



# Meeting of the Care Delivery Transformation Committee

May 10, 2023



# Agenda



## **CALL TO ORDER**

**Approval of Minutes (VOTE)**

**Office of Patient Protection (OPP) 2021 Annual Report**

**HPC-Related Activities in An Act Addressing Barriers to Care for Mental Health**

**HPC Investment Programs: Mid-Stream Update**

**Schedule of Upcoming Meetings**

# Agenda



Call to Order



## **APPROVAL OF MINUTES (VOTE)**

Office of Patient Protection (OPP) 2021 Annual Report

HPC-Related Activities in An Act Addressing Barriers to Care for Mental Health

HPC Investment Programs: Mid-Stream Update

Schedule of Upcoming Meetings

# VOTE

## Approval of Minutes



### MOTION

That the Members hereby approve the minutes of the Committee meeting held on **February 15, 2023**, as presented.

# Agenda



Call to Order

Approval of Minutes (**VOTE**)



## **OFFICE OF PATIENT PROTECTION (OPP) 2021 ANNUAL REPORT**

HPC-Related Activities in An Act Addressing Barriers to Care for Mental Health

HPC Investment Programs: Mid-Stream Update

Schedule of Upcoming Meetings

# Office of Patient Protection (OPP) Responsibilities



## OPEN ENROLLMENT WAIVERS

Administering waivers to allow purchase of non-group health insurance outside of open enrollment



## HEALTH INSURANCE APPEALS

Regulating internal appeals and administering external reviews for members of fully-insured health plans



## RISK-BEARING PROVIDER ORGANIZATION APPEALS

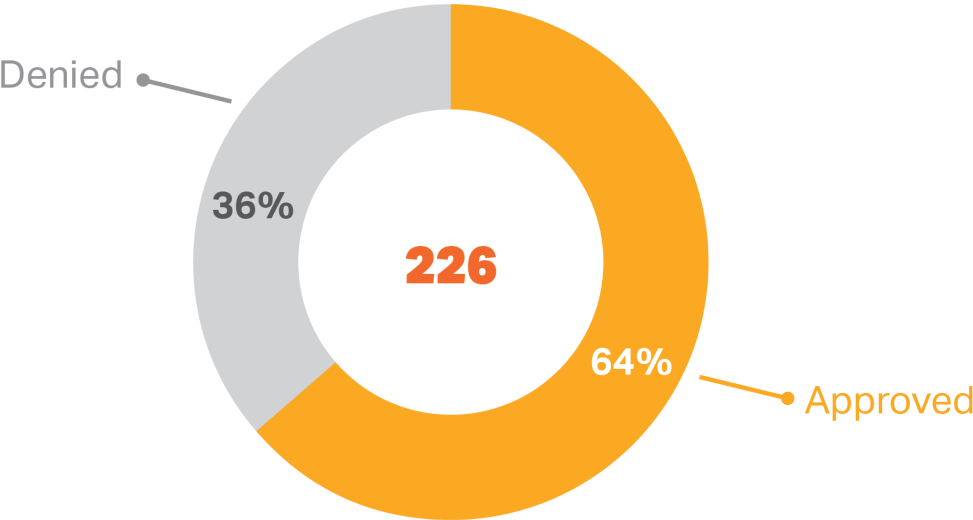
Regulating internal appeals and administering external reviews for patients of risk-bearing provider organizations



## CONSUMER ASSISTANCE AND INFORMATION

Serving as a resource for consumers through our hotline, website, and outreach efforts

# In 2021, OPP approved 64% of open enrollment waiver requests.



Year	Total Waiver Applications
2011	276
2012	576
2013	416
2014	316
2015	562
2016	355
2017	389
2018	840
2019	1342
2020	375
2021	226

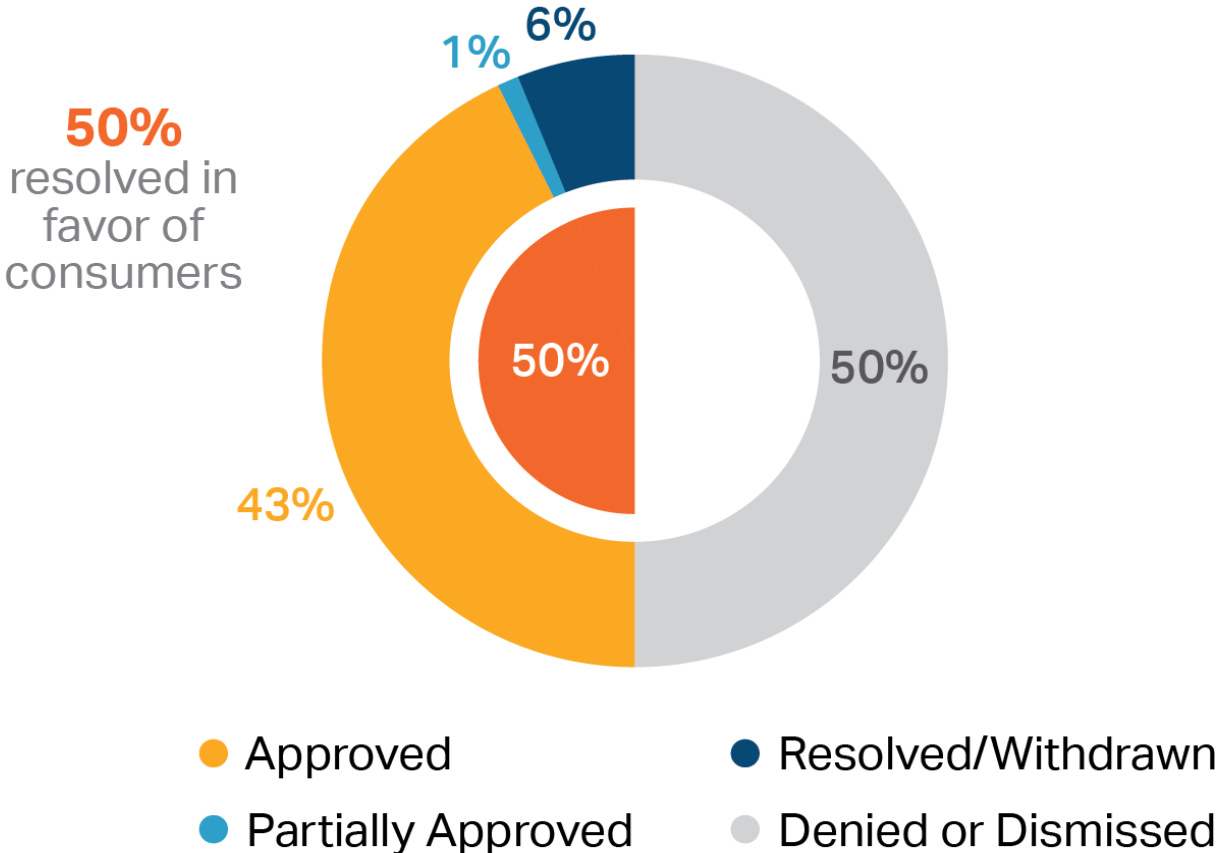
➤ OPP received fewer waivers in 2021 than 2020 and all previous years because of an extended open enrollment period.

Source: 2011-2021 Office of Patient Protection waiver data

# In 2021, health insurance companies resolved 50% of internal appeals in favor of consumers, similar to past years.



Percentage of health insurance internal appeals by disposition, 2021



During 2021, health insurance companies received 13,592 internal appeals from members challenging a denial of coverage.

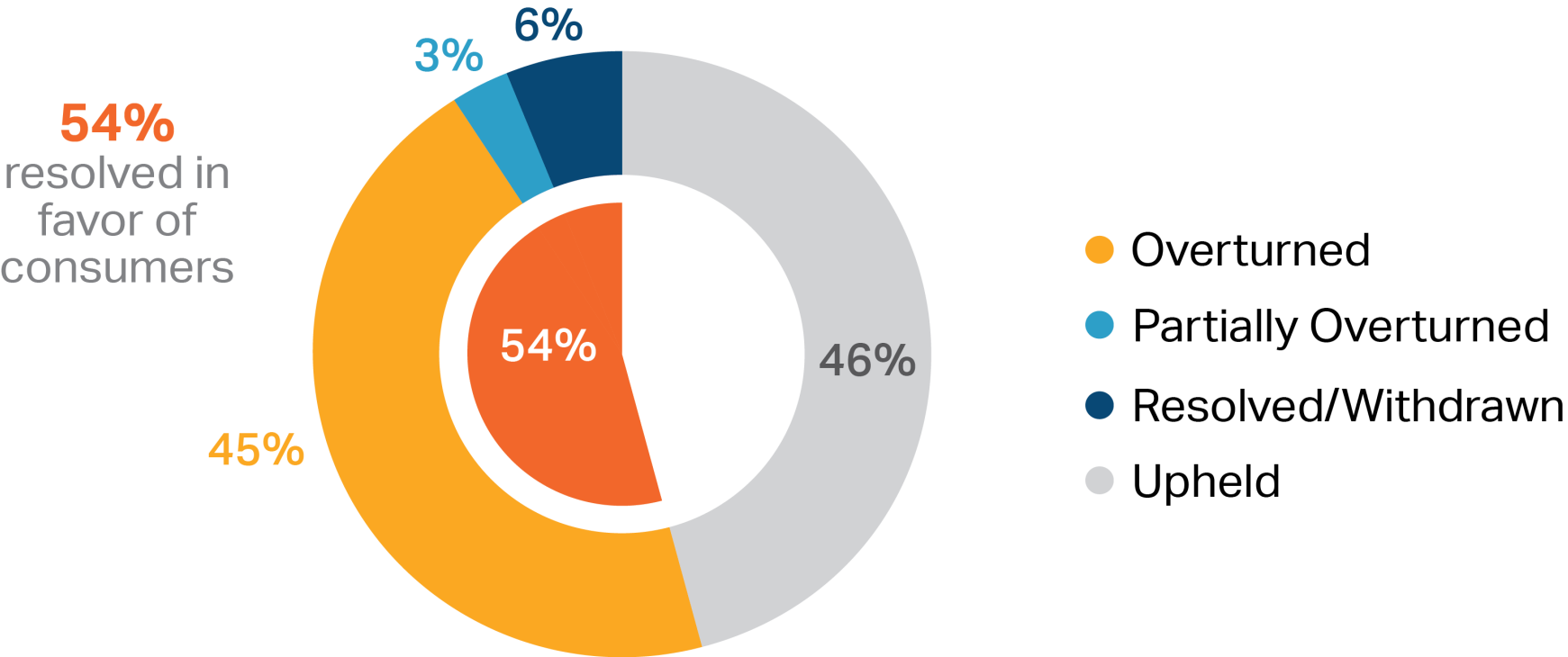
Source: 2021 Insurance carrier reports to the Office of Patient Protection, pursuant to 958 CMR 3.600



# In 2021, OPP (through its external review agencies) resolved 54% of external appeals in favor of consumers.



Percentage of health insurance external reviews by disposition, 2021

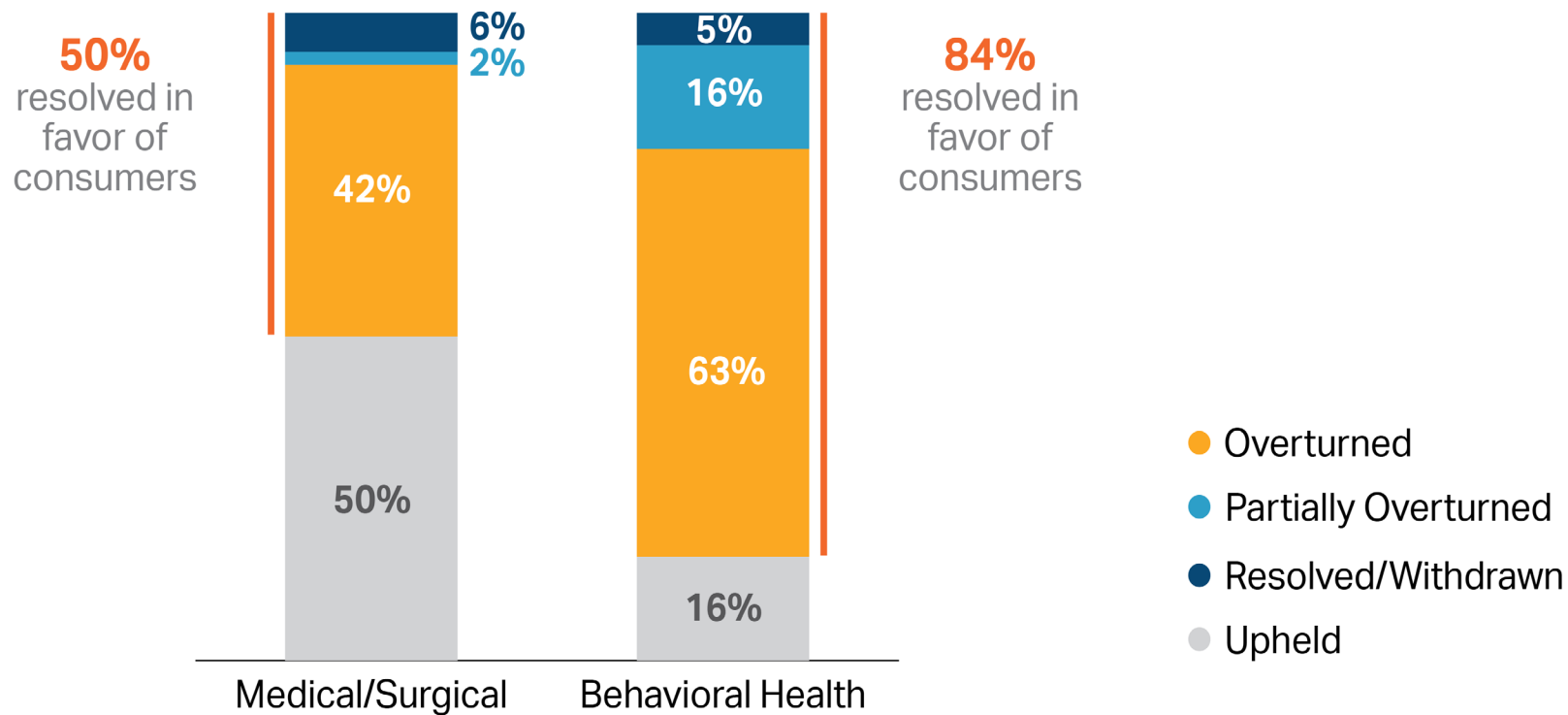


During 2021, OPP received 232 requests for external review, 156 of which were eligible.

Source: 2021 Office of Patient Protection health insurance external review data

# Among external reviews, 84% of external appeals for behavioral health services were resolved in favor of the consumers.

Percentage of health insurance external reviews by disposition, by type of care, 2021

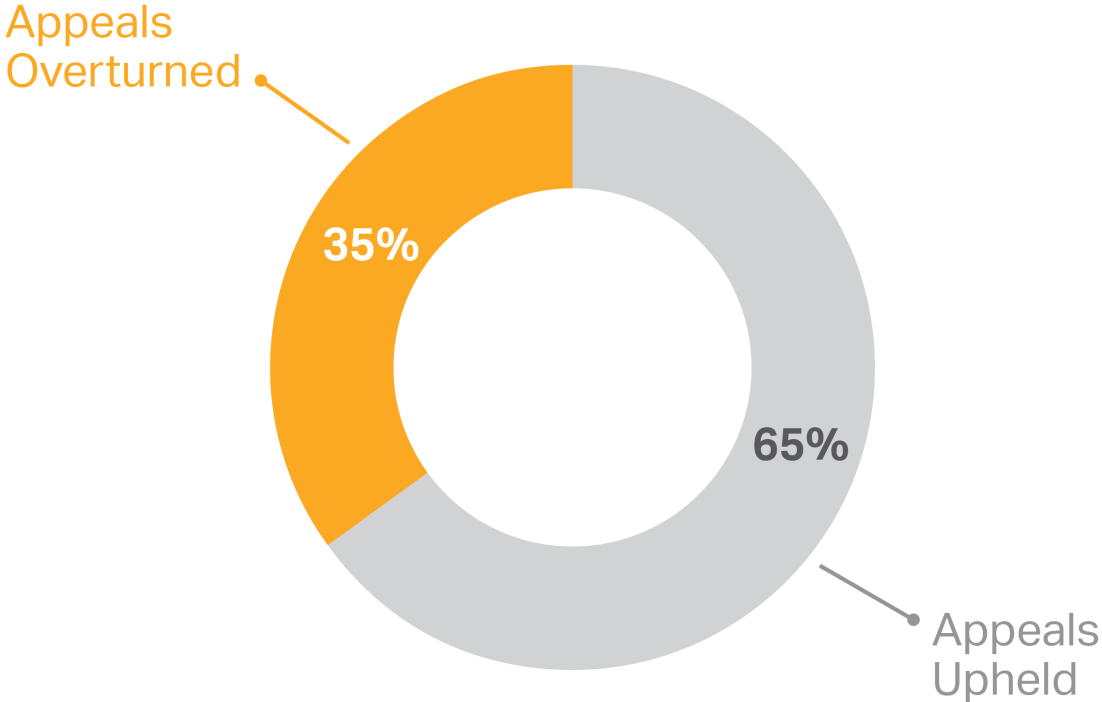


OPP received 137 eligible requests for external review of medical/surgical services versus 19 eligible requests for external review of behavioral health services.

# Nearly all (94%) of internal appeals of Risk-bearing Provider Organizations were related to referral restrictions. 35% were resolved in favor of the patient.



Percentage of RBPO internal appeals by disposition, 2021



- > In 2021, patients requested 173 internal appeals challenging decisions by their provider organizations.
- > 94% of internal appeals in 2021 pertained to referral restrictions and the rest pertained to restrictions on the type or intensity of service.

Source: 2021 RBPO/ACO reports to the Office of Patient Protection, pursuant to 958 CMR 11.23



# 1,267

inquiries to the OPP Hotline in 2021

### OPP CONSUMER

“Having an impartial facilitator to turn for assistance has been crucial for me in understanding how health insurance works in Massachusetts. The Office of Patient Protection helped me initiate the communication with my insurer that was needed for a resolution, which I wouldn't have been [able] to do on my own. Starting an inquiry was straightforward, the follow-up from OPP staff was immediate, and the additional steps I needed to take were explained to me in a way I could understand and complete. Thank you again.”

## 2022



### HOTLINE

In 2022, OPP fielded over 2,000 calls through our hotline.



### EXTERNAL REVIEWS

OPP received 294 health insurance external review requests in 2022 and 9 RBPO external review requests.



### OPEN ENROLLMENT WAIVERS

OPP received 1,336 waivers in 2022. Enrollment was not extended past the typical open enrollment period.

## 2023



### AMENDED OPP REGULATION

OPP is implementing the final regulation, effective April 28, 2023 including drafting a new health insurance external review form.



### MASSHEALTH REDETERMINATIONS

The Connector and the Division of Insurance extended the time to access insurance after a qualifying event, reducing the need for an open enrollment waiver from OPP in 2023.



### CONTINUED COLLABORATION

OPP continues to collaborate with the Division of Insurance, the Connector, and MassHealth.

## OFFICE OF PATIENT PROTECTION



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



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(617) 624-5046



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# Agenda



Call to Order

Approval of Minutes (**VOTE**)

Office of Patient Protection (OPP) 2021 Annual Report



**HPC-RELATED ACTIVITIES IN AN ACT ADDRESSING BARRIERS TO CARE FOR MENTAL HEALTH**

HPC Investment Programs: Mid-Stream Update

Schedule of Upcoming Meetings

## The HPC was given new mandates and responsibilities through Chapter 177 of the Acts of 2022, *An Act Addressing Barriers to Care for Mental Health*, signed in August 2022.



- **Public Hearing and Cost Trends Report Additions.** Directs the HPC to include behavioral health expenditures in the annual cost trends report and cost trends hearing.
- **Standard Release Form.** Directs the HPC to create a standard release form and regulation for securely exchanging confidential mental health and substance use disorder information for use by public and private entities in compliance with state and federal laws including HIPAA. The law also directs the HPC to *convene a 14-member advisory group*, with the Executive Director acting as chair, to inform the HPC's development of the standard release form.
- **Statutory Changes to Internal and External Grievance Processes.** Requires OPP to update its regulation to implement several changes in the insurance consumer protection law, chapter 1760.
- **Behavioral Health Managers Report.** Directs the HPC to work with DOI to study the effects of behavioral health managers on the quality and accessibility of behavioral health services, oversight practices in other states, and any other topics deemed relevant to the report.
- **Pediatric Behavioral Health Planning Report.** Directs the HPC to consult with DMH and DDS to develop a new report to analyze the status of pediatric behavioral health planning in the Commonwealth. The first report is due 18 months after the effective date, and future reports are recurring every three years.
- **Special Commission for Medically Necessary Determinations in Behavioral Health.** Creates a new commission led by the Commissioner of Mental Health to create a common set of criteria for providers and payers to use in making medical necessity determinations for behavioral health treatment. The HPC is a member of the commission.



- The HPC, in consultation with the Division of Insurance, is tasked with analyzing the effects of behavioral health managers (behavioral health vendors or “carve-outs”) on accessibility, quality, and cost of behavioral health services in Massachusetts
- HPC must analyze the services provided by behavioral health managers by public and private payers and review oversight practices by other states

## HPC Work to-Date

- Interviews with carriers and behavioral health managers
- Interviews with the Division of Insurance and MassHealth
- Legal research; reviewed carrier reports; exploring qualitative analyses

## HPC Planned Work

- Interview with the GIC
- Interviews with provider groups and patient advocates

# Agenda



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Office of Patient Protection (OPP) 2021 Annual Report

HPC-Related Activities in An Act Addressing Barriers to Care for Mental Health



**HPC INVESTMENT PROGRAMS: MID-STREAM UPDATE**

Schedule of Upcoming Meetings

## **1. Current Status of Active Investment Programs**

- a. MassUP Update
- b. C4SEN Update
- c. BESIDE Update

## **2. Key Themes from Across Programs**



## Health Care Innovation Investment (HCII)

Created innovative models to deliver better health and better care at a lower cost through three pathways: Targeted Cost Containment, Telemedicine, and Neonatal Abstinence Syndrome

COMPLETE

## Community Hospitalization and Revitalization, and Transformation (CHART)

Invested in community hospitals to enhance the delivery of efficient, high-quality care.



## Moving Massachusetts Upstream (MassUP)

Funds upstream initiatives that improve health, lower costs, and reduce health inequities across communities through effective collaboration among government, health care systems, and community organizations

IN EVALUATION

## SHIFT-Care Challenge

Supported sustainable, transformative care models seeking to reduce avoidable acute care utilization across two pathways: Health-related Social Needs, Behavioral Health



## Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE)

Aims to address inequities in maternal health outcomes and improve the care and patient experience of Black birthing people by increasing access to and use of doula services.

ACTIVE

## Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN)

Supports efforts to improve quality of care of substance-exposed newborns and their caregivers and contribute to the collective knowledge about clinical and operational best practices for supporting SEN and caregivers through the postpartum period.



## 1. Current Status of Active Investment Programs

### **a. MassUP Update**

b. C4SEN Update

c. BESIDE Update

## 2. Key Themes from Across Programs

## PARTNERSHIP ACROSS STATE AGENCIES

DPH, MassHealth, AGO, EOEHA, 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 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).

# MassUP Investment Program Overview

- Supports partnerships between health care provider organizations and community organizations that work to address upstream challenges to community health and health equity
- \$2.5 million total in awards from HPC Payment Reform and DPH Prevention and Wellness Trust Funds
- 36-month program:
  - Launched September 2020 with 6-month Planning Period
  - 30-month Implementation Period ends August 21, 2023
- Administered by the HPC; evaluation and technical assistance/peer learning support provided in collaboration with Department of Public Health (DPH)

PARTNERSHIP	COMMUNITY	SDOH OF FOCUS
Hampshire County Food Policy Council	Hampshire County	Food Systems and Security 
HEAL Winchendon – Economic Empowerment	Town of Winchendon	Economic Stability and Mobility 
Cross-City Coalition	Cities of Chelsea, Revere	Economic Stability and Mobility 
MassUP Springfield	Springfield neighborhoods	Food Systems and Security 

# MassUP partnerships are executing on a variety of activities to change community conditions.



## Hampshire County

- Since January 2022 launch, Food Policy Council now has **15 working groups with 54 engaged decision makers**
- **Making “mini-grants” (now totaling close to \$100,000) to local projects**, e.g., community gardens, health and wellness educational programs, and story collection for advocacy **Supporting clinical-community linkages** to enhance referrals of food insecure and high-risk patients to food access interventions

## HEAL Winchendon

- **Supporting local business development** through shared “maker” space and community commercial kitchen
- Analyzing **community need, feasibility and building a business model for new community grocery store**
- Creating a **“hub” of economic empowerment services at town Community Action Center**, including financial coaching and teen-run Sunshine Café business

## Cross-City Coalition

- Created a referral process and SOP between partner organizations to **smooth client access to job training and employment counseling services**
- Drafted a **framework defining “good jobs”** for community and employer education and engagement
- Seeking community input to contextualize data on employment barriers, skills gaps to **better align training programs to needs**
- Organizing home child-care providers to engage **in local policy advocacy**

## MassUP Springfield

- **Promoting HIP enrollment and creating local fresh produce markets** to increase access
- Launched a “PhotoVoice” project training youth to **collect stories from their communities about the local food environment to influence policy**
- **Advocating for state funding** to support food policy councils and farmers markets; **addressing national policy through White House Conference on Hunger** attendance and meetings with elected officials.



# The HPC and DPH continue to collaborate on management, TA, and evaluation activities.



## OPERATIONS

- ~\$1.17M in awardee spending to date
- Optional 4-month no-cost extension of the Implementation Period will provide additional time and support for ongoing work.



## PEER LEARNING AND TECHNICAL ASSISTANCE

- To date, 9 “Open Forum” discussion sessions on topics including engaging youth, dismantling racism, and community project funding led by partnerships
- 6 Learning Community events for deeper learning on effective policy change, community engagement, storytelling, etc.



## LEARNING + DISSEMINATION

- MassUP Profiles introduce the partnerships
- Forthcoming “HPC Shorts” and “primer” on core concepts
- Potential outputs in the pipeline may showcase resident engagement, spotlight specific partnership strengths and achievements



## EVALUATION

- Ingredients for effective, equitable, durable partnerships
- How partnerships drive community-level change
- Data collection ongoing through surveys, focus groups, interviews, qualitative reports, etc.

# MassUP April 2023 Learning Community Group Photo



# MassUP Timeline



\* Partnerships with a No Cost Extension will submit one additional Program Update in January 2024 to report on work completed during the NCE period.

## 1. Current Status of Active Investment Programs

a. MassUP Update

**b. C4SEN Update**

c. BESIDE Update

## 2. Key Themes from Across Programs





## EXTEND IMPACT OF PREVIOUS HPC INVESTMENT PROGRAMS

Previous HPC awards focused on perinatal care and support of parenting individuals up to 6 months postpartum.

Recent published work and stakeholder engagement identified need for support 7-12 months postpartum.



## \$1.46M, 24 PROGRAM MONTHS

The HPC awarded five grants up to \$300K; 3 months of Planning Period, 21 months of Implementation, 6 months of Evaluation



## CORE PROGRAM COMPONENTS

- Provide program support for one year postpartum
- Coordinate medical and behavioral health care
- Provide care that is free from stigma and bias
- Support caregiver and infants with health-related social needs
- Ensure connection to Early Intervention



## FIVE HOSPITAL AWARDEES

Baystate Franklin Medical Center, Berkshire Medical Center, Mercy Medical Center, South Shore Hospitals, Southcoast Health

## Baystate Franklin Medical Center

Established a **close working relationship with a local legal aid group, Community Legal Aid**, which is now situated in the family medicine clinic one day each week. **Adjusted their clinic structure** to meet EMPOWER+ participants during all clinic hours rather than one block per week, better meeting the needs of patients and clinic staff.

## Berkshire Medical Center

Developed **robust partnerships within the community, including with the local family court, sheriff's office, and FQHCs**, to increase their program reach. Recently started two support groups and offers child care services as needed. **Granted funding from Moms Do Care** to continue their program through 2030.

## South Shore Health

Adjusting workflows to accommodate staffing changes while **maintaining focus on team training and dissemination of best practices and new, innovative services**. Continues to provide SHORE participants with helpful and necessary items, like **diapers, pack and plays, car seats, and a parenting resource library**.

## Southcoast Hospital

Continues to do regular QI with partners **to ensure no eligible caregivers are missed at any touchpoint**, including during meetings they facilitate with the SENSE Collaborative. Incorporating peer recovery roles newly instated in the Southcoast ED. **Granted funding from Moms Do Care** to continue their program through 2030.

## Mercy Medical Center

Due to **challenges executing on planned IT investments and loss of a key provider partner**, program implementation stalled. Contract terminated by mutual agreement of HPC and Mercy Medical Center.



## OPERATIONS

- Over \$700K spent to date
- Two NCEs anticipated, providing additional time and support for ongoing work for up to six months



## EVALUATION

- Patient experience ongoing
- Qualitative data from program updates, additional qualitative deliverables and staff interviews
- Quantitative data collection ongoing to document total enrollment and engagement of caregivers and infants



## LEARNING + DISSEMINATION

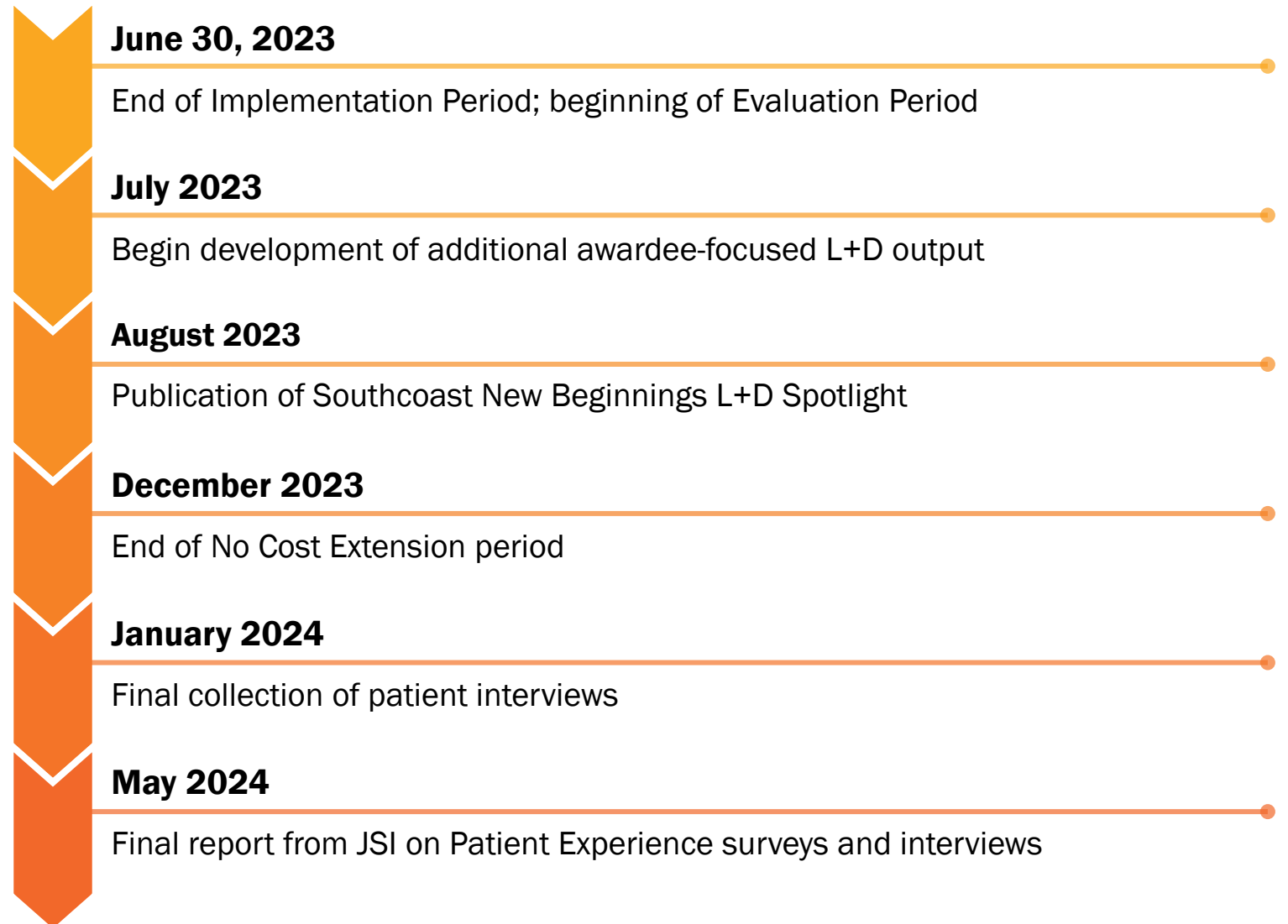
- C4SEN Profiles
- Spotlight in final stages of review
- One-page update for legislators
- Summer Fellow will tackle additional outputs



## PEER LEARNING AND TECHNICAL ASSISTANCE

Completed four peer learnings; topics included program overviews, health equity, EI referrals, patient engagement, building trust, and process and quality improvement.

# C4SEN Timeline





## 1. Current Status of Active Investment Programs

a. MassUP Update

b. C4SEN Update

**c. BESIDE Update**

## 2. Key Themes from Across Programs



## A TWO-YEAR PILOT PROGRAM TO REDUCE PREGNANCY-RELATED DEATHS AND IMPROVE PREGNANCY OUTCOMES

Legislative allocation of \$500K. Funds that are not directed specifically to awardees through the BESIDE investment program will be used to support other related activities that advance those goals.



## ~\$392K, 21 IMPLEMENTATION MONTHS

The HPC awarded two grants up to \$200K; 5-8 months of Planning Period, 21 months of Implementation, 6 months of Evaluation



## PROGRAM GOALS

- Increase the number of Black birthing people offered the opportunity to work with doulas
- Improve the quality of prenatal, labor and delivery, and postpartum care
- Support a culture of understanding and respect between doulas and hospital staff
- Embed principles of racial equity and cultural humility



## TWO HOSPITAL AWARDEES

- Boston Medical Center
- Baystate Medical Center

## Baystate Medical Center

- Working in **partnership with Springfield Family Doulas**
- **Met its patient enrollment target early** with nearly one year still left in the grant period. With additional funds from the HPC, they have increased their enrollment target from 30 to 50 birthing people.
- **Baystate's Department of OB/GYN Racial Disparities and Health Equity Committee continues to meet to promote health equity** and address racial disparities within the OB/GYN department at Baystate.

## Boston Medical Center

- **Expanding the Birth Sisters program**
- Formed a new **advisory committee of doulas, midwives, clinicians, and OBGYN leadership** to address bias in labor and delivery.
- Administered **a survey to the doulas of the Birth Sisters program** to better understand the challenges and needs of the doula workforce.
- In response, making **adjustments to pay structure, case-load assignments, and staff support** to improve the doula experience.

**37 BESIDE  
Babies  
Delivered**



*“We are taught to be strong and resilient as Black women, but I can let her know ‘it’s ok to ask for help; it’s ok for you [to] not be able to handle this; it’s ok to need support; you are doing a good job.’ I think that I can say all of that because their struggles have been my struggles. We form a trusted bond.*

*This is the essence of our work.”*

**– BESIDE Doula**

## OPERATIONS



- Approx. \$65K spent to date
- Baystate award increased by \$50K
- Pace of spending in part reflects that payments for doula care tend to be “backloaded.”

## LEARNING + DISSEMINATION



- BESIDE Profiles
- HCTI Summer Fellow will undertake related maternal health work
- Other L+D outputs TBD

## EVALUATION



- Contracted with JSI to evaluate patient experience in the BESIDE program.
- Evaluation informed by the Patient Experience Committee, comprised of both patients and doulas.
- Qualitative data from program updates, patient, doula and clinical staff interviews
- Quantitative data collection ongoing to document total enrollment and doula visits

## PEER LEARNING AND TECHNICAL ASSISTANCE



Exploring opportunities to collaborate with an external partner around a doula-focused event.

# BESIDE Timeline



## 1. Current Status of Active Investment Programs

- a. MassUP Update
- b. C4SEN Update
- c. BESIDE Update

## 2. Key Themes from Across Programs

# Theme: Impact of COVID-19



1

## PROGRAM ADAPTATIONS

- Programs adapted to pandemic-driven needs while staying true to their core vision and program designs.

2

## IMPACT ON WORKFORCE

- Loss of key staff (administrative, care managers, etc.) and difficulty hiring replacements.
- Staffing shortages have slowed down administrative processes that have implications for program requirements.
- Challenges beyond health care organization.

3

## RESILIENCY

- Programs demonstrated considerable resilience with pace of enrollment/activities picking up after slow starts.
- Opportunity to use no-cost extensions to offer more time without increasing investment.

## 1

### CHANGING CONTEXT

- Programs context changed considerably with COVID and social and racial justice protests beginning in 2020.
- Affected both the work and the individuals doing the work.

## 2

### HEALTH EQUITY AT THE CENTER

- Health equity became more central to their programs – even if not explicitly required to be.

## 3

### NEW NEEDS AND OPPORTUNITIES

- Health equity will continue to be a priority.
- Requires strategies for more/better strategies for embedding equity into investment programs.



- Will continue to do pattern recognition throughout the lifecycle of these programs to inform/refine future investments.
- Topics for future exploration include:
  - **Duration of programs** and realistic **pace of spending**
  - **Impact of the size/scope of grants** on expectations of awardees
    - Strategies to limit vulnerability of investment programs to staffing challenges
  - Ongoing **refinement of evaluation planning** (including patient experience)
  - Taking a **holistic view of value**
    - Impact on **cost** (to whom and when?)
    - **Other outcomes that matter** (quality; patient satisfaction; societal benefit; equity)
  - Supporting **sustainability**
    - Culture/behavior change
    - Longer term funding
  - Potential new **investment opportunities**

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**SCHEDULE OF UPCOMING MEETINGS**

# 2023 Public Meeting Calendar



**- JANUARY -**

S	M	T	W	T	F	S
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**- FEBRUARY -**

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**- MARCH -**

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**- APRIL -**

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**- MAY -**

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**- JUNE -**

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**- JULY -**

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**- AUGUST -**

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**- SEPTEMBER -**

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**- OCTOBER -**

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**- NOVEMBER -**

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**- DECEMBER -**

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## BOARD MEETINGS

- Wednesday, January 25
- Wednesday, April 12
- Wednesday, June 7
- Wednesday, July 12
- Wednesday, September 13
- Wednesday, December 13

## COMMITTEE MEETINGS

- Tuesday, January 24 (ANF, 2:00 PM)
- Wednesday, February 15
- Wednesday, May 10
- Monday, July 10 (ANF, 2:00 PM)
- Wednesday, October 4

## ADVISORY COUNCIL

- Wednesday, February 8
- Wednesday, May 24
- Wednesday, September 20
- Wednesday, December 6

## SPECIAL EVENTS

- Thursday, March 2 - OPP Regulation Hearing
- Wednesday, March 15 - Benchmark Hearing
- Wednesday, March 29 - Health Care Workforce Event
- Wednesday, November 8 - Cost Trends Hearing