MASSACHUSETTS
HEALTH POLICY COMMISSION

BUSINESS REPORT
AND
FUNDS STATEMENT
FY2013 – FY2023

June 30, 2024

Since State Fiscal Year (SFY) 2017, the Massachusetts Health Policy Commission, established by Chapter 224 of the Acts of 2012, has been primarily funded by an annual health care industry assessment, delivered through a line item (1450-1200) in the General Appropriations Act. The HPC also administers two trust funds that support a variety of health care initiatives across the Commonwealth. The trust funds were created in 2013 through a one-time assessment.

The Health Care Payment Reform Trust Fund supports technical assistance, learning and dissemination, and evaluation for investments and certification programs. The Distressed Hospital Trust Fund supports grant administration, technical assistance, and evaluation activities for eligible investments.

Released annually pursuant to M.G.L. c.6D §8 and c. 29 §2GGGG, this Business Report and Funds Statement serves as a summary of expenditures and activities for fiscal years (FY) 2013 to 2023 for the HPC's trust funds.

Submitted to the Legislature pursuant to M.G.L. c.6D §8 and c. 29 §2GGGG.

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ABOUT THE HPC

The Massachusetts Health Policy Commission (HPC) is an independent state agency working in the public interest to improve the affordability of health care for all residents of the Commonwealth. The HPC oversees the Massachusetts health care market, establishes the annual health care cost growth benchmark and monitors accountability for health care spending, issues public reports on significant health care spending trends and growth, and analyzes the impact of health care market consolidation on cost, equity, and access. The HPC provides independent, data-driven policy recommendations and directs investments into hospitals and community partners that promote health care that is affordable, accessible, high value, high quality, and equitable.

The work of the HPC is overseen by an 11-member Board of Commissioners, appointed as individual experts by elected constitutional officers, the Governor, Attorney General, and State Auditor. HPC staff and commissioners work collaboratively to advance the mission of the HPC. Key activities include setting the annual health care cost growth benchmark; setting and monitoring provider and payer performance relative to the health care cost growth benchmark; creating standards for care delivery systems that are account-able to better meet patients' medical, behavioral, and social needs; analyzing the impact of health care market transactions on cost, quality, equity, and access; investing in community health care delivery and innovations; and safeguarding the rights of health insurance consumers and patients regarding coverage and care decisions by health plans and certain provider organizations.

The HPC is committed to embedding health equity concepts in all aspects of its work and takes action to advance health equity across its four core strategies: Research and Report, Convene, Partner, and Market Monitor. To achieve its health equity goals, the HPC employs in-house staff and external consultant expertise, leverages flexibility through trust funds, and supports inter-agency efforts through independent leadership.

THE HPC'S ROLE IN MASSACHUSETTS HEALTH CARE REFORM

Massachusetts has long sought to foster a health care system that is affordable, high quality, and accessible for all. The Commonwealth has been a leader in health care coverage and innovation, but challenges around cost containment, affordability, and health equity have continued. In 2012, with a broad consensus to restrain rapidly increasing health care costs, the Commonwealth enacted a comprehensive new law, Chapter 224 of the Acts of 2012, the centerpiece of which is the innovative health care cost growth benchmark – a first-in-the-nation, statewide target for sustainable growth in total health care spending. The law also established the Massachusetts Health Policy Commission to help monitor and guide this effort.

Following passage of the law, Massachusetts total health care spending growth (including both public and private payers) remained at or below national growth rates, a reversal from previous trends that accounts for billions in avoided spending for Massachusetts residents. By the end of the decade, however, spending growth had accelerated, surpassing the health care cost growth benchmark from 2017 to 2019. Now, the Commonwealth has emerged from the COVID-19 pandemic with commercial spending above the benchmark and exceeding the national average for the first time since the passage of Chapter 224.

As the Commonwealth continues to navigate the impacts of the COVID-19 pandemic – and as providers are facing significant headwinds with workforce, supply chain, and inflation issues – the need to create a more affordable, equitable, and high-quality health care system is even more apparent. Through the annual health care cost trends hearing and reports, the HPC will continue to monitor performance under the health care cost growth benchmark and trends in

these and other areas to help achieve a more efficient, effective health care system in the Commonwealth.

To recognize ten years of health care cost containment in efforts in Massachusetts, in January 2023 the HPC released a video featuring reflections on the past, present, and future of the Commonwealth's ambitious journey of health care reform. To further chronicle the milestones of the last decade, the HPC developed an interactive timeline of significant events with links to relevant research, reports, and other resources.

BOARD AND ADVISORY COUNCIL

BOARD OF COMMISSIONERS

The work of the HPC is overseen by an 11-member Board of Commissioners, appointed as individual experts by elected constitutional officers, the Governor, Attorney General, and State Auditor. Two cabinet secretaries serve as ex-officio members. Board members were initially appointed in 2012 to staggered terms of one to five years, and may be reappointed to additional terms by the appointing agency. As designated by law, each Board member has demonstrated expertise in a particular aspect of health care delivery and finance. Board members serve without pay and cannot be employed by, a consultant to, have a financial stake in, or otherwise be a representative of a health care entity while on the HPC Board.

Dr. Stuart Altman was appointed the first chair of the HPC by Governor Deval Patrick in November 2012 for an initial three-year term, and was subsequently reappointed by Governor Charlie Baker in January 2016 to a five-year term. Dr. Altman stepped down from the Board effective July 13, 2022, after 10 years of service. Deborah Devaux was thereafter appointed as chair of the HPC by Governor Charlie Baker in July 2022 to a five-year term.

Martin Cohen (appointed to the Board in 2015 and reappointed in 2018 and 2023) was voted Vice Chair in September 2019, and has served in that role since then.

BOARD COMMITTEES

In order to facilitate the comprehensive work of the HPC and to allow Board members the opportunity to fully engage in specific topic areas, the HPC's Board is divided into two policy committees and a standing committee to oversee the agency's administration and finances. These committees are organized around specific functions of the HPC and have both monitoring and operational responsibilities.

MARKET OVERSIGHT AND TRANSPARENCY

The Market Oversight and Transparency (MOAT) Committee is focused on strengthening market functioning and increasing system transparency. MOAT furthers the HPC's statutory commitment to deliver a more value-based health care market and examine market trends and factors to support evidence-based strategies to increase the efficiency of the state's health care system. MOAT's focus areas include evaluation of provider market changes; monitoring of the health care cost growth benchmark; oversight of the performance improvement plans (PIPs) process, drug pricing review process, and registration of provider organizations (RPO) program; administration of the Office of Patient Protection (OPP); and support of the HPC's research and analytic activities.

CARE DELIVERY TRANSFORMATION

The Care Delivery Transformation (CDT) Committee aims to promote an efficient, high-quality health care system with aligned incentives in Massachusetts. CDT advances the HPC's mission to develop strategies to promote care delivery and payment system transformation and supports the administration and evaluation of the HPC's strategic investment programs. CDT's focus areas include oversight of the HPC's certification and investment programs; learning and dissemination activities; program evaluation; expansion of alternative payment methods (APMs); quality measurement alignment and improvement; and support of related research.

ADMINISTRATION AND FINANCE

The Administration and Finance (ANF) Committee's responsibilities include review of the HPC's annual operating budget and financial controls; financial status and financial reports; oversight of independent audits; and evaluation of the Executive Director's performance and compensation.

ADVISORY COUNCIL

In 2013, the Executive Director of the HPC convened the agency's first Advisory Council consisting of a diverse set of health care leaders. The goal of the Advisory Council is to enhance the HPC's robust policy discussions by allowing for varied and representative perspectives on the issues facing the Massachusetts health care market. The Advisory Council serves as an opportunity for open dialogue and engagement among a diverse group of health care industry stakeholders and policymakers and, in turn, helps inform the work of the HPC. Membership is assessed every two years. The current term runs from January 1, 2023 to December 31, 2024.

The Advisory Council supports the agency's work by:

- Providing input on the HPC's operations and policy initiatives;
- Contributing feedback on proposed investment priorities;
- Facilitating connections between HPC staff, HPC commissioners, and health care industry participants and stakeholders; and
- Serving as a network for communicating the HPC's work to the larger community.

POLICY PROGRAMS

The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth. The agency works to attain this goal through various programs and research authorized by Chapter 224, such as:

1. **Research and publication** of annual reports and hearings on health care cost trends;
2. **Market monitoring** through provider notices of material change, cost and market impact reviews, and assessment of the value of pharmaceutical drug costs;
3. Analysis of structure of the care delivery system through the **certification** of accountable care organizations and the **registration** of provider organizations;
4. Investment in more efficient and equitable care through **innovative investment programs**; and
5. Safeguarding the rights of health care consumers by **regulating health insurance appeals processes** and administering reviews for health insurance and accountable care organization consumers.

Through these and other policy initiatives, the HPC strives to promote the development of a high-value and equitable health care system in the Commonwealth.

RESEARCH AND COST TRENDS

The HPC publishes a variety of comprehensive reports and policy briefs to build an evidence base, support policy development, and provide the Commonwealth with independent, data-driven information on pressing health policy issues. A full list of publications at time of issuance can be found in the appendix.

HEALTH CARE COST GROWTH BENCHMARK

Chapter 224 requires the HPC to set health care cost growth goals.

The HPC establishes the state's health care cost growth benchmark, an annual statewide target for the rate of growth of total health care expenditures. The benchmark seeks to keep health care cost growth in line with the state's overall economy. For 2013-2017, the health care cost growth benchmark was set at 3.6 percent. For 2018- 2022, the HPC set the benchmark at 3.1 percent. For 2023 – 2024, the HPC set the benchmark at 3.6 percent.

Annually, the Center for Health Information and Analysis (CHIA) releases a report on the Commonwealth's performance against the benchmark. Following the issuance of this report, the HPC conducts research assessing the factors contributing to the Commonwealth's performance and completes in-depth analyses of areas of particular concern.

HEALTH CARE COST TRENDS HEARING

Chapter 224 requires the HPC to hold an annual public hearing process to create dialogue and accountability towards the health care cost containment goals.

The annual health care cost trends hearing is a public examination of the drivers of health care costs and an opportunity to engage with experts and witnesses to identify challenges and opportunities within the Commonwealth's health care system. The HPC conducts the hearing in coordination with the Office of the Attorney General (AGO) and CHIA.

The hearing features public testimony from top health care executives, industry leaders, and government officials on the state of the health care delivery and payment system, factors that contribute to cost growth, and strategies to contain costs while improving patient care. The HPC and the AGO also request written pre-filed testimony from health care organizations across the Commonwealth. Testimony from the hearing informs various research and policy workstreams.

ANNUAL HEALTH CARE COST TRENDS REPORT

Chapter 224 requires the HPC to analyze and report cost trends through data examination.

Consistent with the statutory mandate of the HPC, the annual health care cost trends report presents an overview of health care spending and delivery in Massachusetts, opportunities to improve quality and efficiency, progress in key areas, and recommendations for strategies to increase quality and efficiency in the Commonwealth.

The annual cost trends report provides recommendations to the Legislature, market participants, and state agencies to fulfill the goals of Chapter 224. The report also expresses the HPC's commitments to action in service of those goals.

Past annual reports have identified specific opportunities in the areas of (1) strengthening market function and transparency and (2) promoting an efficient, high-quality health care delivery system. The **2023 Cost Trends Report** (the most recent report) revisits the topic of excess spending from its first report in 2013, expanding the scope and updating research to quantify major categories of excess spending in the current health care market. With this and other analyses in this report, the HPC highlights opportunities to slow spending growth while maintaining, or even improving quality. A complementary set of policy recommendations offers a path for reducing health care cost growth, advancing health equity, and promoting affordability for businesses (particularly small businesses) and households in Massachusetts.

A formal policy recommendation on automation of prior authorization across payers and providers was also included in the 2023 Cost Trends Report. Beginning in 2021, the HPC partnered with the Network for Health Innovation (NEHI) to examine prior authorization complexity and potential policy options that could address the complexity that providers and patients experience navigating these requirements. Using a combination of state, national, and academic research as well as the formation of a stakeholder Steering Committee, the HPC and NEHI focused on understanding payer, provider, patient, and government perceptions of prior authorization policies to seek common ground on a range of policy options. The HPC and NEHI continued this work by focusing on automation as a tool to address prior authorization complexity.

ONGOING RESEARCH AGENDA

The HPC complements its annual cost trends report by publishing a number of policy and research chartpacks and briefs on key topics. Like the cost trends report, these publications employ rigorous methods to examine relevant and

actionable issues, and typically offer an in-depth study of one issue. For example, in March 2023, the HPC published a chartpack on Emergency Ground Ambulance Utilization and Payment Rates in Massachusetts, which aims to build upon prior research to develop a more comprehensive understanding of the emergency ground ambulance landscape by examining rates for transports by
the type of ambulance service that responded, regardless of out-of-network status.

The HPC is also compelled to conduct research through legislative mandate.in February 2022, the HPC published Children with Medical Complexity in the Commonwealth to help understand the population of children with medical complexity and their health care landscape in the Commonwealth, as mandated by Chapter 124 of the Acts of 2019. In January 2023, the HPC published Telehealth Use in the Commonwealth and Policy Recommendations, examining topics such as reimbursement levels and ways to expand access to telehealth in the Commonwealth, as mandated by Chapter 260 of the Acts of 2020. In March 2023, the HPC released the Health Care Workforce Trends and Challenges in the Era of COVID-19 Chartpack, as mandated by both Chapter 260 of the Acts of 2020 and Chapter 102 of the Acts of 2021, which charged the HPC with completing a report on the state of the health care workforce, including an examination of workforce shortages and investments in the health care workforce as well as workforce development initiatives.

As part of the HPC's ongoing research agenda, HPC staff presented at the 2023 Academy Health Annual Research Meeting on the following topics:

- Assessment of a Price Index for Hospital Outpatient Department Services Using Commercial Claims Data
- Changes to Psychotherapy Use in 2020 in Massachusetts
- Persistent Cost-sharing for Contraception in Massachusetts, 2017-2020
- Quantifying a Crisis With Multiple Data Sources: RN Staffing Challenges in Massachusetts Are More About Retention Than Supply
- Relation of Common Laboratory Service Prices to Setting of Care
- Risky Business: Comparative Modeling of Commercial-Population Risk Adjustment Equations
- State-Level Variation in Rates of Hospital Admission Following a Visit to the Emergency Department
- Telehealth's Impact on Total Health Care Spending: Insights From 2020 Massachusetts Commercial Claims Data

In 2017, the HPC launched HPC DataPoints, a series of online briefs to spotlight new research and data findings relevant to the HPC's mission to drive down the cost of health care. This publication series showcases brief overviews and interactive online graphics on relevant health policy topics. In 2022-2023, the HPC published DataPoints issues on the following topics:

- The Quality Measure Alignment Taskforce's Evaluation of Payer Adherence to the Massachusetts Aligned Measure Set
- Growth in Out-of-pocket Spending for Pregnancy, Delivery, and Postpartum Care in Massachusetts
- Update on Trends in Urgent Care Centers and Retail Clinics (Part One and Two)
- Persistent Cost-sharing for Contraception in Massachusetts, 2017-2020
- Shifts in Where People Get Flu Vaccines in Massachusetts

In 2021, the HPC launched HPC Shorts, a video series featuring select data and findings on timely health policy topics. Each episode is developed and produced in-house by HPC staff, telling a story to spotlight a specific policy area using the HPC's cutting-edge research and analysis. As of 2023, the HPC has published HPC Shorts on the following topics:

- COVID-19's Impact on Emergency Department Visits
- Certified Nurse Midwives and Maternity Care in Massachusetts (published with an accompanying chartpack)
- Out-of-Pocket Spending for Birth Care (published with an accompanying DataPoints)
- Health Care Workforce Trends and Challenges in the Era of COVID-19 (published with an accompanying chartpack)

THE ALL-PAYER CLAIMS DATABASE

The Massachusetts All Payer Claims Database (APCD) is the most comprehensive source of health claims data from public and private payers in Massachusetts. Representing health claims information for many Massachusetts residents, the APCD promotes transparency and affords a deep understanding of the Massachusetts health care system. It is used by the HPC and health care providers, health plans, researchers, and others to address a wide variety of issues, including price variation, population health, and quality measurement.

Chapter 224 directs the HPC to use data collected by CHIA in preparing the annual cost trends report. Past reports have featured person- and provider-level analyses based on commercial claims from the APCD. In addition, the HPC has employed the APCD to analyze health care market functioning, including examining market share and assessing the cost and access impacts of proposed transactions. The research

staff represent the HPC within the broader research and analytic community and carry out special research projects as determined by the Executive Director and the Board, including an ongoing effort to advance and improve the HPC's use of the state's APCD.

MARKET OVERSIGHT AND TRANSPARENCY

Given the central importance of a well-functioning health care market to sustainable cost containment, a major aim of Chapter 224 and a core policy priority for the HPC is supporting transparency and accountability among health care providers and payers.

MATERIAL CHANGE NOTICES

Chapter 224 requires the HPC to monitor changes within the health care marketplace.

Provider changes, including consolidations and alignments, have been shown to impact health care market functioning, and thus the performance of the Commonwealth's health care system in delivering high-quality, cost-effective care. As such, providers and provider organizations must submit a material change notice (MCN) to the HPC not fewer than 60 days before the proposed effective date of any transaction that qualifies as a material change.

Based on criteria articulated in statute and informed by the facts of each proposed transaction, the HPC analyzes the likely impact of the transaction. The HPC's work includes a review of the parties' stated goals for the transaction and an assessment of whether, how, and when the transaction would impact costs, quality, and access to care in Massachusetts, based on publicly available data and information provided by the parties.

More information on MCNs may be found on the HPC's website.

COST AND MARKET IMPACT REVIEWS

Chapter 224 requires the HPC to review the impact of proposed changes within the health care marketplace.

The HPC may engage in a more comprehensive review of particular material changes anticipated to have a significant impact on health care costs or market functioning. The result of a cost and market impact review (CMIR) is a public report detailing the HPC's findings. In order to allow for public assessment of the findings, the transactions may not be finalized until 30 days after the HPC issues its final report. Where appropriate, such reports may identify areas for further review or monitoring or be referred to other state agencies in support of their work on behalf of health care consumers.

Through the CMIR process, the HPC can seek to improve understanding of market developments affecting short- and long-term health care spending, quality, and consumer access. CMIRs enable the HPC to identify particular factors for market participants to consider in proposing and responding to potential future organizational changes. Through this process, the HPC seeks to encourage providers and payers alike to prospectively evaluate and minimize negative impacts and enhance positive outcomes of proposed transactions.

The HPC has released several CMIR reports, the most recent being the review of the Beth Israel Lahey Health system in 2017-2018. All reports are available on the HPC's website.

MASSACHUSETTS REGISTRATION OF PROVIDER ORGANIZATIONS

Chapter 224 requires the HPC and CHIA to enhance the transparency of provider organizations.

Provider organizations that meet certain thresholds are required to register biennially with the HPC and to submit a related annual filing to CHIA. To streamline these dual reporting requirements, the HPC and CHIA have created a single program – the Massachusetts Registration of Provider Organizations (MA-RPO) program – that incorporates the required data elements from both the HPC and CHIA statutes. Under the MA-RPO program, a provider organization submits an annual filing to the Commonwealth that satisfies its obligations under both M.G.L. c. 6D, § 11 and M.G.L. c. 12C, § 9.

With the launch of the MA-RPO program, Massachusetts became the first state with transparent, publicly available information about the corporate, contracting, and clinical relationships of its largest health systems. This public resource contributes to a foundation of information necessary for government, researchers, and market participants to evaluate and improve the Commonwealth's health care system.

The HPC uses these data to enhance its work in multiple policy areas, including reviewing notices of material change, setting standards for certifying accountable care organizations, and analyzing cost trends and the Commonwealth's progress in meeting the health care cost growth benchmark.

In 2022, the MA-RPO program worked with 46 provider affiliates on the submission of their filings. Cleaned, final data can be found on the HPC's website.

PERFORMANCE IMPROVEMENT PLANS (PIPS)

Chapter 224 enables the HPC to reduce health care cost growth by requiring certain health care organizations to file and implement a performance improvement plan.

The HPC's enabling legislation, Chapter 224, outlines a process for the state to require certain health care payers and providers to enter into Performance Improvement Plans (PIPs) to improve efficiency and reduce cost growth. Each year, CHIA identifies payers and/or providers whose cost growth is excessive and who threaten the state's health care cost growth benchmark, and the HPC must provide notice to those identified entities. The annual process is explained in more detail on the HPC's website.

Since 2016, the HPC has conducted an annual, robust review of the spending performance of CHIA-referred payers and providers to determine if a PIP is warranted. On January 25, 2022, the HPC voted to require Mass General Brigham (MGB) to implement the first PIP required under this process. MGB's PIP included 10 strategies designed to save $176M over the 18-month implementation period (October 1, 2022 through March 31, 2024). The HPC and MGB will independently assess the effectiveness of the PIP in CY 2024.

The HPC completed the 2022 and 2023 PIPs Review Cycles, regarding 2019-2020 and 2020-2021 spending respectively, without requiring a PIP.

As described in the HPC regulations governing the PIPs process, if required to file, the payer or provider must develop a PIP and propose it to the HPC for approval. The PIP must identify the causes of the entity's cost growth and include specific strategies the entity will implement to improve cost performance. Implementation of a PIP will involve reporting, monitoring, and assistance from the HPC.

DRUG PRICING REVIEW

Chapter 41 of the Acts of 2019 gave new authority to the HPC to support the Executive Office of Health and Human Services in investigating pharmaceutical drug pricing.

The state budget for Fiscal Year 2020 gave authority to the Executive Office of Health and Human Services (EOHHS), and specifically to the MassHealth program, to negotiate directly with pharmaceutical drug manufacturers for supplemental rebates, and to the HPC to investigate the manufacturer's pricing of the drug if an agreement cannot be reached.

Upon a referral from MassHealth, the law authorizes the HPC to collect information related to the referred manufacturer's pricing of certain high-cost drugs, using a standard reporting form that the HPC developed with input from manufacturers. The Standard Reporting Form may be updated over time, with advance notice to and input from manufacturers and other stakeholders Based on the submissions from manufacturers and other information from MassHealth, the HPC may identify a proposed value for the drug and ultimately determine whether the manufacturer's pricing of the drug is unreasonable or excessive in relation to the HPC's proposed value for the drug. In consultation with MassHealth, the HPC may also propose a supplemental rebate for the drug.

The HPC developed a regulation to implement this statutory authority to collect and review information relative to a pharmaceutical drug manufacturer's pricing of certain high-cost drugs referred by MassHealth and to determine whether the pricing of such drugs is unreasonable or excessive in relation to the HPC's proposed value for the drug.

COVID-19 DATA SUPPORT

During the COVID-19 pandemic, the HPC supported the response of the state through its COVID-19 Command Center (CCC) via various critical workstreams, ranging from project management to data analysis to strategic communications support.

The HPC assisted in the development and drafting of several EOHHS guidance documents, including the Reopening Guidance for Acute Care Hospitals and Non-Hospital Providers (Phases 1-4), the Regional Resurgence Planning Guidance, and the Reopening Guidance for Child Care Centers. HPC also assisted with the drafting of the DOI Bulletin 2020-13 regarding coverage for COVID-19 services and out of network emergency and inpatient reimbursement.

From 2020 to 2023, the HPC supported the CCC through an Interagency Service Agreement with the Massachusetts Department of Public Health (DPH), which facilitated the HPC's use of hospital data to support the CCC's daily monitoring work. A team of eight HPC staff the processing, quality control, outreach, and analysis of the daily data provided to DPH in WebEOC, an emergency management software, by acute-care hospitals and other healthcare facilities.

HPC staff participated in internal and external CCC meetings, providing summaries of key trends in the hospital data, any reporting concerns, and input on EOHHS guidance development. Staff also responded to time-sensitive requests for data analysis and strategic communication support from the CCC.

Staff worked to process, quality check, and analyze the daily hospital data reported in WebEOC, producing daily reports for the public DPH COVID-19 dashboard and the administration, as well as numerous other regular reports to support the state's resurgence planning efforts and hospitals' discharge planning, and oversaw periodic audits of data provided by the hospitals, including surge status and staffed beds.

HEALTH CARE TRANSFORMATION AND INNOVATION

To promote the delivery of effective, efficient, equitable care and innovative care delivery models, the HPC engages health care provider organizations and other stakeholders in investment and certification programs, disseminates lessons learned, and partners with other organizations working toward shared goals.

INNOVATION INVESTMENT PROGRAMS

Chapter 224 requires the HPC to invest in community hospitals and other providers to support the transition to new payment methods and care delivery models. It also requires the HPC to foster innovation in health care payment and delivery through competitive investment opportunities. While many of the HPC's investments are focused on provider organizations, they emphasize the importance of community partnerships to ensure that the HPC's programs are best serving residents of the Commonwealth.

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

The Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) investment program 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. Pursuant to Section 88 of Chapter 41 of the Acts of 2019, the HPC made $500,000 available to birthing hospitals and birth centers through the BESIDE program. To address existing racial inequities in maternal health outcomes, the HPC chose to focus on the evidenced-based model of community-supported birth, specifically through the provision of doula services for Black birthing people. The funds have been directed to two birthing hospitals, Baystate Medical Center and Boston Medical Center. Baystate Medical Center built a new doula program for Black birthing people by contracting with Springfield Family Doulas, and Boston Medical Center built on their existing Birth Sisters doula program by expanding access to services for Black birthing people. The BESIDE investment program will formally conclude by summer 2024.

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

The Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) investment program provides funds to birthing hospitals to improve quality, efficiency, and access to care for substance exposed newborns and their birthing parents. Pursuant to Chapter 208 of the Acts of 2018, the HPC made $1.46 million available to Massachusetts hospitals to support their proposed C4SEN programs. The funds were awarded to five hospitals: Baystate Franklin Medical Center, Berkshire Medical Center, Mercy Medical Center, Southcoast Health, and South Shore Hospital. The programs aim to provide culturally competent care that is free of stigma and bias in recognition of the social marginalization of those with substance use disorders and inequities that have been cultivated by stigma and other structural forces, including structural racism. C4SEN's 21-month implementation period concludes in late 2023. Mercy Medical Center had a shortened implementation period, and the total amount expended by the HPC was less than the award amount.

MassUP Investment Program

The Moving Massachusetts Upstream (MassUP) initiative is a partnership across Massachusetts state agencies including the HPC, DPH, MassHealth, the AGO, the Executive Office of Elder Affairs, and the Executive Office of Health and Human Services. Representatives from those state agencies supported the design of the MassUP investment program, administered by the HPC, with funding, technical assistance, and evaluation resources provided by DPH.

The MassUP investment program supports partnerships between health care provider organizations and community organizations (e.g., community-based organizations, municipalities, schools) working together to address upstream social, environmental, and/or economic challenges. The core aim of the program is to enable sustainable improvements in community health and health equity by building upon existing efforts to implement programs that address the social determinants of health (SDOH) and root causes of health inequity.

In June 2020, the HPC Board authorized more than $2.5 million in combined HPC and DPH funding to four partnership awardees focused in two key SDOH areas: (1) economic stability and mobility and (2) food systems and security. Funding totaled $550,000 - $650,000 per award, disbursed over three years. The MassUP investment program's 30-month implementation period concludes in August 2023. More information on the awardee initiatives, programs, and community-based partners can be found on the HPC's website.

SHIFT-Care Challenge

The SHIFT-Care Challenge investment program allocated nearly $10 million from the HPC's trust funds to foster innovations that promote community-based, collaborative approaches to care delivery and drive reductions in avoidable acute care utilization. In July 2018, the HPC's Board

authorized nearly $10 million in funding to 15 awardees. Five provider organizations, all of which were HPC-certified ACOs or part of HPC-certified ACOs, sought to reduce avoidable acute care utilization by focusing on addressing patients' unmet health-related social needs in partnership with community-based providers. Ten provider organizations implemented initiatives to provide access to timely behavioral health care, with the majority of those initiatives aimed at providing pharmacologic treatment and connections to ongoing community-based support for patients with opioid use disorder (OUD).

The SHIFT-Care Challenge awards launched between February and June 2019. Further details on SHIFT-Care can be found on the HPC's website. Profiles on each awardee, released in June 2020, can be found on the HPC's website. Several SHIFT-Care awardees were also the subject of additions to the HPC's Health Care Innovation Spotlight Series. An evaluation of the OUD track of the SHIFT-Care Challenge was released in June 2022.

Health Care Innovation Investment Program (HCII)
Authorized by Chapter 224 and supported with the HPC's trust funds and specific legislative authorizations, the Health Care Innovation Investment (HCII) program was an $11.3 million grant program to drive innovation in health care delivery and payment in Massachusetts. HCII encompassed three investment tracks with awards ranging from $250,000 to $1,000,000: the Targeted Cost Challenge Investments (TCCI), the Telemedicine Pilot Initiatives, and the Mother-and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions.

Ten TCCI awards were granted to provider organizations to support innovative delivery and payment models that could be scaled to make a meaningful impact on the health care cost growth benchmark. Beginning in summer 2017, awardees launched 18-month programs targeting one of eight "challenge areas" that were identified by the HPC as health care cost drivers. An impact brief on TCCI's role in supporting innovative delivery models for complex patient needs was published in April 2021. The final evaluation report for the program was published in November 2021.

Four Telemedicine Pilot Initiative awards were granted to provider organizations to enact initiatives that implemented telemedicine-based services. Beginning in May 2017, awardees launched 12-month programs to enhance access to behavioral health care for one of three identified populations in Massachusetts with unmet behavioral health needs: individuals with substance use disorder; children and adolescents; or older adults aging in place. An impact brief on the Telemedicine Pilot Initiative's role in connecting patients and providers across the Commonwealth was published in September 2020. The Telemedicine Pilot Investment Program Evaluation Report was published in November 2020.

Six Neonatal Abstinence Syndrome (NAS) awards were granted to birthing hospitals in Massachusetts to contribute to the Commonwealth's nation-leading efforts to address the opioid epidemic by supporting enhanced care and treatment for birthing people and infants impacted by opioid use. Beginning in March 2017, awardees launched 12- to 24-month programs designed to improve care for infants with NAS and for birthing people in treatment for opioid use disorder during and after pregnancy. An impact brief on the NAS investment program's role in caring for families impacted by opioid-use disorder was published in April 2021. In May 2021, the HPC released an evaluation report on the program as well as a video spotlighting the program's impact on birthing people and infants. In June 2021, a resource guide on Reducing Stigma Toward Families Impacted by Opioid Use Disorder was published to support providers who care for pregnant and postpartum people with opioid use disorder and their families.

A summary of each HCII award can be found on the HPC's website.

CHART Investment Program
The HPC launched the Community Hospital Acceleration, Revitalization, and Transformation (CHART) investment program in 2014. The goal was to establish the foundation for sustainable care delivery transformation through innovative investments in the Commonwealth's community hospitals. The program was funded through an assessment on large health systems and commercial insurers, established in Chapter 224 of the Acts of 2012.

In total, the CHART program invested approximately $70 million into 30 community hospitals through two phases of funding to enhance the delivery of efficient, effective care. CHART hospitals shared common characteristics: non-profit, non-teaching hospitals with lower relative prices than other hospitals in the Commonwealth. Combined with hospital in-kind contributions, the total program investment exceeded $85 million. The funds enabled the hospitals to assess local needs, modify services, and expand relationships with medical, social, and behavioral health community organizations – transformations that were critical to helping community hospitals transition into the new era of value-based care.

For CHART Phase 1, approximately $9.2 million was distributed to 28 community hospitals to support foundational investments in system transformation that primed the hospitals for success in a value-based payment environment.

For CHART Phase 2, approximately $60 million was distributed to 24 community hospitals to implement innovative new care models that required significant transformation in care delivery. Funded hospitals engaged in projects to reduce acute care utilization as measured by admissions, readmissions, emergency department revisits, or emergency department length of stay.

In 2019, the final payments to CHART hospital programs were disbursed and the HPC published a CHART impact brief as well as awardee profiles. Once the formal program evaluation process was completed in 2020, the HPC released two publications to reflect the totality of the program: the CHART Evaluation Report and the CHART Playbook, a resource for providers interested in insights from CHART awardees.

HEALTH CARE TRANSFORMATION

Chapter 224 requires the HPC to develop and implement standards of certification for Accountable Care Organizations (ACOs) and patient-centered medical homes (PCMHs). The HPC also undertakes complementary activities to advance high-quality, equitable, accountable care delivery.

Accountable Care Organizations

The HPC is charged with developing and implementing standards of certification for accountable care organizations (ACOs) in the Commonwealth. ACOs are groups of physicians, hospitals, and other health care providers who work together to provide patient-centered, coordinated care to a defined group of patients, with the goal of improving quality and reducing health care spending growth.

The ACO Certification program defines core competencies that are relevant to any ACO patient population in a framework applicable to a range of provider organizations, from those with substantial experience in value-based care delivery to those newly transitioning to accountable care.

Since its inception in 2017, the ACO Certification program has served to provide all-payer standards for ACO care delivery and transparent information for the public on ACO structures and operations. As of 2023, the HPC has certified 17 ACOs that collectively represent more than three million attributed commercial, Medicare, and MassHealth patients in the Commonwealth. Certification is effective for a term of two years.

The HPC updated its ACO Certification standards for certifications effective in 2022. This first significant update to the certification standards since the ACO Certification program's inception is known as ACO LEAP, reflecting its emphasis on learning, equity, and patient-centeredness. The HPC solicited public comment and engaged stakeholders in late 2020 on the standards and received feedback from a variety of respondents. The updated standards were approved by the HPC Board at its January 13, 2021 meeting.

The ACO LEAP standards are designed to allow for a variety of ACO approaches to meeting core principles consistent with the "Learning Health System" framework developed by the National Academy of Medicine (formerly the Institute of Medicine). This approach is intended to focus on the ACO model as a catalyst for learning and improvement, recognizing ACO structures, processes, and approaches conducive to learning and improvement over time.

Minor updates were made to the LEAP criteria in spring 2023 in anticipation of the first re-certifications under LEAP. The current LEAP 2024-25 standards continue to emphasize organizational capacity for adaptation, learning, and innovation, while providing a framework for advancing health equity-focused efforts. The current LEAP standards supplement the core certification criteria with a process to understand ongoing ACO progress and commitments to improving health equity via three broad categories of activity: making organization-wide strategic commitments to improve health equity, harnessing data to identify and address health inequities, and engaging patients in the design of interventions to close those inequities.

The 2024-2025 Application Requirements and Platform User Guide (PUG) were released in May 2023, with applications accepted until October 2, 2023.

Patient-Centered Medical Homes

The HPC certifies primary care patient-centered medical home (PCMH) practices that have demonstrated specific behavioral health integration capabilities through the HPC PCMH certification program. As of 2019, the HPC has adopted the National Committee for Quality Assurance's (NCQA) Distinction in Behavioral Health Integration as the standard for certifying Massachusetts primary care practices as patient centered medical homes. Any Massachusetts practice that achieves NCQA's Distinction in Behavioral Health Integration may also be granted HPC PCMH Certification. Certified practices are listed on the HPC website. Prior to 2019, the HPC certified nearly 100 Massachusetts primary care practices under an earlier version of the program, known as PCMH PRIME.

Quality Measure Alignment
In the spring of 2017, the HPC joined other state agencies and stakeholders in an initiative aimed at aligning quality measurement, specifically for global budget risk-based contracts. The HPC conducted research to document the extensive variability in the use of quality measures in contracts between providers and payers.

Building on this work, in 2018, the HPC assisted the Executive Office of Health and Human Services in leading a Taskforce to help define an aligned measure set for use in risk contracts. Through a collaborative process, the taskforce endorsed an aligned set of quality measures and recommended that payers and providers voluntarily adopt the Massachusetts Aligned Measure Set and incorporate the measures into contracts with ACOs. The composition of the Aligned Measure Set changes slightly from year to year as measures are added or retired. The 2023 Aligned Measure Set consists of six Core Set measures and 22 Menu Set measures. In January 2023, the Taskforce commenced its annual review of the Aligned Measure Set for contracts beginning in 2024.

In 2022, the Taskforce endorsed a set of Health Equity Data Standards recommended by advisory groups to the Taskforce. These data standards support an aligned approach to standardized data collection for race, ethnicity, language, disability status, sexual orientation, gender identity and sex for use by all payers and providers in the Commonwealth. The Taskforce also adopted goals in 2023 to advance health equity through recommendations for equity-focused measures for the Aligned Measure Set, promotion of large-scale commitment to and adoption of the recommended health equity data standards, and voluntary ACO reporting of the Taskforce's *Race, Ethnicity, and Language Stratification* measure. Additional areas of exploration for the Taskforce in 2023 included opportunities for increasing fidelity to the Aligned Measure Set, use of electronic clinical quality measures, and public transparency on ACO performance.

Digital Health Partnerships
In 2018, the HPC began a collaboration aimed at harnessing innovations in digital health to support the agency's goals of improving access to and quality of care. The HPC established a partnership with MassChallenge HealthTech (MCHT) to promote community-based provider access to digital health solutions, and to identify and support digital health startups that address areas of high priority, such as promoting timely access to behavioral health care, addressing social determinants of health, maternal health outcomes, and reducing avoidable emergency department use. In 2021, the HPC served as a dedicated advisor for three digital health startups: Hued, Wolomi, and SoShe. The HPC also featured SoShe and Wolomi in a June 2021 webinar focused on leveraging digital health solutions to address maternal health outcomes.

In 2020, the HPC collaborated with the Massachusetts eHealth Institute (MeHI) at the Massachusetts Technology Collaborative to design the Right Care 4 You grant program awards funding to digital health companies that partner with Massachusetts employers on initiatives that will reduce health care costs. In 2021, MeHI announced two awards totaling $189,360 for two digital health companies to support pilot projects with Massachusetts employers. The two competitive grants were awarded to Fitbit and Vincere Health. Fitbit conducted a randomized controlled trial with UMass Memorial Health Care employees, aimed to help prevent and manage cardiometabolic diseases and Vincere Health conducted a pilot of their smartphone-connected smoking cessation solution with Boston Medical Center employees. The pilot projects concluded in early 2022.

State Opioid Response Partnership
Working in collaboration with the Massachusetts Department of Public Health's Bureau of Substance Addiction Services, the HPC has managed several projects utilizing State Opioid Response (SOR) grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA). Since late 2020, the HPC has coordinated several projects led by the Perinatal Neonatal Quality Improvement Network of Massachusetts (PNQIN). These projects include surveying Massachusetts providers about clinical practices around the care of birthing people and infants impacted by perinatal opioid use; elevating the voices and experiences of pregnant and parenting people of color with lived experience of perinatal opioid use disorder; driving forward relevant quality improvement projects at birthing hospitals; and guiding engagement with families impacted by perinatal opioid use.

LEARNING AND DISSEMINATION

Through its Learning and Dissemination (L+D) function, the HPC gathers insights and lessons learned from ACO Certification and its investment programs to share with a broad audience of providers, policymakers, state agencies, and other interested parties.

L+D materials and events leverage information submitted to the HPC by awardees of investment programs and applicants of certification programs to identify insights to inform policy briefs, webinars, videos, awardee spotlights, and infographics, with the goal of advancing best practices and innovation for care delivery transformation.

In June 2022, the HPC released an impact brief and video about the SHIFT-Care Challenge's awardee cohort that focused on access to opioid use disorder treatment . The impact brief focuses on findings and reflections based on the program's evaluation report while the video centers the experiences of program staff and a patient. From 2022 – 2023, the HPC released several case studies through the Health Care Innovation Spotlight Series featuring awardees addressing in-home asthma triggers, offering telemedicine for pediatric behavioral health, and reducing stigma in ED-based opioid use disorder care.

The HPC regularly shares insights from the L+D initiative through the Transforming Care newsletter, which spotlights awardee care models, patient stories, HPC presentations, and newly released HPC resources.

HEALTH EQUITY

The HPC's mission is to advance a more transparent, accountable, and **equitable** health care system through its independent policy leadership and innovative investment programs. The HPC's overall goal is better health and better care – at a lower cost – **for all residents** across the Commonwealth.

IMPERATIVE FOR ACTION

*Chapter 224 requires that the HPC establish goals that are intended to **reduce health care disparities** in racial, ethnic, and disabled communities and in doing so, seek to incorporate the recommendations of the health disparities council and the office of health equity.*

Health equity is the opportunity for everyone to attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance. Health inequities in the Commonwealth have been well documented by DPH, CHIA, the AGO, the HPC, and others. In addition to their impact on health and well-being, inequities result in higher health care spending and an imbalanced distribution of resources.

In 2020, the disparate impact of COVID-19 on communities of color and ongoing injustices of police brutality across the country exposed systemic racism and deeply embedded structural inequities. Racism both influences social determinants and is an independent factor in health outcomes. Moreover, racial inequities are not unique to the health care system but are reflected in persistent health disparities and increased disease burden for communities of color. Therefore, it is pivotal to acknowledge and address the impact of systemic racism as health equity work is implemented.

THE HPC'S HEALTH EQUITY PRINCIPLES

- The HPC acknowledges the pervasiveness of health inequities – and the systemic racism that underlies them – and that **eliminating inequities is integral to achieving the HPC's mission** of better health and better care at a lower cost for all residents of the Commonwealth.
- The HPC continually educates itself about the impact of systemic racism and **promotes diversity, equity, and inclusion in the workplace** in order to more fully cultivate the culture of anti-racism within our agency.
- Advancing health equity in the Commonwealth is a **shared responsibility**. The HPC actively seeks opportunities to align, partner, and support other state agencies, the health care system, and organizations working for health equity on these goals.
- The HPC's work is **informed and guided by those with lived experience** of inequities.
- The HPC **embeds health equity concepts** in all aspects of its work and **applies all four of its core strategies** to the goal of advancing health equity in the Commonwealth: research and report, convene, partner, and market monitor.

THE HPC'S WORK TO ADVANCE HEALTH EQUITY

On July 22, 2020, the HPC presented a framework and action plan for advancing health equity and a revised mission statement that centers the goal of equity. The HPC has since fully integrated health equity principles into all of its work and ensures that a health equity lens is applied to all projects. Regular updates on the HPC's application of the framework are provided at public meetings. A compendium of every update is available on the HPC's website.

The HPC's public commitment involves the following:

- Dedicated time in public meetings, including the Annual Health Care Cost Trends Hearings, to highlight issues related to health equity and the HPC's efforts to address them
- Public updates on progress toward health equity goals in consultation with HPC's Board, Advisory Council, and staff
- Integration of the best available data on race and ethnicity (or proxy data when quality race/ethnicity data is not available) into all research and data analyses through inter-agency and stakeholder collaboration
- Ongoing collaboration with other state agencies
- Engagement of expert consultants to provide staff training and promote diversity, equity, and inclusion in order to more fully cultivate the culture of anti-racism within the agency
- Systematic review of HPC employee handbook and internal policies

The HPC takes action to advance health equity across its four core strategies: **Research and Report, Convene, Partner, and Market Monitor.** To achieve its health equity goals, the HPC employs in-house staff and external consultant expertise, flexibility through trust funds, and independent leadership through its governance structure, and is seen as a trusted voice through its history of partnership and collaboration. In addition, the Office of Patient Protection (housed within the HPC) works to effectively safeguard health care consumer protections in the Commonwealth and assists customers in many languages.

Research and Report

- The HPC leverages research publications to elevate topics that call out inequities in the health care system (e.g., DataPoints issues on oral health access and equity and persistent cost-sharing for contraception; Report on Telehealth Use in the Commonwealth; Chartpack on Health Care Workforce Trends and Challenges in the Era of COVID-19). A compendium of recent HPC publications and workstreams that have a focus on equity and disparities is available. These lists will be updated on a regular basis.
- In July 2021, the HPC released the Health Equity Practice and Style Guide, a practical resource developed by and for HPC staff. Its purpose is to promote intentional and consistent use of language and terminology across all agency work products, to encourage reflection among staff as they communicate about equity within their workstreams, and to provide resources, tools (including preferred terms), and HPC-specific use cases. The Guide is a living document, updated by a staff committee and released annually in July.

Convene

- Since 2020, the Health Care Cost Trends Hearings have prioritized discussion of the disproportionate health disparities experienced by communities of color – especially in light of the COVID-19 pandemic – and the intersecting challenges between cost containment, affordability, and equity, and the impact of price and spending trends on equity in Massachusetts.
- The HPC hosts ad hoc special events and supports other organizations and agencies with events and webinars. This includes providing strategic guidance and support to the Health Equity Compact in advance of their Healthy Equity Trends Summit event.
- The HPC convenes investment program awardees to elevate equity topics. Past convenings include a collaborative learning opportunity on health equity and MassUP equity-focused convenings.
- The HPC Advisory Council is a major source of support for the HPC's health equity work, helping to inform and enhance the HPC's policy agenda and priorities. The Advisory Council includes a diverse group of health care leaders who meet quarterly to discuss the most important health policy issues of the day. The HPC has prioritized broadening and diversifying the membership of this body over the last 10 years, to encompass more perspectives and lived experiences with the health care system.

Partner

- The Cost-Effective, Coordinated Care for Substance Exposed Newborns and their Caregivers (C4SEN) investment program is a quality improvement to expand access to evidence-based, appropriate addiction treatment. C4SEN seeks to support programs that emphasize cultural relevance, acknowledge the effects of structural racism, and take accountability for improving outcomes for marginalized populations.
- Through the interagency "Moving Massachusetts Upstream" (MassUP) initiative" the HPC administers an investment program that provides funding and technical assistance to partnerships between health care providers and community-based organizations who work together to address the upstream (i.e., social, economic, and environmental) causes of poor health outcomes and health inequities.
- The HPC administers the Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) investment program, which intends to address inequities in maternal health outcomes and improve the care and patient experience of Black birthing people by increasing access to and the use of doula services. To provide input into the program's evaluation design, the HPC has convened a Patient Experience Committee comprising Black doulas and Black birthing people and also collects detailed patient demographic data from BESIDE awardees.
- In its latest round of Accountable Care Organization (ACO) Certification, the HPC integrated explicit health equity standards in its payer-agnostic process for certifying ACOs in the Commonwealth.
- The HPC has partnered with MassChallenge HealthTech to host an event series focused on topics related to health equity and innovation.
- The HPC engaged in a partnership with the Department of Public Health to administer funding from the State's Opioid Response in support of projects aimed at addressing inequities in access to medications for opioid use disorder (MOUD) for birthing people with OUD.
- The HPC helps fund and provide staff support to the Executive Office of Health and Human Services' Quality Measure Alignment Taskforce. Part of this support includes developing standards for race, ethnicity, language, and disability status and sex, sexual orientation, and gender identity data collection and accountability.

Market Monitor

- In reviews of market changes, impacts on access and equity are assessed, including the baseline demographics of the patients served and provider characteristics of the transacting parties, as well as potential impacts from the proposed change.
- Part of the performance improvement plan (PIP) process, reviews of payer and provider performance relative to the health care cost growth benchmark

include recognition and assessment of an entity's baseline position in the market and historic trends, and consider whether spending increases reflect necessary investments to enhance services for historically underserved populations.

- In 2022, the HPC submitted a public comment to the Massachusetts Department of Public Health on Mass General Brigham's (MGB) Determination of Need filings for three substantial capital expenditures totaling $2.3 billion. The HPC's analysis of the proposed projects found that they were likely to negatively impact health care market functioning, including access and equity. Specifically, the HPC estimated substantial revenue loss to providers serving higher proportions of public payer, lower socioeconomic status, and BIPOC patients.

BUDGET OVERVIEW
FY2013 – FY2023

OVERVIEW OF HPC TRUST FUNDS

For state fiscal years 2013 to 2016 (FY13-FY16), the HPC and its work was solely funded by two trust funds: The Health Care Payment Reform Trust Fund (HCPRTF) and the Distressed Hospital Trust Fund (DHTF). In FY17, the HPC moved onto the state budget with operating expenses supported by a line item appropriation that is fully assessed on certain large health care providers and payers.

Chapter 224 of the Acts of 2012 dedicated $130 million in one-time revenues to be administered by the HPC through an assessment on certain health care market participants and a portion of one-time gaming license fees. These funds, allocated to the Health Care Payment Reform Trust Fund (HCPRTF) and/or the Distressed Hospital Trust Fund (DHTF), collectively supported the HPC operations, policy programs, professional services, investment programs, market monitoring, and provider engagement initiatives necessary to promote a more affordable, effective, and accountable health care system in Massachusetts.

Health Care Payment Reform Trust Fund

The Health Care Payment Reform Trust Fund (HCPRTF) was established in Chapter 194 of the Acts of 2011, An Act Establishing Expanded Gaming in the Commonwealth. The HCPRTF receives revenue from the following sources:

- Chapter 224 one-time industry assessment (~$11 million total over four years, ending in FY16)
- A portion of gaming license fees (23%) as administered by the Office of the State Comptroller ($40 million)

The main purposes of this fund are to support the establishment of the programs and operations of the HPC, foster innovation in health care payment and service delivery through a competitive grant program and provide direct technical assistance and support for the HPC's certification programs.

Since FY17, this trust fund has exclusively supported grants under the HPC's innovation investment programs and technical assistance and learning and dissemination for the HPC's certification and investment programs.

Distressed Hospital Trust Fund

Chapter 224 established the ~$120 million Distressed Hospital Trust Fund (DHTF) to provide investments in the Commonwealth's community hospitals. For FY13-FY20, the balance of the DHTF was used to support the CHART Investment Program and other community hospital investments.

In addition to direct funding to community hospitals through the CHART Program, up to 10% of the DHTF is authorized by Chapter 224 for administrative costs related to the CHART Program, including program development, program operations, and financial controls.

In 2017, the Executive Branch diverted $25 million in funds from this trust fund to the Commonwealth's General Fund to help balance the state's budget.

FY23 BOARD APPROVED BUDGET

The total operating budget, including assessments for fringe benefits and for use of the state's accounting system, but not including direct provider investments, for fiscal year 2023 was $11,183,276. This budget supports all the programs and activities described in this report.

ANNUAL INDUSTRY ASSESSMENT

FY16 was the final year of collections for the Chapter 224 one-time assessment on certain hospitals and health plans. From FY17 onward, the HPC's operations and programs are funded by a new annual assessment on acute care hospitals, surgery centers, and health plans. The amount of the assessment is determined through the state budget process. The assessment process is similar to the current financing mechanism for CHIA.

HPC BALANCE SHEETS

For more information on the HPC's annual budget and actual spending, please see the balance sheets on pages 23 and 24, which depict the HPC's spending from each trust fund from FY13 to FY23.

MASSACHUSETTS
HEALTH POLICY COMMISSION

HEALTH CARE PAYMENT REFORM TRUST FUND

(actual spend from trust fund by FY)

	FY13*	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
SOURCES OF FUNDS											
BEGINNING BALANCE											
	$ -	$ 2,280,191	$ 2,959,749	$ 15,149,622	$ 14,611,263	$ 14,310,202	$ 10,075,757	$ 7,486,566	$ 5,828,631	$ 4,071,630	$ 2,606,331
REVENUE											
Ch. 224 Industry Assessment	$ 2,280,191	$ 3,851,548	$ 2,528,290	$ 2,452,396	$ 155,215	$ -	$ -	$ -	$ -	$ -	$ -
Casino Gaming Licenses	$ -	$ 1,725,000	$ 38,525,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MassHealth Federal Matching	$ -	$ -	$ -	$ 6,153,885	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Penalty Assessment	$ -	$ -	$ -	$ -	$ 41,753	$ 76,081	$ -	$ -	$ -	$ -	$ -
Net OPP Collections	$ -	$ -	$ -	$ -	$ 1,775	$ -	$ 2,388	$ 1,500	$ -	$ 1,300	$ 2,125
Private Foundation Grant	$ -	$ -	$ -	$ 268,575	$ (4,839)	$ 1,780	$ -	$ -	$ -	$ -	$ -
Exec. Director Travel Reimbursement	$ -	$ -	$ -	$ -	$ -	$ 751	$ -	$ -	$ -	$ -	$ -
HCII Grantee Refund	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,500	$ -	$ 150,000	$ -
Total Revenue	$ 2,280,191	$ 5,576,548	$ 41,053,290	$ 8,874,856	$ 193,904	$ 78,612	$ 2,388	$ 7,000	$ -	$ 151,300	$ 2,125
Total	$ 2,280,191	$ 7,856,739	$ 44,013,039	$ 24,024,478	$ 14,805,167	$ 14,388,814	$ 10,078,145	$ 7,493,566	$ 5,828,631	$ 4,222,930	$ 2,608,457
USES OF FUNDS											
EXPENDITURES											
Payroll/Benefits	$ -	$ 2,757,960	$ 3,826,455	$ 4,919,953	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rent/Utilities^	$ -	$ 149,356	$ 215,420	$ 569,538	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional Services	$ -	$ 1,682,053	$ 1,151,528	$ 2,175,683	$ -	$ -	$ -	$ -	$ -	$ 1,125	$ 1,550
Administration/IT Support^	$ -	$ 307,621	$ 721,921	$ 571,619	$ -	$ -	$ -	$ -	$ -	$ 13,680	$ -
Private Foundation Grant	$ -	$ -	$ -	$ -	$ 124,971	$ -	$ -	$ -	$ -	$ -	$ -
OPP Expenses	$ -	$ -	$ -	$ -	$ 2,362	$ 2,669	$ 3,442	$ 97,074	$ 84,018	$ 335	$ 164
Total Expenditures	$ -	$ 4,896,990	$ 5,915,323	$ 8,236,794	$ 127,333	$ 2,669	$ 3,442	$ 97,074	$ 84,018	$ 15,140	$ 1,714
STATE LEVIES											
CTR Trust Fund Assessment	$ -	$ -	$ 269,525	$ 591,895	$ 19,925	$ 20,500	$ 39,403	$ 5,931	$ 135	$ 146	$ 171
Total Levies	$ -	$ -	$ -	$ 591,895	$ 19,925	$ 20,500	$ 39,403	$ 5,931	$ 135	$ 146	$ 171
INVESTMENTS											
Health Care Innovation Investment	$ -	$ -	$ -	$ -	$ 158,870	$ 4,087,557	$ 2,158,151	$ 377,357	$ 8,318		
PCMH/ACO Technical Assistance	$ -	$ -	$ -	$ -	$ 189,018	$ 202,331	$ 390,583	$ -	$ -	$ -	$ -
SHIFT-Care Challenge	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,166,903	$ 1,419,229	$ 955,942	$ -
Moving Massachusetts Upstream (MassUP)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,670	$ 245,301	$ 645,370	$ 789,138
Total Investments	$ -	$ -	$ -	$ -	$ 347,888	$ 4,289,888	$ 2,548,734	$ 1,561,930	$ 1,672,848	$ 1,601,312	$ 789,138
TRANSFERS OUT											
State Budget Shortfall	$ -	$ -	$ 10,000,000	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MassHealth Rate Reimbursements	$ -	$ -	$ 12,307,769	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CHIA RPO	$ -	$ -	$ 313,599	$ 88,212	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CHIA Survey	$ -	$ -	$ 57,200	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Transfers Out	$ -	$ -	$ 22,678,568	$ 588,212	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ 4,896,990	$ 28,863,416	$ 9,416,900	$ 495,146	$ 4,313,057	$ 2,591,579	$ 1,664,935	$ 1,757,001	$ 1,616,599	$ 791,023
BALANCE FORWARD											
ENDING BALANCE											
	$ 2,280,191	$ 2,959,749	$ 15,149,622	$ 14,607,578	$ 14,310,021	$ 10,075,757	$ 7,486,566	$ 5,828,631	$ 4,071,630	$ 2,606,331	$ 1,817,433

* HPC received $683,098 from three General Fund sources in FY13. All expenditures in FY13 were from the General Fund. Total expenditures were $562,707 and accounted for mostly staff payroll.

^ HPC moved locations in FY15. Increases in Administrative/IT Support and Rent/Utilities reflect moving costs.

^^ Effective January 1, 2015, HPC trust funds were subject to an assessment on payroll and professional services paid to the Office of the State Comptroller.

MASSACHUSETTS
HEALTH POLICY COMMISSION

DISTRESSED HOSPITAL TRUST FUND

(actual spend from trust fund by FY)

	FY13*	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
SOURCES OF FUNDS											
BEGINNING BALANCE											
	$ -	$ 25,994,173	$ 57,906,278	$ 74,566,988	$ 82,644,534	$ 33,538,752	$ 17,033,482	$ 13,956,611	$ 10,231,155	$ 7,329,620	$ 6,011,678
REVENUE											
Ch. 224 Industry Assessment	$ 25,994,173	$ 40,410,479	$ 25,637,017	$ 26,725,035	$ 573,101	$ -	$ -	$ -	$ -	$ -	$ -
TCPI UMS Collections	$ -	$ -	$ -	$ -	$ 1,423	$ 433	$ -	$ -	$ -	$ -	$ -
Grant Return of Funds	$ -	$ -	$ -	$ -	$ -	$ 1,180	$ 127,828	$ -	$ -	$ -	$ -
Ricoh Refund	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 215	$ -	$ -	$ -
Total Revenue	**$ 25,994,173**	**$ 40,410,479**	**$ 25,637,017**	**$ 26,725,035**	**$ 574,524**	**$ 1,613**	**$ 127,828**	**$ 215**	**$ -**	**$ -**	**$ -**
Total	**$ 25,994,173**	**$ 66,404,652**	**$ 83,543,295**	**$ 101,292,023**	**$ 83,219,058**	**$ 33,540,365**	**$ 17,161,310**	**$ 13,956,826**	**$ 10,231,155**	**$ 7,329,620**	**$ 6,011,678**
USES OF FUNDS											
EXPENDITURES											
Payroll/Benefits	$ -	$ 259,789	$ 751,189	$ 1,286,354	$ 1,381,640	$ 818,583	$ 642,211	$ 300,783	$ 238,806	$ 126,870	$ 7,751
Rent/Utilities^	$ -	$ 17,603	$ 52,095	$ 100,508	$ 108,300	$ 109,552	$ 110,552	$ 90,000	$ 150,000	$ 694	$ -
Professional Services	$ -	$ 220,885	$ 1,144,789	$ 833,695	$ 481,453	$ 421,103	$ 452,204	$ -	$ -	$ 43,327	$ 11,598
Administration/IT Support^	$ -	$ 42,449	$ 193,796	$ 100,702	$ 143,485	$ 91,740	$ 65,632	$ 23,438	$ 791	$ 236	$ -
Total Expenditures	**$ -**	**$ 540,726**	**$ 2,141,870**	**$ 2,321,260**	**$ 2,114,878**	**$ 1,440,978**	**$ 1,270,599**	**$ 414,221**	**$ 389,597**	**$ 171,127**	**$ 19,349**
STATE LEVIES											
CTR Trust Fund Assessment	$ -	$ -	$ 117,988	$ 180,458	$ 206,724	$ 432,573	$ 91,189	$ 48,347	$ 54,635	$ 13,478	$ 1,528
Total Levies	**$ -**	**$ -**	**$ 117,988**	**$ 180,458**	**$ 206,724**	**$ 432,573**	**$ 91,189**	**$ 48,347**	**$ 54,635**	**$ 13,478**	**$ 1,528**
INVESTMENTS											
CHART Investments	$ -	$ 7,957,648	$ 6,716,450	$ 16,145,771	$ 23,070,574	$ 12,258,863	$ 236,746	$ 71,757	$ -	$ -	$ -
Health Care Innovation Investments	$ -	$ -	$ -	$ -	$ 117,199	$ 1,651,044	$ 999,464	$ 412,494	$ -	$ 19,466	$ -
Provider Supports	$ -	$ -	$ -	$ -	$ 495,000	$ 214,051	$ -	$ -	$ -	$ -	$ -
DPH ISA for NAS	$ -	$ -	$ -	$ -	$ 175,932	$ 509,374	$ 444,681	$ 63,154	$ -	$ -	$ -
SHIFT-Care Investments	$ -	$ -	$ -	$ -	$ -	$ -	$ 162,020	$ 2,715,698	$ 2,457,303	$ 890,208	$ -
C4SEN Investments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 223,665	$ 373,695
Total Investments	**$ -**	**$ 7,957,648**	**$ 6,716,450**	**$ 16,145,771**	**$ 23,858,705**	**$ 14,633,332**	**$ 1,842,911**	**$ 3,263,103**	**$ 2,457,303**	**$ 1,133,338**	**$ 373,695**
TRANSFERS OUT											
State Budget Shortfall	$ -	$ -	$ -	$ -	$ 23,500,000	$ -	$ -	$ -	$ -	$ -	$ -
Total Transfers Out	**$ -**	**$ -**	**$ -**	**$ -**	**$ 23,500,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total	**$ -**	**$ 8,498,374**	**$ 8,976,307**	**$ 18,647,489**	**$ 49,680,307**	**$ 16,506,883**	**$ 3,204,699**	**$ 3,725,671**	**$ 2,901,535**	**$ 1,317,942**	**$ 394,572**
BALANCE FORWARD											
ENDING BALANCE											
	$ 25,994,173	**$ 57,906,278**	**$ 74,566,988**	**$ 82,644,534**	**$ 33,538,751**	**$ 17,033,482**	**$ 13,956,611**	**$ 10,231,155**	**$ 7,329,620**	**$ 6,011,678**	**$ 5,617,106**

* HPC did not expend any funds from the DHTF in FY13. The first investment program (CHART) was formalized in FY14.

^ HPC moved locations in FY15. Increases in Administrative/IT Support and Rent/Utilities reflect moving costs.

^^ Effective January 1, 2015, HPC trust funds were subject to an assessment on payroll and professional services paid to the Office of the State Comptroller.

APPENDIX 1: PUBLICATIONS

All publications are available in a searchable format on the HPC's website.

ANNUAL HEALTH CARE COST TRENDS REPORTS

2022 Cost Trends Report, Chartpack, and Interactive Overview and Dashboard (September 2023)
2022 Cost Trends Report, Chartpack, and Interactive Overview and Dashboard (September 2022)
2021 Cost Trends Report, Chartpack, and Interactive Dashboard (September 2021)
2019 Cost Trends Report and Chartpack (February 2020)
2018 Cost Trends Report and Chartpack (February 2019)
2017 Cost Trends Report and Chartpack (March 2018)
2016 Cost Trends Report (February 2017)
2015 Cost Trends Report (January 2016)
2015 Cost Trends Report: Provider Price Variation (January 2016)
2014 Cost Trends Report (January 2015)
Cost Trends Report: July 2014 Supplement (July 2014)
2013 Cost Trends Full Report (January 2014)

POLICY REPORTS

Telehealth Use in the Commonwealth and Policy Recommendations (January 2023)

Children with Medical Complexity in the Commonwealth (February 2022)

Evaluation of the Commonwealth's Entry into the Nurse Licensure Compact (May 2021)

Prescription Drug Coupon Study and Technical Appendix (July 2020)

Review of Third-Party Specialty Pharmacy Use for Clinician-Administered Drugs (July 2019)

Co-Occurring Disorders Care in Massachusetts: A Report on the Statewide Availability of Health Care Providers Serving Patients with Co-Occurring Substance Use Disorder and Mental Illness and Interactive Map (May 2019)

Opioid Use Disorder Report (September 2016)

Summary Report: Provider Price Variation Stakeholder Discussion Series (July 2016)

Community Hospitals at a Crossroads: Findings from an Examination of the Massachusetts Health Care System (March 2016)

A Report on Consumer-Driven Health Plans: A Review of the National and Massachusetts Literature (April 2013)

COST AND MARKET IMPACT REVIEW REPORTS

HPC-CMIR-2017-2: Beth Israel Lahey Health (September 2018)

HPC-CMIR-2017-1: Partners HealthCare System, Massachusetts Eye and Ear Infirmary, Massachusetts Eye and Ear Associates, and Affiliates (January 2018)

HPC-CMIR-2015-1, HPC-CMIR-2015-2, and HPC-CMIR-2016-1: Beth Israel Deaconess Care Organization, New England Baptist Hospital, New England Baptist Clinical Integration Organization, Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians, and MetroWest Medical Center (September 2016)

HPC-CMIR-2013-4: Partners HealthCare System and Hallmark Health Corporation (September 2014)

HPC-CMIR-2013-3: Lahey Health System, Inc. and Winchester Hospital (May 2014)

HPC-CMIR-2013-1 and HPC-CMIR-2013-2: Partners HealthCare System, South Shore Hospital, and Harbor Medical Associates (February 2014)

BRIEFS AND CHARTPACKS

HPC DataPoints Series

- Issue 24: Persistent Cost-sharing for Contraception in Massachusetts, 2017-2020 (May 10, 2023)
- Issue 23: Update on Trends in Urgent Care Centers and Retail Clinics (Part Two) (September 2022)
- Issue 22: Growth in Out-of-pocket Spending for Pregnancy, Delivery, and Postpartum Care in Massachusetts (March 2022)
- Issue 21: The Quality Measure Alignment Taskforce's Evaluation of Payer Adherence to the Massachusetts Aligned Measure Set (February 2022)
- Issue 20: Oral Health Access and Equity in the Commonwealth (July 2021)
- Issue 19: Persistently High Out-of-Pocket Costs Make Health Care Increasingly Unaffordable and Perpetuate Inequalities in Massachusetts (January 2021)
- Issue 18: HPC-Certified Accountable Care Organizations in Massachusetts (October 2020)
- Issue 17: Changes in the Massachusetts Physician Market: Data from the Massachusetts Registration of Provider Organizations (MA-RPO) Program (June 2020)
- Issue 16: The Doctor Will (Virtually) See You Now (March 2020)
- Issue 15: Mother and Infant-Focused Neonatal Abstinence Syndrome Investments (September 2019)
- Issue 14: Variation in Potential Out-of-Network Provider Payment Benchmarks (August 2019)
- Issue 13: Opioid-Related Emergency Department Utilization (June 2019)
- Issue 12: Cracking Open the Black Box of Pharmacy Benefit Managers (June 2019)
- Issue 11: Insulin Price Growth and Patient Out-of-Pocket Spending (May 2019)
- Issue 10: Health Care Cost Growth Benchmark (February 2019)
- Issue 9: Office of Patient Protection Medical Necessity Appeals (December 2018)
- Issue 8: Urgent Care Centers and Retail Clinics (August 2018)
- Issue 7: Variation in Imaging Spending (May 2018)
- Issue 6: Provider Organization Performance Variation (March 2018)
- Issue 5: Quality Measurement Misalignment in MA (January 2018)
- Issue 4: The Growing Opioid Epidemic in MA Hospitals (July 2017)
- Issue 3: The ACA's Preventative Coverage Mandate and MA (June 2017)
- Issue 2: Avoidable Emergency Department Use in MA (May 2017)
- Issue 1: Update on Preventable Oral Health ED Visits in MA (April 2017)

Accountable Care Organizations in Massachusetts: HPC-Certified ACO Program Strategy Summaries (May 2023)

Performance Improvement Plan Process Overview (January 2022)

Health Care Workforce Trends and Challenges in the Era of COVID-19 Chartpack and Executive Summary (March 2023)

Emergency Ground Ambulance Utilization and Payment Rates in Massachusetts Chartpack (March 2023)

Certified Nurse Midwives and Maternity Care in Massachusetts Chartpack (January 2022)

Accountable Care Organizations in Massachusetts: Profiles of the 2019 and 2020 HPC-Certified ACOs (August 2021)

Impact of COVID-19 on the Massachusetts Health Care System: Interim Report (April 2021)

Presentation: Impact of COVID-19 on Health Care System (November 2020)

Policy Brief: Serious Illness Care in Massachusetts: Differences in care received at the end of life by race and ethnicity (September 2020)

Policy Brief: The Nurse Practitioner Workforce and Its Role in the Massachusetts Health Care Delivery System (May 2020)

Out of Network Billing in Massachusetts Chartpack (May 2020)

Opioid-Related Acute Hospital Utilization in Massachusetts Chartpack (June 2019)

ACO Profiles (September 2018, Updated 2019)

Opportunities for Savings in Health Care 2018 (May 2018)

ACO Policy Briefs

- ACO Brief #3: Risk Contracts and Performance Management Approaches of Massachusetts (June 2019)
- ACO Brief #2 - Transforming Care: How ACOs in Massachusetts Manage Population Health (September 2018)
- ACO Brief #1 - Transforming Care: An Introduction to Accountable Care Organizations in Massachusetts (Published April 2018)

Behavioral Health-Related Emergency Department Boarding (November 2017)

Opioid Chart Pack (August 2017)

Research Brief: Serious Illness and End of Life Care in the Commonwealth (November 2016)

Policy Brief: Oral Health (August 2016)

Research Brief: Behavioral Health Compendium (March 2016)

Policy Brief: Out-of-Network Billing (January 2016)

APCD Almanac - Chartbook (July 2014)

VIDEO SERIES

HPC Shorts:

- Health Care Workforce Trends and Challenges in the Era of COVID-19 (March 2023)
- Out-of-Pocket Spending for Birth Care (April 2022)
- Certified Nurse Midwives and Maternity Care in Massachusetts (January 2022)
- COVID-19's Impact on Emergency Department Visits (August 2021)

The HPC's Role in Massachusetts Health Care Reform, with accompanying 10-year interactive timeline (January 2023)

SHIFT Care Challenge: Opioid Use Disorder Initiatives (June 2022)

Mother and Infant-Focused Neonatal Abstinence Syndrome Interventions (May 2021)

Healing Together: Voices of the Commonwealth During the COVID-19 Pandemic (October 2020)

ACADEMY HEALTH ANNUAL RESEARCH CONFERENCE POSTERS

2023

- Assessment of a Price Index for Hospital Outpatient Department Services Using Commercial Claims Data
- Changes to Psychotherapy Use in 2020 in Massachusetts
- Persistent Cost-sharing for Contraception in Massachusetts, 2017-2020 (Presentation)
- Quantifying a Crisis with Multiple Data Sources: RN Staffing Challenges in Massachusetts Are More About Retention Than Supply
- Relation of Common Laboratory Service Prices to Setting of Care
- Risky Business: Comparative Modeling of Commercial-Population Risk Adjustment Equations
- State-Level Variation in Rates of Hospital Admission Following a Visit to the Emergency Department
- Telehealth's Impact on Total Health Care Spending: Insights From 2020 Massachusetts Commercial Claims Data

2022

- Decreases in Potentially Avoidable Emergency Visits among Children and Adults between March 2019 and September 2021
- Refining Methods for Identifying Children with Medical Complexity using Diagnosis, Health Care Needs, Utilization, and Spending
- Coding Creep or Coding Sleep?: Evidence on the Persistence of Coding Intensity in Massachusetts

2021

- Characteristics of Commercially-Insured Individuals with Persistently High Out-Of-Pocket Spending

- Churn, Baby, Churn: The Effects of Churn, Population Size, Outliers, and Risk Adjustment on Annual Health Care Spending Change
- Trends in Opioid-Related Hospital Discharges in Massachusetts

2020

- Building the Case for Enhanced Affordable Housing for Older Adults: A Review of Hebrew SeniorLife's R3 Program
- Describing and Quantifying Movement in the Massachusetts Physician Market
- Supporting Mothers in Caring for their Infants with Neonatal Abstinence Syndrome: Better Outcomes and Lower Costs
- Using Telemedicine in Behavioral Health: Implementation Insights

2019

- Lower Health Care Spending and Similar Quality at Physician-Led Provider Groups vs Academic Medical Center-Anchored Groups
- Rapid Expansion of Urgent Care Centers in Massachusetts
- Tip of the Iceberg: Follow-on Costs of Low Value PAP Cytology in Massachusetts
- Variation in Rates of Hospital Admission Following a Visit to the Emergency Department

2018

- Coordinating Care for Drug Court Participants
- Coordinating Care for Pregnant and Postpartum Women with Opioid Use Disorder
- Have Community Hospitals Been More Successful in Retaining Local Care After Affiliating with Larger Health Care Systems?
- Out-of-Network Billing in Massachusetts
- Price Variation by Provider Organization in Massachusetts
- Price Variation for Chemotherapy Drugs in Massachusetts
- Addressing Stigma in a Hospital Setting

2017

- Factors Underlying Variation in Inpatient Hospital Prices
- Inadequate Access to Care May be Associated with Long ED Stays for BH Patients
- The Impact of the ACAs Preventative Coverage Mandate on Spending and Utilization of Contraception in Massachusetts
- Variation in Intensity of Care and Hospice Use at the End of Life in Massachusetts
- Bridging the Dissemination Gap: Building a Stakeholder-Informed Learning Strategy

2016

- Emerging Evidence to Effectively Treat Neonatal Abstinence Syndrome (NAS) with Higher Quality and Lower Cost: Lessons from Massachusetts
- Enabling Tools and Technologies to Support Delivery of High Value, Coordinated Health Care: Event Notification Systems
- Retail Clinics Reduce Avoidable Emergency Department Visits in Massachusetts
- When an APCD is Not Enough (You need RPO): Developing a System to Map the Structures and Relationships of Massachusetts' Largest Healthcare Providers
- Price Variation for Common Lab Tests and Factors Associated with Selection of Low Cost Sites
- The Opioid Epidemic in Massachusetts: Findings on Hospital Impact and Policy Options
- Spending for low-risk deliveries in Massachusetts varies two-fold, with no measurable quality

PUBLICATIONS RELATED TO THE INVESTMENT PROGRAMS

Health Care Innovation Spotlight Series

- Substance Exposed Newborns of Southeast Massachusetts Collaborative (July 2023)
- Baystate Medical Center Springfield Healthy Homes Asthma Program (May 2023)
- Collaborating with Mobile Resources to Care for Patients in the Community (September 2022)
- UMass Memorial Health Harrington Hospital (June 2022)
- The Promise of Medical-Legal Partnerships (April 2022)
- The Pediatric Physicians' Organization at Children's (January 2022)
- Hebrew SeniorLife (December 2020)

BESIDE Profiles (July 2023)

BESIDE Overview (January 2023)

C4SEN Overview (January 2023)

C4SEN Awardee Profiles (January 2023)

SHIFT-Care Challenge Evaluation: Foreward (June 2022)

SHIFT-Care Challenge Evaluation: Final Report (June 2022)

MassUP Profiles (Published March 2022)

TCCI Care Coordination Case Study (November 2021)

TCCI Evaluation Report (November 2021)

NAS Anti-Stigma Resource Guide: Reducing Stigma Toward Families Impacted by Opioid Use Disorder (June 2021)

NAS Investment Program Evaluation Report (May 2021)

NAS Impact Brief: Caring for Families Impacted by Opioid Use Disorder (April 2021)

TCCI Impact Brief: Supporting Innovative Delivery Models for Complex Patient Needs (April 2021)

Sustaining Grant-Funded Initiatives Guide (December 2020)

Telemedicine Pilot Program Evaluation Report (November 2020)

Telemedicine Pilot Program Impact Brief (September 2020)

CHART Investment Program: Phase 2 Evaluation Report (September 2020)

CHART Playbook (September 2020)

SHIFT-Care Challenge Awardee Profiles (June 2020)

CHART Awardee Profiles (December 2019)

CHART Program Impact Brief (August 2019)

HCII Awardee Profiles:

- Neonatal Abstinence Syndrome Investments (June 2019)
- Targeted Cost Challenge Investments (June 2019)
- Telemedicine Investments (August 2018)

Integrating Telemedicine for Behavioral Health: Practical Lessons from the Field (May 2019)

SHIFT-Care Challenge Factsheet (August 2018)

HCII Summary (March 2018)

CHART Phase 2 and HCII Factsheet (May 2017)

CHART Phase 1 Factsheet (March 2017)

CHART Phase 2 Hospital Factbook (August 2016)

CHART Phase 1 Report (June 2015)

CHART Phase 1 Hospital Factbook (June 2015)

CHART Case Study: Deploying Effective Management and Leadership Strategies to Drive Transformation (March 2015)

CHART Case Study: Use of Locally Derived Data to Design, Develop, and Implement Population Health Management Intervention (February 2015)

CHART Leadership Summit: Proceedings Report (September 2014)

OFFICE OF PATIENT PROTECTION REPORTS

2019 Office of Patient Protection Annual Report (Released May 2021)

2018 Office of Patient Protection Annual Report (January 2020),

2017 Office of Patient Protection Annual Report (January 2019)

2016 Office of Patient Protection Annual Report (March 2018)

2015 Office of Patient Protection Annual Report (March 2017)

2014 Office of Patient Protection Annual Report (November 2015)

2013 Office of Patient Protection Annual Report (November 2014)

APPENDIX 2: REGULATIONS

As part of the development of various programs and operational procedures, the HPC may be required to promulgate regulations. To date, the HPC has promulgated eleven regulations (958 CMR 2.00 – 958 CMR 12.00).

One-Time Assessment Regulation (958 CMR 2.00)

For Fiscal Years 2013-2016, the HPC was partially funded through a one-time assessment on certain Massachusetts payers and providers. The HPC's first regulation governs said payments to the HPC and provides details on which acute hospitals and surcharge payers must contribute to the assessment.

Health Insurance Consumer Protection Regulation (958 CMR 3.00)

The Office of Patient Protection facilitates independent external reviews of certain health insurance decisions. This regulation establishes the requirements for carriers in administering their internal grievance procedures and conducting external reviews of carriers' medical necessity adverse determination. The regulation also sets out requirements for continuity of care, referral to specialty care, and carrier reporting requirements.

Health Insurance Open Enrollment Waivers Regulation (958 CMR 4.00)

Massachusetts and federal law establish open enrollment periods during which individuals and families may buy non-group health insurance coverage. This regulation establishes the requirements for requests by consumers who wish to enroll in a non-group health plan outside of the open enrollment periods. The HPC is updating this regulation to comply with the Affordable Care Act and new Massachusetts laws.

CHART Investment Program Regulation (958 CMR 5.00)

Chapter 224 created the CHART Investment Program, a phased grant program that invests in eligible Massachusetts community hospitals to enhance their delivery of efficient, effective care. This regulation governs the procedures and criteria used to award grants to certain qualifying acute hospitals, as authorized by the HPC Board. This regulation specifies how the HPC administers the grant program.

Registration of Provider Organizations Regulation (958 CMR 6.00)

Chapter 224 directs the HPC to develop and administer a registration program for provider organizations, through which those entities subject to the law submit information on their organizational and operational structure and governance. This regulation governs the procedures and criteria used to administer the registration of provider organizations program. It specifies the criteria for who must register and what information must be submitted to complete registration.

Notices of Material Change and Cost and Market Impact Reviews Regulation (958 CMR 7.00)

Chapter 224 directs the HPC to monitor changes in the health care marketplace, including consolidations and alignments that have been shown to impact health care market functioning, and thus the performance of our health care system in delivering high-quality, cost-effective care. This regulation governs certain procedures for filing Notices of Material Change as well as the procedures by which the HPC will review Notices of Material Change and conduct Cost and Market Impact Reviews.

ICU Nurse Staffing Regulation (958 CMR 8.00)

Chapter 155 of the Acts of 2014 established patient assignment limits for registered nurses in intensive care units in acute hospitals and charged the HPC with promulgating regulations governing the implementation and operation of the law including. This regulation establishes Patient Assignment limits for Registered Nurses in Intensive Care Units in Acute Hospitals licensed by the MA Department of Public Health and in hospitals operated by the Commonwealth, including the process for selecting or developing an Acuity Tool and required elements of the Acuity Tool.

Annual Assessment Regulation (958 CMR 9.00)

Beginning in FY 2017, the HPC's operating budget is funded through an annual assessment on certain payers, providers, and ambulatory services centers. This regulation governs the process through which the assessment is collected.

Performance Improvement Plans Regulation (958 CMR 10.00)

Chapter 224 directs the HPC to evaluate payer and provider health care spending trends and require certain entities to file and implement a Performance Improvement Plan (PIP). This regulation governs the process and criteria used to require a PIP and assess its effectiveness.

RBPO/ACO Appeals Regulation (958 CMR 11.00)

Chapter 224 requires the Office of Patient Protection (OPP) to develop requirements for internal appeals and an external review process for patients of certain provider organizations. This regulation mandates internal appeal processes of DOI-certified Risk Bearing Provider Organizations (RBPO) and HPC-certified Accountable Care Organizations (ACO) and allows for an external review process for patients to obtain third party review of such appeals.

Drug Pricing Review Regulation (958 CMR 12.00)

Chapter 41 of the Acts of 2019 gives authority to the Executive Office of Health and Human Services (EOHHS), and specifically to the MassHealth program, to negotiate directly with pharmaceutical drug manufacturers for supplemental rebates, and to the Health Policy Commission (HPC) to investigate the manufacturer's pricing of the drug if an agreement cannot be reached. This regulation specifies the procedures by which the HPC may review information relative to a Referred Manufacturer's pricing practices and determine whether its pricing of a drug is unreasonable or excessive in relation to the drug's value.

APPENDIX 3: BOARD AND ADVISORY COUNCIL MEMBERSHIP

MASSACHUSETTS
HEALTH POLICY COMMISSION

HEALTH POLICY COMMISSION BOARD

			FIRST TERM			SECOND TERM			THIRD TERM		
Statutory Requirement	**Appointing Authority**	**Appointee**	**Term Start Date**	**Term***	**Term End Date**	**Appointment/ Reappointment Date**	**Term**	**Term End Date**	**Appointment/ Reappointment Date**	**Term**	**Term End Date**
One member, designated as chairperson	Governor	Altman, Stuart	11/1/2012	3 years	11/1/2015	1/15/2016	5 years	11/1/2020		1 year, 8 months Holdover Appointee	7/13/2022
		Devaux, Deborah							8/9/2022	3 years, 3 months Remainder of Term	11/1/2025
One member with demonstrated expertise in the development and utilization of innovative medical technologies and treatments for patient care.	Auditor	Everett, Wendy	11/1/2012	2 years	11/1/2014	3/6/2015	5 years (served 4 years, 1 month)	RESIGNED 12/13/2018			
		Blakeney, Barbara				2/27/2019	8 months Remainder of Term	11/1/2019	11/1/2019	5 years	11/1/2024
One member with demonstrated expertise in representing the health care workforce as a leader in a labor organization.	Auditor	Turner, Veronica	11/1/2012	4 years	RESIGNED 11/1/2016						
		Foley, Timothy	10/12/2016	Remainder of Term	10/31/2016	11/1/2016	5 years	11/1/2021	11/1/2021	5 years	11/1/2026
One member with demonstrated expertise as a purchaser of health insurance representing business management or health benefits administration	Auditor	Lord, Richard	11/1/2012	3 years	11/1/2015	12/1/2015	5 years	11/1/2020			
		Houpt, Patricia							1/1/2021	5 years	12/31/2025
One member who is a health economist.	Attorney General	Cutler, David	11/1/2012	3 years	11/1/2015	12/1/2015	5 years	11/1/2020	11/13/2020	5 years	11/12/2025
One member with expertise in health care consumer advocacy.	Attorney General	Hattis, Paul	11/1/2012	2 years	11/1/2014		1 year Holdover Appointee	12/31/2015			
		Berwick, Donald				1/1/2016	4 years Remainder of Term	11/1/2019	11/1/2019	5 years (served 3 years, 7 months	RESIGNED 6/7/2023
One member with expertise in behavioral health, substance use disorder, and mental health services	Attorney General	Sudders, Marylou	11/1/2012		11/1/2013	9/23/2013	5 years (served 14 months)	RESIGNED 1/1/2015			
		Cohen, Martin				4/23/2015	3 years, 6 months Remainder of Term	11/1/2018	11/13/2018	5 years	11/12/2023
One member with demonstrated expertise in health plan administration and finance	Governor	Yang, Jean	11/1/2012	4 years (served 28 months)	RESIGNED 2/2015						
		Mastrogiovanni, Renato	5/19/2015	1 year, 5 months Remainder of Term	11/1/2016	11/1/2016	5 years	11/1/2021	11/1/2021	5 years	11/1/2026
One member who is a primary care physician	Governor	Allen, Carole	11/1/2012	5 years	11/1/2017						
		Kryder, John Christian				1/31/2018	5 years	11/13/2022			
		Castiel, Matilde							1/1/2023	5 years	12/21/2028
Secretary of Administration and Finance	Governor	Shor, Glen	Ex-Officio								
		Lepore, Kristen	Ex-Officio								
		Heffernan, Michael	Ex-Officio			8/1/2017					
		Gorzkowicz, Matthew	Ex-Officio						12/13/2022		
Secretary of Health and Human Services	Governor	Polanowicz, John	Ex-Officio								
		Sudders, Marylou	Ex-Officio								
		Beckman, Mary	Ex-Officio						1/4/2023		
		Walsh, Kate	Ex-Officio						3/1/2023		

*Please Note: Chapter 224 set staggered initial terms for all appointed seats. The terms began in November 2012. All subsequent appointments and reappointments are for five years.

DEBORAH DEVAUX, CHAIR

Statutory Requirement: One member, designated as chairperson, with demonstrated expertise in health care delivery, health care management at a senior level, or health care finance and administration, including payment methodologies. (Appointed by the Governor)

Deborah Devaux was appointed to Chair the HPC's Board of Commissioners in July 2022, following 40 years of health care management experience with health insurers and providers in Massachusetts. Most recently, she served as the Executive Vice President and Chief Population Health Officer at Beth Israel Lahey Health where she was responsible for payor relationships and the system's unified performance network of physicians and hospitals to advance new models of care. Previously, she was the Chief Operating Officer at Blue Cross Blue Shield Massachusetts, the largest insurer in the state and one of the largest non-for-profit Blue Cross Blue Shield plans in the county. In this role, she was responsible for divisions such as Performance and Improvement Management, IT, and Member Services. In addition to holding various leadership roles during her 18-year tenure, she served on many committees including the Mass Collaborative steering committee and the Commonwealth's Special Commission on Provider Price and Variation in 2017.

She has taught at the Harvard TH Chan School of Public Health as an Adjunct Faculty Member in health payment systems and strategy and as a guest lecturer at Suffolk University, Boston University Graduate School of Management, and Harvard Business School. She earned an MHA from the University of Michigan and her undergraduate degree from Western Michigan University.

MARTIN COHEN, VICE CHAIR

Statutory Requirement: One member with expertise in behavioral health, substance use disorder, and mental health services. (Appointed by the Attorney General)

Martin D. Cohen is the past president/CEO of the MetroWest Health Foundation, a community health philanthropy serving the MetroWest area of Massachusetts. Mr. Cohen has more than 30 years of experience working with federal and state policymakers to plan and implement comprehensive strategies for improving public mental health services. Prior to joining the foundation, Mr. Cohen served as the executive director of the Technical Assistance Collaborative, Inc., a national health and human services consulting firm. He previously served as a deputy program director and senior program consultant for the Robert Wood Johnson Foundation, and was a deputy assistant secretary in the Massachusetts Executive Office of Health & Human Services. He serves on the board of advisors of the David and Lura Lovell Foundation and the Harvard Pilgrim Health Care Foundation. Cohen holds both a BA and MSW from Boston University.

DR. DONALD BERWICK *(Resigned June 7, 2023)*

Statutory Requirement: One member with expertise in health care consumer advocacy. (Appointed by the Attorney General)

Donald M. Berwick was President and CEO of the Institute for Healthcare Improvement (IHI) for nearly 20 years. In July 2010, President Obama appointed Dr. Berwick to the position of Administrator of the Centers for Medicare & Medicaid Services, a position he held until December 2011. He was formerly Clinical Professor of Pediatrics and Health Care Policy at the Harvard Medical School, and Professor in the Department of Health Policy and Management at the Harvard School of Public Health. Dr. Berwick has served as vice chair of the US Preventive Services Task Force, the first "Independent Member" of the American Hospital Association Board of Trustees, and chair of the National Advisory Council of the Agency for Healthcare Research and Quality. An elected member of the Institute of Medicine (IOM), Dr. Berwick served two terms on the IOM's governing Council and was a member of the IOM's Global Health Board. He served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry. He is a recipient of several awards and author of numerous articles and books, including *Curing Health Care* and *Escape Fire*.

BARBARA BLAKENEY

Statutory Requirement: One member with demonstrated expertise in the development and utilization of innovative medical technologies and treatments for patient care. (Appointed by the State Auditor)

Barbara Blakeney, MS, RN, FNAP, is the past President of the American Nurses' Association, and has maintained a passion for providing access to high quality, affordable health care throughout her career. As a clinician, she focused her practice in poor communities, both urban and rural, and from that learned the power of resilience and the oppression of poverty. Barbara is the recipient of many awards and honors including the Pearl McIvor Public Health Nursing Award from the American Nurses' Association, the Chief Nurse Award of the US Public Health Service, and is a Distinguished Alumni at the University

of Massachusetts at Amherst. Barbara has served on the National Advisory Board for the Joint Commission and as a member of the advisory group for the first nursing sensitive quality indicators for the National Quality Forum. Barbara is a Distinguished Public Policy Fellow of the National Academies of Practice. Barbara has served on many boards of directors including as a founding member and current Vice-Chair of the Boston Health Care for the Homeless Program, the American Nurses Association, the American Nurses Credentialing Center, Health Care Without Harm, Practice Green Health, and the Center for Education and Research on Therapeutics (CERTS). Barbara served as an Innovation Advisor to the Centers for Medicare and Medicaid Innovation Center. In that capacity, she led highly successful projects to improve care, decrease delays in care, and improve efficiency at the clinical Microsystems level. She is a co-author of a first of its kind study of equine assisted learning and Nurse Presence.

DR. MATILDE CASTIEL

Statutory Requirement: One member who is a primary care physician. (Appointed by the Governor)

Matilde "Mattie" Castiel, M.D. has always held a professional and personal mission to work with the underserved. She was born in Camaguey, Cuba and immigrated to the U.S. in 1962 as part of Operation Peter Pan. Raised and educated in California, she completed her medical training at the University of California-San Francisco after earning a B.S. in Cellular and Molecular Biology from California State University - Northridge.

Dr. Castiel moved to Massachusetts to complete her residency at UMass Memorial and she has worked as a Board certified physician in Internal Medicine in the Worcester community for over 30 years, including working at UMass Memorial Medical Center and Family Health Center of Worcester and also as an Associate Professor of Internal Medicine, Family Medicine and Psychiatry at UMass Medical School.

In 2009, Dr. Castiel founded the Latin American Health Alliance (LAHA), a nonprofit organization in Worcester dedicated to combating homelessness and drug addiction and at present she continues to serve as its Medical Director.

Dr. Castiel has served on the boards of several Worcester nonprofits, including The Health Foundation of Central Massachusetts, Centro Las Americas, Abby's House, Greater Worcester Community Foundation, Quinsigamond Community College, United Way, and the Boys and Girls Club.

In September of 2015, Dr. Castiel was appointed as the City of Worcester's Commissioner for Health and Human Services, where she oversees the divisions of Public Health, Youth Services, Human Rights and Disabilities, Veterans Affairs, and Elder Affairs, and Homelessness along with advancing important new initiatives that fall under the scope of youth violence and the current opioid crisis, mental health, reentry from jail, and COVID-19.

DR. DAVID CUTLER

Statutory Requirement: One member who is a health economist. (Appointed by the Attorney General)

David Cutler, P.h.D., is the Otto Eckstein Professor of Applied Economics in the Department of Economics at Harvard University and holds secondary appointments at Harvard's Kennedy School of Government and the Harvard School of Public Health. David served as Assistant Professor of Economics from 1991 to 1995, was named John L. Loeb Associate Professor of Social Sciences in 1995, and received tenure in 1997. Professor Cutler was associate dean of the Faculty of Arts and Sciences for Social Sciences from 2003-2008.

Honored for his scholarly work and singled out for outstanding mentorship of graduate students, Professor Cutler's work in health economics and public economics has earned him significant academic and public acclaim. Professor Cutler served on the Council of Economic Advisers and the National Economic Council during the Clinton Administration and has advised the Presidential campaigns of Bill Bradley, John Kerry, and Barack Obama as well as being Senior Health Care Advisor for the Obama Presidential Campaign and a Senior Fellow for the Center for American Progress.

Professor Cutler is author of two books, several chapters in edited books, and many of published papers on the topic s of health care and other public policy topics. Author of Your Money Or Your Life: Strong Medicine for America's Health Care System, published by Oxford University Press, this book, and Professor Cutler's ideas, were the subject of a feature article in the New York Times Magazine, The Quality Cure, by Roger Lowenstein. Cutler was recently named one of the 30 people who could have a powerful impact on healthcare by Modern Healthcare magazine and one of the 50 most influential men aged 45 and younger by Details magazine. Professor Cutler earned an A.B. from Harvard University and his P.h.D. in Economics from MIT (1991).

TIMOTHY FOLEY

Statutory Requirement: One member with demonstrated expertise in representing the health care workforce as a leader in a labor organization. (Appointed by the State Auditor)

Tim Foley is a Vice President for 1199SEIU, the state's largest union of health care workers. He has worked for SEIU for 11 years, starting out as a political director, then being elected to a Vice President position. Mr. Foley has worked for the Massachusetts AFL-CIO and the Massachusetts Coalition for Adult Education. He holds a bachelor's degree in political science from the University of Delaware and a masters' degree in public affairs from the University of Massachusetts- Boston.

SECRETARY MATTHEW GORZKOWICZ, EXECUTIVE OFFICE OF ADMINISTRATION AND FINANCE

Statutory Requirement: Secretary of Administration and Finance (Appointed by the Governor, Ex-Officio)

Matthew Gorzkowicz is the Secretary of the Executive Office for Administration and Finance. He has more than 25 years' experience in state finance and budgeting in the Commonwealth. He has served as the Associate Vice President for Administration and Finance at the University of Massachusetts President's Office for more than a decade, where he has had a direct role in setting the University's long-range administrative and financial goals and managed the development of an annual operating budget of $3.8 billion. Prior to UMass, Secretary Gorzkowicz worked in the Massachusetts Senate, the Department of Mental Health, the School Building Authority, and the Executive Office for Administration and Finance under Governor Deval Patrick, where he served as Assistant Secretary for Budget and then Undersecretary. He is a graduate of Northeastern University and lives in Winthrop, Massachusetts, with his wife and two children.

PATRICIA HOUPT

Statutory Requirement: One member with demonstrated expertise as a purchaser of health insurance representing business management or health benefits administration. (Appointed by the State Auditor)

For over 40 years, Patricia Houpt has advised employers, from large corporations to small business owners, on how best to structure their employee benefits offerings to achieve their financial and retention goals. She recently retired after serving as executive director at the New England Employee Benefits Council (NEEBC) for eight years. NEEBC is the region's leading source of unbiased employee benefits and total rewards education and information. Before joining NEEBC, she was the founder and president of PMH Insurance Associates, a firm dedicated to providing integrated employee benefits consulting and brokerage services to a varied client base. In addition, she founded the Sudbury Military Support Network and has served on the board of directors for the New England Society of Association Executives. She is a graduate of Denison University.

RENATO "RON" MASTROGIOVANNI

Statutory Requirement: One member with demonstrated expertise in health plan administration and finance. (Appointed by the Governor)

Ron Mastrogiovanni, President and Chief Executive Officer of HealthView Services, has more than 25 years of experience in management consulting, financial services and health care software design. He is responsible for developing the HealthView platform, a solution-based planning system that integrates health care cost projections, Medicare means testing, long-term care expenses and Social Security optimization into the retirement planning process. Mr. Mastrogiovanni has emerged as a widely respected thought leader in the area of health care costs
projections, and has co-authored several white papers on such topics as the Annual Health Care Cost Data Report and the Impact of Medicare Means Testing on Future Retirees.

Prior to HealthView, Mr. Mastrogiovanni was the co-founder of FundQuest, one of the first fee-based asset management companies that provided financial institutions - including banks, insurance companies, and brokerage firms – with wealth management solutions. Mr. Mastrogiovanni, who designed the firm's asset allocation and money management process, was responsible for overseeing the management over $12 billion in client assets. The company was acquired by BNP Paribas, a global leader in banking and financial services.

HealthView Services and Mr. Mastrogiovanni have been featured in several national publications, including The Wall Street Journal, CNBC, and MarketWatch. Mr. Mastrogiovanni received a B.S. degree from Boston State College and an M.B.A. from Babson College.

SECRETARY KATE WALSH, EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Statutory Requirement: Secretary of Health and Human Services (Appointed by the Governor, Ex-Officio)

Prior to her appointment as Secretary, Kate Walsh served as CEO of Boston Medical Center (BMC) Health System for nearly 13 years, navigating multiple COVID-19 surges and recoveries by expanding telehealth capabilities, bolstering regional resource management, establishing a COVID Recuperation Unit, and coordinating with state and local government. She also oversaw a Clinical Campus Redesign project at BMC with the goal of decreasing costs and modernizing facilities. Walsh also established BMC Health System's Health Equity Accelerator in November of 2021 to transform health care and eliminate gaps in life expectancy and quality of life among different races and ethnicities.

Walsh previously served as Executive Vice President and Chief Operating Officer of Brigham and Women's Hospital, Chief Operating Officer for Novartis Institutes for Biomedical Research, and Senior Vice President of Medical Services and the MGH Cancer Center at Massachusetts General Hospital. She received her Bachelor of Arts degree and a Master's Degree in Public Health from Yale University. She has served as a member of the Board of the Federal Reserve Bank of Boston, the board of the American Hospital Association, America's Essentials Hospitals the Boston Public Health Commission, the Massachusetts Hospital Association, the Association of American Medical Colleges, Pine Street Inn, and Yale University. She lives in Boston.

HPC ADVISORY COUNCIL
(January 1, 2023 - December 31, 2024)

1. Dr. Christopher Andreoli, President of Atrius Health
2. Lissette Blondet, Executive Director, Massachusetts Association of Community Health Workers
3. Aimee Brewer, President and CEO, Sturdy Memorial Hospital
4. Michael Caljouw, Vice President of Government & Regulatory Affairs, Blue Cross Blue Shield of Massachusetts
5. Dr. Jeanette Callahan, Pediatrician, Cambridge Health Alliance; Medical Director-DYS Northeast Region Health Services, Justice Resource Institute
6. Christopher Carlozzi, State Director, National Federation of Independent Business (NFIB)
7. JD Chesloff, Executive Director, Massachusetts Business Roundtable
8. Dr. Cheryl Clark, Associate Chief, Division of General Internal Medicine and Primary Care, Brigham and Women's Hospital
9. Ed Coppinger, Head of Government Affairs, MassBio
10. Michael Curry, President and CEO, Massachusetts League of Community Health Centers
11. Dr. Ronald Dunlap, Cardiologist and Past President , Massachusetts Medical Society
12. Audrey Gasteier, Executive Director, Massachusetts Health Connector
13. Tara Gregorio, President and CEO, Mass Senior Care Association
14. Eric Gulko, President, Innovo Benefits; Legislative Chair and Vice President, National Association of Brokers and Insurance Professionals
15. Susan J. Hernandez, CNM, MSN, FACNM, Mass General Brigham, MA ACNM Legislative Co-Chair
16. Jon Hurst, President, Retailers Association of Massachusetts
17. Colin Killick, Executive Director, Disability Policy Consortium
18. Jake Krilovich, Executive Director, Home Care Alliance of Massachusetts
19. Juan Fernando Lopera, Chief Diversity, Equity, and Inclusion Officer, Beth Israel Lahey Health
20. David Matteodo, Executive Director, Massachusetts Association of Behavioral Health Systems
21. Dr. Danna Mauch, President and CEO, Massachusetts Association for Mental Health
22. Patricia McMullin, Executive Director, Conference of Boston Teaching Hospitals
23. Nicole Obi, President and CEO , Black Economic Council of Massachusetts
24. Carlene Pavlos, Executive Director, Massachusetts Public Health Association
25. Krina Patel, Head of U.S. State & Local Government Affairs, Biogen
26. Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans
27. Julie Pinkham, Executive Director, Massachusetts Nurses Association
28. Dr. Myisha Rodrigues, Executive Director, NAMI Massachusetts
29. Amy Rosenthal, Executive Director, Health Care For All
30. Christine Schuster, President and CEO, Emerson Hospital
31. Matthew Veno, Executive Director, Group Insurance Commission
32. Steven Walsh, President and CEO , Massachusetts Health and Hospital Association and previously Massachusetts Council of Community Hospitals
33. Elizabeth Wills-O'Gilvie, Chair, Springfield Food Policy Council

APPENDIX 4:
STAFF DEPARTMENTS AND ORGANIZATIONAL CHART

HPC STAFF DEPARTMENTS

The HPC's Board of Commissioners appoints an Executive Director to lead the operations and management of the agency, including overseeing policy analysis and recommendations, research projects and data analysis, regulatory development and oversight, and program creation and administration. The HPC's first Executive Director, David Seltz, was appointed in December 2012 and reappointed in 2017 and 2020. In 2016, Coleen Elstermeyer was appointed the Deputy Executive Director, having previously served as Chief of Staff since 2012.

Under the leadership of the Executive Director and Deputy Executive Director, the HPC staff is divided into six departments. Each department works on focused areas as well as collaborative, intra-agency projects to ensure that the HPC's statutory deadlines are met in a robust, transparent, and timely manner. Two executive departments have oversight and administrative duties, while four other departments focus primarily on policy, research, and program design/operations.

OFFICE OF THE CHIEF OF STAFF

The Office of the Chief of Staff (COS) ensures that the HPC delivers timely, high-quality work and informs the public and stakeholders of the HPC's mission, policies, and programs in a consistent and credible manner. This is completed through management of the HPC's external affairs efforts, including media, public, legislative, intergovernmental, and stakeholder relations. COS also manages the day-to-day administration of the HPC, including agency operations, human resources, fiscal management, special projects, and public events. Hannah Kloomok serves as the Chief of Staff and oversees the work of this department.

OFFICE OF THE GENERAL COUNSEL

The Office of the General Counsel provides legal counsel and advice on a wide range of strategic, policy, and operational issues for the agency. The Legal department is responsible for supporting the HPC's policy and legal work, including the development of regulations and support of agency compliance functions. The Office of the General Counsel is led by Lois H. Johnson, Esq.

HEALTH CARE TRANSFORMATION AND INNOVATION

The Health Care Transformation and Innovation (HCTI) department is responsible for developing a coordinated strategy to advance care delivery transformation policy and programs, including developing and implementing the agency's investment strategy. HCTI has administered several grant programs designed to catalyze care delivery transformation in the Commonwealth, beginning with the Community Hospital Acceleration, Revitalization, and Transformation (CHART) and Health Care Innovation Investment (HCII) programs, and continuing today with the SHIFT-Care Challenge, Moving Massachusetts Upstream (MassUP), Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN), and Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) programs. These efforts collectively represent a key component of the HPC's overall efforts to increase health care quality, equity, and access while reducing cost growth in the Commonwealth. HCTI also advances the Commonwealth's goals of accelerating adoption of new integrated care models through state certification programs for patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) and enhanced transparency of such efforts. The department – in collaboration with other state agencies and stakeholders – works to promote and align innovative care delivery and payment models and address upstream causes of poor health outcomes. Through these efforts, HCTI supports the HPC's vision of a care delivery system that reduces spending and improves health for all residents by delivering coordinated, patient-centered, and efficient health care that reflects patients' behavioral, social, and medical needs. HCTI is led by Kelly Hall.

MARKET OVERSIGHT AND TRANSPARENCY

The Market Oversight and Transparency (MOAT) department is responsible for advancing the HPC's statutory charge to encourage a more value-based health care market. This includes developing and implementing a first-in-the-nation Registration of Provider Organizations (RPO) program to provide transparency on the composition and function of provider organizations in the health care system; tracking and evaluating the impact of significant health care provider changes on the competitive market and on the state's ability to meet the health care cost growth benchmark through review of material change notices (MCNs) and cost and market impact reviews (CMIRs); evaluating the performance of individual health care providers and payers which threaten the health care cost growth benchmark and overseeing Performance Improvement Plans (PIPs) to improve the cost performance of such entities; assessing the value of certain high cost pharmaceutical products and determining whether a manufacturer's pricing of such products is excessive or unreasonable; and collaborating with other HPC departments to catalyze improvements in the performance of the health care system. MOAT is led by Kate Scarborough Mills, Esq., MPH.

RESEARCH AND COST TRENDS

The Research and Cost Trends (RCT) department fulfills the HPC's statutory charge to examine spending trends and underlying factors and to develop evidence-based recommendations for strategies to increase the efficiency of the health care system. Using key data sources such as the state's all-payer claims database (APCD) and cutting-edge methods, RCT draws on significant research and analytical expertise to inform, motivate, and support action to achieve the benchmark and the goals of Chapter 224. RCT is responsible for producing the HPC's annual health care cost trends report and contributes subject matter expertise to the annual hearing on cost trends as well as special research projects as determined by the Executive Director and the Board. RCT is led by David Auerbach, PhD.

OFFICE OF PATIENT PROTECTION

The Office of Patient Protection (OPP) safeguards important rights of health insurance consumers. OPP regulates the internal grievance process for consumers who wish to challenge denials of coverage by health plans and regulates and administers the external review process for consumers who seek further review of adverse determinations by health plans based on medical necessity. OPP is also charged with regulating similar internal and external review processes for patients of Risk Bearing Provider Organizations and HPC-certified ACOs. OPP also administers and grants enrollment waivers to eligible individuals who seek to purchase non-group insurance when open enrollment is closed. Additionally, OPP assists consumers with general questions or concerns relating to health insurance. OPP is led by Nancy K. Ryan, Esq., MPH.

MASSACHUSETTS
HEALTH POLICY COMMISSION

JUNE 2023

EXECUTIVE DIRECTOR

DEPUTY EXECUTIVE DIRECTOR / CHIEF OF STAFF

INTERNAL AFFAIRS
- Deputy Chief of Staff
- Chief Fiscal Officer
- Senior Manager, Operations and Special Projects
- Office Manager and IT Coordinator
- HR Operations Manager
- Fiscal Associate

EXTERNAL AFFAIRS
- Deputy Chief of Staff
- Communications Manager
- Press Secretary
- Government Affairs Manager
- Manager of Special Projects
- Data Visualization and Design Manager
- Digital Coordinator

GENERAL COUNSEL

LEGAL
- Deputy General Counsel
- Assistant General Counsel/ Data Privacy and Security Manager
- Associate Counsel
- Associate Counsel

OFFICE OF PATIENT PROTECTION
- Director
- Senior Program Associate
- Program Coordinator

SENIOR DIRECTOR
Health Care Transformation and Innovation

- Deputy Director
- Associate Director
- Associate Director
- Senior Manager
- Manager
- Manager
- Manager
- Manager
- Manager
- Senior Associate
- Associate
- Associate

SENIOR DIRECTOR
Market Oversight and Transparency

- Director, Market Oversight and Monitoring
- Director, Health System Planning and Performance
- Associate Director, Pharmaceutical Pricing
- Associate Director, Market Oversight and Monitoring
- Senior Manager
- Senior Manager
- Senior Manager
- Manager
- Manager
- Manager
- Senior Associate
- Associate
- Associate

SENIOR DIRECTOR
Research and Cost Trends

- Deputy Director
- Associate Director, Research and Analytics
- Senior Researcher
- Senior Researcher
- Manager
- Senior Associate
- Senior Associate
- Senior Associate
- Associate
- Associate
- Associate