

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of February 15, 2024

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Thursday, February 15, 2024, 2:00 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a virtual meeting on Thursday, February 15, 2024.

Members attending remotely included Ms. Barbara Blakeney (Chair), Mr. Marty Cohen (HPC Vice Chair), Dr. Matilde Castiel, and Ms. Karen Tseng, designee for Secretary Kate Walsh, Executive Office of Health and Human Services.

Ms. Deborah Devaux (HPC Chair) and Ms. Patty Houpt were also in attendance, virtually.

The [meeting notice and agenda](#) and the [presentation](#) from the meeting can be found on the [HPC's website](#). A recording of the meeting can be found on the [HPC's YouTube Channel](#).

ITEM 1: Approval of the Minutes from the October 4, 2023 Meeting

Ms. Elstermeyer called for a motion to approve the minutes from the October 4, 2023, CDT committee meeting. Ms. Blakeney made the motion. Mr. Cohen seconded it. The vote was taken by roll call and the motion was approved with four votes in the affirmative.

ITEM 2: Potential New HPC Investment Program: Maternal Health Blood Pressure Monitoring

Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation (HCTI) provided an overview of context regarding a potential new investment program for the HPC focused on maternal health blood pressure monitoring. For more information, see slides 5-11.

Mr. Cohen asked if the agency was aware of any barriers to the adoption of this investment program given that remote blood pressure technology has been utilized for a while now. Ms. Hall responded that preliminary indications are related simply to the challenges of implementing technology as well as provider payment and initial startup costs of the program.

Dr. Castiel expressed concern regarding payment for preventive services, like blood pressure monitoring, noting that if a person already has a diagnosis, it is easier to receive payment for treatment. She also asked if other organizations or entities were already offering a service like this now, what their results may be, and if the outcome has indicated a decrease in maternal mortality. Ms. Hall said she is not familiar with data available on maternal mortality and morbidity specifically coming out of programs being operated by other entities. Dr. Castiel said she would be interested to know that information and to see if there were any trends or gaps within the data sets.

Ms. Blakeney asked about the process of selecting participants for this program and if it would focus on any specific areas, like those outlined in Ms. Tseng's guest presentation. Ms. Hall said that some factors that will help determine eligibility would be the source of the funds for the investment program as well as the priority geographies identified by EHS and the AHEM Perinatal-Maternal Health Workgroup. Ms. Blakeney asked if there was a proposed timeline for a formal presentation and approval of the investment program. Ms. Hall said she hopefully like to see this program moving forward in late Spring.

ITEM 3: ACO Certification Program: Learning, Equity, and Patient-Centeredness (LEAP) 2023

Mr. Mike Stanek, Associate Director, HCTI, provided an overview and highlights of the 2023 LEAP Certification cycle. For more information, see slides 12-24.

Chair Devaux asked about the number and scope of risk contracts, the reasons for why they would be decreasing, and also if the equity initiatives within the ACOs are focused on commercial patients or focused on all of the patients

within an ACOs practices, Mr. Stanek said that with respect to the risk contracts, they are not necessarily decreasing but are levelling off, noting that there are about 3 million lives covered under the ACOs and that number has plateaued for some time. Mr. Stanek also said that in regard to the health equity initiatives in ACOs, a majority of these interventions are occurring within the MassHealth sector (driven by contract incentives) but ACOs have been starting to stratify metrics among commercial and Medicare patients as well. Chair Devaux said that would be useful in the future to know which populations the interventions are targeting and who they are implemented for and being clear that the interventions may not be applied across the board.

Mr. Cohen asked if the ACOs have made any changes in how they were paying providers, since in the past it seemed that many of the provider relationships were largely fee for service. Mr. Stanek said that the data received on this from ACOs is limited but that there are ACOs that have implemented internal frameworks for changing the compensation of providers to link their incentives with external, contractual incentives.

ITEM 4: ADJOURNMENT

Ms. Elstermeyer addressed the 2024 Public Calendar in the presentation, indicating the upcoming public meetings. For more information, see slide 26.

Ms. Blakeney adjourned the meeting at 2:53 PM.