



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

June 10, 2020



AGENDA

- **Welcome by HPC Chair Stuart Altman**
- Approval of Minutes from February 5, 2020 Meeting **(VOTE)**
- Market Oversight and Transparency
- Care Delivery Transformation
- Executive Director's Report
- Schedule of Next Meeting **(July 22, 2020)**



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ROLL CALL VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on **February 5, 2020** as presented.



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 - 2021 Health Care Cost Growth Benchmark **(VOTE)**
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Potential Impacts of the COVID-19 Pandemic on the Health Care System: June Update

Agenda for today's discussion

- Summary of new industry reports and studies of the impact of the COVID-19 pandemic on spending and utilization through mid-May, after many states have reopened to varied extents
- Preliminary results from a survey of Massachusetts-based physician practices from late May to early June 2020 on the impacts of COVID-19
- Continued discussion of the implications of the pandemic on and opportunities for the HPC's work including preliminary results of impact modeling on provider organizations

The reduction in health care utilization and spending in April was dramatic, with declines of greater than 50% in many categories.

Change in quantity for April 2020 relative to April 2019

Hospital Services



- Emergency department visits: **-50%**
- Inpatient discharges: **-33%**
 - *Smallest hospitals: -38%*
 - *Largest hospitals: -28%*
- Outpatient revenue: **-50%**
- Operating room minutes: **-80%**

Physician Office Visits and Services

Variation by type of care (see next slide)



Overall: **-60% to -70%**

Prescriptions

Reductions tied to fewer office visits that would initiate new prescriptions



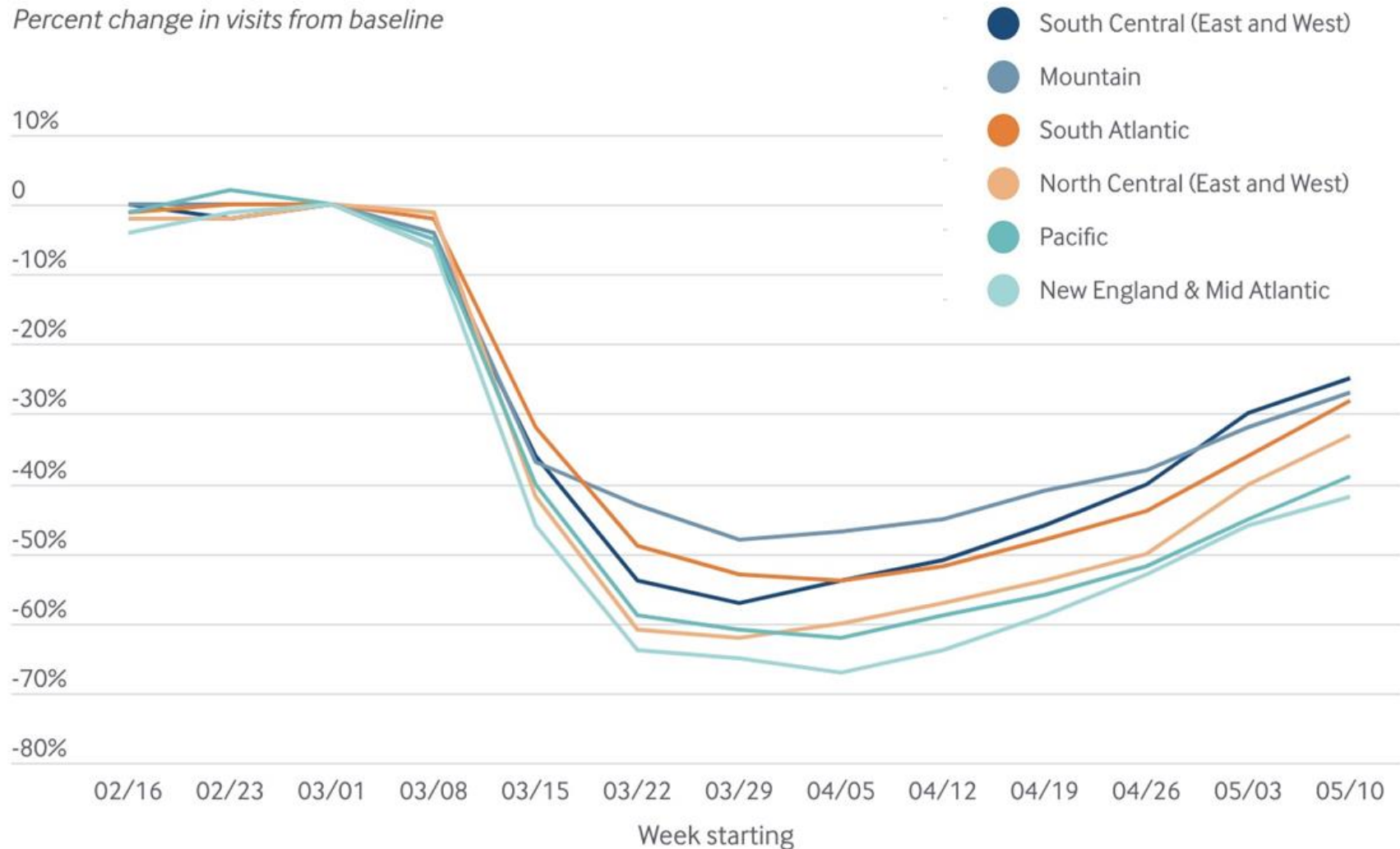
Overall: **-10%**

Sources: KaufmanHall, May 2020 National Hospital Flash Report; Strata Decision Technology, National Patient and Procedure Volume Tracker, version 5.11.20; IQVIA, Monitoring the impact of COVID-19 on the Pharmaceutical Market, May 15, 2020, data week ending May 1, 2020; Ateev Mehrotra, Michael Chernen, David Linetsky, Hilary Hatch, and David Cutler, "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," The Commonwealth Fund and Phreesia; CDC Morbidity and Mortality Weekly Report, Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020, June 3, 2020

Data through mid-May shows an increase in visit volume after steep declines in March and April, with New England rebounding more slowly.

Visit volume (all types) relative to week of March 1, 2020

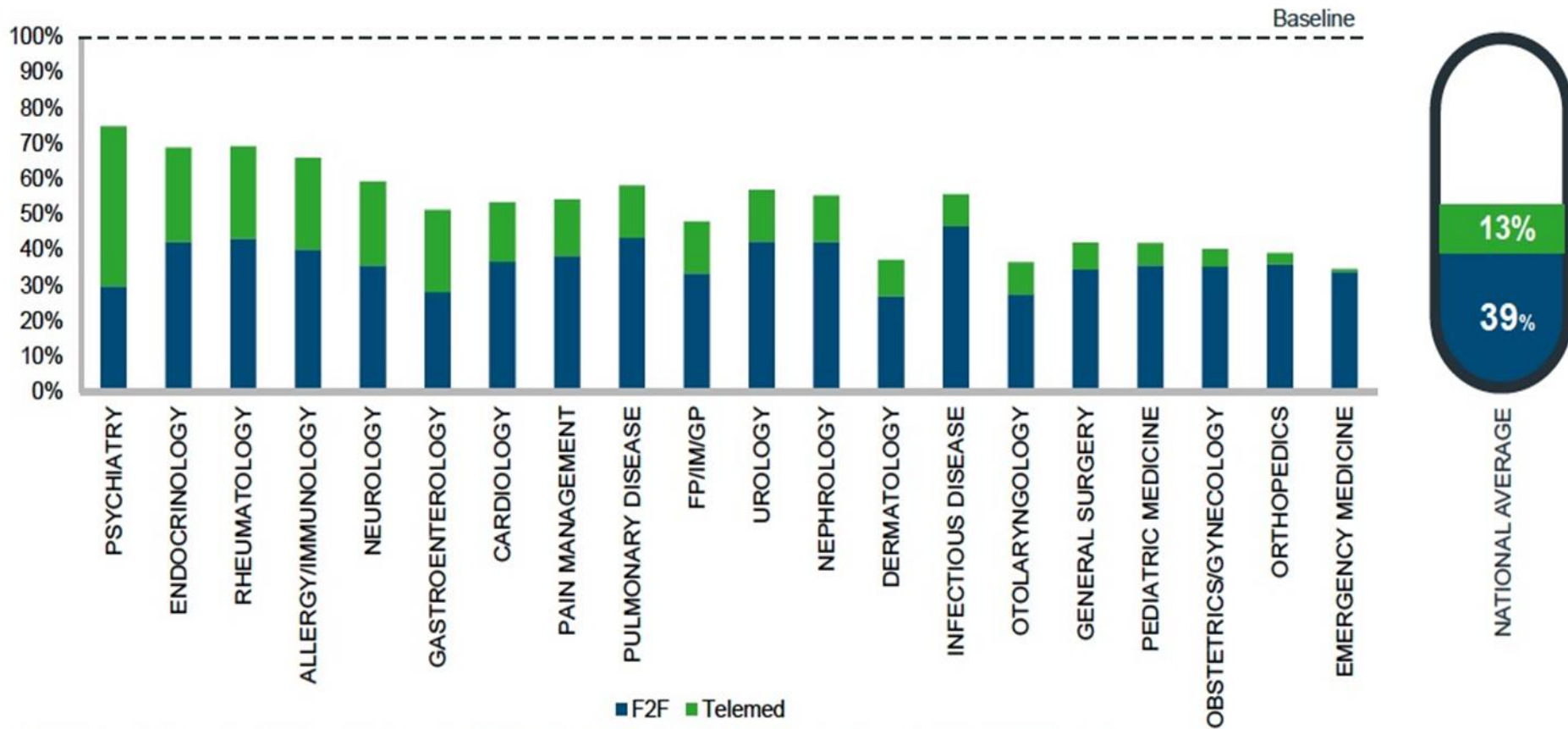
Percent change in visits from baseline



Sources: Ateev Mehrotra, Michael Chernew, David Linetsky, Hilary Hatch, and David Cutler, "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," The Commonwealth Fund and Phreesia. Data from from Phreesia's clients, which include more than 1,600 provider organizations representing more than 50,000 providers across all 50 states.

The reduction in physician care and use of telehealth varied by specialty.

Visit volume (blue = in-person; green = telehealth) for week ending 5/1/20 relative to Jan-Feb 2020



Source: IQVIA: Real World Data, Medical Claims, 2020, adjusted, baseline is set as average visit volume for first 8 weeks of 2020 for each respective specialty

COVID-19 Market Impact - w/e May 1, 2020

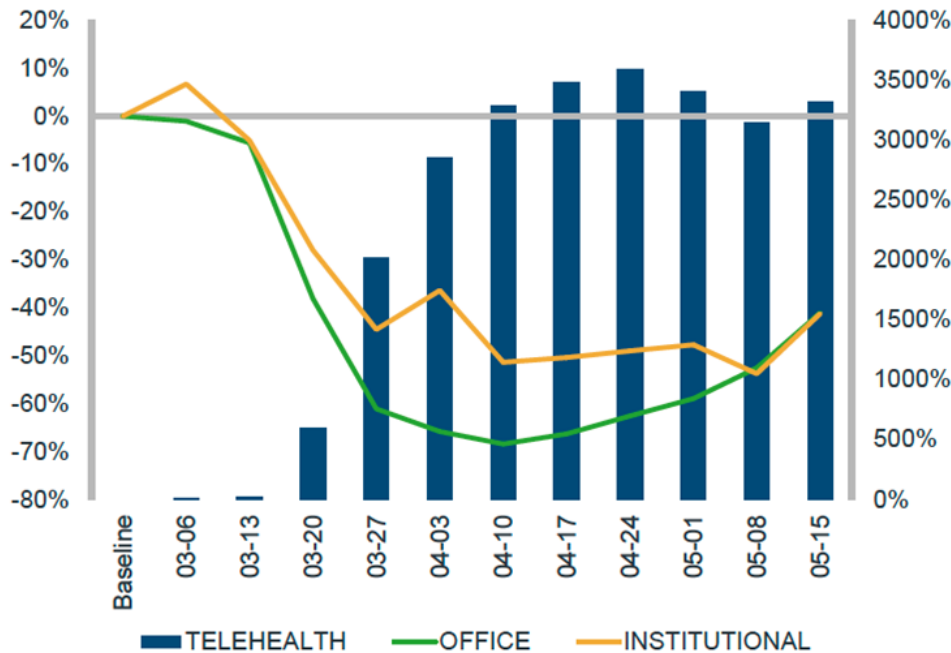


Sources: IQVIA, Monitoring the impact of COVID-19 on the Pharmaceutical Market, May 15, 2020, data week ending May 1, 2020.
Notes: "F2F" refers to in-person care that is delivered face to face.

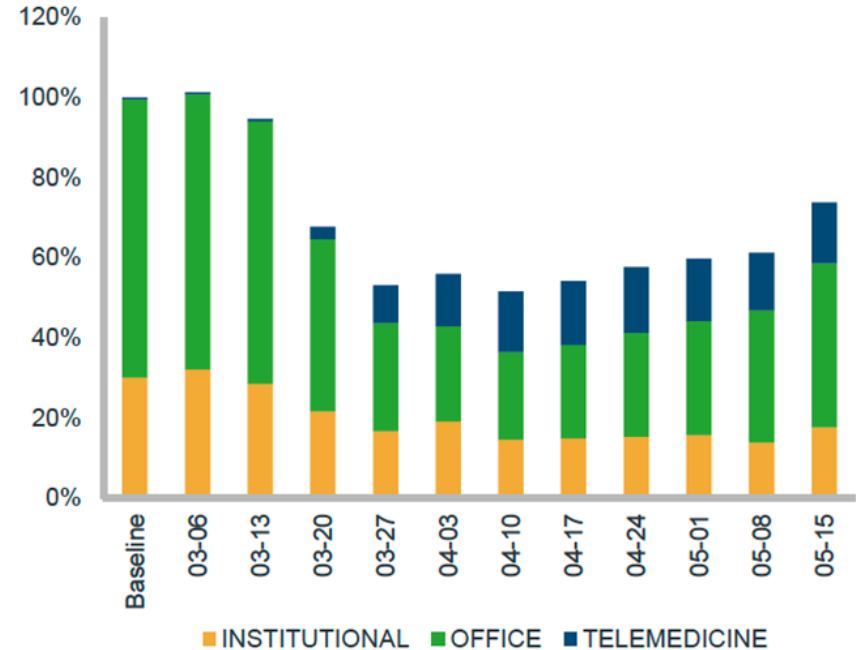
Through mid-May, total telehealth claims have held steady even as some office-based care resumed.

Visit volume (all types) relative to January – February, 2020

Total Telehealth Claims Through w/e 05-15 vs. Baseline
Weekly Diagnosis Visits Through w/e 05-15 Compared to Baseline Period



Total Visit Claims by Service Type
Baseline Period – W/E 05-15



Data for latest week date controlled against prior periods; estimates have been applied to reflect anticipated late-adjudicated claims based on historical rates

Source: IQVIA: Medical Claims Data Analysis, 2020; Baseline = Average of TH visits for period W/E 1/10/2020-2/28/2020, Estimated amounts for latest 2 weeks applied based on likely claims still to be received due to data latency or claim processing delays; See Appendix for further details

COVID-19 Market Impact - w/e May 15, 2020

In the Northeast region, telehealth increased from 0.07% of all claims to 11.1% from March 2019 to March 2020, compared to 7.5% in the U.S. overall.



Top Five Procedure Codes by Utilization, 2019 vs. 2020

In order from most to least common

Mar. 2019

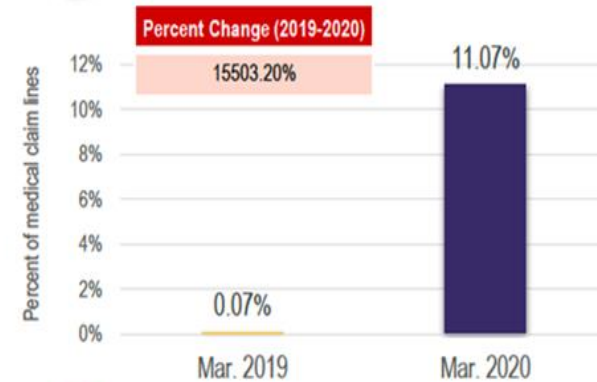
CPT®/HCPCS	DESCRIPTION
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99444*	PHYSICIAN OR HEALTHCARE PROFESSIONAL EVALUATION AND MANAGEMENT OF PATIENT CARE BY INTERNET (EMAIL) RELATED TO VISIT WITHIN PREVIOUS 7 DAYS
90834	PSYCHOTHERAPY, 45 MINUTES
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION

Mar. 2020

CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

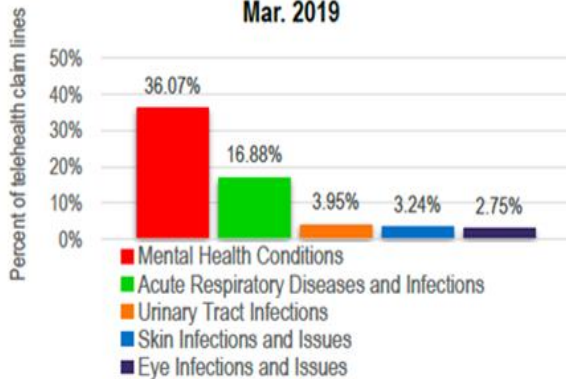


Volume of Claim Lines, 2019 vs. 2020

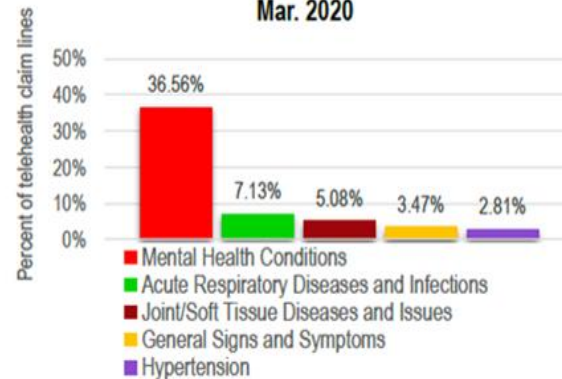


Top Five Diagnoses, 2019 vs. 2020

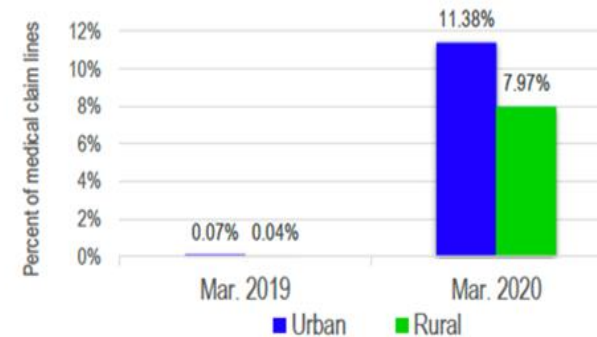
Mar. 2019



Mar. 2020



Urban vs. Rural Usage, 2019 vs. 2020

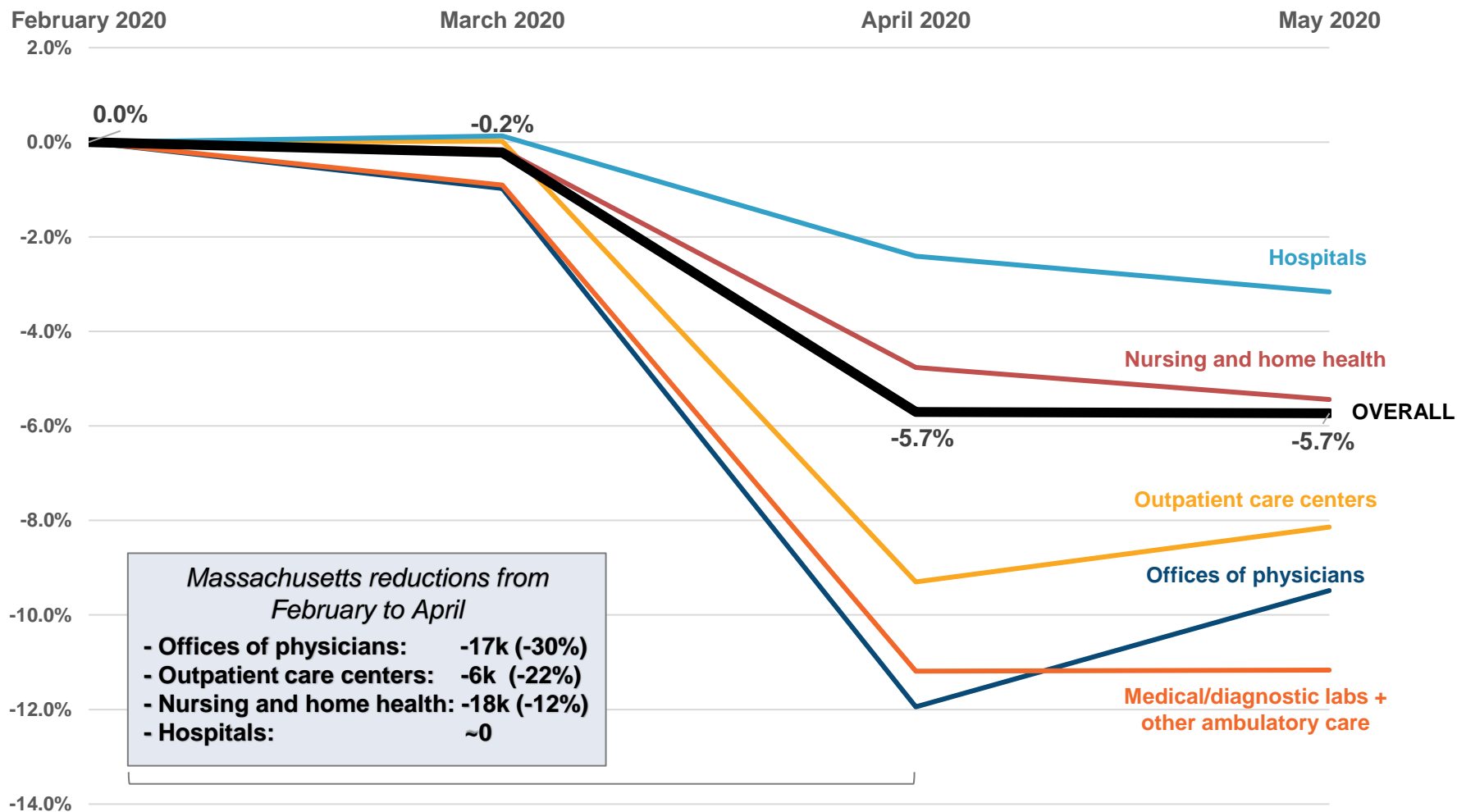


* Code deleted at the end of 2019.

Source: FH NPIC® database of more than 31 billion privately billed medical and dental claim records from more than 60 contributors nationwide. Copyright 2020, FAIR Health, Inc. All rights reserved. CPT © 2019 American Medical Association (AMA). All rights reserved.

Overall health care employment has dropped 6% nationally since February 2020, with some variation among sectors, but all declining.

Percent change in health care industry employment, by sector, February – May, 2020



Sources: BLS: Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail released on June 5, 2020 and May 8, 2020.

Notes: Overall and figure excludes office of dentists and other health practitioners. "Nursing and home health" includes employment numbers for nursing and residential care facilities and home health care services.

Results of a new survey of Massachusetts providers suggest primary care practices are struggling financially.



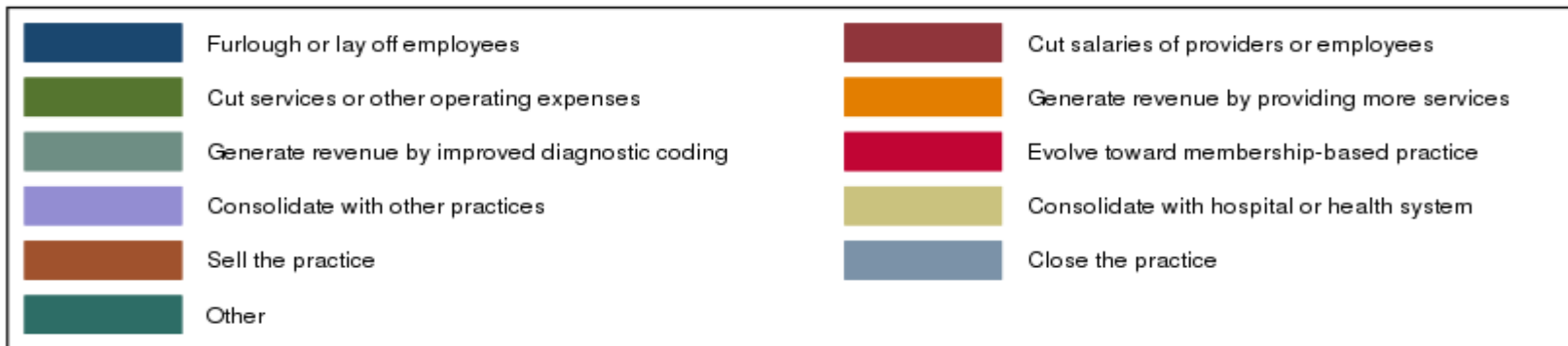
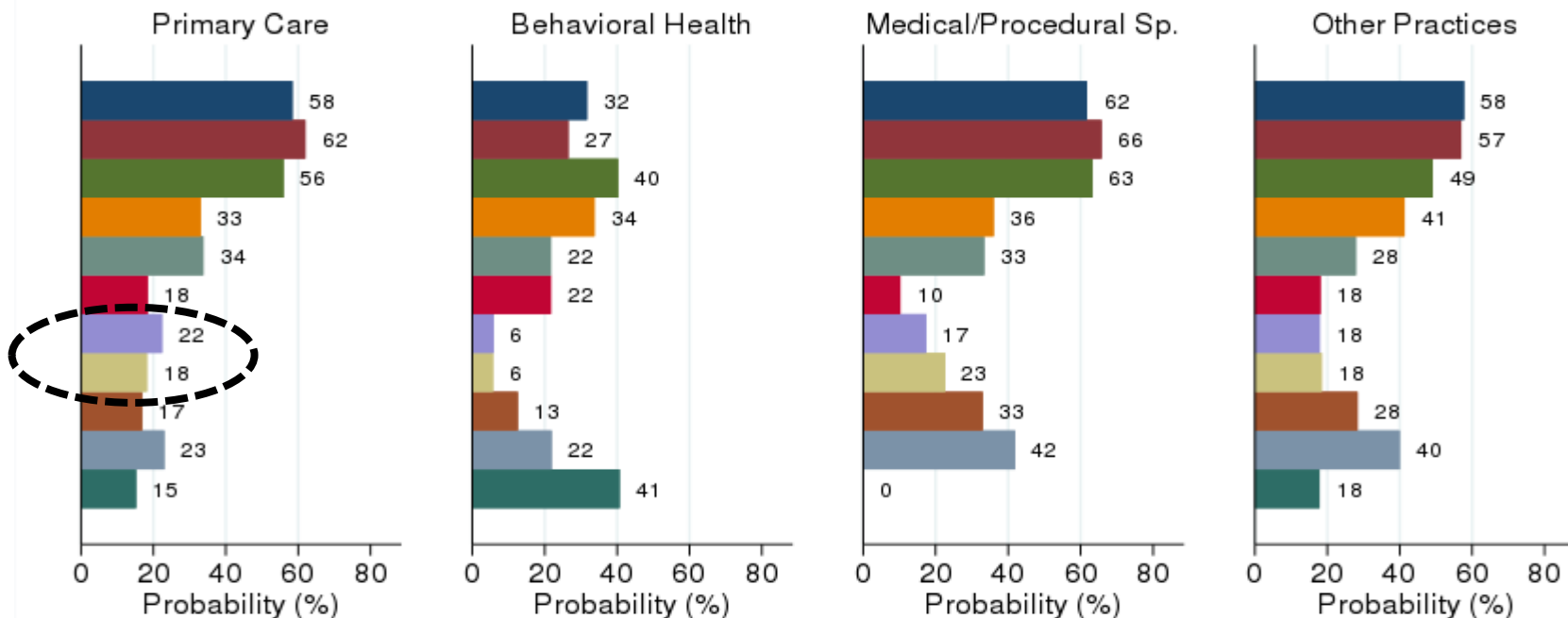
A research collaboration across faculty from the state's medical schools in conjunction with **HPC**, the **Massachusetts Chapter of the American College of Physicians**, and other **academic partners** produced a targeted survey of provider practices from late May to early June 2020 on the impacts of COVID-19.

- Responses from more than 400 practices across all provider types
- Practice-level results are weighted, where appropriate, by provider FTE
- Convenience sample – not necessarily representative

NOTE: Results are preliminary

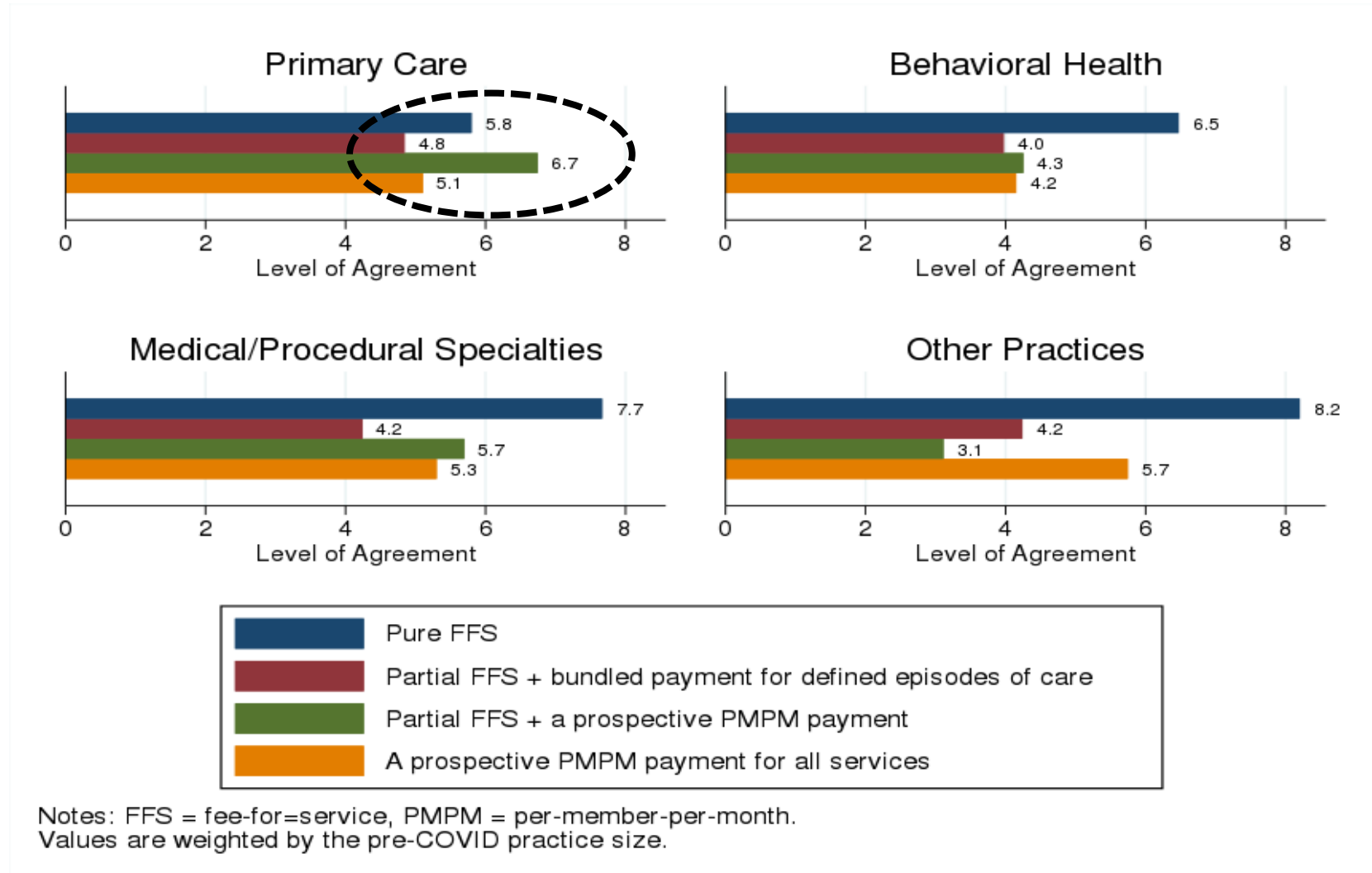
Physician practices are considering a range of potential responses, including furloughs, salary or service cuts, and increased consolidation.

Of all practices, % that checked each response (multiple responses allowed). PRELIMINARY RESULTS



Many primary care practices report an interest and preference for a partial capitation payment system going forward.

Of all practices, subjective favorability of each payment method. DATA ARE PRELIMINARY



Several estimates suggest a potential net reduction in spending for calendar year 2020 (relative to 2019), particularly for commercial plans.

Decrease in spending from reduction in *non-COVID-19* care

- **-4 to -22%** (Milliman Actuarial Consulting)
 - *Largest magnitude for **Commercial***
 - *Smallest magnitude for **Medicaid***
- **-12%** (implied) (Kronick, May 2020 Health Affairs blog)



Increase in spending due to COVID-19 Care

- **1.6 to 2.7%** (Milliman)
- **1.0 to 1.6%** (Kronick)



The HPC applied estimates in the midpoint of this range to industry reports of spending impacts by category of care to estimate annualized impacts by provider organization type.

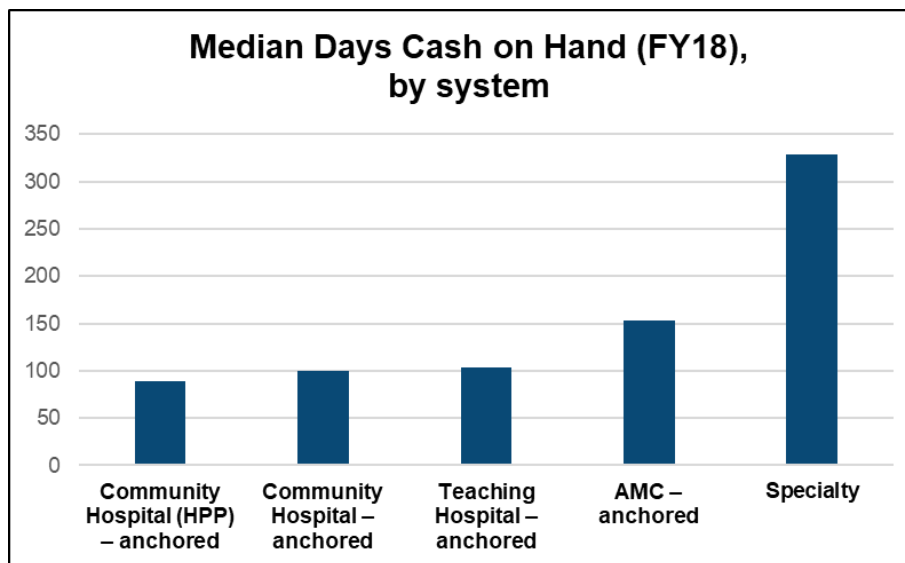
Sources: Richard Kronick, "How COVID-19 Will Likely Affect Spending, And Why Many Other Analyses May Be Wrong", Health Affairs Blog, May 19, 2020; Milliman Actuarial Consulting, "Estimating the Impact of COVID-19 on healthcare costs in 2020: key factors of the cost trajectory," Hayley Rogers, Charley Mills and Matt Kramer, April 2020

Results of Simulated Effects on Massachusetts Providers and Total Spending for Calendar Year 2020

Major spending and revenue reductions across hospitals and other health care providers, with relatively *larger* impacts expected for:

- **Community Hospitals**

- Generally rely on a greater share of revenue from outpatient care, which has experienced a more significant reduction in volume
- On average, community hospitals were in a more difficult financial position pre-COVID



- **Physician-led Organizations and Community Health Centers**

- Substantial decrease in in-person visits and associated revenue
- Less inpatient revenue to offset reductions in non-COVID care elsewhere

Board Discussion: HPC Policy Priorities and Workstreams for 2020

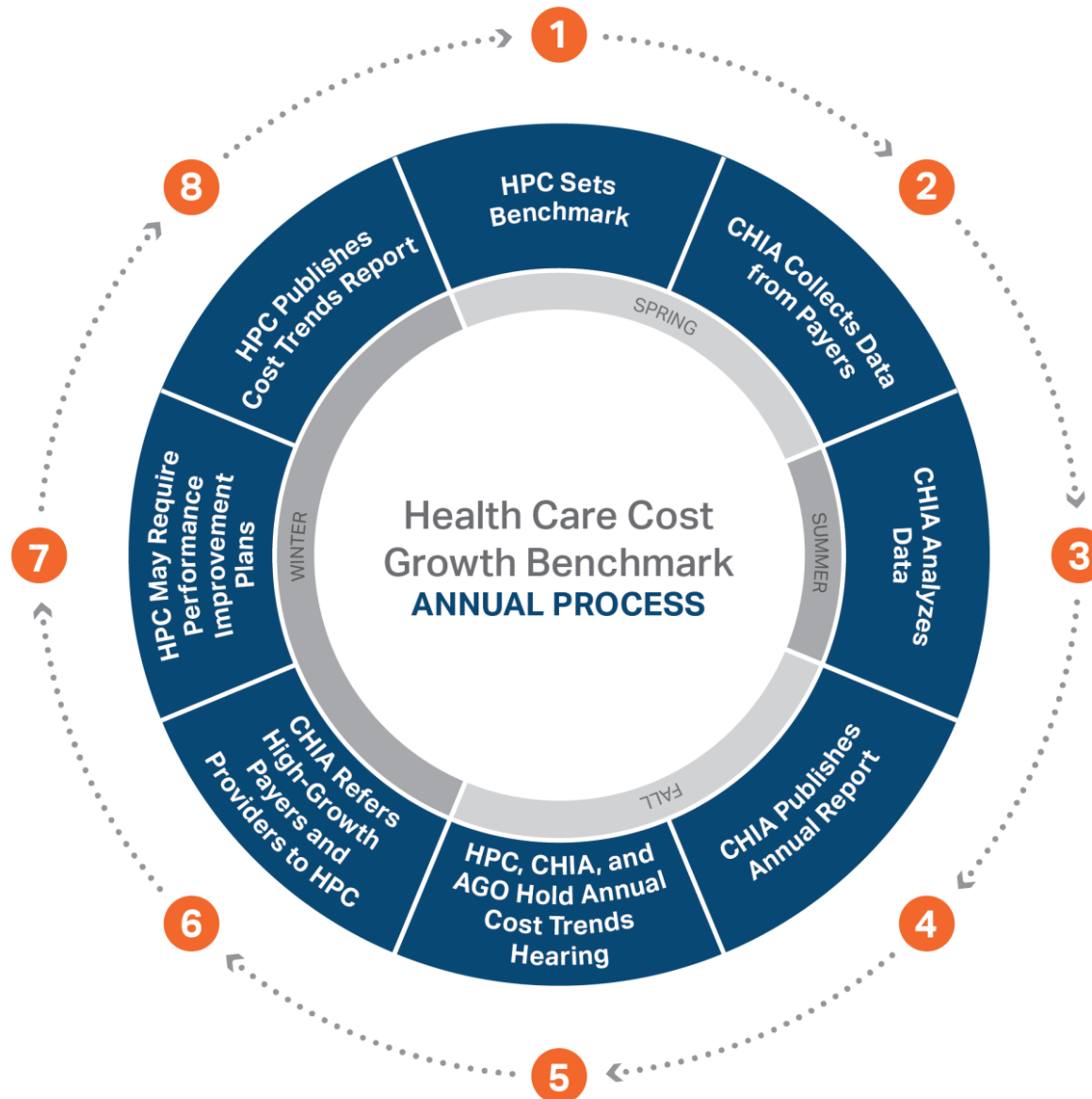
- Examine **differential impacts** on different types of provider organizations, for example:
 - Community hospitals and academic medical centers
 - Physician practices, including primary care practices
 - Community health centers
 - Post-acute care providers
- Model impact of potential **market structure changes**, including consolidation pressures resulting from COVID-19
- Evaluate the impact of **emergency** changes in practice and policy (e.g., expansion of telehealth, expanded scope of practice, setting of out-of-network benchmarks, reduction in unnecessary or low-value care, reduction in administrative complexity) and make policy recommendations on how to **sustain positive changes**
- Explore, with other public and private partners, new and/or revised payment models for **primary care, behavioral health care, and acute hospital care** that can provide necessary revenue, while still incentivizing efficient and innovative care delivery
- Assess **health system and workforce capacity** to support health planning for potential future infection waves or pandemics
- Target **innovative investments** to reduce health inequities and foster resiliency within the health care system in communities most impacted by the COVID-19 pandemic and resulting health, social, and economic disruptions (e.g., MassUP)



AGENDA

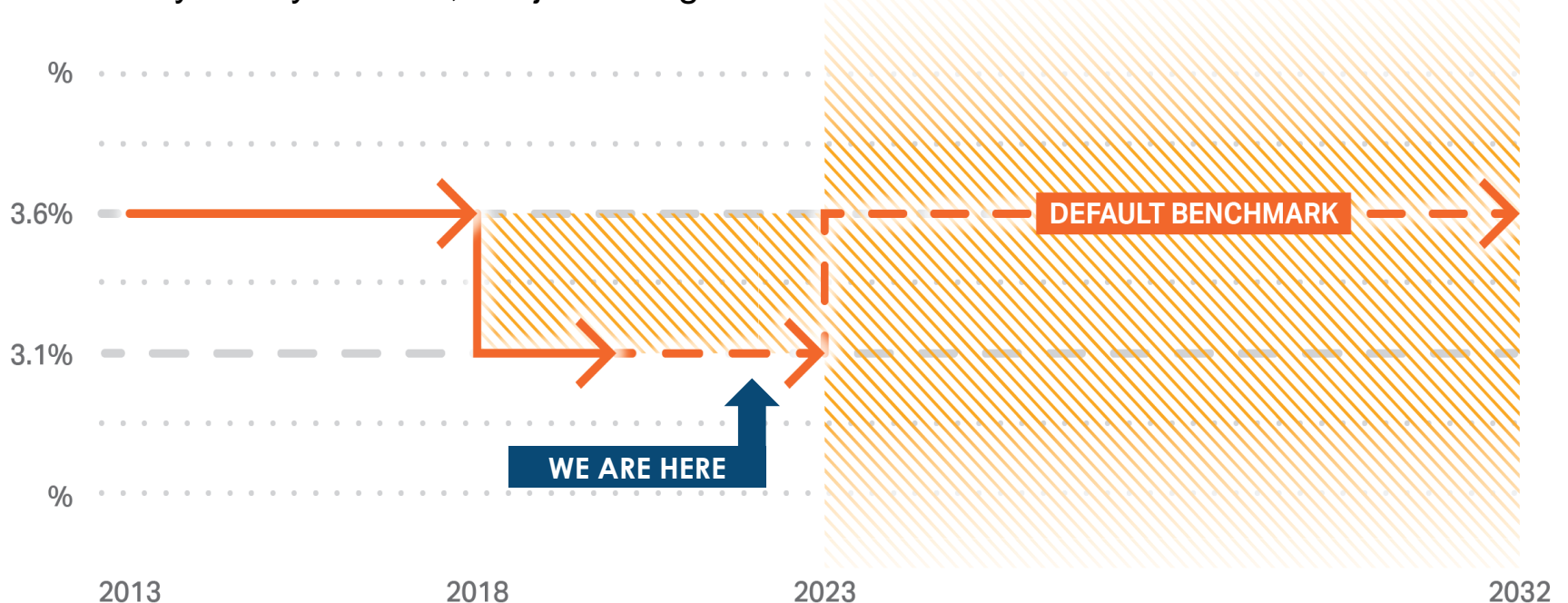
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Annual Timeline to Establish the Health Care Cost Growth Benchmark and Evaluate the State's Performance



The HPC's authority to modify the benchmark is prescribed by law and subject to potential legislative review.

- **Years 1-5:** Benchmark established by law at PGSP (3.6%).
- **Years 6-10:** Benchmark established by law at a default rate of at PGSP minus 0.5% (3.1%); HPC can modify the benchmark up to 3.6%, subject to legislative review.
- **Years 10-20:** Benchmark established by law at a default rate of PGSP; HPC can modify to any amount, subject to legislative review.



 HPC Authority to Modify Benchmark

 Default Benchmark

Benchmark Modification Process: Key Steps

HPC PROCESS TO MODIFY

- The HPC's Board must hold a **public hearing** prior to making any modification of the benchmark.
- Hearing must consider **data** and **stakeholder testimony** on whether modification of the benchmark is warranted.
- Members of the Joint Committee on Health Care Financing may participate in the hearing.
- If the HPC's Board votes to maintain the benchmark at the default rate of 3.1%, the **annual process is complete**.
- If the HPC's Board votes to modify the benchmark to some number between 3.1% and 3.6%, the HPC must submit notice of its intent to modify the benchmark to the Joint Committee **for further legislative review**.

LEGISLATIVE REVIEW

- Following notice from the HPC of an intent to modify, the Joint Committee must hold a public hearing within 30 days.
- The Joint Committee must submit findings and recommendations, including any legislative recommendations, to the General Court within 30 days of hearing.
- The General Court must act within 45 days of public hearing or the HPC Board's modification of the benchmark takes effect.

Benchmark Modification Process: 2020 Timeline

Jan. 13,
2020

3.1% PGSP established in consensus revenue process

Mar. 11,
2020

Public hearing of HPC Board and Joint Committee on potential modification of benchmark

Apr. 15,
2020

Statutory date to set benchmark (*scheduled vote delayed due to public health emergency*)

Jun. 10,
2020

Board votes whether to modify benchmark; if Board votes to modify, it submits notice of intent to modify to Joint Committee on Health Care Financing

Jun./Jul.
2020

Joint Committee holds a hearing within 30 days of notice

Jul./Aug.
2020

Joint Committee reports findings and recommended legislation to General Court within 30 days of hearing; legislature has 45 days from hearing to enact legislation which may establish benchmark; if not legislation, then the Board's vote to modify takes effect

Key Takeaways from Testimony Submitted on the Benchmark

- 1 Massachusetts total health care expenditures (THCE) per capita **grew 3.1% from 2017 to 2018**, below both the health care cost growth benchmark and national growth rates.
- 2 The **majority of organizations testifying at the hearing supported the 3.1% benchmark**. The remainder did not specify a position; teaching hospitals noted uncertainty about the impact of the COVID-19 pandemic.
- 3 **Pharmaceutical drug costs** and **inpatient and outpatient spending** were identified as key drivers of spending to watch.
- 4 Some organizations testified that **provider price variation remains unaddressed** and poses a threat to the benchmark.
- 5 Even with constrained THCE growth, employers and consumers emphasized the **need to address significant affordability challenges**, including premium and cost sharing growth.

Summary of Testimony

Organization	Position
Atrius Health	3.1%
Blue Cross Blue Shield of MA	3.1%
Christopher Kennelly, resident of Norton, MA	Not specified
Conference of Boston Teaching Hospitals	Undecided (due to COVID-19)
Greater Boston Interfaith Organization	3.1%
Health Care For All	3.1%
Lawrence General Hospital	Not specified
Massachusetts Association of Ambulatory Surgery Centers	3.1%
Massachusetts Association of Health Plans	3.1%
Mental Health Legal Advisors Committee	Not specified
National Federal of Independent Business	Not specified



ROLL CALL VOTE: 2021 Health Care Cost Growth Benchmark

MOTION: That, pursuant to G.L. c. 6D, § 9 (c), the Commission hereby establishes the health care cost benchmark for calendar year 2021 as _____, subject to the further process set forth in G.L. c. 6D, § 9 (d).



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 - Moving Massachusetts Upstream (MassUP) Investment Program Awardee Selection (**VOTE**)
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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, EOE, 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



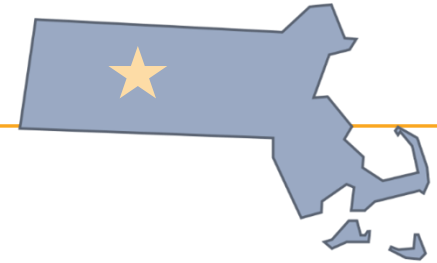
MassUP Investment Program Overview

Solicited proposals from applicants (provider orgs) on behalf of themselves and partners seeking support to form a **partnership** that will work to address upstream challenges to and enable sustainable improvements in **community health and health equity**



MassUP Investment Award Recommendations

Applicant	Community	SDOH of Focus	Requested Funding
Cooley Dickinson Health Care	Hampshire County	Food Systems and Security	\$555,555
Heywood Hospital	Winchendon	Economic Stability and Mobility	\$649,547
Massachusetts General Hospital	Chelsea, Revere	Economic Stability and Mobility	\$649,499
Mercy Medical Center	Springfield	Food Systems and Security	\$650,000
			Total: \$2,504,601



Partners

- Collaborative for Educational Services
- Hilltown Community Health Center
- Hilltown Community Development Corp.



Requested Funding

\$555,555



SDOH and Community of Focus

Food Systems and Security in Hampshire County

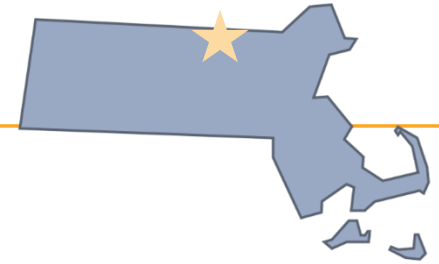


Proposed Program

Establish a **Hampshire County Food Policy Council** to strategically align organizations working to improve regional food security and address a systemic lack of access to healthy food.

Partnership activities will be informed by a 2017 **Food Access Action Plan** and may include **collective advocacy** for policy change, developing farmers' markets in underserved areas; establishing **resident-governed community-gardening** infrastructure in food insecure communities; and **community organizing** in affordable housing complexes to improve connections to food access interventions

Heywood Hospital



Partners

- Community Health Network for North Central MA
- GFA Federal Credit Union
- Growing Places
- The Winchendon School
- Three Pyramids
- Town of Winchendon
- Winchendon Community Action Council



Requested Funding

\$649,546



SDOH and Community of Focus

Economic Stability and Mobility in Winchendon

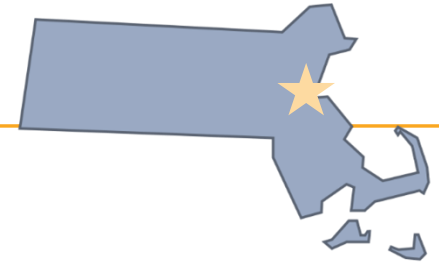


Proposed Program

HEAL Winchendon Economic Empowerment will improve health and wellbeing through **economic empowerment**, focusing on building social, financial, and community assets.

Partnership activities will include **resident leadership and civic engagement** programming; updating Winchendon's Master Plan to promote economic mobility; providing **personal finance education** opportunities; assisting residents in **building credit**; and updating local policy to allow for **mixed use developments**.

Massachusetts General Hospital



Partners

- The Neighborhood Developers
- CONNECT
- The Chelsea Collaborative
- The City of Revere
- The City of Chelsea
- MassHire Metro North Workforce Board



Requested Funding

\$649,498



SDOH and Community of Focus

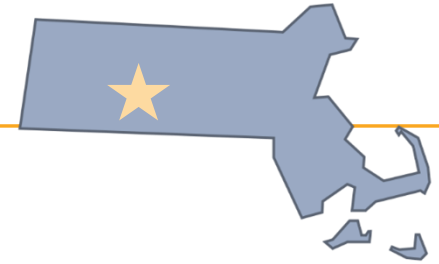
Economic Stability and Mobility in Chelsea and Revere



Proposed Program

Establish a **Cross-City Coalition** to coordinate municipal workforce development efforts to **increase skilled, benefitted jobs** for residents.

Partnership activities will include reviewing and aligning the two cities' workforce development plans; **aligning job training programs** to identified growth sectors; advocating for **municipal policies** that support economic opportunity; and bolstering ongoing programs that provide technical assistance and **promote access to capital for women and minority businesses.**



Partners

- Springfield Food Policy Council
- Open Pantry Community Services
- Fertile Ground
- Gardening the Community
- Square One



Requested Funding

\$650,000



SDOH and Community of Focus

Food Systems and Security in Springfield
(North End, South End, Mason Square neighborhoods)



Proposed Program

Establish a **Springfield MassUP Food Justice Steering Committee** that will work to create a more effective food system to help residents lead healthier lives.

Partnership activities will include **policy advocacy** to address the “SNAP/HIP Gap” and other issues; **modifying public transit routes** to facilitate food access for seniors; engagement with food retailers and residents, including **creating a Food Retail Committee** to expand locations of affordable, healthy food; and offering **resident leadership development** activities.

Next Steps

June '20



DETERMINE AWARDS

- HPC Board considers recommended awards

June-Sept '20



CONTRACTING

- HPC and awardees finalize contracting documents

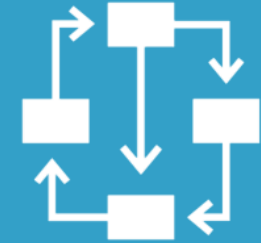
Sept '20-Mar '21



PLANNING PERIOD

- Up to 6 months
- Awardees develop and submit Implementation and Measurement Plans
- Technical assistance begins

Mar '21-Aug '23



IMPLEMENTATION PERIOD

- 30 months
- Regular reporting to HPC and DPH
- TA continues, including bi-annual Learning Community



ROLL CALL VOTE: Moving Massachusetts Upstream (MassUP) Awardee Selection

MOTION: That the Commission hereby accepts and approves the Executive Director's recommendations that the Applicants for Moving Massachusetts Upstream (MassUP) receive award funding pursuant to section 7 of chapter 6D of the Massachusetts General Laws 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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 - New and Upcoming Publications
 - Drug Pricing Review Process Update
 - HPC Investment Programs
- Schedule of Next Meeting **(July 22, 2020)**



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New and Upcoming HPC Publications in 2020

New!

Drug Coupon Study

Study on the utilization and impact of discount vouchers for prescription drugs in Massachusetts



SHIFT-Care Challenge Awardee Profiles

High-level summary of each SHIFT-Care awardee initiative within two design tracks.

Track 1: Addressing Health-Related Social Needs
Track 2: Increasing Access to Behavioral Health Care



CHART Playbook

Practical resource based on lessons learned from CHART program awardees for providers working to address the needs of medically and socially complex patients.

Market Retrospective Study

Report on provider market trends over the past five years, including updated analyses from the HPC's *Community Hospitals at a Crossroads* report.



DataPoints: Trends in the Physician Market

Examines changes in the physician market and movement of physicians between organizations, using RPO data.



Performance Improvement Plans in Massachusetts: Reflections on Five Years of Evaluating Payer and Provider Spending Performance

Overview of successes and challenges in the process for monitoring and enforcing payer and provider performance relative to the health care cost growth benchmark.



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Drug Pricing Review Update

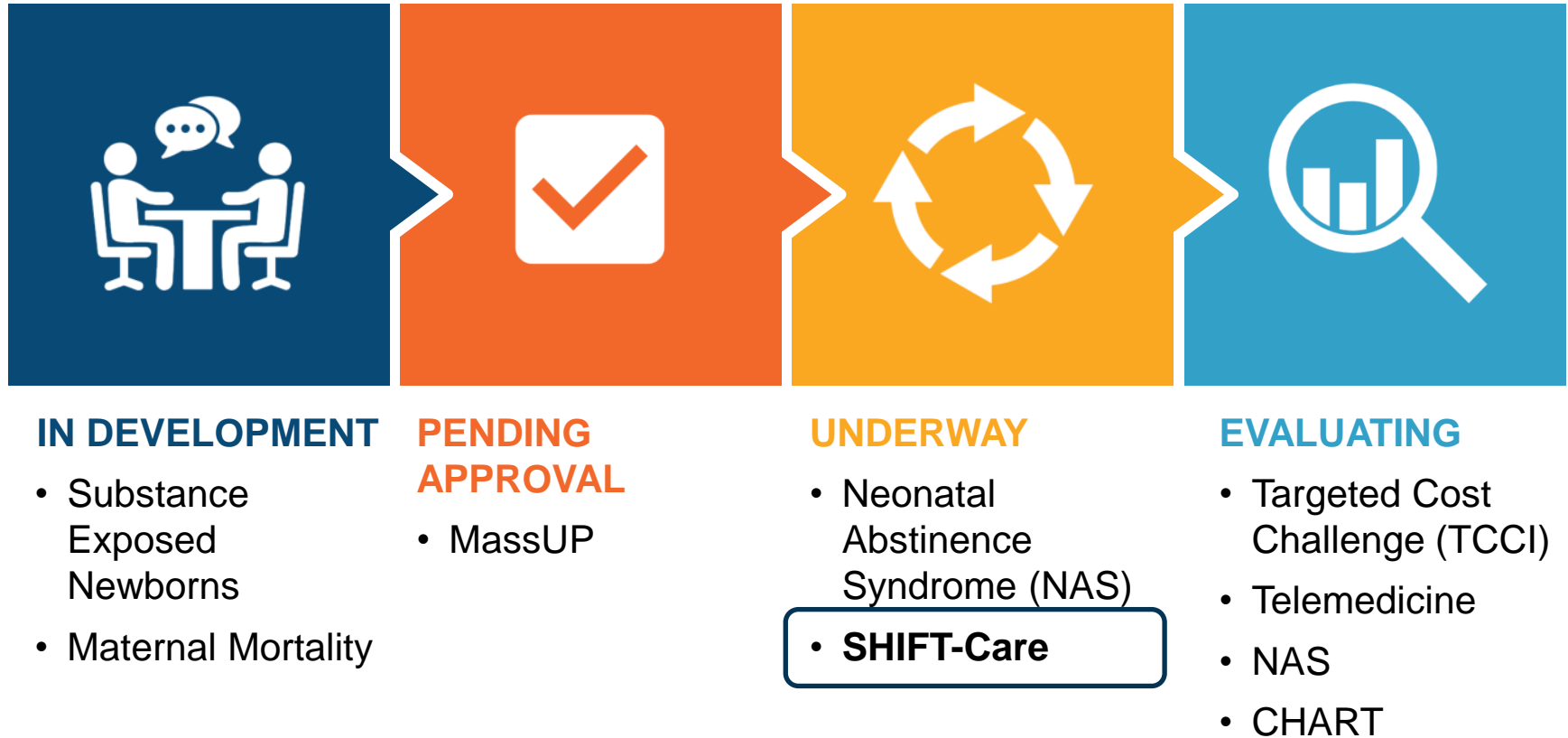
- The HPC is finalizing the **Standard Reporting Form** that referred drug manufacturers are required to submit as part of a drug pricing review, making a number of changes in response to feedback from manufacturers and other stakeholders, e.g.:
 - **Simplified reporting**, including by aligning with how manufacturers keep data or report to other agencies; allowing manufacturers to identify publicly available sources of information; and including greater flexibility in the format to account for variation between different manufacturers and drugs;
 - **Updated requests for pricing and financial information** to better reflect data that manufacturers are able to provide;
 - **Detailed instructions** and **technical edits** to enhance clarity.
- The final Standard Reporting form will be posted on the **HPC's website (mass.gov/hpc)**
- The HPC is continuing to develop **a framework** to assess if the **pricing** of a drug is **unreasonable or excessive** in relation to the **value**. This framework will be discussed in more detail with stakeholders and the HPC Board in the coming months.



AGENDA

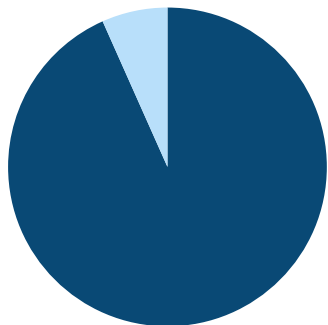
- Welcome by HPC Chair Stuart Altman
- Approval of Minutes from February 5, 2020 Meeting (**VOTE**)
- Market Oversight and Transparency
- Care Delivery Transformation
- Executive Director's Report
 - New and Upcoming Publications
 - Drug Pricing Review Process Update
 - **HPC Investment Programs**
- Schedule of Next Meeting (**July 22, 2020**)

HPC Investment Programs: Current Status



SHIFT-Care awardees are making adjustments to their programs to meet COVID-19 challenges.

All Awardees



14 of 15

Awardees have adapted their programs to continue serving patients; one Awardee has paused program operations



100%

of the 14 operational SHIFT-Care programs are now using telecommunications in place of in-person activities by frontline staff

Opioid Use Disorder (OUD) Cohort



8/9

8 of 9

Awardees in the OUD cohort are using telehealth to prescribe medication

Health-related Social Needs (HRSN) Cohort



5 of 6

Awardees in the HRSN cohort have continued to enroll patients or reached their enrollment target in the midst of COVID-19.

SHIFT-Care awards will move from implementation to evaluation over the next six months.



18-month Implementation Periods end



Awardees with sufficient remaining funds may apply to extend these timeframes via a **No Cost Extension**

Options for a No Cost Extension

Extend program implementation by up to 6 months

Extend evaluation period for up to 2 months*



AGENDA

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- **Schedule of Next Meeting (July 22, 2020)**

Upcoming 2020 Meetings and Contact Information



Board Meetings

Wednesday, July 22
Tuesday, September 15
Wednesday, December 16



Committee Meetings

Wednesday, September 30
Wednesday, November 18



Advisory Council

Wednesday, June 24
Wednesday, September 2



Contact Us

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