



Program Description

The Massachusetts Health Policy Commission's Health Care Innovation Investment Program (HCII) is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state's landmark cost containment law, established this competitive investment program to support health care innovation and transformation.

The first phase of the HCII Program includes over \$11 million in investments to 20 competitively selected awardees span the entire Commonwealth. Awards range from \$250,000 to \$1,000,000 and are divided among three pathways.

Pathway 1: Targeted Cost Challenge Investments

The goal of the Targeted Cost Challenge Investments is to support innovative delivery and payment models that are poised to be taken to scale and make a meaningful impact on the Health Care Cost Growth Benchmark in years to come. Eligible applicants and their partners proposed initiatives that will reduce the cost of care to the health care system while improving quality and access in eight priority areas of high spending.

The HPC is funding 10 Targeted Cost Challenge Investments totaling \$6,614,881. Awards range from \$420,000 to \$750,000, for an 18-month period of performance.

Pathway 2: Telemedicine Pilots

The goal of the Telemedicine Pilots is to increase access to behavioral health care through technology. Eligible applicants and their partners proposed pilots using telemedicine to extend access to behavioral health care services for one of the following populations with unmet behavioral health needs:

- Individuals with substance use disorder;
- Children and adolescents; or
- Older adults aging in place.

The HPC is funding 4 Telemedicine Pilots totaling \$1,762,789. Awards range from \$340,000 to \$500,000, for a 12-month period of performance.

Pathway 3: Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions

The goal of the Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions is to contribute to the Commonwealth's nation-leading efforts to address the opioid epidemic by supporting enhanced care and treatment for mothers and infants impacted by opioid use. Eligible applicants and their partners proposed interventions designed to improve care for infants with NAS and for women in treatment for opioid use disorder during and after pregnancy. These awards will supplement an existing, federally funded program administered by the Massachusetts Department of Public Health, called "Moms Do Care."

The HPC is funding 6 NAS interventions totaling \$2,997,778. Awards range from \$250,000 to \$1,000,000, for a period of performance of 12 or 24 months.

The goal of the **Targeted Cost Challenge Investments** is to support innovative delivery and payment models that are poised to be taken to scale and make a meaningful impact on the Health Care Cost Growth Benchmark in years to come. Eligible applicants and their partners proposed initiatives that will reduce the cost of care to the health care system while improving quality and access in eight priority areas of high spending.

The HPC is funding 10 Targeted Cost Challenge Investments totaling \$6,614,881. Awards range from \$420,000 to \$750,000, for an 18-month period of performance.

Name	Focus	Target Population	Operational Approach	Award Cap
Behavioral Health Network	Social Determinants of Health	250 homeless or formerly homeless adults (18 years or older) with behavioral health (BH) and/or SUD diagnoses who are responsible for children	High-touch care coordination between BH treatment, primary care, housing supports, and vocational services to provide stability and continuity of care	\$750,000
Berkshire Medical Center	Behavioral Health Integration	1,500 high-risk primary care patients with BH and/or SUD primary diagnoses (no age band)	Care coordination hub to integrate BH care into primary care, and connect primary care physicians (PCPs) to experts via telemedicine and an embedded clinical navigator	\$741,920
Boston Health Care for the Homeless Program	Social Determinants of Health	60 high cost and high need homeless patients (adults, aged 40-60) treated on a rolling basis	Care coordination hub comprised of cross-sector providers of primary and BH care, housing, shelter, and social services to support the full spectrum of patients' needs	\$750,000
Boston Medical Center	Social Determinants of Health	300 high risk, high cost ED patients (18 years or older) with low primary care utilization	Place-based, high-touch care coordination and patient navigation deploying community health workers (CHWs) trained by legal practitioners to engage patients with community services and PCPs	\$747,289
Brookline Community Mental Health Center	Behavioral Health Integration	1,142 adults (18 years or older) with a serious chronic medical condition and a BH comorbidity	High-touch care management multidisciplinary team within the BIDCO care management structure integrating behavioral health, primary care, and community services	\$418,583
Care Dimensions	Serious Advancing Illness/End-of-Life Care	528 high-risk patients with life-limiting illness (~70% are adults 18-65, ~30% are 65+)	Embeds palliative care support into primary care practices, providing a resource for PCPs in early identification of patients with serious advancing illness	\$750,000
Commonwealth Care Alliance	Site and Scope of Care	980 dual eligibles enrolled through CCA (~80% are in One Care; ~20% are 65+ and low income)	Disability-focused ambulatory ICU which includes deploying community paramedics to provide palliative and behavioral health consults through telemedicine, and integrating dental care into a primary care setting	\$598,860
Hebrew SeniorLife	Social Determinants of Health	300 older adults (62 years or older) living in affordable housing	Care coordination team embedded in affordable housing sites to provide a link between housing and health care, regularly assess wellbeing of older adult residents, and promote self-care	\$421,742
Lynn Community Health Center	Site and Scope of Care	169 adult patients (20 years or older) with SMI enrolled in MassHealth PCPR	Intensive care coordination program deploying CHWs and providing remote medication monitoring supported by clinical pharmacy	\$690,000
Spaulding Hospital for Continuing Medical Care Cambridge	PAC	300 chronically critically ill patients (no age band)	Transitions of care support for long-term acute care patients utilizing a continuity team of an RN case manager and a social worker to step patients into a lower level setting of care	\$746,487

The goal of the **Telemedicine Pilots** is to increase access to high-quality behavioral health care through technology. Eligible applicants and their partners proposed pilots using telemedicine to extend access to behavioral health care services for one of the following populations with unmet behavioral health needs:

- Individuals with substance use disorder;
- Children and adolescents; and
- Older adults aging in place.

The HPC is funding 4 Telemedicine Pilots totaling \$1,762,789. Awards range from \$340,000 to \$500,000, for a 12-month period of performance.

Name	Focus	Target Population	Operational Approach	Award Cap
Heywood Hospital	Children & Adolescents	1,455 Students at Narragansett Regional Middle & High Schools and Ralph C. Mahar Regional School	Integration of telemedicine technology into middle and high school guidance departments to provide behavioral health care services to students	\$425,570
Pediatric Physicians' Organization at Children's Hospital	Children & Adolescents	33,397 pediatric primary care patients that require psychiatric care and live in a shortage area	Home-based psychiatric therapy delivered via video-conferencing to pediatric patients who are not identified as needing an in-person BH visit, and who cannot be scheduled locally	\$341,175
Riverside Community Care	Older Adults Aging in Place	160 home bound older adults	Psychiatry, behavioral health diagnosing, consultation, medication management, and problem-solving therapy (PST) delivered to homebound older adults through remote video consultation	\$499,860
UMass Memorial Medical Center	Individuals with SUD	250 hospitalized, co-morbid patients with SUD at high-risk for readmission	Integration of SUD treatment into inpatient and ED care at the bedside via video conferencing with an addictions social worker or psychiatrist	\$496,184

The goal of the Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions is to contribute the Commonwealth’s nation-leading efforts to address the opioid epidemic by supporting enhanced care and treatment for mothers and infants impacted by opioid use. Eligible applicants and their partners proposed interventions designed to improve care for infants with NAS and for women in treatment for opioid use disorder during and after pregnancy.

The HPC is funding 6 NAS interventions totaling \$2,997,778. Awards range from \$250,000 to \$1,000,000, for a period of performance of 12 or 24 months.

Name	Focus	Target Population	Operational Approach	Award Cap
Baystate Medical Center	NAS A	All infants who present with NAS symptoms	Utilization of rooms on the postpartum floor to provide care to the mother-infant dyad (through dedicated staff) during observation and treatment phases of NAS	\$249,778
Boston Medical Center	NAS A	All infants who present with NAS symptoms	Increased focus on non-pharmacologic care, improvement of pharmacologic care, and initiation of new hospital care models to decrease length of stay for infants with NAS	\$248,976
UMass Memorial Medical Center	NAS A	All infants who present with NAS symptoms	Multidisciplinary, coordinated approach that integrates pre-natal and post-natal management approaches including the standardization of scoring and treatment, increased breastfeeding and increased parent exposure	\$249,992
Lahey Health – Beverly Hospital	NAS B	70 pregnant women with Opioid Use Disorder over a two-year period	Development of an integrated program that starts during prenatal screening through the first postpartum year and includes pharmacotherapy, behavioral health care, prenatal care, life skills education, breastfeeding and newborn care, lifestyle coaching and complementary and alternative treatments for addictions	\$1,000,000
Lawrence General Hospital	NAS B	50 pregnant women with Opioid Use Disorder	Integrated NAS treatment model that includes a number of inpatient quality improvement initiatives such as enhanced training for inpatient clinicians; expansion of special care nursery to include a quiet room for mothers and infants; and development of a toolkit that describes the activities involved in a NAS episode of care.	\$250,000
Lowell General Hospital	NAS B	All pregnant women with confirmed Opioid Use Disorder; enrolling a minimum of 25 women annually	Identification of pregnant women with Opioid Use Disorder early in their pregnancies, to guide them in accessing pharmacotherapy treatment services, and support these new families through pregnancy, delivery, and six months postpartum	\$999,032