

VOTE 1: MEETING MINUTES

Date of Meeting: February 27, 2025
 Start Time: 12:00 PM
 End Time: 3:10 PM

	Present?	Vote 1: Approval of Minutes (January 16, 2025)	Vote 2: Executive Session	Vote 3: Preliminary Report on the Cost and Market Impact Review of Proposed Clinical Affiliation between Dana Farber Cancer Institute, Beth Israel Deaconess Medical Center, Harvard Medical
Deborah Devaux*	X	M	X	X
Matilde Castiel	X	X	M	X
Martin Cohen	X	2 nd	X	M
Karen Coughlin	X	X	X	2 nd
David Cutler	X	X	X	X
Timothy Foley	X	X	2 nd	M
Patricia Houpt	A	A	A	A
Ron Mastrogiovanni	X	X	X	X
Alecia McGregor	X	X	X	X
Secretary Kate Walsh* or Kiame Mahaniah (Designee)	X	*Entered meeting after vote	*Entered meeting after vote	*Left meeting before vote
Secretary Matthew Gorzkowicz or Dana Sullivan* (Designee)	X	*Entered meeting after vote	*Entered meeting after vote	X
Summary	10 Members Attended	Approved with 9 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 February 27, 2025 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); Dr. Matilde Castiel; Ms. Karen Coughlin; Dr. David Cutler; Mr. Timothy Foley; Mr. Ron Mastrogiovanni; Dr. Alecia McGregor; Ms. Dana Sullivan, Designee for Secretary Gorzkowicz, Executive Office of Administration and Finance; and Secretary Kate Walsh, Executive Office of Health and Human Services (EHS).

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

ITEM 1: Approval of Minutes

Ms. Coleen Elstermeyer, Deputy Executive Director, managed the roll call vote to approve the minutes of the January 16, 2025 Board meeting. Ms. Devaux made the motion to approve the minutes, and Mr. Cohen seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 2: Executive Session

The Board voted unanimously to enter into a confidential executive session at 12:05 PM.

The Board returned to the public session at 1:25 PM. Ms. Devaux welcomed the public to the open session of the meeting and provided an overview of the remaining items on the agenda.

ITEM 3: Presentation: Behavioral Health Emergency Department Boarding in Massachusetts

Mr. Seltz introduced the topic and turned to Dr. Laura Nasuti, Director, Research and Analytics, to present recent research on Behavioral Health Emergency Department (ED) Boarding in Massachusetts. For more information, see slides 7-30.

Chair Devaux asked, regarding the data showing one third of patients discharged directly from the ED to home, whether those discharges are viewed to be appropriate for those patients and if that could suggest a quality issue. Dr. Nasuti said that in the data, staff are unable to make that assessment and the HPC must assume patients are discharged to the most appropriate setting. Based on input from stakeholders and health care professionals, providers want to get patients back home if home is a safe place for them. She said that there has been an expansion of services and treatments in the ED so patients can have medication, or a treatment plan made before being discharged home.

Dr. Castiel asked what percentage of patients were discharged against medical advice or left the ED on their own. Dr. Nasuti said that it was a relatively small percentage and would follow up with the exact percentage. Dr. Nasuti confirmed that individuals who left against medical advice were flagged in the data with an AMA flag. She said staff examined if patients were leaving against medical advice had longer ED wait times for treatment. Dr. Nasuti said she had data showing that the percentage of patients leaving against medical

advice is slightly higher for those coming into the ED with substance use disorder. Dr. Castiel commented that the substance use discharge data is incredibly important given that patients struggling with substance use disorder cannot wait in the ED for an extended length of time without getting some form of treatment or medication. She underscored her concern for substance use patients in the ED since many of them leave before receiving treatment.

Dr. McGregor asked about the costs for commercial payers and MassHealth for inpatient stays and asked for clarification regarding MassHealth patients being paid a per diem rate for inpatient stays. Dr. Nasuti confirmed that the majority of commercial payers and MassHealth pay per diem for inpatient stays. Dr. McGregor asked if the data showed any substantial difference in length of stay for patients across payer types. Dr. Nasuti said she would follow up with specifics. She said that length of stay did vary a little depending on whether a patient was in an acute care setting versus a freestanding psychiatric facility. Dr. McGregor confirmed that the dollar amounts listed on slide 28 included the cost of the entire episode of care for the patient regardless of the number of days spent in the ED. She asked whether or not commercial patients were staying in the ED for longer or shorter amounts of time than MassHealth patients. Dr. McGregor then asked about the impact of closures of the Carney and Nashoba Valley hospitals and their supply of behavioral health beds, questioning if the 129 beds mentioned were behavioral health beds, and if there was information on the percentage of total beds that accounted for statewide. Dr. Nasuti said that the 129 beds lost from the closure of Carney and Nashoba Valley hospitals was all hospital beds, including medical, surgical and behavioral health beds, and noted that Nashoba Valley had a larger number of behavioral health beds and would confirm the information in a follow up correspondence.

Ms. Coughlin asked if the HPC had been in contact with ED staff to discuss the behavioral health roadmap and how community behavioral health centers are working with them in practice. She pointed out that the proposed fifty percent reduction in Department of Mental Health (DMH) case managers could impact ED boarding moving forward given that they are often the first line for behavioral health patients to avoid hospitalization. She noted that the HPC should be cognizant of the concerns from emergency room staff regarding ED staffing. Dr. Nasuti said that the HPC has spoken with staff in emergency departments and heard concerns regarding medical clearance, where some patients who need medical clearance are sent to the ED, and stakeholders have concerns about if all of those patients need to come through the ED for medical clearance. She said the agency has heard that with community behavioral health centers, if a patient goes to the behavioral health center and requires an inpatient level of care but a bed will not be available for that patient for a couple of days, then there is concern whether that community behavioral health center is the best setting of care for the patient. She added that the HPC has heard that some EDs have strong relationships with community behavioral health centers. Ms. Coughlin asked if there was a way to differentiate between the types of behavioral health patients seen in EDs who have a difficult time moving to an inpatient setting and what those barriers are for community behavioral health centers. She said based on her personal and professional experience, she assumes it is because the patient has more intensive behavioral health issues and requires a different level of care. She noted that those patients are often turned away from behavioral health care settings since those settings cannot handle the challenges the patient presents.

Mr. Cohen said that this problem has been persistent in the Commonwealth for a while and said the HPC needs to look at the entire continuum of community behavioral health services that are necessary to support patients. He said that the agency needs to look further into what the integration of primary care and behavioral health looks like so people are adequately screened and treatment is made available early on. He noted one problem that he has heard is that ambulances will not take patients experiencing a behavioral

health crisis to a community behavioral health center and instead take them to the emergency room. He said that the agency has to think about why people are ending up in the emergency room first and how adding capacity to the community settings would relieve some of the constraints in the ED.

Mr. Seltz provided closing remarks on the presentation and noted for Commissioner Cohen that the integration of primary care and behavioral health care is something he hopes that the Primary Care Task Force will explore further.

ITEM 4: Preliminary Report on the Cost and Market Impact Review of the Proposed Clinical Affiliation between Dana Farber Cancer Institute, Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians Transaction

Mr. Seltz introduced the topic and turned to Mr. Sasha Hayes-Rusnov, Associate Director, Market Oversight and Monitoring, to present the findings within the preliminary report on the Cost and Market Impact Review (CMIR) of the proposed clinical affiliation between Dana-Farber Cancer Institute (DFCI), Beth Israel Deaconess Medical Center (BIDMC), Harvard Medical Faculty Physicians at BIDMC (HMFP) transaction. For more information, see slides 32-81.

Dr. Cutler said that based on his professional expertise as an economist, the analysis of the findings and methodology employed was done very well, noting that any issues around the research conducted for this transaction should be separated from any personal feelings about the transaction, emphasizing the high quality analysis done for the preliminary report.

Mr. Foley commended the HPC on the presentation and addressed the impact of the transaction on the workforce and staffing issues. He asked if there was any conversation with the parties about how they will staff the new facility to deliver quality care. Mr. Hayes-Rusnov said that the Department of Public Health's Determination of Need program has asked DFCI specific questions about where they expect to get their new staff and that DFCI outlined a plan to build new workforce pipelines to train people who will become the next cohort of oncology staff. He also said that the parties have stated they are not looking to hire staff away from other health care providers, but the HPC notes that the parties will be competing for the next round of staff entering the health care workforce, with potential impacts on the labor market for other providers.

Dr. McGregor mentioned DFCI's reimbursement status and its exemption with CMS, which allows it to be reimbursed on a cost-based basis and asked if that would continue with the new affiliation and new hospital. Mr. Hayes-Rusnov responded that the HPC has not seen any indication that DFCI's current Medicare reimbursement arrangement would change. Dr. McGregor asked if BIDMC would then fall under that reimbursement exemption and Mr. Hayes-Rusnov responded that BIDMC and DFCI will continue as separately licensed facilities so that will not impact how BIDMC is reimbursed by Medicare. Dr. McGregor then asked about the increase in the number of cancer beds at the new DFCI facility and the need for other hospital beds throughout the health care system. She asked if there has been discussion around additional beds at Brigham and Women's Hospital or BIDMC not becoming medical or surgical oncology beds but instead serving a dual purpose, such as providing post-acute care or care in a different setting, given the bottleneck between inpatient stays and post-acute care. Mr. Seltz thanked Dr. McGregor for that question and invited the parties to address her concern in their response to the HPC's preliminary report.

Ms. Elstermeyer managed the roll call vote to authorize the issuance of the preliminary report on the Cost and Market Impact Review of the proposed clinical affiliation between Dana-Farber Cancer Institute (DFCI), Beth Israel Deaconess Medical Center (BIDMC), Harvard Medical Faculty Physicians at BIDMC (HMFP) transaction. Mr. Foley made the motion, and Ms. Coughlin seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 5: Bulletin HPC-2025-01: Advance Guidance for Providers and Provider Organizations Relative to the Expansion of HPC Market Oversight Authority (Pursuant to Chapter 343 of the Acts of 2024)

Given the limited remainder of time left for the meeting, Mr. Seltz briefly covered the advance guidance which will be released regarding the HPC's expansion of market oversight authority, which become effective on April 8, 2025. For more information, see slides 83-87. The advance guidance can also be found on the HPC's [website](#).

ITEM 6: Executive Director's Report

Mr. Seltz briefly highlighted the HPC's next public meeting, which will be the 2025 Hearing on the Health Care Cost Growth Benchmark on Thursday, March 13, 2025. For more information, see slides 89-92.

ITEM 7: Adjourn

The meeting adjourned at 3:10 PM