MEETING MINUTES:

CARE DELIVERY TRANSFORMATION COMMITTEE

Meeting of October 2, 2019

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, October 2, 2019, 11:00 AM

PROCEEDINGS
The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, October 2, 2019, at the HPC's office, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Marty Cohen (Chair), Ms. Barbara Blakeney, Dr. John Christian "Chris" Kryder, 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 outlined the day's agenda.

ITEM 1: APPOINTMENT OF COMMITTEE CHAIR
Mr. Cohen introduced a motion to appoint Ms. Blakeney as Chair of the CDT Committee. Dr. Berwick seconded the motion. Committee members voted unanimously to appoint Ms. Blakeney as Chair.

Ms. Blakeney thanked the committee members.

ITEM 2: APPROVAL OF MINUTES FROM THE JUNE 5, 2019, COMMITTEE MEETING
Ms. Blakeney called for a motion to approve the minutes from the CDT Committee meeting held on June 5, 2019. Mr. Cohen made a motion to approve the minutes. Dr. Berwick seconded the motion. Committee members voted unanimously to approve the minutes.

Mr. David Seltz, Executive Director, provided a brief preview of the upcoming Cost Trends Hearing (CTH). For more information, see slide 7.

ITEM 3: INTRODUCTION: NEW TEAM STRUCTURE
Mr. Seltz provided a brief introduction and turned the presentation over to Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation (HCTI), who presented on the new structure of the HCTI team. For more information, see slide 9.

ITEM 4: ACO CERTIFICATION PROGRAM 2.0: PROCESS UPDATE
Mr. Michael Stanek, Manager, HCTI. provided an update on the accountable care organization (ACO) certification program. For more information, see slide 11.

Dr. Berwick asked if it would be possible to ensure that, as a part of the process, ACOs would be asked to reflect on potential ways to streamline the certification process itself. Mr. Stanek said that this could be done.

ITEM 5: ACADEMIC DETAILING PROGRAM: ADVISERX

Mr. Stanek presented on the HPC's adviseRx academic detailing program. For more information, see slides 13-15.

Mr. Cohen asked if there was a dissemination strategy for how the training would filter down into the organizations of each of the four participating ACOs. Mr. Stanek said that one reason for using a staff training model was that it provided a more sustainable way for the training to filter into the organizations.

Dr. Berwick asked why there were only two individuals being trained from each ACO. Mr. Stanek said that this was partly due to resource constraints. He added that ACOs had cited the time commitment as another limiting factor for the number of participants.

Dr. Kryder asked if staff could provide some more information about Alosa Health. Ms. Catherine Harrison, Deputy Director, HCTI, said that Alosa is a Boston-based, nationwide leader in the provision of academic detailing training. She said that Alosa works to tailor their training for individual provider organizations based on those organizations' goals and scope of work.

Mr. Seltz noted that the $150 thousand allocated to the HPC for this program was fairly modest and the hope was to learn more about its efficacy and whether organizations find value in it. He said that if the program were found to be successful, there might be an opportunity to seek further funds from the legislature to expand it.

Ms. Blakeney asked if there was any concern that the clinical practices being recommended in adviseRx would bump up against established practices that these providers already have in place. Ms. Hall said that this was a great question and was not addressed directly in the program. She said that based on the response from organizations in their applications, however, these ACOs were eager for guidance. She said that this suggested that there is not a great deal of existing guidance for the particular classes of drugs targeted by this program. She added that the staff participants in this training would likely be part of the ongoing dialogue within their respective organizations on prescribing and general medical management practices.

ITEM 6: DATAPOINTS ISSUE #15: MOTHER AND INFANT FOCUSED NAS INVESTMENTS

Ms. Fran Hodgins, Manager, HCTI, presented on the latest issue of the DataPoints series on the HPC's Mother and Infant Focused Neo-Natal Abstinence (NAS) Investment Program. For more information, see slides 17-23. The DataPoints issue is available here.

Dr. Berwick noted that it appeared that many of the improvements in treating NAS had begun prior to the implementation of the program. He asked whether the program had played a role in maintaining these gains. Ms. Hodgins thanked Dr. Berwick for this question. She noted that many hospitals had been interested in this topic for some time and that other programs in existence had promoted similar strategies to the HPC's. She added, however, that greater improvements had been seen since the implementation of the HPC's investments and that these improvements had been sustained over time.

ITEM 7: CHART EVALUATION: INITIAL EVALUATION FINDINGS

Ms. Hall provided an introduction to the Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program evaluation presentation. Ms. Hodgins presented on the findings of the CHART evaluation. For more information, see slides 25-36.

Dr. Kryder asked to whom each of the quotes on slide 28 were attributed. Ms. Hodgins said the role of the individual quoted varied by organization. She said that there were a number of written deliverables that would have been completed by the program manager from which a quote might be pulled. She said that the HPC had also contracted with the Boston University School of Public Health (BUSPH) which had conducted interviews with a range of staff where quotes may also have been pulled from. She said that she did not know specifically who the quotes listed on the slide were from but said that they were drawn from all of these resources. Dr. Kryder asked how many responses in total these quotes were pulled from. Ms. Hodgins said that she did not have the exact number but it was in the hundreds.

Ms. Blakeney asked if there was any opportunity at some point in the future to include in these models programs targeted at addressing social determinants of health (SDH). Ms. Hodgins said that this was an excellent question. She said that this was an issue that staff had heard a great deal of feedback on from the CHART programs. She said that several of the emergency department (ED)-focused programs had been designed to address behavioral health (BH) and health-related social needs. She said that many of the programs had taken steps such as hiring community health workers and patient navigators and conducting staff trainings to respond to SDH in their patient populations. She added that much of the care in this program was delivered outside of hospital settings in the home or in the community, and that there were efforts to connect patients with support services following care.

Ms. Blakeney asked how "integrated whole-person care" was defined for the purposes of this research. Ms. Hodgins said that it was a somewhat broad term and may vary based on the target patient population. She said that what the evaluation looked at was whether the program had sufficient documentation, the correct type of staffing, and whether the CHART services aligned with the needs identified by the patient population.

Mr. Cohen said that there was great work being done in these hospitals. He asked if the evaluation was capturing lessons from the programs that did not meet their goals. He also asked what the dissemination strategy was for these programs and how they could be replicated by other organizations. Regarding programs that did not meet their goals, Ms. Hodgins said that some encountered logistical barriers such as getting electronic medical records (EMRs) set up while in some cases, variability in performance reflected intentional decisions to tailor care models to specific patient populations and hospital context. She said these were touched upon in the full evaluation report. Ms. Hall added that there had not been a single hospital identified consistently for not meeting all four domains. Regarding learning and dissemination, Ms. Hodgins said that there were ongoing discussions about this topic and that the program outputs were geared towards a variety of audiences. Ms. Hall said that the forthcoming CHART Playbook would help provide tangible lessons for organizations that might be interested in replicating these programs.

Dr. Kryder noted that the results now available were at the program level. He asked whether the final report would show the number of patients impacted along with a cost benefit analysis of the programs. Ms. Hodgins said that the BUSPH analysis and final evaluation would be at a cohort level. She said that the CHART profiles would have further information and analysis about the individual site impacts. Dr. Kryder asked if there would be a cost-benefit analysis to help evaluate the sustainability. Ms. Hodgins said that the HPC had not collected cost-benefit data and that the hospitals were best positioned to discuss the return on investment (ROI) of these programs from their own revenue data as well as patient and provider experience. She added that many had mentioned ROI during the strategic planning process

and that the level of sustainability across the cohort of hospitals would be an indication of the value of the programs to these organizations.

Dr. Berwick asked if the Massachusetts Health and Hospital Association (MHA) could be engaged so that the findings from these evaluations could be shared at their meetings and through their materials. Ms. Hall said that staff were working on building a network of dissemination partners and that MHA was among these organizations. Dr. Berwick emphasized the importance of hospitals sharing this information with one another as a part of the dissemination process. Ms. Hall agreed and said that staff were actively looking for opportunities to promote this as an avenue for sharing lessons from the programs.

ITEM 8: MASSUP PROGRAM DESIGN

Ms. Hall and Ms. Harrison presented on the MassUP program. For more information, see slides 38-46.

Regarding the last of the themes outlined on slide 41, Ms. Blakeney asked if there were any shared principles of governance that might apply across successful programs. Ms. Harrison said that this was a very important question. She said that the one shared principle that staff had seen was the equitable representation of various interests within the structure. She noted that this could come in a variety of forms. Ms. Blakeney said that because there were a variety organizational possibilities for these partnerships, identifying successful governance principles would be crucial to sustaining the impact of these programs. Ms. Hall agreed and noted that the theme of equitable governance had come up throughout the research.

Dr. Berwick said that the MassUP program was targeting what was in his opinion one of the top issues in health care. He asked whether a three-year term was sufficient to have measurable health outcomes in the communities that would be involved in the program. Ms. Hall said that she thought it was possible that there could be measurable results even in this short term. She said that staff would be working closely with colleagues at the Department of Public Health (DPH) as well as the awardees to think about this issue. Dr. Berwick said that even a highly-focused result could help to energize efforts in this area. He asked if there were any other source of funding that could be applied towards this effort. Mr. Seltz said that the $1.25 million dedicated here were the funds that the HPC had available for this program. He said there would be opportunities for applicants to potentially contribute investment to their own programs and noted that there are many private philanthropic sources of funding that could potentially support this work as well. He said that if a successful model could be built with this initial funding, it could create the opportunity for future investment by the legislature. Dr. Berwick noted that he had been a part of the Attorney General's commission on community benefits requirements and said that he thought there might be an opportunity for providers apply some of their community benefit dollars to this program. Ms. Harrison said that this was exactly the sort of thing the policy alignment group would discuss.

Ms. Blakeney asked whether it might make sense to include consumer advisory boards as a part of the program. Ms. Hall said that this was a great idea.

Dr. Kryder asked whether the request for information (RFI) would be seeking responses from private vendors to help deliver services. Ms. Harrison said that this would be a valuable source of input.

Dr. Berwick said that there were international examples that could be informative for how to structure a successful program like this. He said that the World Health Organization (WHO) and Organization for Economic Cooperation and Development (OECD) were both excellent resources on this topic. Ms. Hall said this was a great point.

Dr. Kryder asked if staff could send committee members copies of the RFI. Ms. Harrison said they could.

Ms. Hall thanked the committee.

Ms. Blakeney adjourned the meeting at 12:35 PM.