



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Advisory Council

July 15, 2020

Welcome HPC Advisory Council Members!

- **Rich Buckley**, AstraZeneca
- **Michael Caljouw**, Blue Cross Blue Shield of Massachusetts (designee: Erika Wilkinson)
- **Chris Carlozzi**, National Federation of Independent Business
- **Dr. Abbie Celniker**, Third Rock Ventures
- **JD Chesloff**, Massachusetts Business Roundtable
- **Dr. Cheryl Clark**, Brigham and Women's Hospital
- **Megan Collins**, Massachusetts Nurses Association
- **Bob Coughlin**, MassBio
- **Dr. Ron Dunlap**, Massachusetts Medical Society
- **Audrey Gasteier**, Massachusetts Health Connector
- **Bonny Gilbert**, Greater Boston Interfaith Organization
- **Tara Gregorio**, Mass Senior Care Association
- **Meg Hogan**, Mass Home Care
- **Jim Hunt**, Massachusetts League of Community Health Centers
- **Jon Hurst**, Retailers Association of Massachusetts
- **Pat Kelleher**, Home Care Alliance of Massachusetts
- **Colin Killick**, Disability Policy Consortium
- **Dr. Danna Mauch**, Massachusetts Association for Mental Health
- **Dave Matteodo**, Massachusetts Association of Behavioral Health Systems
- **Cheryl Pascucci**, Baystate Franklin Medical Center
- **Carlene Pavlos**, Massachusetts Public Health Association
- **Lora Pellegrini**, Massachusetts Association of Health Plans
- **Christopher Philbin**, Partners HealthCare System (designee: Adam Marx)
- **Amy Rosenthal**, Health Care For All (designee: Alex Scheff)
- **Chris Schuster**, Emerson Hospital
- **Emily Stewart**, Casa Esperanza, Inc./Nueva Vida, Inc.
- **Dr. Steve Strongwater**, Atrius Health
- **Dan Tsai**, Executive Office of Health and Human Services (designee: Monica Sawhney)
- **Matthew Veno**, Group Insurance Commission (designee: Margaret Anshutz)
- **Dr. Michael Wagner**, Wellforce
- **Steve Walsh**, Massachusetts Health and Hospital Association



MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Executive Director's Report
- Discussion
- Schedule of Next Meeting



AGENDA

- **Executive Director's Report**
 - Operations Update
 - New and Upcoming Publications
- Discussion
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Update on HPC Operations

The HPC **temporarily closed** its 50 Milk Street office on Friday, March 13, and has been **fully operating as a remote workplace** for the last four months.



Virtual HPC: Open for Business

- The HPC maintains its **regular business hours** of Monday to Friday from 9:00 AM to 5:00 PM. All public inquiries should be sent via email to HPC-Info@mass.gov, or phone to (617) 979-1400.
- The HPC's Office of Patient Protection (OPP) is open for business. Visit mass.gov/HPC/OPP, call the **OPP Hotline** at (800) 436-7757, and email OPP at HPC-OPP@mass.gov.
- Consistent with the re-opening guidance of the **Baker-Polito Administration and public health officials**, the HPC continues to operate via telework, with ongoing assessment.
- The **work of the HPC continues** as we strive to understand the **implications of COVID-19** on the overall health care system, while supporting the **critical efforts of our stakeholders on the frontline**.

Updated Timelines for Reporting Data to CHIA

In response to the COVID-19 pandemic, and consistent with ongoing consultation with HPC to accelerate the benchmark accountability timeline, **CHIA has elected to change many of its key reporting requirements:**

- Total Medical Expenses (TME) data is now due in **September** (vs. May), but **will include final data for both 2017-2018 and 2018-2019** (vs. final data for 2017-2018 and preliminary data for 2018-2019);
- Alternative Payment Methods, Premium, and Prescription Drug Rebate data is also now due in **September** (vs. May/June);
- Relative Price data is due in **October** (vs. June/July); and
- Primary and Behavioral Health Care Expenditures data is due in **December**.

The new reporting requirements will have **implications for the HPC's timelines:**

- CHIA will likely issue its annual report on health care spending from 2018 to 2019 in **January 2021**, suggesting the HPC follow with its Cost Trends Hearing in **March** in concert with the Benchmark Hearing; and
- CHIA's referral of payers and providers to the HPC for a potential PIP will also likely occur in **February 2021** for both 2017 to 2018 and 2018 to 2019 spending trends (~8 months earlier accountability for 2018-19 performance).

2020 HEALTH CARE COST TRENDS HEARING: IMPACT OF COVID-19

TUESDAY, OCTOBER 20 AND WEDNESDAY, OCTOBER 21

**A TWO-DAY VIRTUAL EVENT FOCUSED ON THE IMPACT OF THE
NOVEL CORONAVIRUS ON THE MASSACHUSETTS HEALTH CARE
SYSTEM AND POPULATION.**



**SAVE THE
DATE**

**—
OCT. 20 & OCT. 21**

**REGISTER ONLINE:
tinyurl.com/GTH2020**



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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



New!



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.

DataPoints: Trends in the Physician Market

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



New!



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

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.



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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- **Discussion**
 - Impact of COVID-19 on Health Care Spending
 - HPC Health Equity Framework
 - 2020 HPC Priorities
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Summary: Updated Findings of the Impact of COVID-19 on Health Care

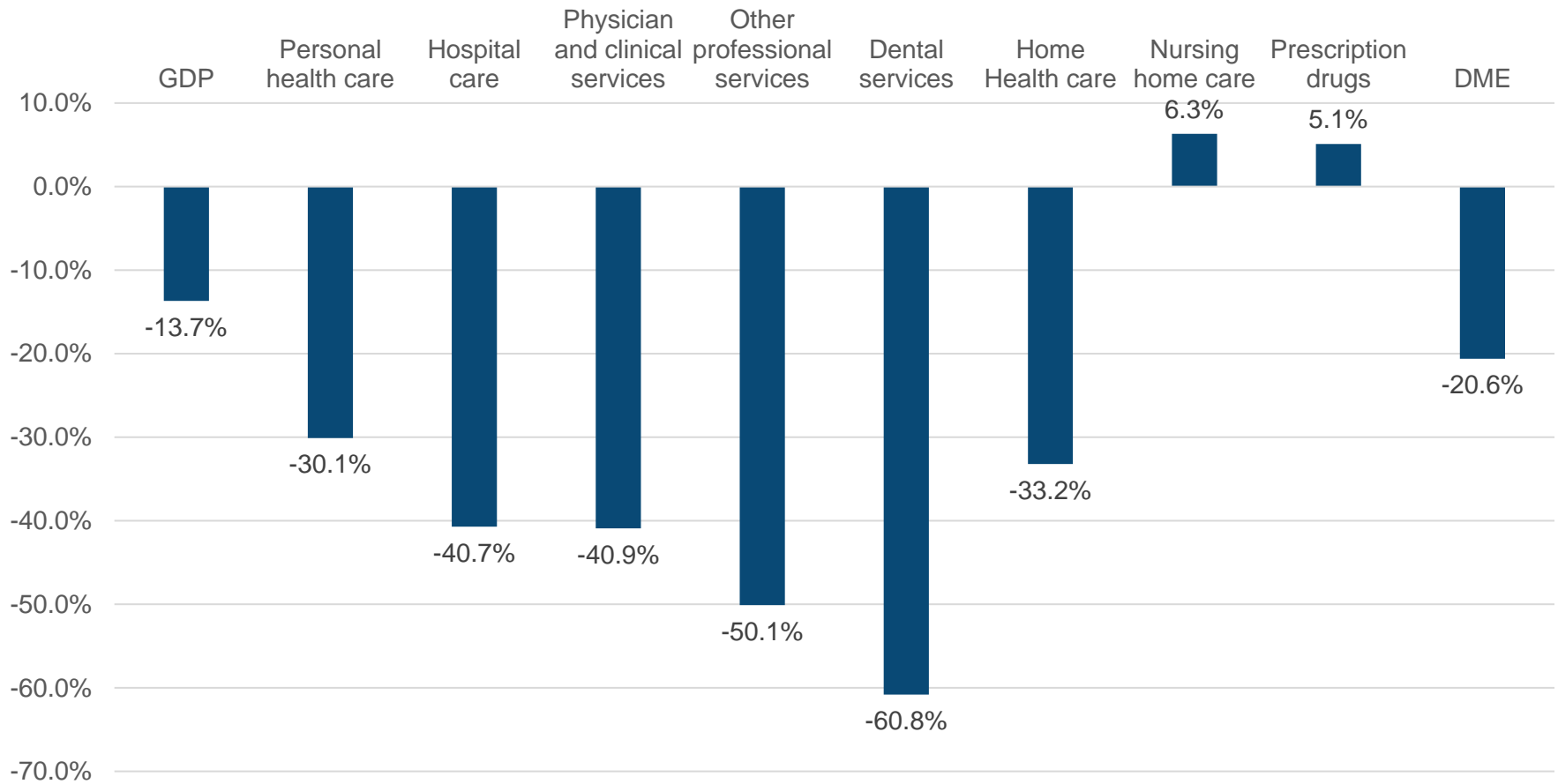
As the COVID-19 pandemic produces unique challenges to the Massachusetts health care system, the HPC is leveraging its **data assets, research expertise, investment experience, and market knowledge** to support policy efforts during and after the crisis.

The HPC is continuously examining data sources including industry reports on utilization trends, estimates of COVID-related direct spending, and expert opinion pieces and news articles. A compendium of recent findings may be found [here](#).

- Health care spending dropped 30% in April. Overall health care spending in 2020 is still on track to be approximately 10% **lower** than in 2019.
- Most Massachusetts hospitals had **negative margins** in the first quarter of 2020.
- Health care spending dropped **faster** than the overall economy in April (30% vs. 14%) but health care employment dropped **slower** than overall employment initially (6% vs. 12%).
- Independent primary care practices in Massachusetts are **much more likely to say they will close** versus hospital or health system-owned practices.
- Pediatric visits remain far below pre-pandemic levels while adult visits are approaching baseline levels.
- Telehealth visits have **declined by about a third** from their April peak, however, for many conditions, visits have **returned to baseline levels** as of mid-June when including telehealth.

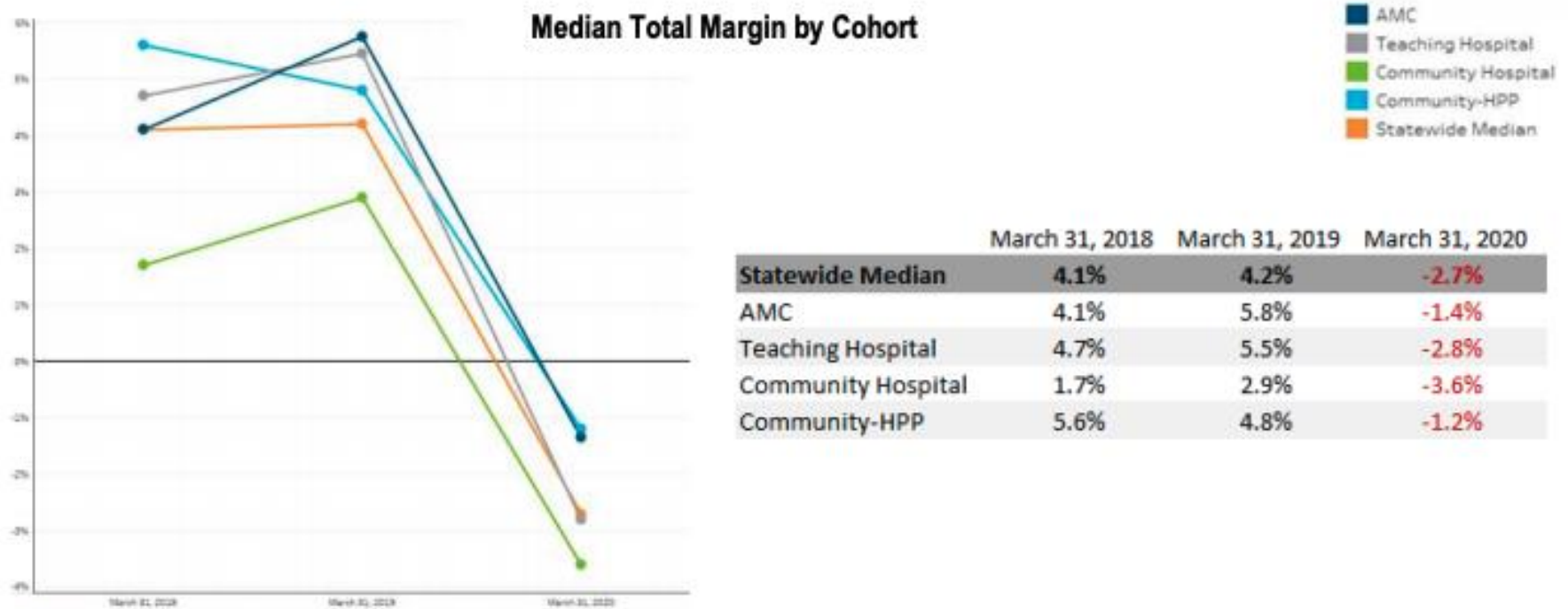
Health care spending dropped 30% in April, with differences by category.

Change in spending between April 2019 and April 2020

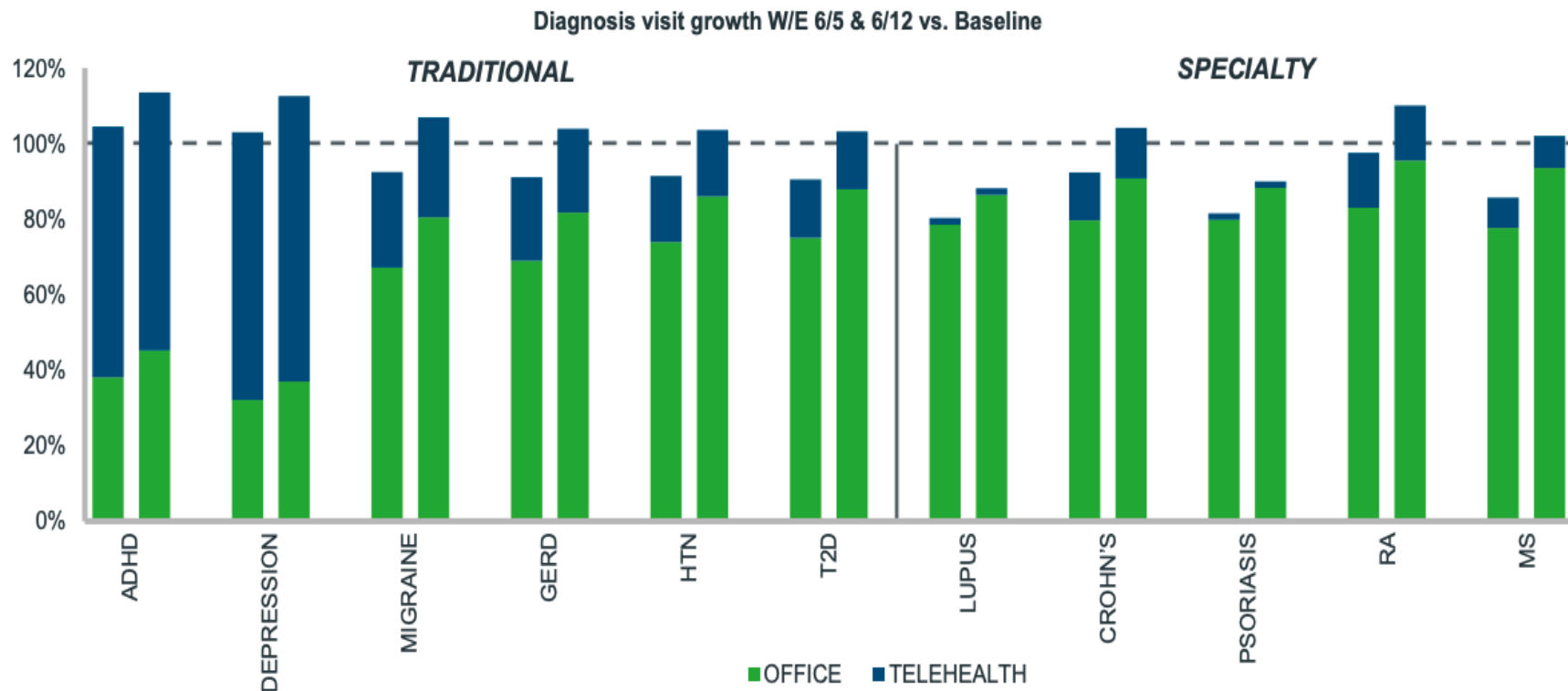


Massachusetts hospital margins were negative for Q1 2020 for all cohorts.

Total margin for Massachusetts hospitals for Q4 2019 and Q1 2020



For many conditions, visits have returned to baseline levels as of mid-June when including telehealth.



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 claims 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 June 12, 2020





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The HPC's Commitment to Health Equity

Instances of police brutality across the country and the disparate impact of COVID-19 pandemic on communities of color, expose systemic racism and the deeply embedded structural inequities in society.

These inequities are not unique to the health care system and are reflected in persistent health disparities and increased disease burden for communities of color. In addition to their impact on health and well-being, these inequities result in higher health care spending and an imbalanced distribution of resources for both individuals and the Commonwealth as a whole.

Health equity is the opportunity for everyone to attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

Health inequities in the Commonwealth have been well documented by the Massachusetts Department of Public Health (DPH), the Center for Health Information and Analysis (CHIA), the Office of the Attorney General, the HPC, and others. The **Office of Health Equity** within DPH works to address social determinants so everyone can attain their full health potential.

The HPC's Commitment to Health Equity

Addressing Health Inequities is Necessary to Achieve the HPC's Mission

*The HPC's mission is to advance a more transparent, accountable, and **equitable** health care system through its independent policy leadership and innovative investment programs. The HPC's overall goal is better health and better care – at a lower cost – **for all residents** across the Commonwealth*

The HPC's statute states that the agency should seek to address health care disparities through its work:

*The commission shall establish goals that are intended to **reduce health care disparities** in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.*

To reflect the HPC's commitment to advance health equity and promote social and economic justice throughout its work, the HPC is proposing an action plan **to ensure that health equity is a core component of the HPC's work today and going forward.**

Applying a Health Equity Lens: Exemplar Questions to Guide HPC Work



Step 1: INITIATION

- How are different populations affected by the status quo? Who might benefit from a change in practice/policy/program?
- What are the demographics and health needs of the populations relevant to this work?
- What sources did the research/data that informed this issue area rely on? Is there any existing bias?



Step 2: PLANNING

- What are the anticipated impacts of a given workstream? What are the expected outcomes and for whom?
- Could there be unintended consequences, or differential impacts by population? If so, how can they be mitigated to ensure that inequities are not exacerbated?
- Whose voices are at the table, and whose are not?



Step 3: IMPLEMENTATION

- Have differences correlated with social, economic, and/or environmental conditions been observed?
- How can these differences be interpreted; do they represent inequities?
- If so, how can the context (policies, practices, decisions) that contributed to these inequities be explained?
- If the data/information to speak to these inequities directly is lacking, are there available alternatives?



Step 4: CLOSEOUT

- What are the implications of the work and for whom?
- Were there unintended or inequitable effects? If so, how could the course of this work be corrected?
- What can be done differently to promote more equitable outcomes?
- Was the language used to describe all disparities and identify upstream factors consistent and precise?
- Were results/publications/learnings disseminated to all relevant stakeholders, in ways that could benefit them?



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 - **Updated 2020 Priorities (due to COVID-19 Pandemic)**
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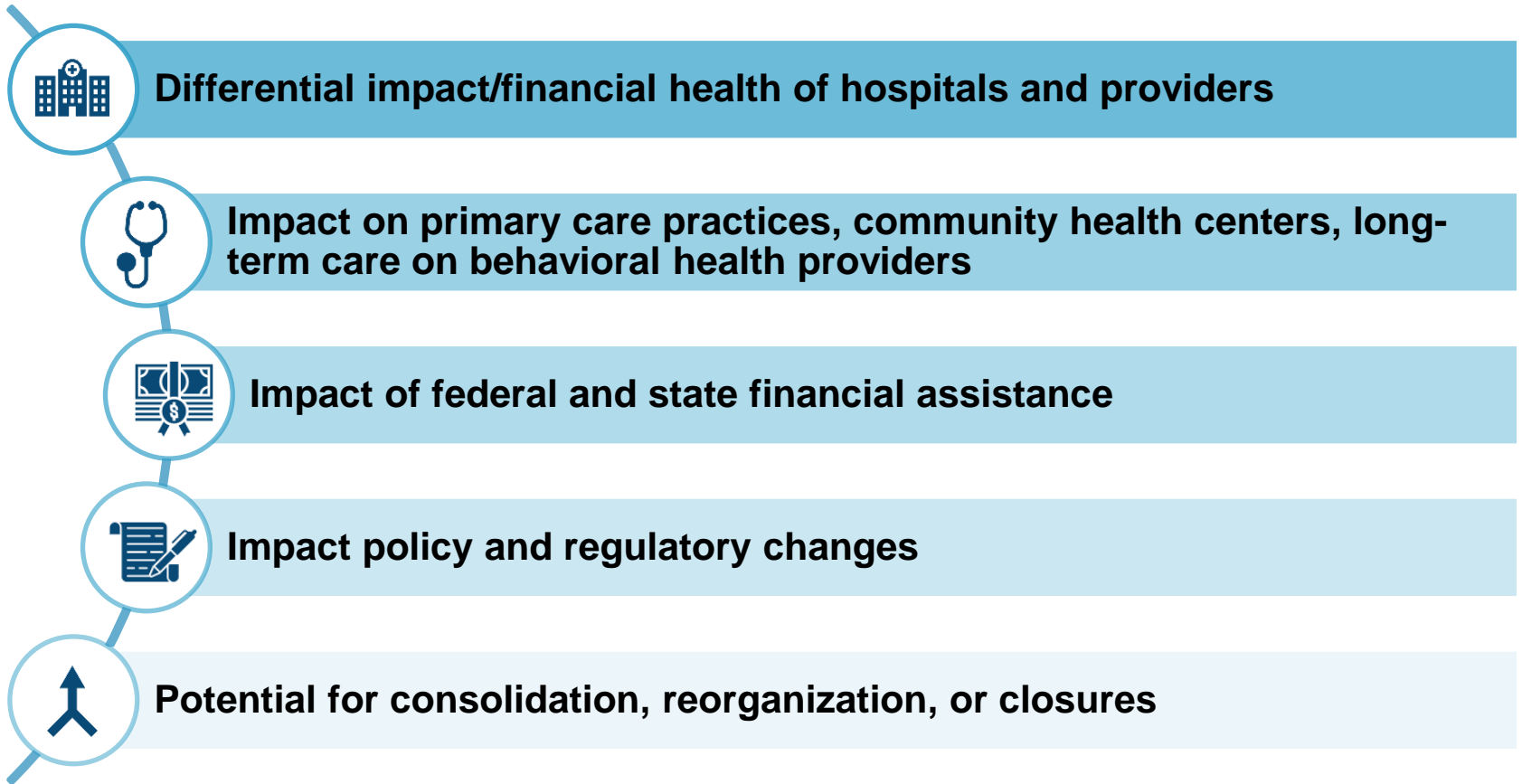
Updated 2020 Priorities due to COVID-19 Pandemic – *FOR DISCUSSION*

- Analysis of Impact of COVID-19 Pandemic on Health Care Providers, Health Plans, Employers, and Consumers
- Health System Capacity Monitoring and Planning
- Evaluation of Policy Changes During COVID-19 Pandemic
- Supporting Ongoing Transformation and Innovation



Applying an Equity Lens: Pursuant to the Health Equity Framework to be discussed and adopted by the Board next week, the HPC plans to ensure that there is an intentional consideration of equity issues in agency projects going forward

Analysis of COVID-19 Pandemic on the Health Care Market



Applying an Equity Lens: What are the differential impacts on cost, quality, and access across demographics and sub-populations in the Commonwealth?

Analysis of COVID-19 Pandemic on the Health Care Market



Short-term/long-term impact on financial health of health insurers



Differential impact on premiums and cost-sharing for individual, self-insured, and fully-insured markets



Differential impact of shifts from commercial to public/subsidized coverage



Allocation of health plan savings as the result of reduced spending (e.g. consumer rebates, provider financial aid/incentive payments, enhanced benefits)



Impact policy and regulatory changes



Applying an Equity Lens: What are the differential impacts on cost, quality, and access across demographics and sub-populations in the Commonwealth?

Health System Capacity Monitoring and Planning

■ Short-term: Capacity Monitoring

- Supporting COVID Command Center and the Department of Public Health with daily hospital capacity tracking and analysis

■ Long-term: Capacity Planning

- Comprehensive analysis of health care resources relative to need and preparedness

Applying an Equity Lens:



- How is current capacity distributed by geography and demographics? where are resources needed?
- How has capacity changed during/as a result of the COVID-19 pandemic? What are the equity implications of these types of changes?

Evaluation of Policy Changes During COVID-19 Pandemic



Scope of Practice

Example: Advanced Practice Registered Nurses (APRNs)

- Do we observe an increased role in care? Less incident-to-billing?
- Are APRNs increasingly being utilized in different areas and/or systems (e.g., more telehealth, more well visits)?



Applying an Equity Lens:

- What populations and geographic areas are more likely to see APRNs for care?
- Do APRNs increase access, improve outcomes?



Telehealth

- **Example (short-term): How was telehealth utilized during the pandemic from both a patient and provider perspective?**
- **Example (long-term): Recommendation of payment policy for telehealth**
 - Review payment policies, conduct discussions with experts, complete a literature review on utilization and payment



Applying an Equity Lens:

- Who is getting telehealth, and for what type of services? How is it different pre-/post-pandemic?
- What are the access and quality issues across demographics (age, race/ethnicity, income, geography), technology and language barriers, provider capability, etc.?

Evaluation of Policy Changes During COVID-19 Pandemic



Member Cost Sharing Changes

Example: Waiver of Prior Authorization for Certain Services

- Examine impact on patients, providers and payers.



Applying an Equity Lens: Study differential impact across patient populations, types of services (i.e., Behavioral health vs. Medical/Surgical), and impact on access



Out-of-Network Billing

Examples:

- Evaluate the impact of out-of-network (OON) policy during the COVID-19 pandemic
- Model OON spending and in-network spending if OON policy is at a different x% of Medicare
- Technical discussion of implementing %-of-Medicare ceiling in private payment system
- Evaluate the impact of the COVID-19 pandemic on providers whose business model is entirely OON



Applying an Equity Lens:

- Quantify the impact of a large bill on the family budget for families with different income levels
- Quantify the impact of a premium reduction overall or for limited network products

Supporting Transformation and Innovation

Delivery System

Continue to make and promote findings from transformational investments and certification programs

Behavioral Health

- Current and new investments in NAS, SEN, SHIFT/OD

Telehealth

- Investment Program Impact Evaluation & related L&D outputs

Maternal Health

- Investment Program (target CY21)

Social Determinants of Health

- MassUP
- SHIFT/SDOH

Accountable Care

- ACO 3.0 – Certification process

Payment

Continue to examine and make recommendations on payment alternatives

- Primary care capitation
- Support for providers to ensure access/capacity
- Maryland hospital model
- APM expansion; new risk adjustment methods



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Upcoming 2020 Meetings and Contact Information



Board Meetings

Tuesday, September 15
Wednesday, December 16



Advisory Council

Wednesday, September 2



Committee Meetings

Wednesday, September 30
Wednesday, November 18



Contact Us

[Mass.Gov/HPC](https://www.mass.gov/HPC)

 [@Mass_HPC](https://twitter.com/Mass_HPC)

HPC-Info@mass.gov