

**MEETING MINUTES:
MARKET OVERSIGHT AND TRANSPARENCY COMMITTEE**

Meeting of October 12, 2022

MASSACHUSETTS HEALTH POLICY COMMISSION

Market Oversight and Transparency Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, October 12, 2022, 9:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Market Oversight and Transparency (MOAT) Committee held a virtual meeting on Wednesday, October 12, 2022, at 9:30 AM.

Members attending remotely included Dr. David Cutler (Chair); Mr. Ron Mastrogiovanni; Mr. Tim Foley; and Ms. Cassandra Roeder, designee for Secretary of Administration and Finance Michael Heffernan.

Mr. Martin Cohen and Ms. Barbara Blakeney were also in attendance virtually.

The meeting notice and agenda can be found [here](#).

The presentation from the meeting can be found [here](#).

A video of the meeting can be seen [here](#).

ITEM 1: Approval Of Minutes From The May 11, 2022, MEETING

Dr. Cutler called for a motion to approve the minutes from the May 11, 2022, meeting. Ms. Roeder motioned to approve the minutes. Mr. Mastrogiovanni seconded the motion. The vote was taken by roll call. The minutes were approved with three votes in the affirmative.

Dr. Cutler turned the presentation over to Mr. David Seltz, Executive Director, who provided a brief introduction to the meeting.

ITEM 2: Utilization of Telehealth in the Commonwealth

Ms. Sara Sadownik, Deputy Director, Research and Cost Trends, and Ms. Yue Huang, Manager, Research and Cost Trends, gave a preview of the new legislatively mandated report on the utilization of telehealth in Massachusetts. For more information, see slides 5-43. The portion of the meeting on the *Utilization of Telehealth in Massachusetts* can be viewed [here](#).

Mr. Seltz asked if the variation in the model shown on slide 24 was reflective of non-mental health telehealth use by provider organization or if there were other dynamics that should be brought to everyone's attention. Ms. Huang noted that the data was an average of the two and the model was just for the differences in the provider organizations' patient population. Mr. Seltz said it would be interesting to learn why variation in telehealth use exists. Ms. Huang agreed and noted that the topic was an area for further examination. Dr. Cutler noted that data he has examined has shown that one of the characteristics associated with more rapid and greater use of telehealth is being an academic medical center and that some of that data is also showing that point in Massachusetts. Mr. Seltz noted that the geographic data was interesting as Central Massachusetts telehealth utilization was lower, raising questions of demographics or geography in care patterns.

Mr. Seltz asked about the last bullet on slide 40, specifically if the high and low ends of the examination of utilization and spending was focused on non-mental health visits. Ms. Huang said that the utilization slides looked at all of the ambulatory visits or any visit that did not take place in an emergency room or

inpatient setting and that the spending slides included all spending. Dr. David Auerbach, Senior Director of Research and Cost Trends, noted that the data was sorted into groups based on the non-mental health utilization of telehealth as that is where the most variation was. Mr. Seltz noted that studies have shown telehealth visits were substitutive and not additive in terms of overall utilization, and, in terms of spending, it did not appear to increase spending nor decrease spending. Mr. Seltz said that its clear telehealth enabled greater utilization and perhaps greater spending on mental health and that that outcome is a good thing because mental health access needs improvement.

Dr. Cutler noted that mental health was the biggest change and asked staff to follow up on outcomes, like patients who completed a full course of psychotherapy or patients continuing their medications and potentially avoiding the emergency department or receiving care at an inpatient setting. Dr. Auerbach agreed.

Mr. Foley asked if the workforce challenges and shortages was having an impact on patients looking to utilize telehealth as it would require more staff. Ms. Sadownik said that this raises the question of network adequacy. Mr. Cohen said that he was hearing from mental health agencies that they are losing clinicians to telehealth, and they can work from home and meet with patients and not go to an office. Mr. Cohen asked if the HPC was factoring the COVID-19 pandemic into its analysis, specifically in terms of the surges and patients not wanting to go to a doctor's office when numbers are high. Mr. Cohen also asked where outpatient clinicians showed up in the data. Ms. Huang noted that outpatient clinicians would be captured in the APCD if they take insurance. Ms. Huang noted they were in the regression results specifically, and the telehealth visits for patients attributed to smaller clinicians was average. Ms. Huang said the pandemic was not specifically factored in, but you could see how telehealth was used throughout the year. Ms. Huang noted once 2021 data comes in, the trends can be seen more clearly. Dr. Cutler said that telehealth was a democratizing technology, where in the past you would have to rent office space, now you can be at your home and practice, which is overall good for the Commonwealth.

ITEM 3: Examination of Recent Provider Expansions

Mr. Sasha Hayes-Rusnov, Associate Director for Market Oversight and Monitoring, gave a presentation on recent provider transactions. For more information, see slides 44-49. The portion of the meeting on can be viewed [here](#).

Dr. Cutler noted that Massachusetts probably has too many hospital beds, but institutions are still saying they need more and that this may be a result of patients moving from smaller, local hospitals to more regional and national hospitals and that's how the market was trending. Mr. Hayes-Rusnov agreed and noted that these proposals are a continuation of a trends where systems are proposing bed buildouts primarily at their flagship hospitals.

ITEM 4: Adjournment

The Market Oversight and Transparency meeting concluded.