

VOTE 1: MEETING MINUTES

Date of Meeting: October 10, 2024
 Start Time: 12:00 PM
 End Time: 2:35 PM

	Present?	Vote 1: Approval of Minutes (September 19, 2024)	Vote 2: 2024 Health Care Cost Trends Report and Policy Recommendation	Vote 3: Awardee Selection: HEART- BP Investment Program
Deborah Devaux*	X	X	X	X
Barbara Blakeney	X	X	X	X
Matilde Castiel	A	A	A	A
Martin Cohen	X	X	X	X
David Cutler	X	ab	X	X
Timothy Foley	X	X	X	X
Patricia Houpt	A	A	A	A
Ron Mastrogiovanni	X	X	X	X
Alecia McGregor	X	X	X	X
Secretary Kate Walsh	X	X	X	X
Secretary Matthew Gorzkowicz or Martha Kwasnik (Designee)	X	X	X	X
Summary	9 Members Attended	Approved with 8 votes in the affirmative	Approved with 9 votes in the affirmative	Approved with 9 votes in the affirmative

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

*Chairman

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A virtual meeting of the Health Policy Commission (HPC) was held on October 10, 2024 at 12 PM. Commissioners attended the meeting remote, via Zoom. A [recording](#) of the meeting and the meeting [materials](#) are available on the HPC's website.

Participating commissioners who attended virtually were Ms. Deborah Devaux (Chair); Mr. Martin Cohen (Vice Chair); Ms. Barbara Blakeney; Mr. Timothy Foley; Mr. Ron Mastrogiovanni; Dr. Alecia McGregor, Ms. Karen Tseng, designee for Sec. Kate Walsh, Executive Office of Health and Human Services (EHS); and Ms. Martha Kwasnik, designee for Sec. Matthew Gorzkowicz, Executive Office of Administration and Finance (ANF).

Ms. Devaux began the meeting at 12 PM and welcomed the commissioners, staff, and members of the public viewing the meeting on the livestream and provided an overview of the meeting agenda.

ITEM 1: Approval of Minutes

Ms. Coleen Elstermeyer, Deputy Executive Director, managed the roll call vote to approve the minutes from the September 19, 2024 Board meeting. Ms. Blakeney made the motion to approve the minutes and Mr. Mastrogiovanni seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 2: Executive Director's Report

Ms. Elstermeyer began the Executive Director's report portion of the meeting. Ms. Elstermeyer shared information about the HPC's Behavioral Health Workforce Center Advisory Group nomination process and the update on the upcoming Health Care Cost Trends Hearing. For more information, see slides 6-7.

ITEM 3: Market Oversight

Steward Hospital Transaction Reviews

Mr. Seltz provided an overview of the topic and turned to Ms. Megan Wulff, Director, Market Oversight and Monitoring, to provide an update on the HPC's review of each of the Steward Hospital transactions – Lifespan's acquisition of Morton and Saint Anne's hospitals; Lawrence General's acquisition of the two Holy Family hospital campuses; and Boston Medical Center's acquisition of St. Elizabeth's and Good Samaritan hospitals. For more information, see slides 9-49.

Dr. McGregor asked about the agreement with Lifespan to keep Morton hospital open as an acute-care setting until 2027 and if any such promise for made for Saint Anne's hospital. She also asked what the agreement would mean after 2027 and if Lifespan could choose to close inpatient care after that point if they wish, or if other agreements were in place. Ms. Wulff responded that Lifespan did not receive supplemental funding for Saint Anne's hospital and therefore the agreement with Lifespan was limited to Morton hospital. Ms. Wulff acknowledged that with these transactions, there is an open question of what will happen after the commitment period and stated that the HPC will continue to monitor the services provided by the new hospital operators.

Ms. Blakeney asked about Lawrence General's commitment to Holy Family campuses participating in MassHealth for the next two years and if there was any sense of the probability of Holy Family continuing with MassHealth beyond that time. Ms. Wulff responded that it would be extraordinary for a hospital to no

longer accept MassHealth patients because it would also impact its ability to accept Medicare patients. She added that the agreement applied to their physicians as well.

Dr. McGregor asked about Lawrence General's acquisition of Holy Family campuses, asking for a point of clarification whether either of the Holy Family campuses offered labor and delivery services and if Lawrence General was the only provider in that area to provide labor and delivery services. Secretary Walsh clarified that the Holy Family Methuen campus offers labor and delivery services and noted that a question being discussed within a working group consisting of the community, health centers, and providers is what the best location is to provide those services in that area. Dr. McGregor added that with Boston Medical Center's acquisition of St. Elizabeth's and Good Samaritan hospitals they will be able to expand their services in maternity care for communities of color and expressed concerns with access to maternity care in those communities, especially with the labor and delivery unit being closed at Signature Healthcare's Brockton Hospital. Secretary Walsh noted that the Brockton Signature Hospital labor and delivery unit would be opening soon. Dr. McGregor said that it would be concerning for those communities to lose access to labor and delivery services or any other lines of service and noted the importance of considering impacts of service line closures in any these communities.

Mr. Foley commented on the HPC's role in reviewing these transactions and emphasized the need to continue to focus on the impact of access and highlighted the importance of the HPC's involvement in conversations with the new providers to ensure no other lines of services are disrupted in coming years. He noted the impact on the communities near the now closed Carney Hospital and Nashoba Valley Medical Center and the importance of maintaining focus on access to services in these other areas as this process evolves. Ms. Wulff added that if any of the new providers decided to change or close lines of services after the period of their agreed commitments, the hospitals would need to submit an essential services filing to the Department of Public Health, which the HPC would monitor.

Ms. Devaux reiterated the commissioners' comments about moving into the next phase of the former Steward hospitals and noted that she is rooting for the success of the new operators as they take over management and operations. She said that she is looking forward to staying involved with EHS and the new provider organizations to keep track of what comes next.

Secretary Walsh thanked the HPC for its involvement in the review process for the transfers of ownership of the Steward hospitals and acknowledged that the HPC had provided relevant data that helped guide EHS and the working group that was overseeing these transactions and the funding agreements. She also said that the time commitments made by the new operators were primarily linked to funding commitments and that it was challenging for the state to go beyond the funding commitments outlined in the 1115 Medicaid waiver, which expires in 2027. EHS's understanding is the new operators will maintain access to services and are committed to serving these communities. She also added that with saving some hospitals and having to close some, this is now all about reimagining what health care can be in these regions.

Dr. Cutler commented on the Secretary's remark that this is now an opportunity to reimagine what health care can be. He said that with these new operators we now have three new health systems that we hope will operate better care models than those in the past. He said that the HPC has identified many ways to help health systems run more efficiently and we should consider ways we can implement these ideas to improve the health care system overall. Ms. Devaux echoed those thoughts by Dr. Cutler and emphasized the tremendous opportunity to come given the track record and commitments demonstrated by the new operators.

Mr. Seltz added that the comments made by commissioners acknowledging the opportunity to reimagine health care and deliver more patient centric care is going to be one of the main themes at the upcoming Cost Trends Hearing and that he hopes to engage the broader health care industry in that conversation.

Stewardship – Rural Healthcare Group Transaction Review

Mr. Seltz introduced the topic. Ms. Wulff provided an update on the Stewardship-Rural Healthcare Group transaction review and preliminary findings. Ms. Kate Mills, Senior Director, Market Oversight and Transparency, provided an overview of the public commitments made by Rural Healthcare Group (RHG) to the HPC. For more information, see slides 50-61.

Secretary Walsh commented on the leadership of RHG and its commitment to working with the state, and echoed staff comments that RHG is trying to behave in a way that is consistent with the values of the Commonwealth around access and commitment to patients. Secretary Walsh also asked if during conversations with RHG, there was discussion about their exit strategy or how long they intend to maintain the provider organization given that they are a private equity-backed organization. Ms. Mills affirmed that this was part of the confidential information obtained from the parties. Ms. Lois Johnson, General Counsel, added that the HPC learned from Kinderhook Industries about its track record of investments and noted that they typically do not sell to other private equity groups, but instead to another strategic business entity interested in operating the business.

Dr. Cutler expressed some concern with this transaction, compared to the three hospital transactions, given that the HPC and the Commonwealth have a track record with the new hospital owners and the state does not have a track record with RHG. He also said that since this transaction involves selling the physician group from one private equity group to another, he is concerned that they will not fulfill their commitments to the HPC, and emphasized the unknowns involved in this transaction. He said that the Commonwealth and the HPC need to be monitoring this organization closely, and that the state should be in a position to take action earlier, if needed. He did note that RHG does deserve a chance to take on the physician network and make it work but is concerned about another private equity investor in this space.

Ms. Blakeney acknowledged Dr. Cutler's comments and stated that given where we were when this crisis with Steward started, we as a Commonwealth are in a much better place than we might have been. She expressed concern that another private equity firm was taking over the physician network but appreciated the assurances that RHG has given to the state and that they shared publicly that they will be engaged in the state's transparency and oversight efforts. She stated that she continues to have concerns about private equity investment in health care but hopes that the state can find a way to regulate or limit private equity in health care.

Mr. Foley agreed with the earlier comments from commissioners and stated that he appreciated the HPC's work on this review and is grateful to being moving forward into a post-Steward world. He said that he was hopeful to have more accountability and oversight than before. He hopes that the new private equity investors understand that the state has a deep concern for private equity investments in health care and that they will be watched very closely to ensure that this level of oversight they committed to is maintained. He also urged for legislative action to be taken to ensure the HPC has the right tools to take action when needed.

Ms. Devaux said that with these public commitments being made by RHG, they are trying to create a good relationship with the state moving forward and that they are committed to following through and reporting data to the HPC. She said that RHG proactively making these commitments was a strong indication to the HPC that they are also looking to turn to a new chapter on this.

Mr. Cohen acknowledged the comments of the other commissioners and said that the state has no choice but to move forward with this transaction, since there are practitioners and patients who are relying on care to continue here. He echoed the comment made by Commissioner Foley that the HPC now needs more tools and more authority to properly monitor private equity investments moving forward. He noted how the HPC is the only entity in the country evaluating this transaction, yet the agency's power is limited.

Dr. McGregor echoed the comments made by Dr. Cutler and added that there is skepticism around the promises made by any private equity-backed entity, given how damaging the fallout from private equity can be. She said that in many ways private equity does not mix with health care, especially health care for some of the most vulnerable patients across the Commonwealth. She asked if RHG had responded to the letter from Senators Warren and Markey who wrote to the CEO asking to explain their connection to a software company that has been used to improperly deny health insurance coverage for individuals. She also asked if the HPC knew what electronic health record (EHR) system RHG is intending to use and how the hospitals in the Commonwealth will be able to communicate with the physician group. Ms. Johnson responded that the HPC is not aware of any response from RHG regarding the letter sent by Senators Warren and Markey. Ms. Mills also added that the HPC was in receipt of the letter from Congress and within the letter there were requests for data and information from the parties involved, and nearly all of the requested data and information was gathered by the HPC and has been disclosed in the presentation. Ms. Wulff added that RHG has committed to maintaining relationships between Stewardship physicians and their referral partners to maintain continuity of care. Ms. Johnson said that Stewardship utilized Athena Health System for their EHR and RHG is anticipated to use and potentially upgrade that system.

Secretary Walsh added that each of the new hospital operators are making decisions about an EHR as well so she anticipates that what has been used before may change but she finds comfort in RHG's commitment to maintaining relationships with the hospital acquirers. She said if the primary care base leaves the acquiring hospitals, there will be much more of a financial hill to climb. She underscored the importance of ensuring the provider network and hospitals can effectively communicate with one another. Ms. Devaux added that once the acquisitions are completed the HPC will have another opportunity to delve into the operations of the new providers. Secretary Walsh also acknowledged the concerns addressed by many of the commissioners around a new private equity investment firm taking over Stewardship. She said that the state and the HPC needs to be careful about the rhetoric used moving forward and while there are legitimate emotions and concerns around this transaction, we need to be cognizant of our current range of authority in this space.

Dr. Cutler added to Secretary Walsh's comments and acknowledged that this situation can be good or bad depending on how this is all viewed. He said that the benefit of the HPC is being able to monitor changes in the health care system as they happen and that the HPC needs to be involved in how everything is implemented moving forward. Ms. Devaux said that RHG's commitment to working with the hospitals is one of the things that the HPC will be paying close attention to and will be an indicator as to whether they stick to these commitments.

Ms. Devaux acknowledged all of the comments by the commissioners and the hard work conducted by the HPC to expeditiously review this transaction.

Other Notices of Material Change

Ms. Devaux turned to Ms. Mills to share an update on other ongoing material change notices and notices received since the HPC's last Board meeting. For more information, see slides 63-68.

ITEM 4: 2024 Health Care Cost Trends Report and Policy Recommendations

Mr. Seltz provided an overview of the 2024 Health Care Cost Trends Report and shared the agency's proposal for the 2024 policy recommendations. For more information, see slides 70-78.

Mr. Cohen stated that the recommendations were timely and aligned with the work the HPC has focused over the last year. He also asked about where Massachusetts stood against other states in relation to oversight of access, cost and affordability of health care and expressed concern that Massachusetts was no longer at the forefront of establishing relevant policy recommendations. Mr. Seltz responded that when looking at the policy recommendations proposed for this year there are a few states that have gone further than Massachusetts to address similar concerns. He agreed with Mr. Cohen's remarks stating that it was a fair assessment to state that Massachusetts was no longer a leader in many of the topics addressed in the recommendations. Secretary Walsh commented that she disagreed with the statement that Massachusetts was not at the forefront of the issues outlined in the recommendations. She stated that many states have elements of the HPC's recommended policies in place that may be stronger but not as a whole. She referred to California and their policies around physician practices in terms of possible areas which Massachusetts may not be leading in but said that many states are still looking to Massachusetts for guidance on how to address various issues in the health care sector, even in light of the challenges faced by Steward. Secretary Walsh noted that using verbs like strengthen or revitalize may not clearly indicate how systems would change with certain policy recommendations in place and encouraged thinking about what interventions within this space would look like. Mr. Seltz then provided a more in-depth overview and expanded on the specific goals of each policy recommendation.

Mr. Foley asked about the recommendation regarding updating the Registration of Provider Organization (RPO) program to include a broader range of provider types and if it was inclusive of home health care services, given the growth of private equity investments in the home healthcare space. Mr. Seltz responded affirmatively that home health care would be included within that recommendation and that the modification would be changing a certain financial threshold. He said that the decision around expanding the types and classes of providers the HPC would pull into this process would be determined by the Commission during the regulatory process, and that the HPC could include home care as a provider type required to report information to the RPO program.

Ms. Kwasnik thanked the HPC and staff and expressed appreciation for the hard work that went into creating the 2024 policy recommendations.

Mr. Foley made the motion for the Board to vote to release the 2024 Health Care Cost Trends Report and policy recommendations. Secretary Walsh seconded it. The vote was taken by roll call. The motion was approved unanimously.

ITEM 5: HPC Shorts Episode 7: Inequities in Severe Maternal Morbidity in Massachusetts

Mr. Seltz provided an overview of the topic and turned to Ms. Alicia Duran, Senior Research Associate, Research and Cost Trends to discuss the research regarding severe maternal morbidity in Massachusetts and introduce the latest release in the HPC Shorts series focused on inequities in severe maternal morbidity (SMM). The [HPC Shorts Episode 7: Inequities in Severe Maternal Morbidity](#) is available on the HPC's website.

ITEM 6: Awardee Selection: Hypertensive Disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program

Mr. Seltz provided an overview of the topic and turned to Ms. Tayler Bungo, Associate Director, Health Care Transformation and Innovation, to provide an overview and update on the HEART-BP investment program, the proposed awardees for the investment program, and the program's timeline. For more information, see slides 82-92.

Ms. Devaux asked if the awardees would have an opportunity to share experiences with each other. Ms. Bungo responded affirmatively that the HPC is further considering opportunities to convene the awardees together and noted that the Perinatal Neonatal Quality Improvement Network of MA (PNQIN), which assisted the HPC in designing this program, has offered to convene all five awardees and share insights on their own pilot-remote blood pressure monitoring program. Ms. Devaux asked a follow-up question on whether payers reimburse for remote blood pressure monitoring right now. Ms. Bungo responded that the HPC worked with MassHealth during the investment program's design process and noted that in August, MassHealth began reimbursement for remote blood pressure monitoring, including monitoring cuffs, education, and engagement materials. The HPC will encourage reimbursement through MassHealth for eligible patients and the awardees will seek reimbursement through the HPC for patients who are not eligible for MassHealth reimbursement. She said that the HPC hopes to learn more about the reimbursement processes for remote blood pressure monitoring through this investment program.

Ms. Blakeney asked about how the HEART-BP awardees will be evaluated. Ms. Bungo said that while we are in the early stages of that process, the HPC has an ambitious set of variables that are being looked at especially around what works for the program, such as when to enroll patients, how long to monitor patients, and educating patients and providers about the process. The evaluation will also assess the feasibility of implementation of this program to support scaling similar programs across the Commonwealth. She added that the evaluation will explore potential areas for cost savings and look at how racial and ethnic inequities play a role in this work and the patient's experience.

Dr. McGregor asked about the extent to which the program awardees have communicated a plan with physicians or midwives to coordinate care with the patients themselves around their blood pressure and spikes in blood pressure. Ms. Bungo responded that the applicants provided detail about each of their programs and their demographics served but emphasized that even with the variability in types of patient demographics seen by the awardees, there are issues especially among Black and Hispanic patients not feeling listened to, which is something that the HPC is especially homed in on. She said that remote blood pressure monitoring can do a lot of good but is insufficient on its own to address the SMM crisis and that the program team is working with providers who have expertise in this area to ensure that patients are being listened to and providers are responsive to the needs of their patients. Ms. Bungo added that a critical

component of this program will be building a robust patient experience angle in the evaluation work. She said that a required part of the application process for awardees was for them to document how they are going to engage with the patients in their communities and how they will obtain insight and input from the patients in order to inform program design. She said that another aspect of this program is the emphasis on quality improvement and looking at the data throughout the course of the program, to ensure that every eligible patient is getting enrolled and every enrolled patient is retaining engagement with the program. Dr. McGregor commented that it is critically important to engage with the awardees and providers about ensuring that patients are being heard and care is provided and was grateful that aspect was included in the program. She also highlighted a key finding from the HPC's SMM research that was particularly disturbing for her, which was that Black birthing people experience the brunt of SMM episodes but also bear more of the costs associated with SMM episodes and higher cost sharing. She emphasized the need to focus on interventions that address these inequities.

Commissioners were asked to vote to approve the awardee recommendations for the HEART-BP program. Secretary Walsh made the motion to approve the proposed awardees for the HEART-BP program. Ms. Blakeney seconded it. The vote was taken by roll call. The motion was approved unanimously.

ITEM 7: Adjourn

The meeting adjourned at 2:35 PM.