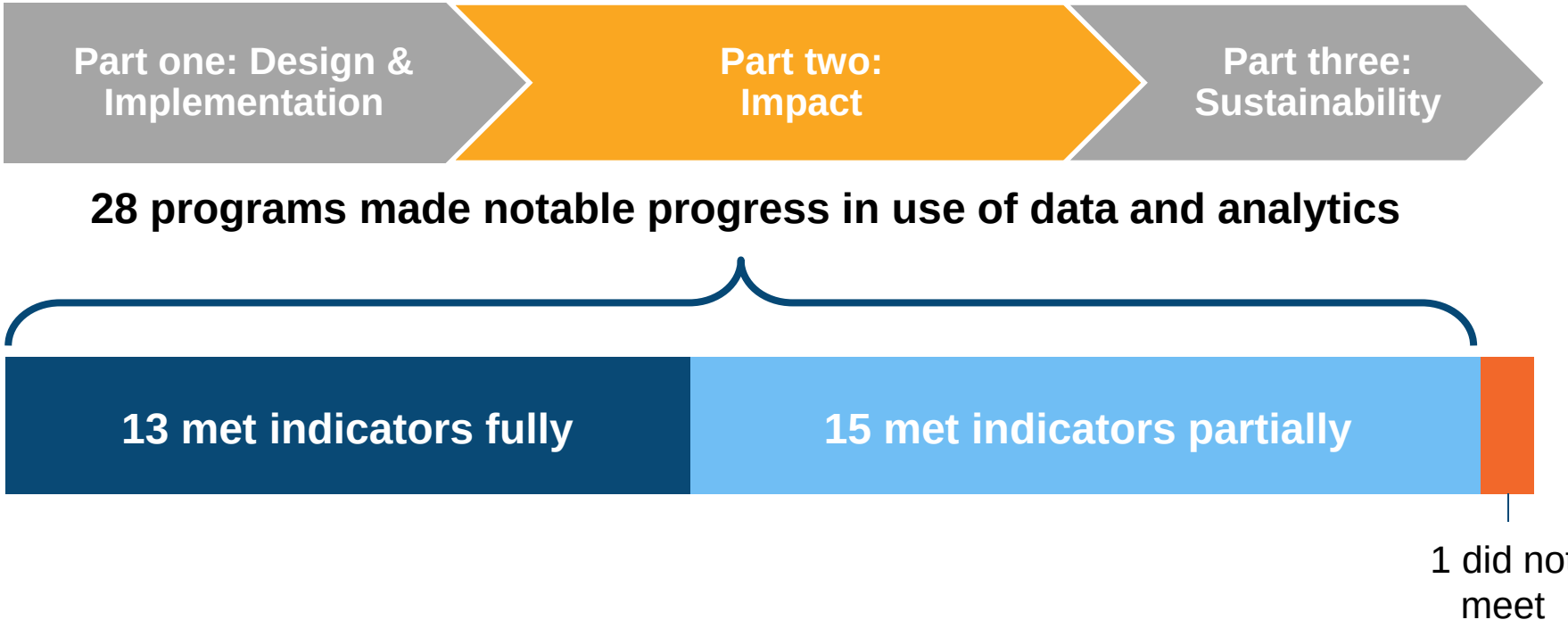
Assessing Cohort-Wide Transformation: Data and Analytics



Indicators of successful use of data and analytics

- Generated real time alerts when an eligible patient presents at the hospital
- Created dashboards to track patients' progress and inform operational considerations
- Conducted sub-analyses to stratify patients based on need

Using Data and Analytics to Better Serve Patients

Real Time Alerts

"Our ED tracker would **pop up patients who were CHART patients in real time** and [we would get] reports twice a day for those folks. That was a huge success." – *Holyoke Hospital*

Data for Decision Making

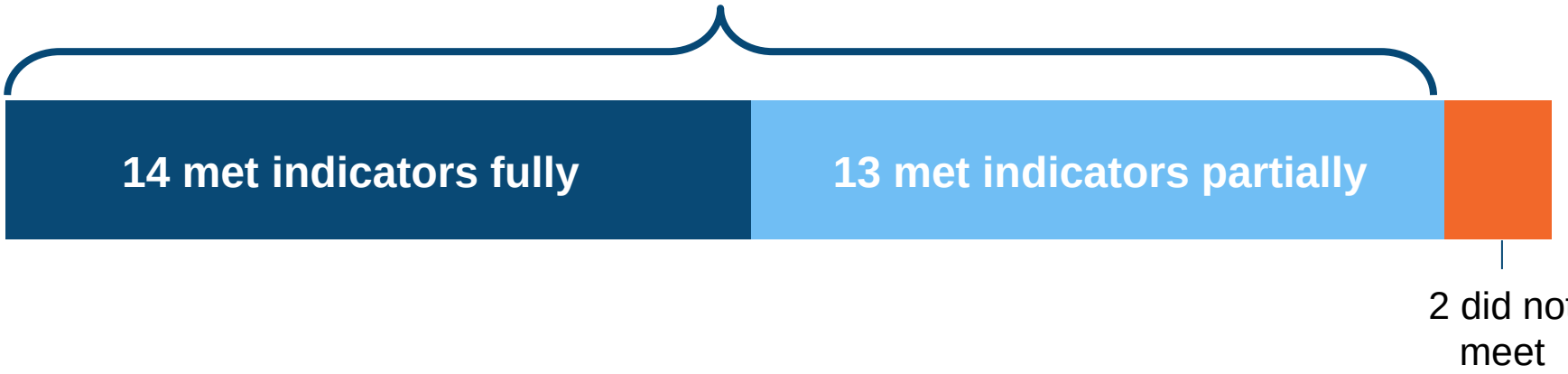
"**One of the things that has been the most beneficial is that we [look] at the data** […] If we notice our rates are better or [worse] we try to look at what changes are happening in the context of the hospital and […] see if we should be doing something differently." – *Emerson Hospital*

Stratifying Patients

"[We] stratify patients into High-Medium-Low-Outreach (HMLO) strata, evolving the assessment as the team better understood the patients being served, [which] led to **varied levels of service intensity according to the strata**." – *HealthAlliance Hospital*

Assessing Cohort-Wide Transformation: Integrated Whole Person Care

27 programs made notable progress towards integrating whole person care



Indicators of successful use of integration of whole person care

- Increased assessment and documentation of patient needs
- Incorporated appropriate expertise into the team, either through training or hiring
- Aligned care offerings with patient priorities, including location and type of assistance

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Assessing Cohort-Wide Transformation: Integrated Whole-Person Care

Part one: Design & Implementation → **Part two: Impact** → Part three: Sustainability

22 CHART teams targeted health-related social needs	Health related social needs were commonly addressed through **enhanced referrals** to government or social service organizations and/or through the use of **patient assistance funds**
13 CHART teams targeted behavioral health needs	Programs incorporated **staff with behavioral health expertise** and trained staff on **trauma informed care and Screening, Brief Intervention and Referral to Treatment (SBIRT)**
6 CHART teams targeted palliative care needs	Teams with a palliative or hospice care focus introduced screens for **palliative care consults** and promoted completion of **Medical Order for Life Sustaining Treatment (MOLST) forms**

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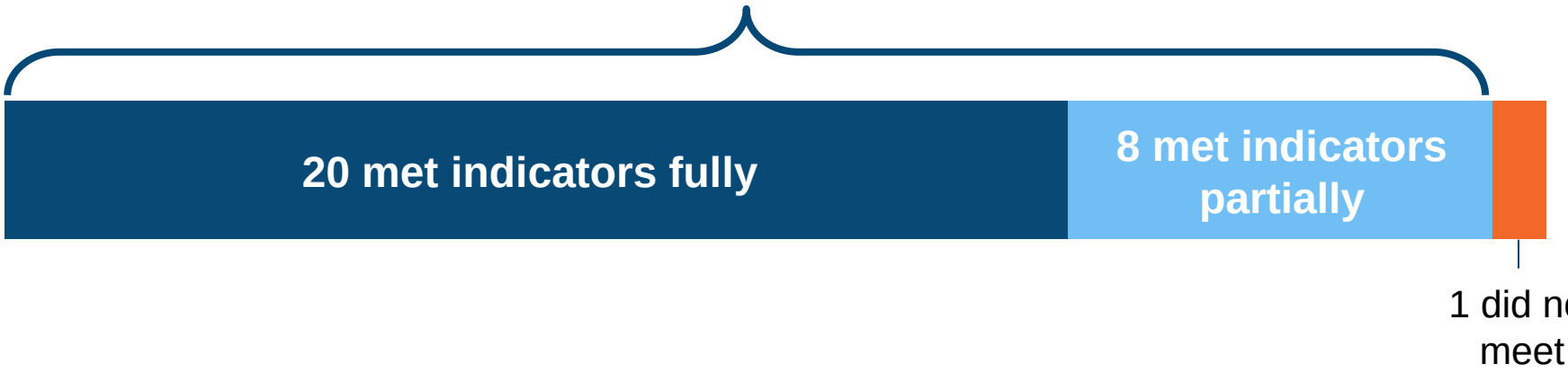
Assessing Cohort-Wide Transformation: Community Partnerships

28 programs made notable progress towards community partnerships



Indicators of successful partnerships

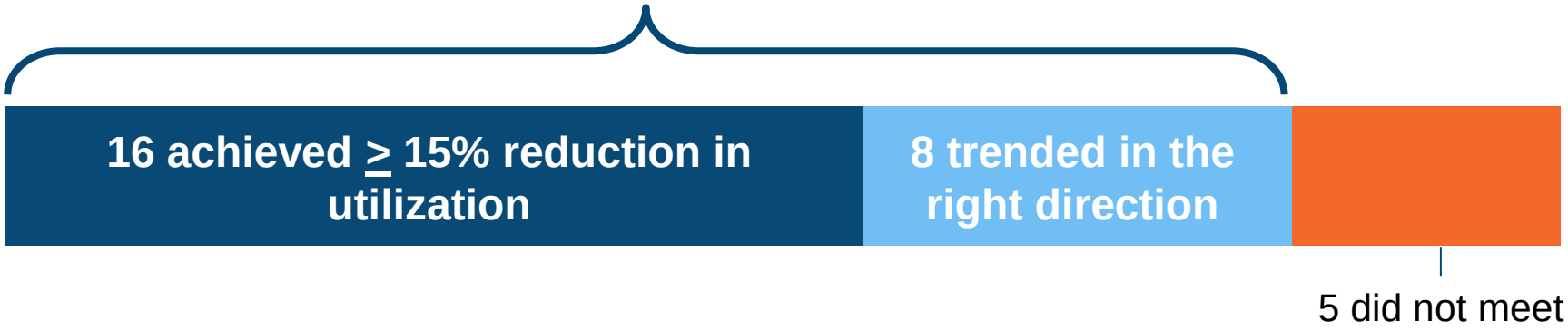
- Formalized channels of communication, including case-conferencing
- Embedded or shared staff between partner organizations and CHART team

Partnerships extended the hospital's ability to manage patients with complex medical, behavioral and social service needs.

Baystate Noble Hospital conducted **regular case conferencing** with Carson Center on their shared patients with behavioral health needs.	"We did a lot of care plan sharing and working together to build mutual care plans, [which were] uploaded into the emergency department. When patients would register, it would flag that there's a care plan that would pop up […] for the providers down there."
Addison Gilbert Hospitals' **CHART team nurses rounded weekly at local skilled nursing facilities (SNFs)** regarding shared patients.	"We have a nurse round at each SNF in the area on a weekly basis […] It is beneficial to have a team member present at discharge planning meetings so we can ensure that the plan is followed in the community."
Mercy Medical Center **embedded staff from Behavioral Health Network** in their ED to conduct crisis evaluations.	"Having your community partner actually come in, work with the clinician and the provider staff, and sort of having the complex care coordinator be a liaison from our community partner to our staff, really helped with the effectiveness."

Assessing Cohort-Wide Transformation: Acute Care Utilization

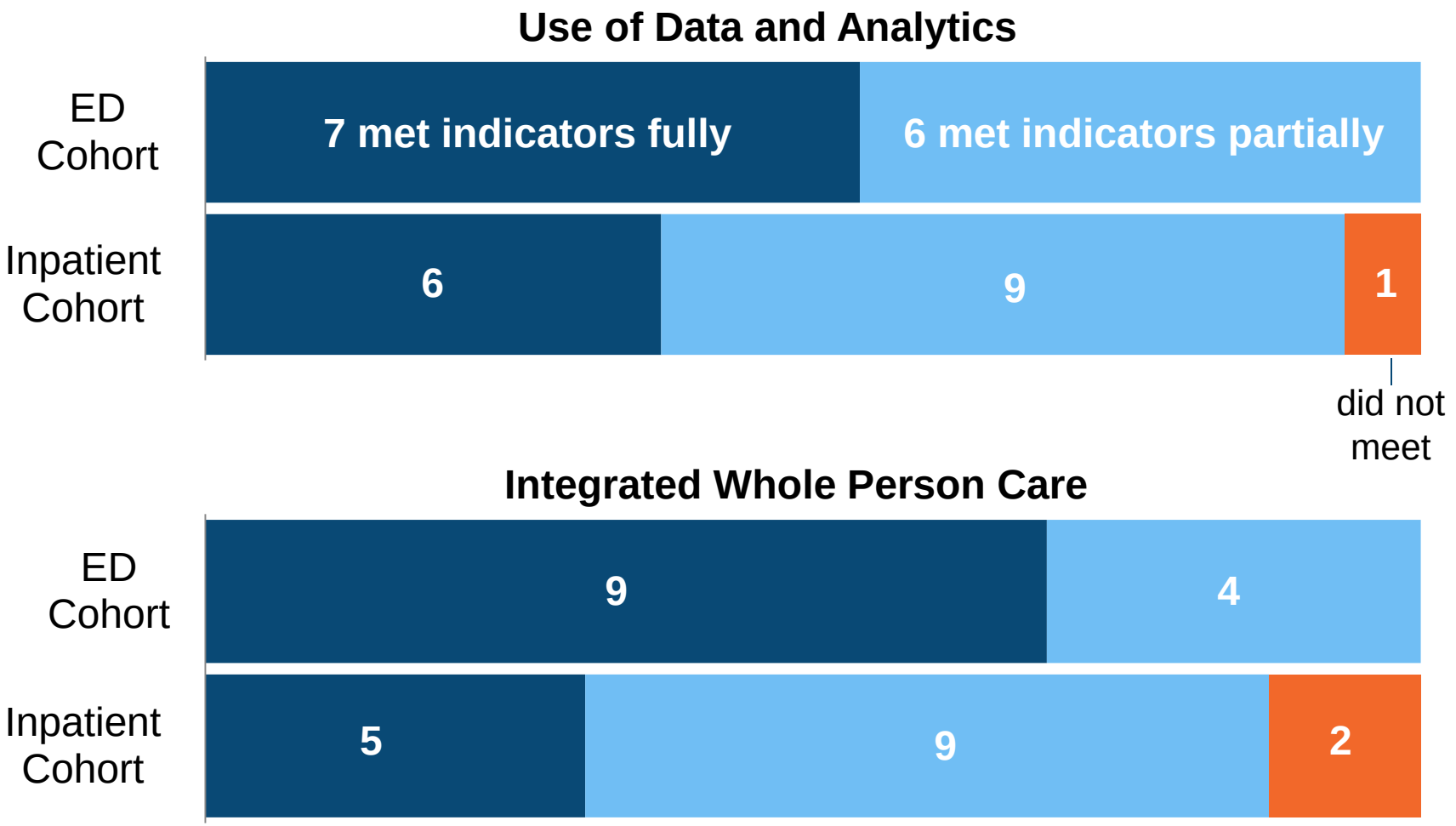
24 programs reduced hospital utilization



Each program chose one primary aim targeting acute care utilization:

- 30-day readmissions or returns
- 30-day ED revisits
- ED LOS

Dividing the co-hort into ED-focused programs and inpatient-focused programs reveals additional variation in observed impact.



All ED-focused programs made notable progress in building community partnerships and reducing acute care utilization.

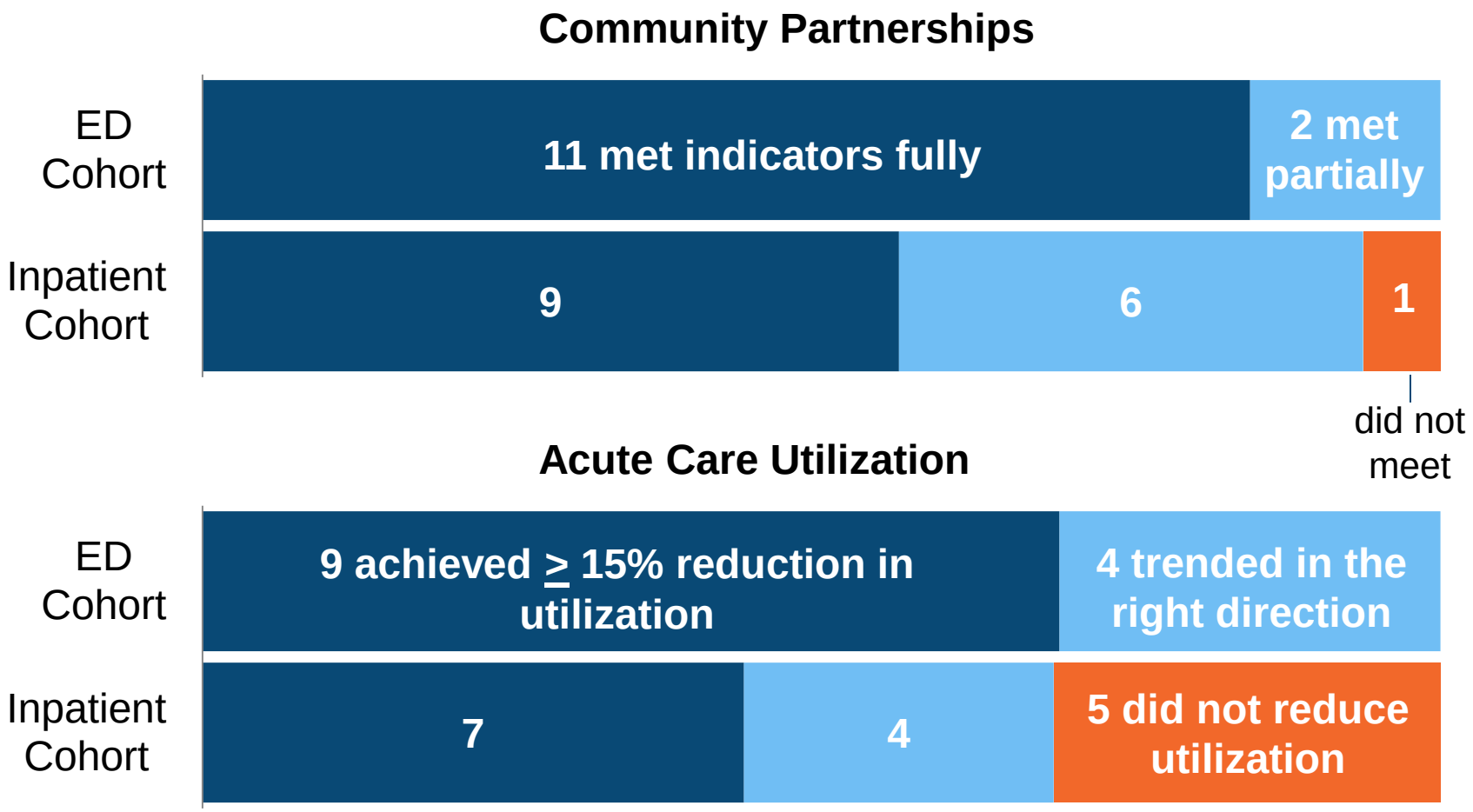
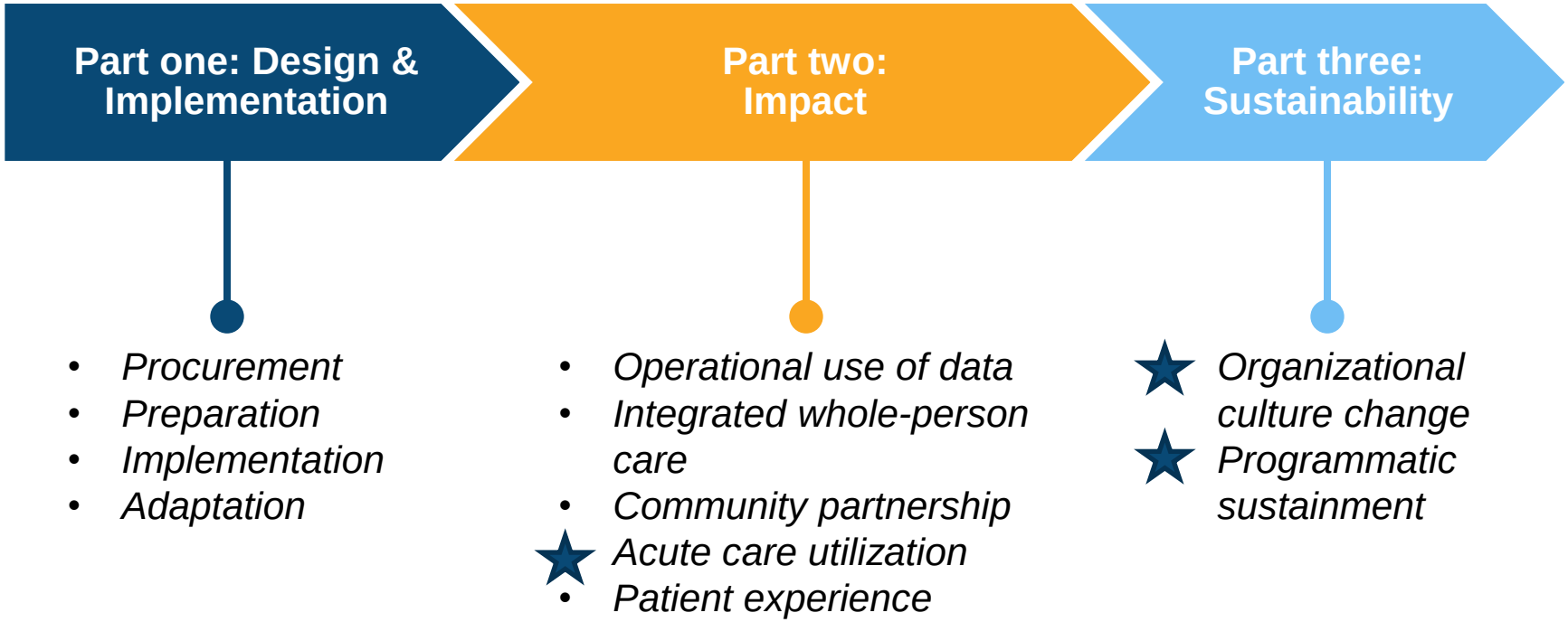


CHART Phase 2 Evaluation Report: Looking Ahead



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Overview of Moving Massachusetts Upstream (MassUP)

MassUP Vision:
Better health, lower costs and reduced health inequities — across communities and populations in Massachusetts — through effective partnerships between government, health care systems, and communities to address the social determinants of health (SDoH).

- **A partnership across state agencies: DPH, MassHealth, AGO, EOEA, and HPC**
- Goal: to engage in **policy alignment activities** and make **investments to support health care system–community collaborations** to more effectively address the "upstream" causes of poor health outcomes and health inequity

MassUP Action Plan Strategies

Investment Program

- The HPC will fund a **competitive grant opportunity** for 2-3 community collaboratives

Technical Assistance

- DPH will **provide dedicated TA either through staff or contracted resources** to the community collaboratives (e.g. convening/facilitation expertise)

Aligning Policy

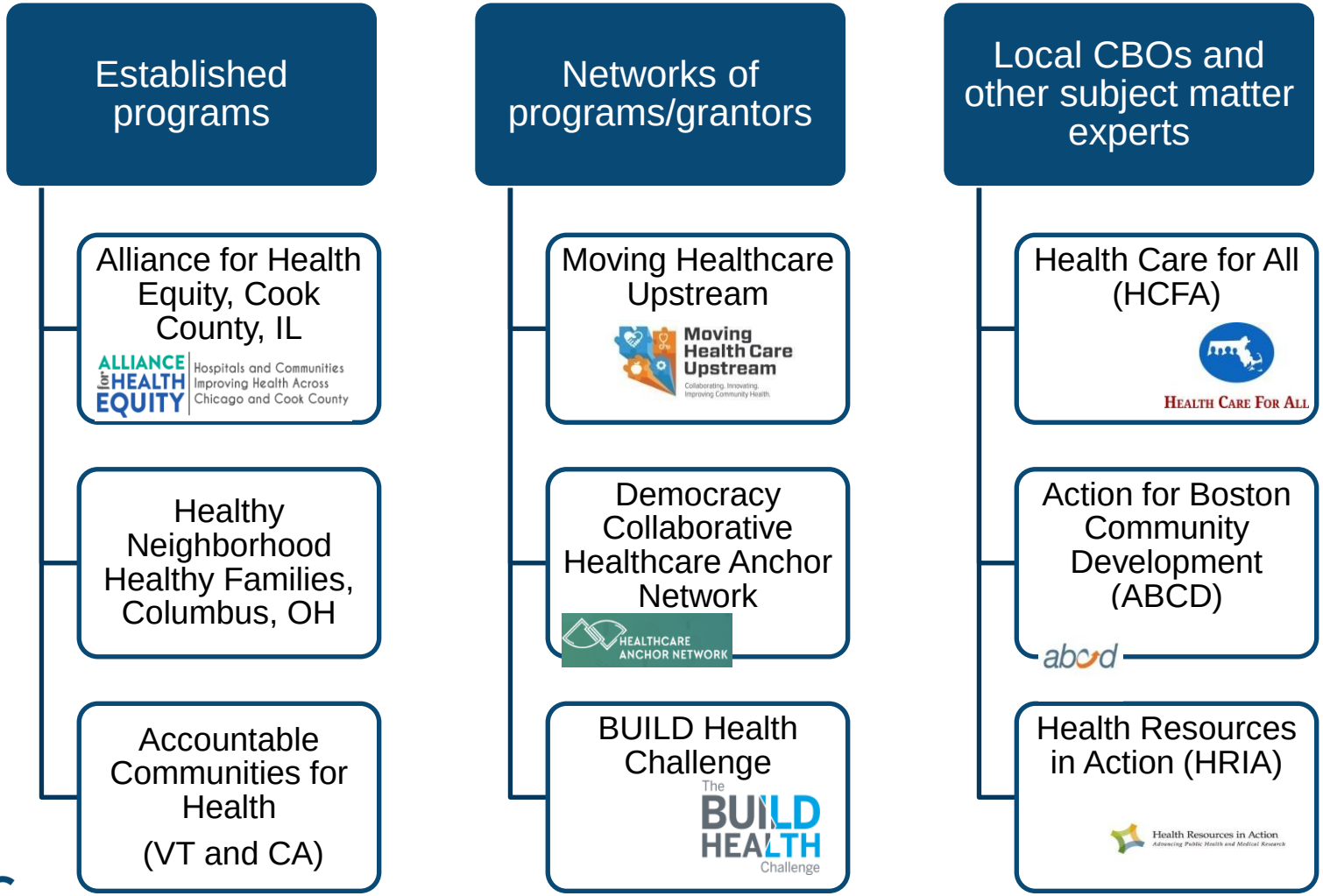
- MassUP will **identify policy opportunities and work to alleviate state-level policy barriers** across MassUP agencies

Evaluation

- DPH **will analyze, document and disseminate the design elements** leading to successful clinical and community collaboratives to address the SDoH

MassUP investment program design has been further refined by recent HPC research and interviews about similar efforts in MA and nationwide.

During summer 2019, the HPC conducted research and interviews to expand on previous MassUP stakeholder engagement work, with the goal of identifying **models for health system-community collaborations on upstream work**. Some key programs and interviewees included:



Key Themes from Research and Interviews

Proposed MassUP Investment Program Key Parameters

PURPOSE	To support partnerships that include provider organizations and community-based organizations working together to address upstream (i.e., social, environmental, and economic) challenges, and enable sustainable improvements in community health and health equity.
EXPECTED OUTCOMES	▪ **Internal alignment** within participating provider organizations current programs/efforts — e.g., Community Health Needs Assessment (CHNA), Community Benefits, ACO population health management, anchor investment strategies ▪ Initiation of **new work or investments focused further upstream** to address a SDoH in a local community ▪ Establishment of **cross-sector**, **community-engaged partnerships that are sustainable** beyond the term of the MassUP investment to continue advancing upstream work
DURATION	3 years (including a planning period followed by implementation)
FUNDING*	Total of approximately $1.25 million from the Healthcare Payment Reform Fund, allocated across 2-3 awards of up to $625,000 each

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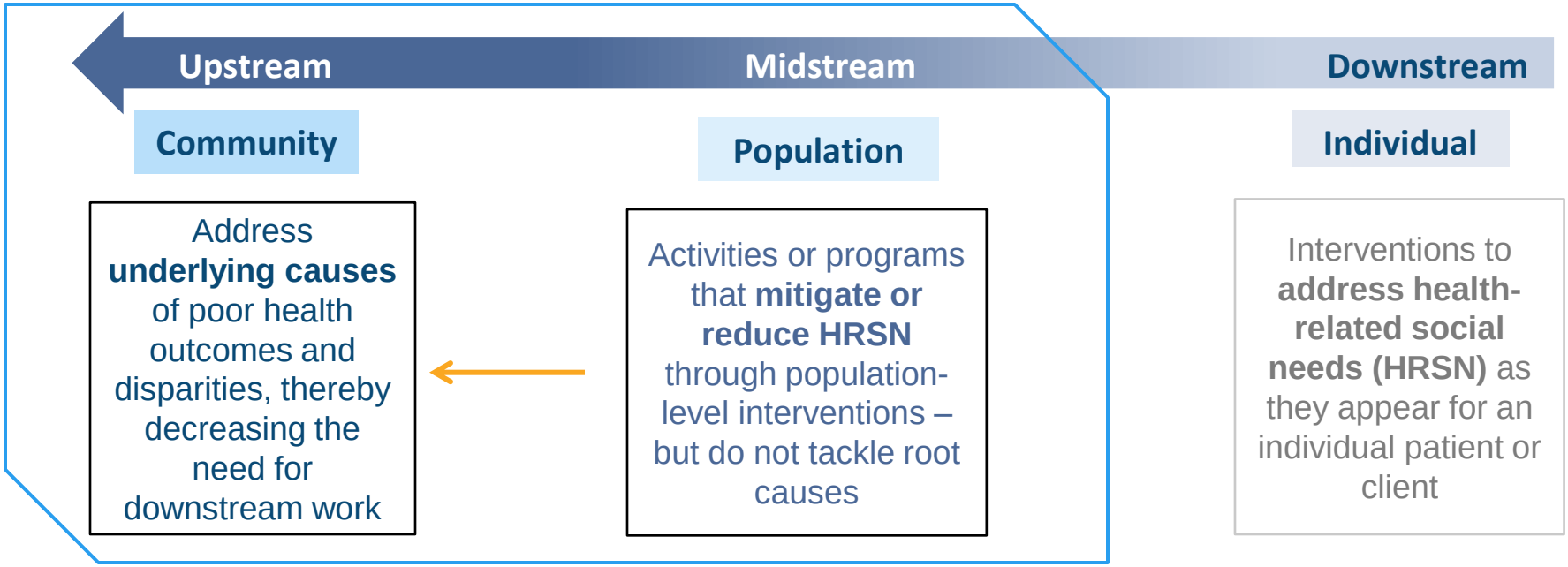
What would it mean for health care providers and CBOs to align current work and "move upstream" through MassUP?

A shift in focus...



...and activities.

1. **Understand the local community's needs and health and health equity priorities** through CHNA data, authentic engagement, etc.
2. **Inventory current health system and community work** to identify opportunities to modify/align and move further upstream
3. **Develop upstream-oriented intervention,** including goals, strategies, and tactics

SOURCE: Downstream to upstream arrow graphic adapted from the Bay Area Regional Health Inequities Initiative framework, http://barhii.org/framework/

Proposed Requirements to Qualify for MassUP Investment Funding

Local focus

- Focus on a community (one or more specific zip codes)
- Access to community-level data, with demonstrated understanding of relevant SDoHs and health inequities
- Clear strategy for authentic community engagement to further understand local needs, preferences, and priorities

Upstream vision

- Proposes to deepen current or initiate new, more upstream work
- Identifies expected results, including health and health equity improvements, and change measurement strategy
- Proposes plans for sustaining the partnership after the investment period to continue upstream efforts

Partnership

- Includes ≥ 1 health care provider organizations and ≥ 1 CBO
- Proposes a collaborative governance and decision-making structure that equitably empowers partner organizations
- Articulates clear roles for each partner organization in operating the partnership and executing on its goals

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Next for MassUP: Release Request for Information (RFI)

Seeking input from all interested stakeholders, including health care provider organizations, community-based organizations, social/human services providers, local government, public health institutes, etc.

RFI released **October 3** on Commbuys.com and HPC website

RFI responses due **October 25**

Input to inform design of Request for Proposals to be issued **December 2019**

Anticipated MassUP Investment Program Timeline

2019

September
- Interviews and research, prepare RFI

October - November
- Release RFI and receive responses
- Draft RFP and model contract

December
- Issue RFP

2020

February
- Receive proposals

March
- Review proposals and select awardees

April - June
- Announce awards
- Contract with awardees
- Program launch

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Upcoming 2019 Meetings and Contact Information

Board Meetings

Monday, December 16

Committee Meetings

Wednesday, November 20

Contact Us

Mass.Gov/HPC

@Mass_HPC

HPC-Info@mass.gov

Special Events

2019 Cost Trends Hearing

Day 1 – Tuesday, October 22

Day 2 – Wednesday, October 23