MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

July 22, 2020

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- **Welcome by HPC Chair Stuart Altman**
- Approval of Minutes from June 10, 2020 Meeting **(VOTE)**
- Impact of the COVID-19 Pandemic on Health Care Spending and Costs
- Board Discussion of New 2020 Priorities (due to COVID-19)
- HPC Health Equity Framework
- Executive Director's Report
- Executive Director Performance Review and Contract **(VOTE)**
- Schedule of Next Meeting **(September 15, 2020)**

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MASSACHUSETTS
HEALTH POLICY COMMISSION

VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on **June 10, 2020** as presented.

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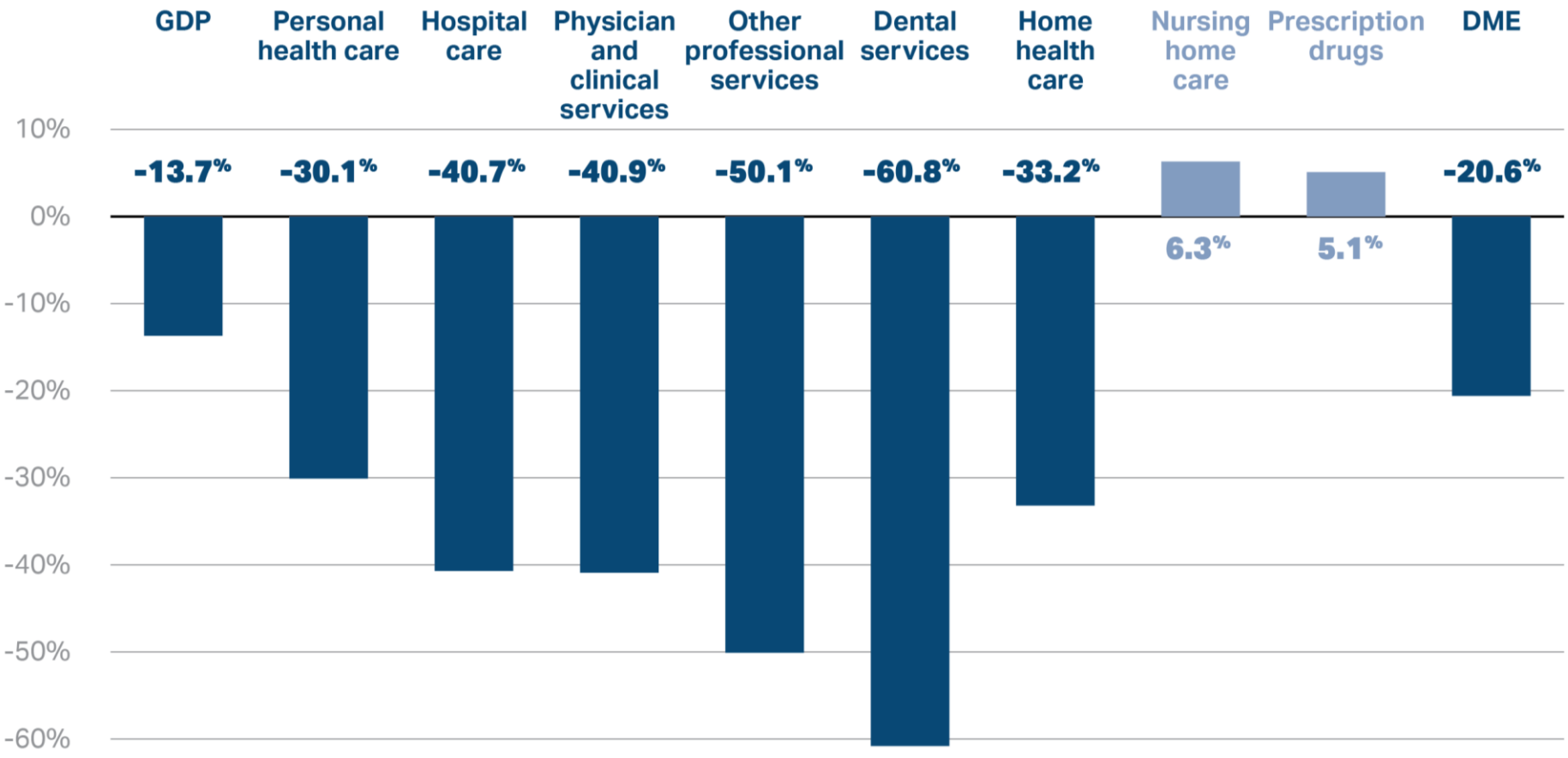
Summary: Updated Findings of the Impact of COVID-19 on Health Care

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. A compendium of industry reports on utilization trends and other COVID-related findings may be found on the HPC's website.

- 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.
- Health care spending dropped **faster** than the overall economy in April (30% vs. 14%), but health care employment dropped **slower** than overall employment (6% vs. 12%).
- Most Massachusetts hospitals had **negative margins** in the first quarter of 2020.
- One national for-profit health plan that operates in Massachusetts reported a **doubling of net income** in April-June of 2020, driven by a 70% medical loss ratio (vs. 83% MLR in Q2, 2019)
- 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 have **returned to baseline levels** as of mid-June when including telehealth.
- Telehealth visits have **declined by about a third** from their April peak as adult in-person visits have increased.

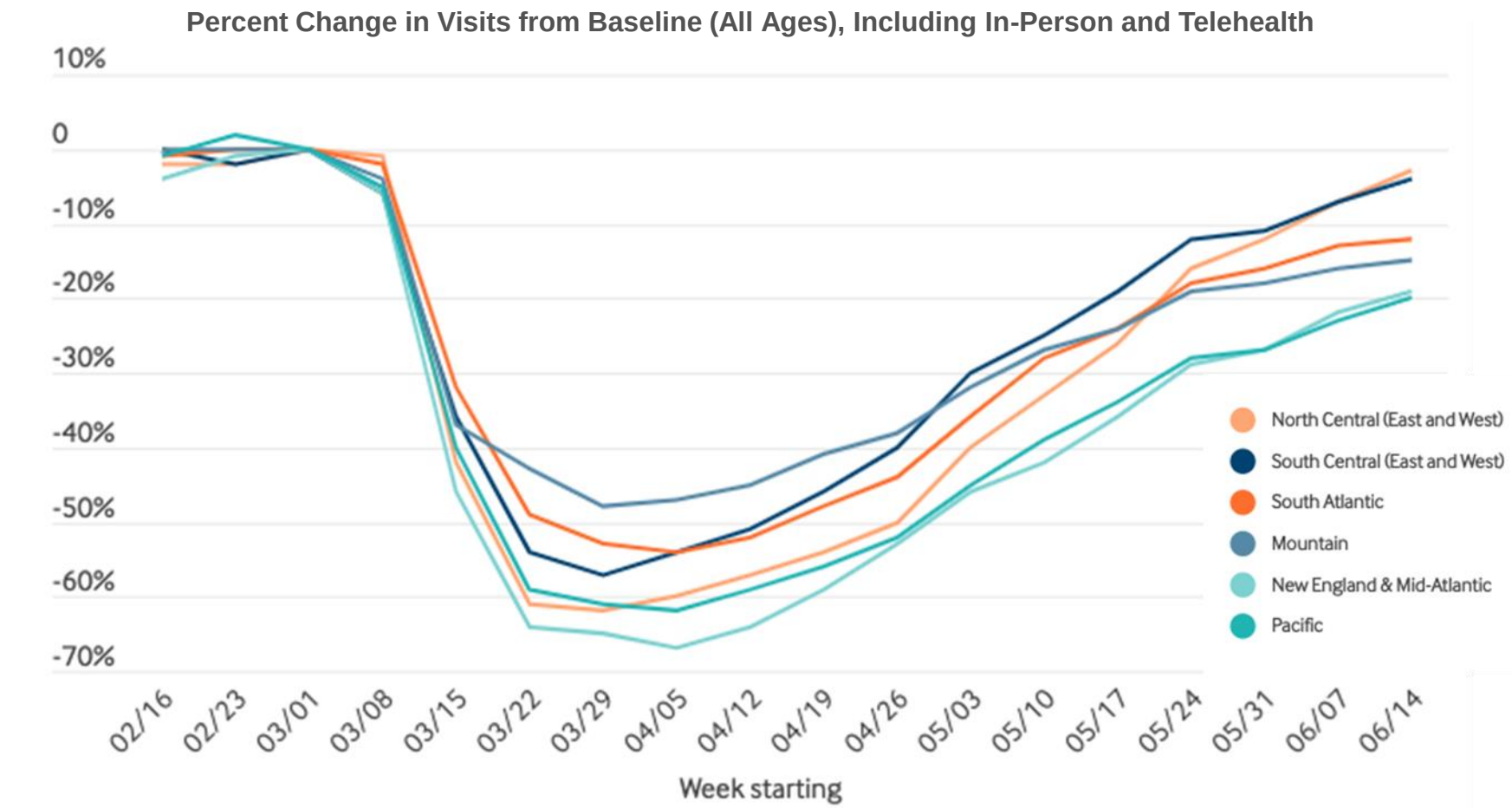
Total health care spending in April 2020 was 30% less than the previous year, with substantial variation by category.

Change in spending between April 2019 and April 2020



Sources: Altarum Institute Health Sector Economic Indicators. Spending brief: Insights from Monthly National Health Spending data through April, 2020. June 12, 2020.

By mid-June, outpatient visits in the Northeast had returned to 80% of baseline levels when telehealth is included.



Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7). Distribution of states across U.S. census divisions is available at the census website.

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal* (Commonwealth Fund, June 2020). https://doi.org/10.26099/2v5t-9y63

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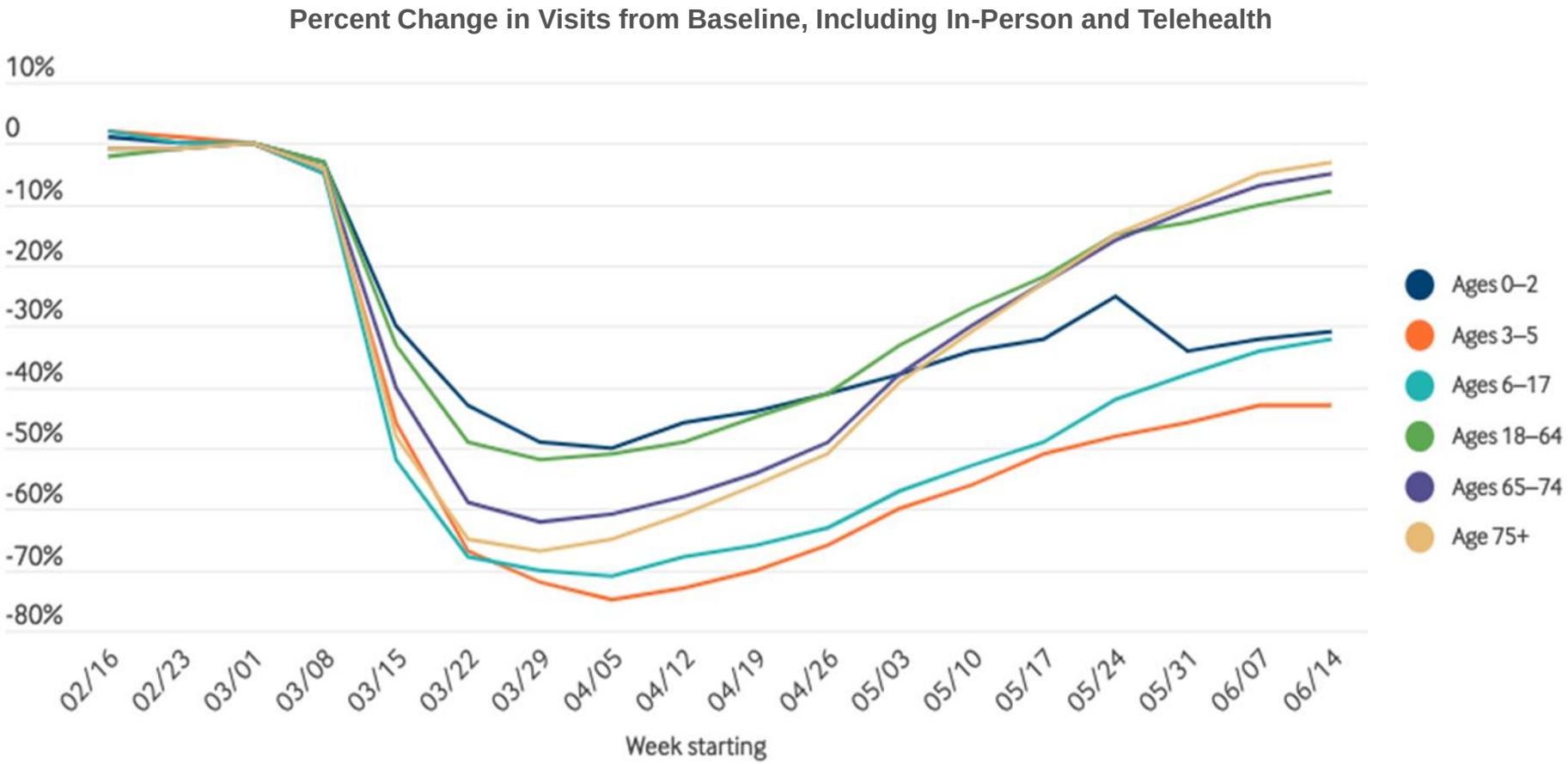
Pediatric visits remain far below baseline levels while adult visits are approaching typical rates.



Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7).

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal* (Commonwealth Fund, June 2020). https://doi.org/10.26099/2v5t-9y63

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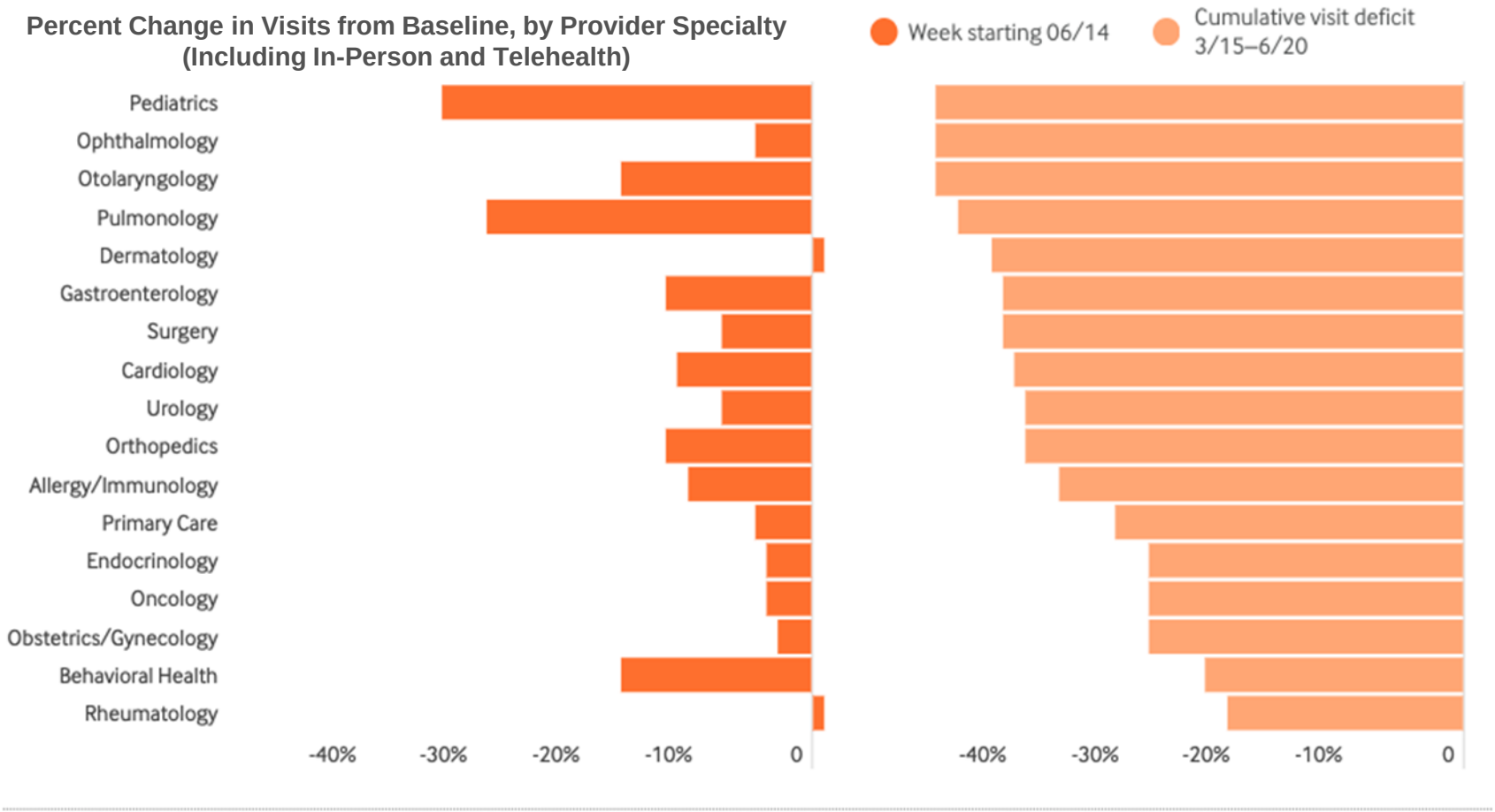
Changes in visit volume vary by specialty.



Data are only for select specialties shown. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included.

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal* (Commonwealth Fund, June 2020). https://doi.org/10.26099/2v5t-9y63

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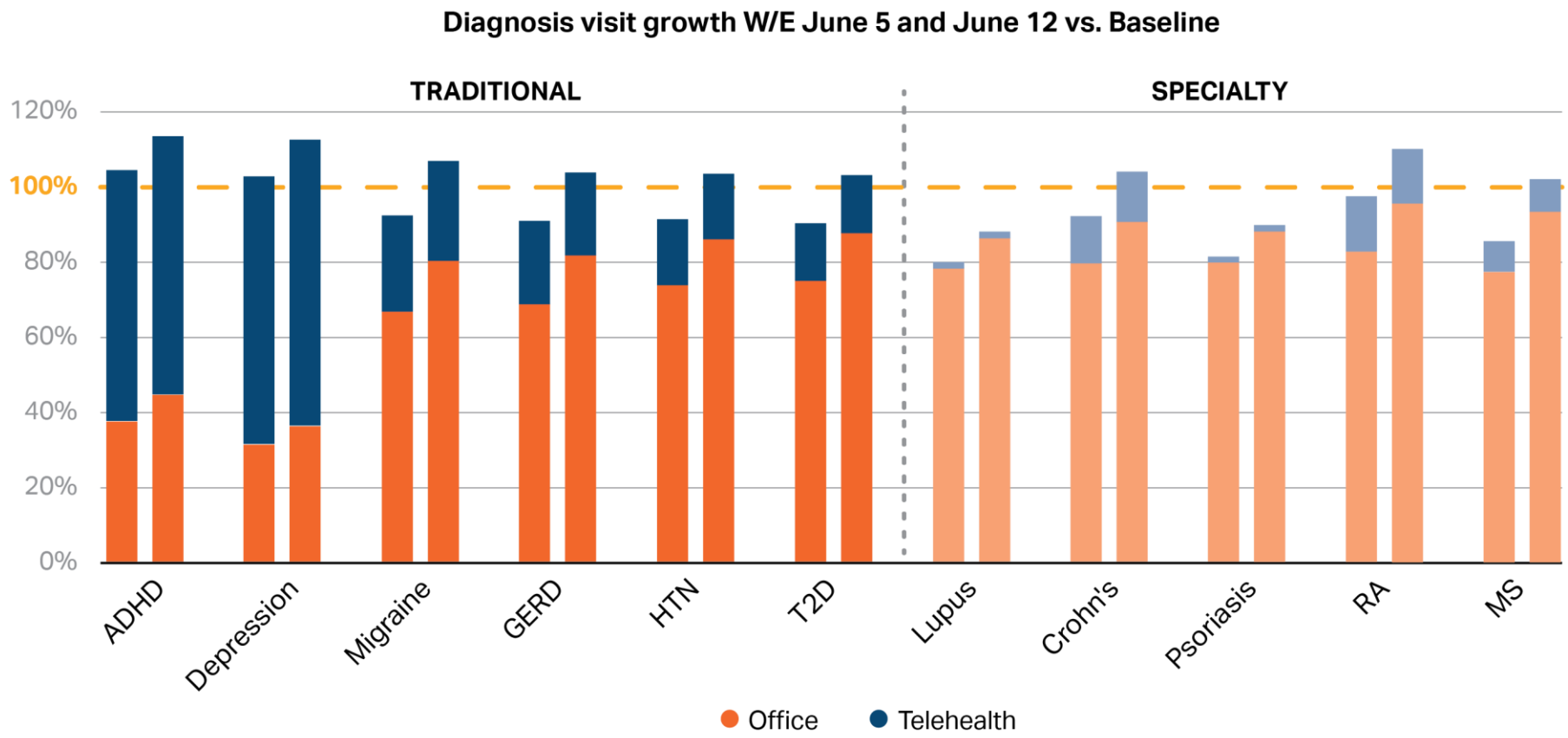
As of mid-June, visits have returned to baseline levels for many conditions when telehealth is included.



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

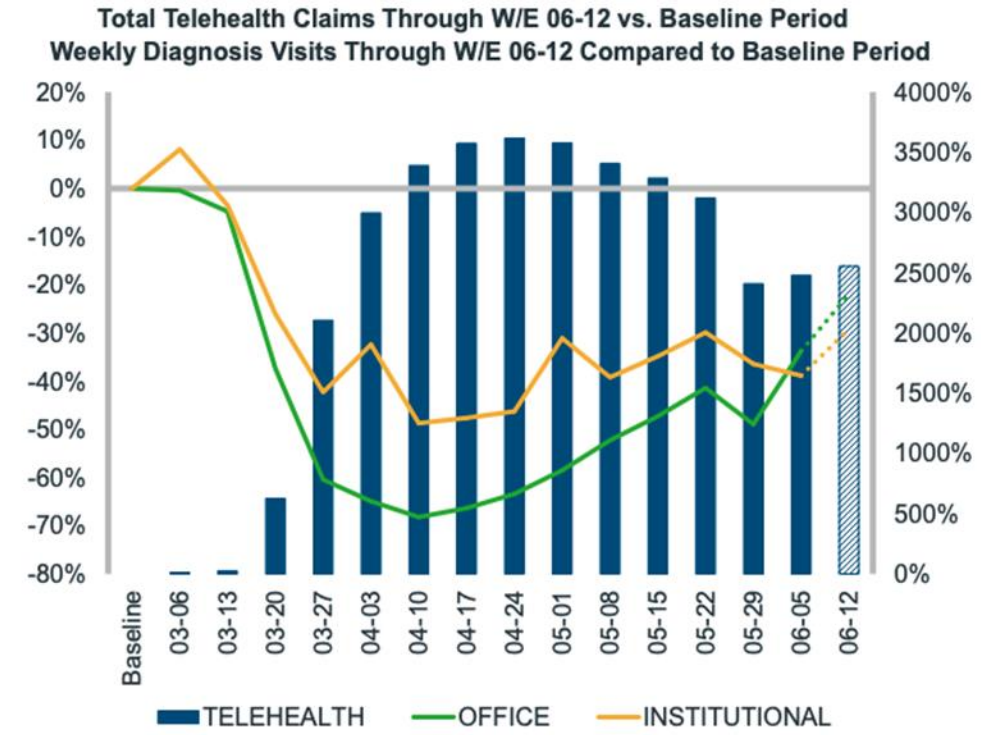
COVID-19 Market Impact - w/e June 12, 2020

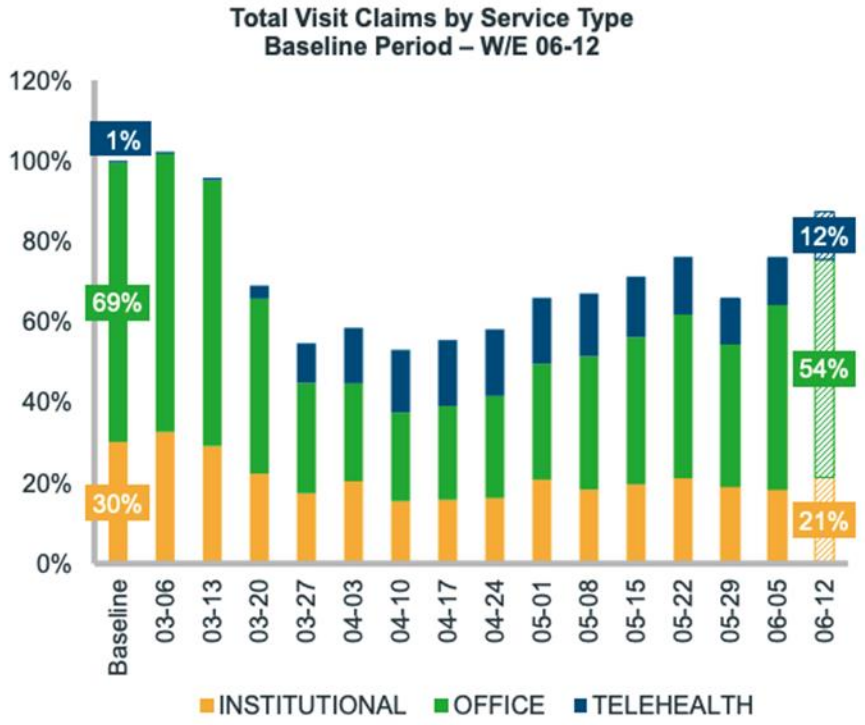
IQVIA

HPC

Sources: IQVIA, Monitoring the impact of COVID-19 on the Pharmaceutical Market, June 26, 2020, data week ending June 12, 2020.

Telehealth visits have declined from their peak in April, but remain far above the pre-pandemic baseline.





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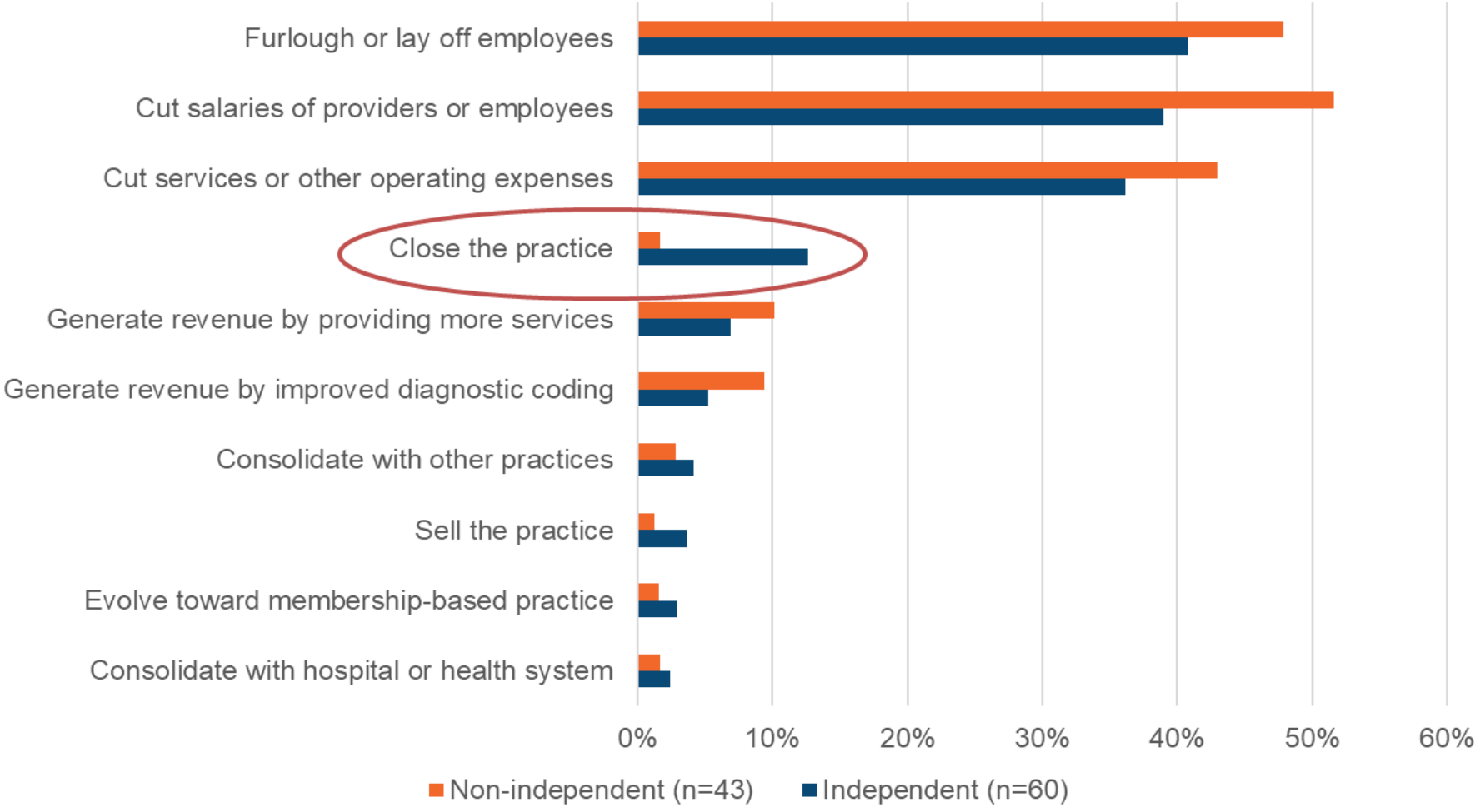
Massachusetts Practice Survey: Independent practices are more likely to say that they would close.

Overall likelihood that practice would take each action



Notes: "Independent" in the survey meant owned by a hospital or health system

Zirui Song et al, "Economic and Clinical Impact of COVID-19 on Provider Practices in Massachusetts" Interim Results: May 20 – June 17, 2020. https://www.mass.gov/doc/economic-and-clinical-impact-of-covid-19-on-provider-practices-in-massachusetts/download

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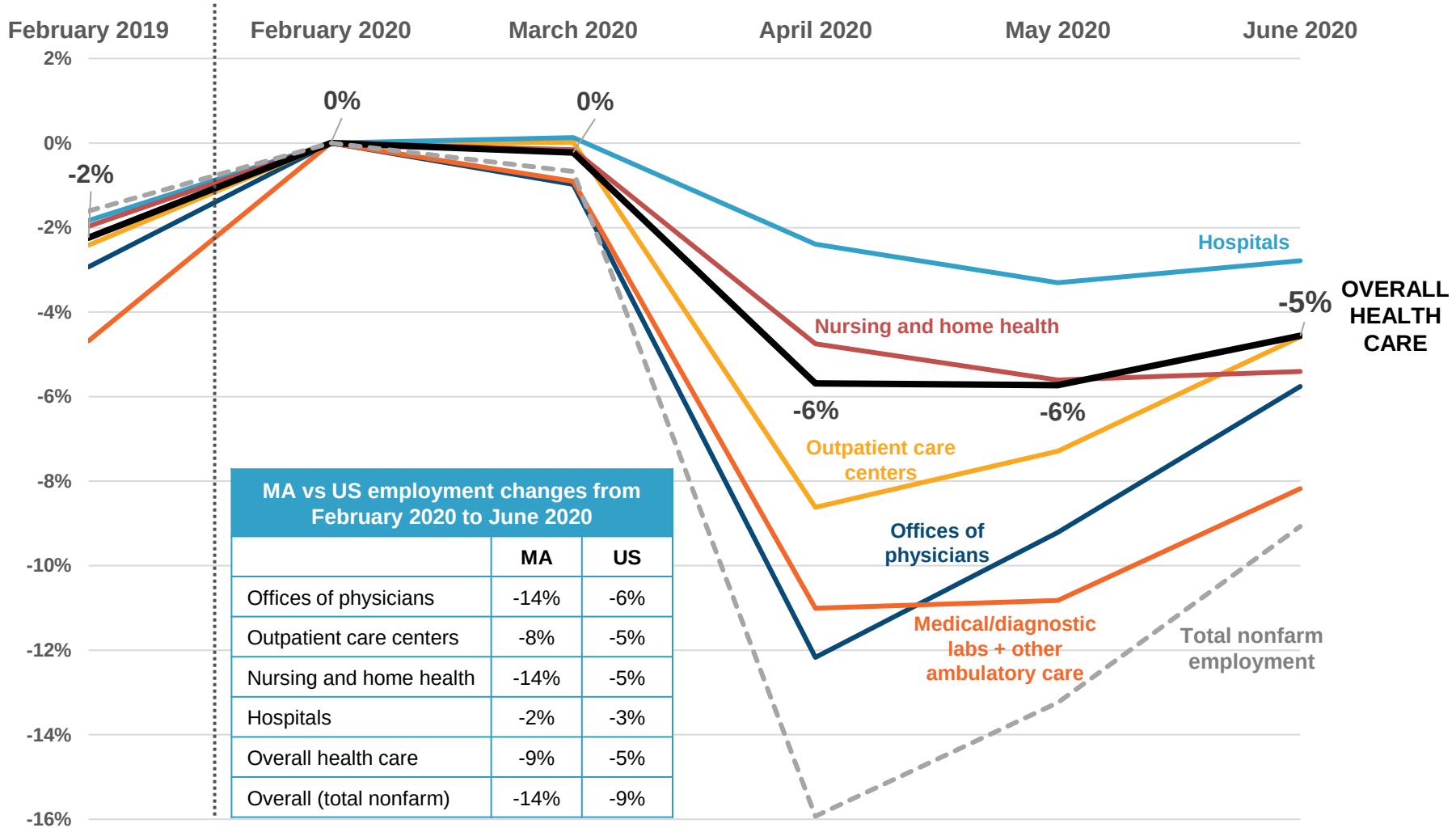
National health care employment remains 5% below February levels. Massachusetts saw a larger drop in physician office and nursing home/ home health employment.

Percent change in national health care industry employment, by sector, February 2019 – June 2020



MA vs US employment changes from February 2020 to June 2020		
	MA	US
Offices of physicians	-14%	-6%
Outpatient care centers	-8%	-5%
Nursing and home health	-14%	-5%
Hospitals	-2%	-3%
Overall health care	-9%	-5%
Overall (total nonfarm)	-14%	-9%

Sources: BLS: Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail released on July 2, 2020, June 5, 2020, May 8, 2020, and March 6, 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.

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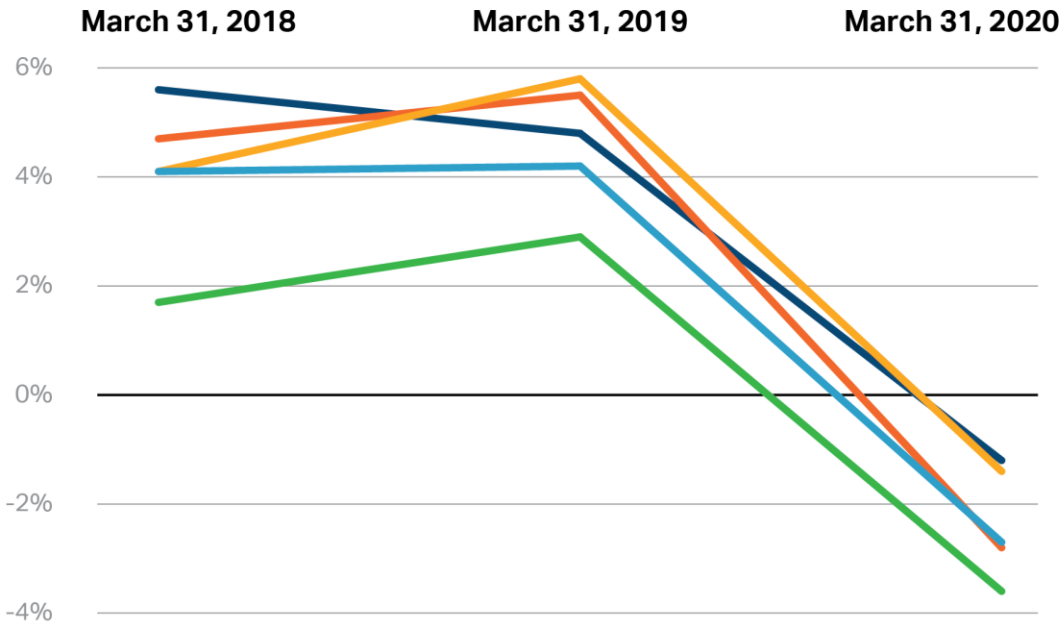
Massachusetts hospital margins were negative in Q1 of 2020 for all cohorts.

Total margin for Massachusetts hospitals for Q4 2019 and Q1 2020



	March 31, 2018	March 31, 2019	March 31, 2020
Statewide Median	4.1%	4.2%	-2.7%
AMC	4.1%	5.8%	-1.4%
Teaching Hospital	4.7%	5.5%	-2.8%
Community Hospital	1.7%	2.9%	-3.6%
Community-HPP	5.6%	4.8%	-1.2%

Massachusetts Center for Health Information and Analysis: hospitals and health systems financial performance: https://www.chiamass.gov/hospital-financial-performance/

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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 by the Board, the HPC plans to ensure that there is an intentional consideration of equity issues in agency projects going forward

Analysis of Impact of COVID-19 Pandemic on the Health Care Market: Health Care Providers, Workforce, and Patients

- **Short-term/long-term impact on health care providers, workforce, and patient care across a range of domains (cost, quality, and access)**
- **Differential impact by provider type (e.g., primary care practices, community health centers, long-term care, behavioral health providers)**
- **Impact of federal and state financial assistance**
- **Impact of policy and regulatory changes**
- **Potential for and impact of consolidation, reorganization, or closures**

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

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Analysis of Impact of COVID-19 Pandemic on the Health Care Market: Payers, Employers, and Consumers

- **Short-term/long-term impact on health insurers, employers, and members across a range of domains (costs, quality, and access)**
- **Differential impact on premiums and cost-sharing for individual, self-insured, and fully-insured markets**
- **Impact of shifts from commercial to public/subsidized coverage**
- **Allocation of health plan savings as the result of reduced spending (e.g., consumer/employer rebates, provider financial aid/incentive payments, enhanced benefits)**
- **Impact of 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-19 Command Center and the Department of Public Health with daily hospital capacity and bi-weekly long-term acute care hospital (LTACH) capacity tracking

- **Long-term: Capacity Planning**
  - Comprehensive analysis of health care resources throughout the care continuum 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?

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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 on 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 services? 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

HPC

Supporting Transformation and Innovation

Delivery System

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

Social Determinants of Health
- MassUP
- SHIFT-Care

Behavioral Health
- Current and new investments in NAS, SEN, SHIFT/OUD

Telehealth
- Investment Program Impact Evaluation & related learning and dissemination outputs

Maternal Health
- Investment Program (target CY21)

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 global budget model**
- **APM expansion; new risk adjustment methods**

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.

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SAVE THE DATE
–
OCT. 20 & OCT. 21

REGISTER ONLINE:
tinyurl.com/CTH2020

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Background on Health Equity and the Imperative for Action

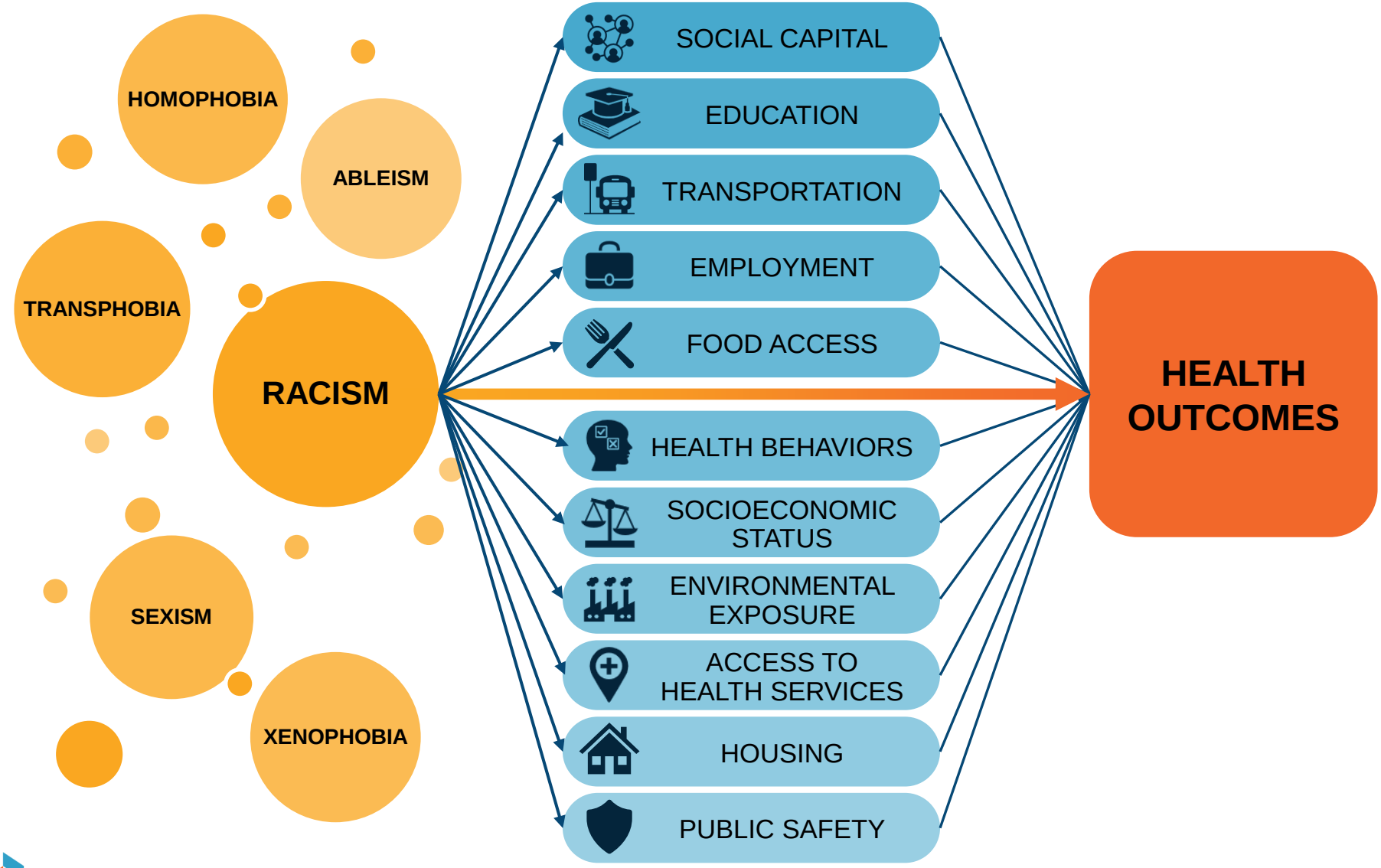
The disparate impact of COVID-19 on communities of color and ongoing injustices of police brutality across the country expose systemic racism and deeply embedded structural inequities.

These inequities are not unique to the health care system but are reflected in persistent health disparities and increased disease burden for communities of color and other marginalized populations. 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 for all people of the Commonwealth of Massachusetts.

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.

Racism, Among Many Structural Inequities, Negatively Impacts Health Outcomes and Other Social Determinants of Health



Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative; available: http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf

The HPC's Commitment to Health Equity

Eliminating Health Inequities is Integral to Achieving 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:

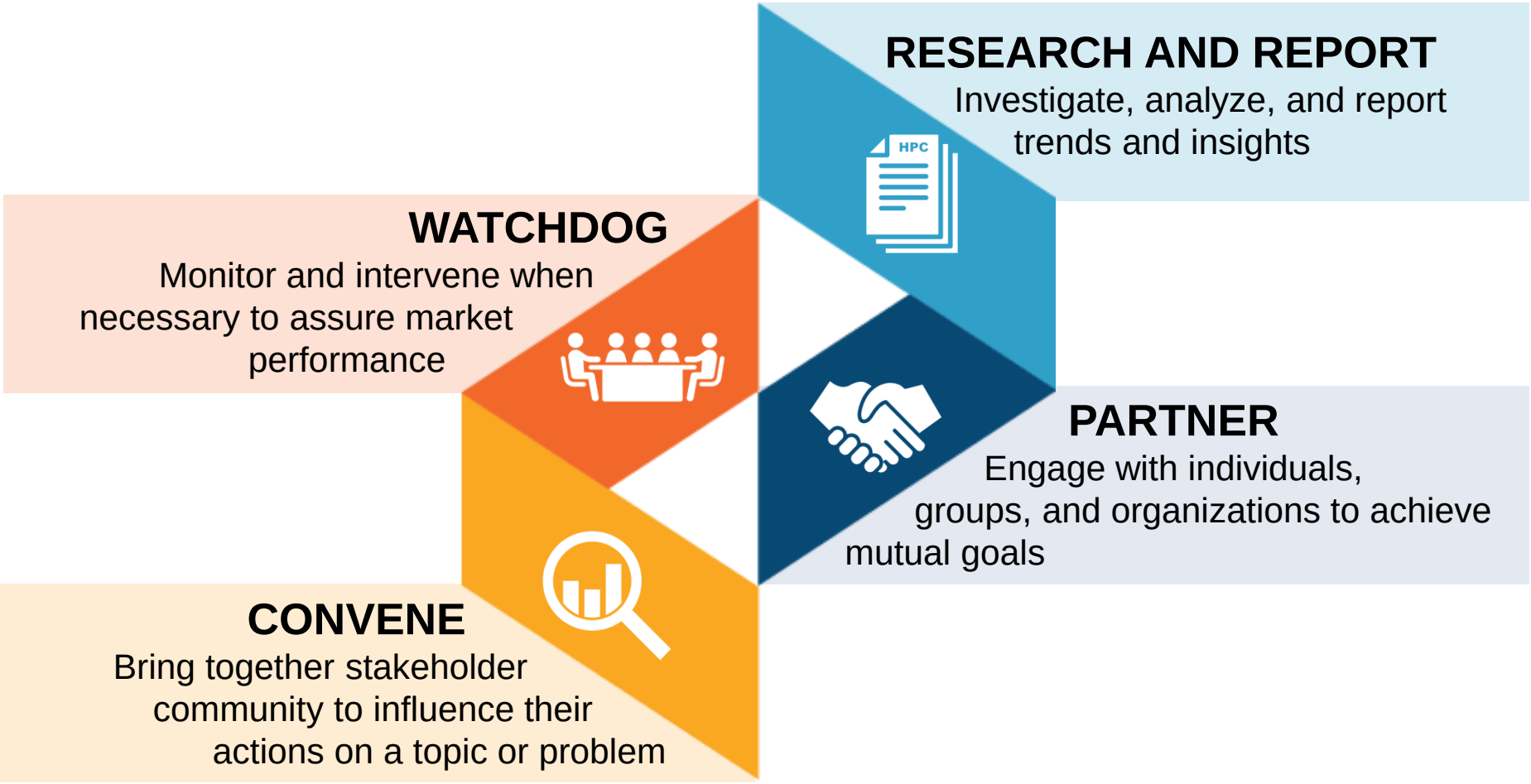
> *The commission shall establish goals that are intended to* ***reduce health care disparities*** *in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.*

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.**

Principles for Integrating Health Equity into the HPC's Work

- The HPC acknowledges the pervasiveness of health inequities – and the systemic racism that underlies them – and **that eliminating inequities is integral to achieving the HPC's mission** of better health and better care at a lower cost for all residents of the Commonwealth.
- The HPC will **embed health equity concepts** in all aspects of our work and will **apply all four of its core strategies** to the goal of advancing health equity in the Commonwealth: research and report, convene, watchdog, and partner.
- The HPC's work will be **informed and guided by those with lived experience** of inequities.
- The HPC will educate itself about the impact of systematic racism and will **promote diversity, equity, and inclusion in our workplace** in order to more fully cultivate the culture of anti-racism within our agency.
- Advancing health equity in the Commonwealth is a **shared responsibility**. The HPC will actively seek opportunities to align, partner, and support other state agencies, the health care system, and organizations working for health equity on these goals.

The HPC Will Use All Four of its Core Strategies to Advance Health Equity



HPC Health Equity Lens in Action: Research and Report

Research and Report

- Partner with other state agencies and stakeholders to develop standardized data collection requirements and practices that will promote the use of data to address health inequities
- Report on subpopulations across applicable analyses, to inform how health care trends may disproportionately impact populations by income, geography, or race / ethnicity
- Prioritize the collection of qualitative data to contextualize quantitative findings and inform how inequities manifest in Massachusetts communities
- Regularly review existing data sources to determine what additional data is needed to identify inequities (e.g., more robust demographic information)

Applying an Equity Lens: The HPC will continue its focus on affordability (e.g., health care premiums, pharmaceutical costs) with a goal to contextualize the ways health care spending impacts disproportionately impacts different communities in the Commonwealth. One of the goals of this work is to make concrete how costly health care is, why it is so costly, and how those costs create inequities – particularly in access – across various sub-populations of Massachusetts residents in concrete terms.

HPC Health Equity Lens in Action: Convene

Convene

- Commit to utilizing the HPC's role as a convener to spotlight health equity-related topics and disseminate information on identified inequities and disparities
- Solicit input from diverse and underrepresented populations through both formal and informal channels (e.g., HPC Advisory Council, stakeholder engagement for procurement processes)
- Ensure that the impact of the social determinants of health and systemic racism inform policy recommendations
- Work with other state agencies to align and coordinate health equity efforts
- Maximize accessibility of HPC proceedings and publications

Applying an Equity Lens: The HPC will make health equity a focus at the upcoming 2020 Annual Health Care Cost Trends Hearing, specifically regarding the impact of COVID-19 on communities of color. Speakers and panelists will include individuals with lived experience and/or organizations focused on upstream social determinants of health, such as housing, food security, or social services.

HPC Health Equity Lens in Action: Watchdog

Watchdog

- Examine the impact of proposed market changes (i.e., provider mergers and affiliations, expansions, relocations and closures) on diverse populations, including communities of color, non-English speaking populations, and low-income populations
- Analyze the spending performance of payers and providers in the context of the populations and communities they serve and the services they provide
- Collect comprehensive data to understand and report on the current structure and distribution of health care resources in Massachusetts
- Solicit information from diverse populations in the course of drug pricing reviews

Applying an Equity Lens: In its reviews of proposed transactions, the HPC's Market Oversight and Transparency team considers access factors that are relevant to health equity, e.g., to what extent are the provider organizations providing services to low-income patients, MassHealth patients, non-English speaking patients, and communities of color? Will there be any impact on MassHealth participation? Will relocated services be accessible for populations that rely on public transportation? Where and for what populations are resources being invested?

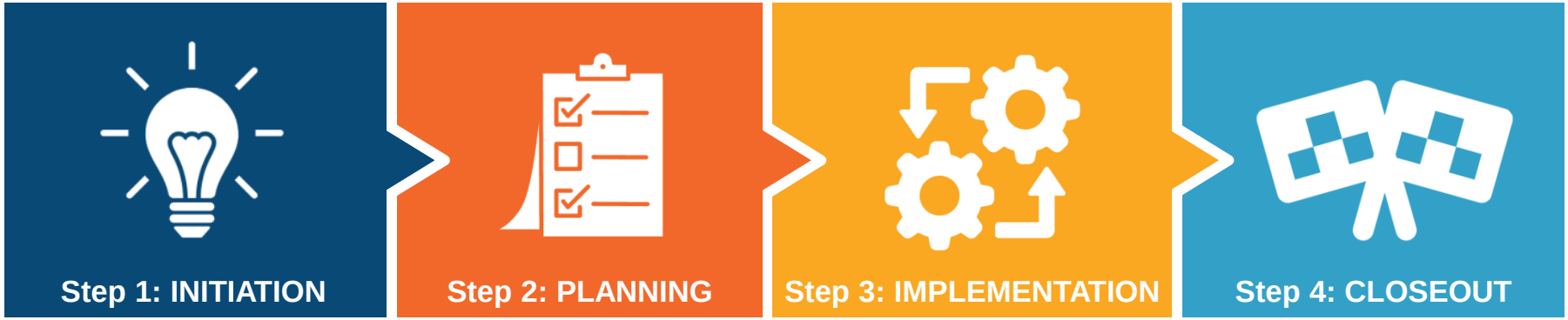
HPC Health Equity Lens in Action: Partner

Partner

- Embed health equity considerations and expectations into HPC's delivery system transformation programs (e.g., investment programs, certification)
- Explicitly include health equity elements as key competitive factors in selection criteria and review and selection committee processes
- Ensure that investment program awardees have a foundational understanding of health equity and the social determinants of health, and the resources to collect and analyze data that will inform health equity advancement
- Invest in programs and support policies that address the underlying causes of health inequities (i.e. the social determinants of health)

Applying an Equity Lens: The MassUP investment program is supporting four partnerships between health care providers and community organizations to address a social determinant of health that is leading to health inequities in particular Massachusetts communities. Awardees were required to demonstrate understanding of racial equity principles in their proposals and must engage residents with lived experience of inequities to inform their activities.

Exemplar Questions to Guide the HPC's Work in Applying an Equity Lens



- 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?

- 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 and how can we include them?

- 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?

- 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, precise, and respectful?
- Were results/publications/ learnings disseminated to all relevant stakeholders, in ways that could benefit them?

Health Equity Accountability and Action Plan

Public Commitment to Advancing Health Equity	Presentation of the Health Equity Framework and Revised Mission Statement to the HPC's Board and Advisory Council
	Public posting of the Health Equity Framework on the HPC's website, with regular updates in consultation with HPC's Board, Advisory Council, and staff
	Dedicated time in public meetings, including the Annual Health Care Cost Trends Hearings, to address issues of health equity and the HPC's efforts in this space
Internal Action Steps	Development and implementation of operational framework to incorporate health equity principles and lens in all HPC workstreams
	Engagement of experts to provide staff training and promote diversity, equity, and inclusion in order to more fully cultivate the culture of anti-racism within our agency
	Identification and implementation of specific goals to evaluate progress of integrating health equity principles in all HPC workstreams
	Regular internal meetings to review the agency's health equity efforts and to inform updates to the HPC's Health Equity Framework
	Recognition of health equity as an integrated workstream, and regular assessment of resources (e.g., staff, training, and funds) to support health equity focus

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- **Executive Director's Report**
  - New and Upcoming Publications
  - Drug Pricing Review Process
  - Notices of Material Change
- Executive Director Performance Review and Contract **(VOTE)**
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- Approval of Minutes from June 10, 2020 Meeting (VOTE)
- Impact of the COVID-19 Pandemic on Health Care Spending and Costs
- Board Discussion of New 2020 Priorities (due to COVID-19)
- HPC Health Equity Framework
- Executive Director's Report
  - **New and Upcoming Publications**
  - Drug Pricing Review Process
  - Notices of Material Change
- Executive Director Performance Review and Contract **(VOTE)**
- Schedule of Next Meeting **(September 15, 2020)**

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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Drug Pricing Review: Standard Reporting Form

- As part of its new Drug Pricing authority, the HPC is required to create a Standard Reporting Form that details **standardized information HPC would collect from all pharmaceutical manufacturers** referred by EOHHS.
- HPC **released a draft** Standard Reporting Form last November and met many times with key stakeholders, including manufacturers, to solicit feedback. The HPC is grateful to all who provided comments and is now **finalizing edits** to address key feedback.

Key Feedback

1. Ensure that confidentiality of sensitive information is protected, especially related to pricing and financials of companies.
2. Allow more flexibility in reporting information to the HPC to take into consideration the variability with which companies account for information.
3. Manufacturers may not have all information specified in the Draft form, for instance, payer-specific prices on a regional level or utilization data.
4. Clarify certain requests and provide more information about what constitutes a complete response.

- The final form will be published on the HPC's website. The form may also **be updated over time**, with advance notice to and input from Manufacturers and other stakeholders.

Summary of Proposed Changes to the Standard Reporting Form

- Updated instructions to provide more **detail, clarity, and flexibility in the format**, including by allowing manufacturers to submit substantially similar information where information may not exist in the requested format.
- Updated several requests to ensure that the **information reported will be reliable**, such as by requesting certain information to be reported separately for different drug indications or for different drug package sizes.
- Requested information in **formats already used by other decision-making bodies** wherever possible, such as clinical evidence dossier formats used by U.S. payers and regulatory agencies.
- Highlighted **HPC's obligations under law to keep information confidential** and relies on **average rather than specific payer pricing information**.
- **Simplified requests for financial information** such as by removing requirements to provide expenditures in detailed categories (e.g., salaries and benefits), and by removing the requirement to report lobbying budget and expenditures.

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Final Recommendations for the Standard Reporting Form

Topic	Information Requests
Part I: General Information	General information, such as national drug code(s) (NDC), and FDA-approved indications for use; and information related to each indication in which the Drug is approved, such as estimated population for treatment, method of administration, dosing, treatment duration, and FDA approval pathway(s)
Part II: Clinical Effectiveness, Efficacy and Outcomes	Summary of key clinical trials for the drug; additional evidence of clinical efficacy, effectiveness, and outcomes, such as non-randomized and non-controlled evidence if applicable; and a complete list of all clinical studies related to the Drug
Part III: Pricing	Information on Wholesale Acquisition Costs (WAC), net prices in the U.S., international prices, and information to support drug pricing
Part IV: Utilization	Information on utilization in Massachusetts and the U.S. for the previous 5 years and a description of projected utilization in the next 5 calendar years
Part V: Financial Information	Budget and expenditures for research and development**,** including funding sources; acquisition cost, if relevant**;** budget and expenditures for manufacturing, production, and distribution; and marketing budget and expenditures

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Types of Transactions Noticed

TYPE OF TRANSACTION	NUMBER	FREQUENCY
Physician group merger, acquisition, or network affiliation	24	21%
Formation of a contracting entity	24	21%
Clinical affiliation	23	21%
Acute hospital merger, acquisition, or network affiliation	22	20%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	13	12%
Change in ownership or merger of corporately affiliated entities	5	4%
Affiliation between a provider and a carrier	1	1%

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Notices Currently Under Review

- A proposal by **South Shore Health System**, the parent corporation of South Shore Hospital, to form a new contracting entity called the South Shore Health Integrated Delivery Network.

- A proposed joint venture between **Emerson Hospital** and **Physicians Endoscopy** to develop a free-standing ambulatory surgery center providing outpatient endoscopy services.

Elected Not to Proceed

- Proposed merger between two federally qualified health centers, **East Boston Neighborhood Health Center** (East Boston) and **South End Community Health Center** (South End), under which South End would merge into East Boston.
- A proposal by **South Shore Hospital** to employ a number of anesthesiologists and certified registered nurse anesthetists who are currently practicing through **South Shore Anesthesia Associates**.
- A proposed joint venture between **Shields Health Care Group** (Shields) and **Emerson Hospital** (Emerson) to manage MRI services on Emerson's campus.
- A proposed joint venture between **Shields** and **Emerson** to own and operate a DPH-licensed clinic for the provision of PET/CT services to Emerson patients.

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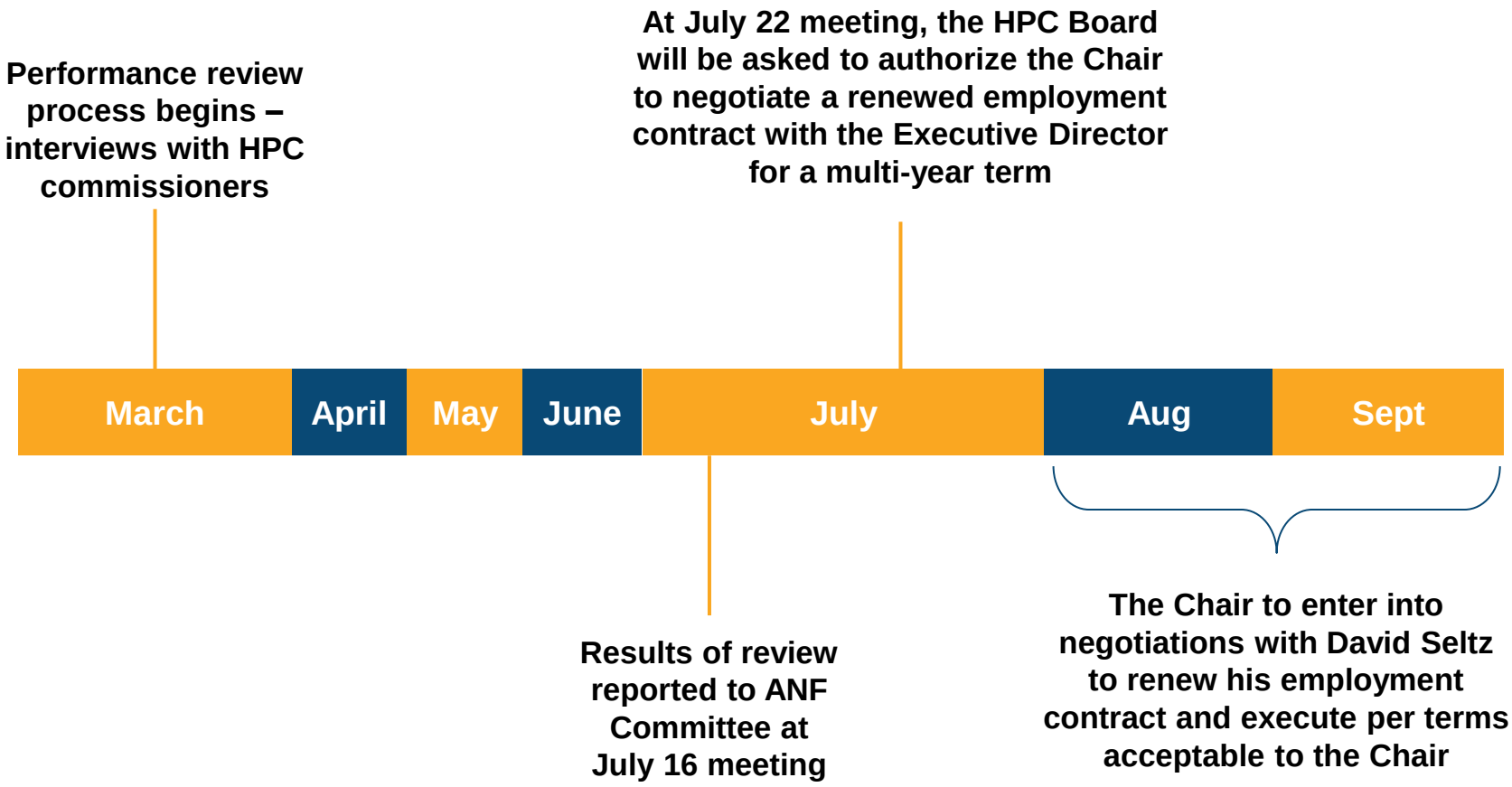
Executive Director Performance Review and Contract Process



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VOTE: Executive Director Contract Renewal

MOTION: That the Commission hereby authorizes the Chair to enter negotiations with David M. Seltz to renew his employment contract for Executive Director for a multi-year term and execute the contract on terms deemed advisable by the Chair.

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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

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