

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of June 5, 2019

MASSACHUSETTS HEALTH POLICY COMMISSION

Care Delivery Transformation Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, June 5, 2019, 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, June 5, 2019, at the HPC's office, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Marty Cohen (Chair), Ms. Barbara Blakeney, and Undersecretary Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services.

The meeting notice and agenda can be found [here](#).

The presentation from the meeting can be found [here](#).

Video of the meeting is available [here](#).

Mr. Cohen briefly reviewed the agenda for the day.

ITEM 1: APPROVAL OF MINUTES FROM THE OCTOBER 13, 2018, NOVEMBER 28, 2018, AND FEBRUARY 27, 2019 MEETINGS

As there was not a quorum of members able to vote on the 2018 meetings, those votes were tabled for a later date.

Mr. Cohen called for a vote to approve the minutes from the CDT Committee meeting held on February 27, 2019. Committee members voted unanimously to approve the minutes.

ITEM 2: LEARNING AND DISSEMINATION OUTPUTS: ACO PROGRAM POLICY BRIEF #3 AND TELE-BEHAVIORAL HEALTH GUIDANCE FROM HPC AWARDEES

Ms. Catherine Harrison, Interim Policy Director, Care Delivery Transformation, presented on recent learning and dissemination outputs. For more information, see slides 6-7.

Mr. Cohen asked if staff would be able to track the risk contract numbers outlined in the latest accountable care organization (ACO) brief and on slide 6 over time. Ms. Harrison said that these numbers would be reported in the next round of accountable care organization (ACO) certification.

ITEM 3: PROGRAM DESIGN: MASSUP INTERAGENCY PROJECT TO ALIGN POPULATION HEALTH AND COMMUNITY HEALTH INITIATIVES

Ms. Harrison presented on the new MassUP interagency project. Mr. David Seltz, Executive Director, also contributed during the presentation. For more information, see slides 9-21.

Ms. Blakeney said that she was excited about the potential of this program. She said that it would be important to devote time and resources to maintaining the coalition to ensure the success of the program. She cited the example of a program in Boston that brought together a variety of organizations and stakeholders to reduce the number of gang-related shootings in the city that was highly successful until the coalition involved unraveled. She said that it would be important to consider the cohesion of the coalition when making decisions.

Undersecretary Peters said that a major goal of MassHealth and the MassUP initiative was to forge relationships with entities in these areas that had not historically been engaged in questions surrounding health care. She added that a positive outcome of the program might be forcing the health care system to consider the importance of social service providers.

Mr. Cohen echoed Ms. Blakeney's excitement regarding the potential of the program. He also agreed that putting the work in to maintain the coalition would be crucial to program success. He said that he appreciated the focus on health equity and the evaluation component built into the program. He added that he felt there was an opportunity with MassUP to not look solely at social determinants of health (SDH) but to also consider patient populations that have social needs contributing to emergency department (ED) visits or rehospitalizations. He said that helping these populations would be important for addressing cost growth.

Mr. Cohen asked what the timeframe for the MassUP investments would be. Ms. Harrison said that there were plans for funding two collaboratives in different communities over a three-year period.

ITEM 4: PARTNERSHIP UPDATE: MASSCHALLENGE HEALTHTECH

Ms. Harrison and Ms. Vivian Haime, Senior Manager, Care Delivery Transformation, presented on the HPC's ongoing partnership with MassChallenge HealthTech. For more information, see slides 23-29.

Mr. Cohen asked what the HPC's relationship with MassChallenge would be going forward. Mr. Seltz said that the HPC had a one-year commitment with MassChallenge and would have an opportunity to renew that commitment. He said that staff were inclined to recommit for another year but wanted feedback from Commissioners on the program. He added that there may be opportunities to collaborate with other organizations on a challenge area to increase the impact of the HPC's funding.

Ms. Blakeney asked what the next steps were in terms of thinking about digital health solutions to address interoperability issues. She said that this was an important issue to think about. Ms. Haime agreed and said that it was an important and difficult issue that would require innovative solutions to address. Ms. Harrison added that there was certainly an opportunity for innovation in this area.

ITEM 5: EVALUATION UPDATE: CHART AND HEALTH CARE INNOVATION INVESTMENT (HCII) PROGRAMS

Mr. Griffin Jones, Interim Director, Strategic Investment, and Dr. Jessica Lang, Senior Manager, Care Delivery Evaluation, presented an update on the evaluation of the Community Hospital Acceleration, Revitalization, and Transformation (CHART) and Health Care Innovation Investment (HCII) programs. For more information, see slides 31-40.

Mr. Cohen asked whether cost data was included in the evaluation of the CHART program. Dr. Lang said that the evaluation team did not have cost data, and is using reduced hospital utilization as a proxy for cost savings.

Regarding slide 37, Ms. Blakeney asked if staff knew the average age of the population that reported increased comfort with telemedicine. Dr. Lang said that she did not have the specific numbers but the population was generally younger senior citizens.

Ms. Blakeney said that the care model used in the neo-natal abstinence syndrome-focused HCII awards had the potential to be the new standard of care. Dr. Lang agreed.

Mr. Cohen said he appreciated the hard work that goes into evaluation of a program that involves multiple grants to multiple organizations. He thanked the staff and said that he looked forward to the final report.

Mr. Seltz thanked Mr. Cohen for his comments. He said that it had been a challenge to evaluate these programs but that there were a wealth of lessons to be learned and disseminated.

ITEM 6: SHIFT CARE AWARDEE SPOTLIGHT: HOLYOKE MEDICAL CENTER

Mr. Adrienne Anderson, Senior Policy Associate, Behavioral Health Integration and Care Delivery Investments, introduced the team from Holyoke Medical Center who presented on their SHIFT-Care investment-funded program. For more information, see slides 42-79.

The video of their presentation is available [here](#).

ITEM 7: SCHEDULE OF NEXT MEETING

Mr. Cohen thanked the staff and presenters from Holyoke Medical center. He announced that the next meeting of the CDT Committee was scheduled for October 2, 2019. The meeting was adjourned at 12:33 PM.