



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

# **Innovation Investment Program Information Sessions**

**March 16, 2016**



## **AGENDA**

- 10:00am** Neonatal Abstinence Syndrome Investment Opportunity
- 10:45am** Health Care Innovation Investment Program
- 11:30am** Telemedicine Pilot Initiative

*All sessions include Q&A*



## **AGENDA – 45 MINUTES**

- Purpose of Today's Session
- Background on the NAS Investment Opportunity
- Eligibility, Funding and Key Dates
- Minimum Requirements
- Proposal Instructions
- Review and Selection
- Q&A



## **PURPOSE OF TODAY'S SESSION**

- Learn about neonatal abstinence syndrome (NAS) and the HPC's investment opportunity to address it
- Opportunity to ask your questions about the proposal process

## **TO LEARN MORE AFTER THE SESSION**

- Review the frequently asked questions (FAQ) document on our website for answers to questions asked here today and through May 8, 2016, the deadline for written questions to be submitted to the HPC
- Attend the webinar on the proposal process on **Friday, March 25 at 10:00 AM** (*registration required*)
- Send additional questions to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us)

## Neonatal abstinence syndrome (NAS)

- NAS is marked by physiological symptoms present at birth after in utero exposure to opioids and other substances during development
- In 2013, there were 1,189 hospital discharges with an NAS code in MA
- Average LOS = **16 days** (range from 9 – 79 days)

Newborns with NAS are more likely to have complications compared with all other US hospital births.

**Premature birth (gestational age <37 weeks)**

*2.6 – 3.4 times more likely*

**Low birthweight <2,500g**

*19.1% vs 7.0%*

**Seizures**

*2.3% vs 0.1%*

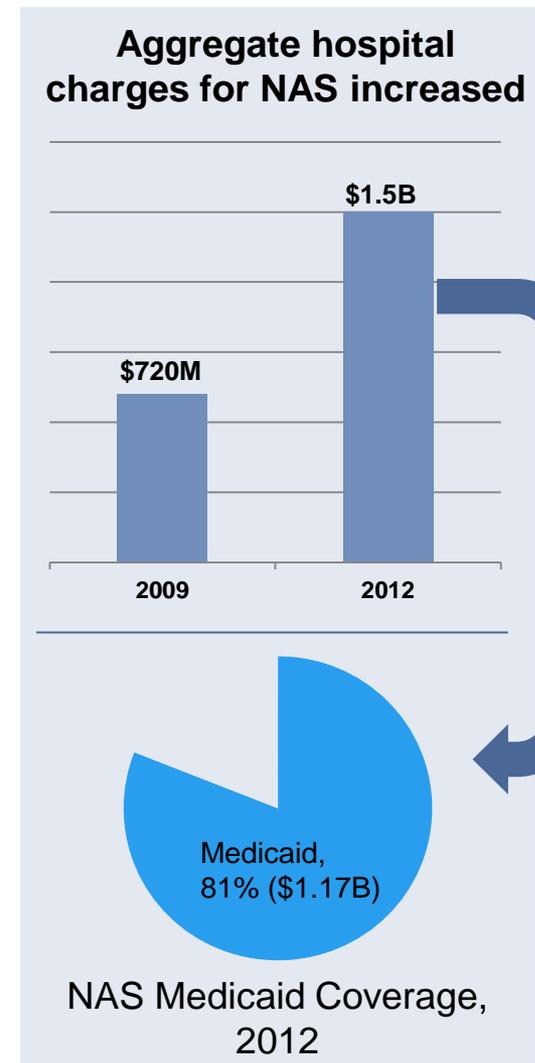
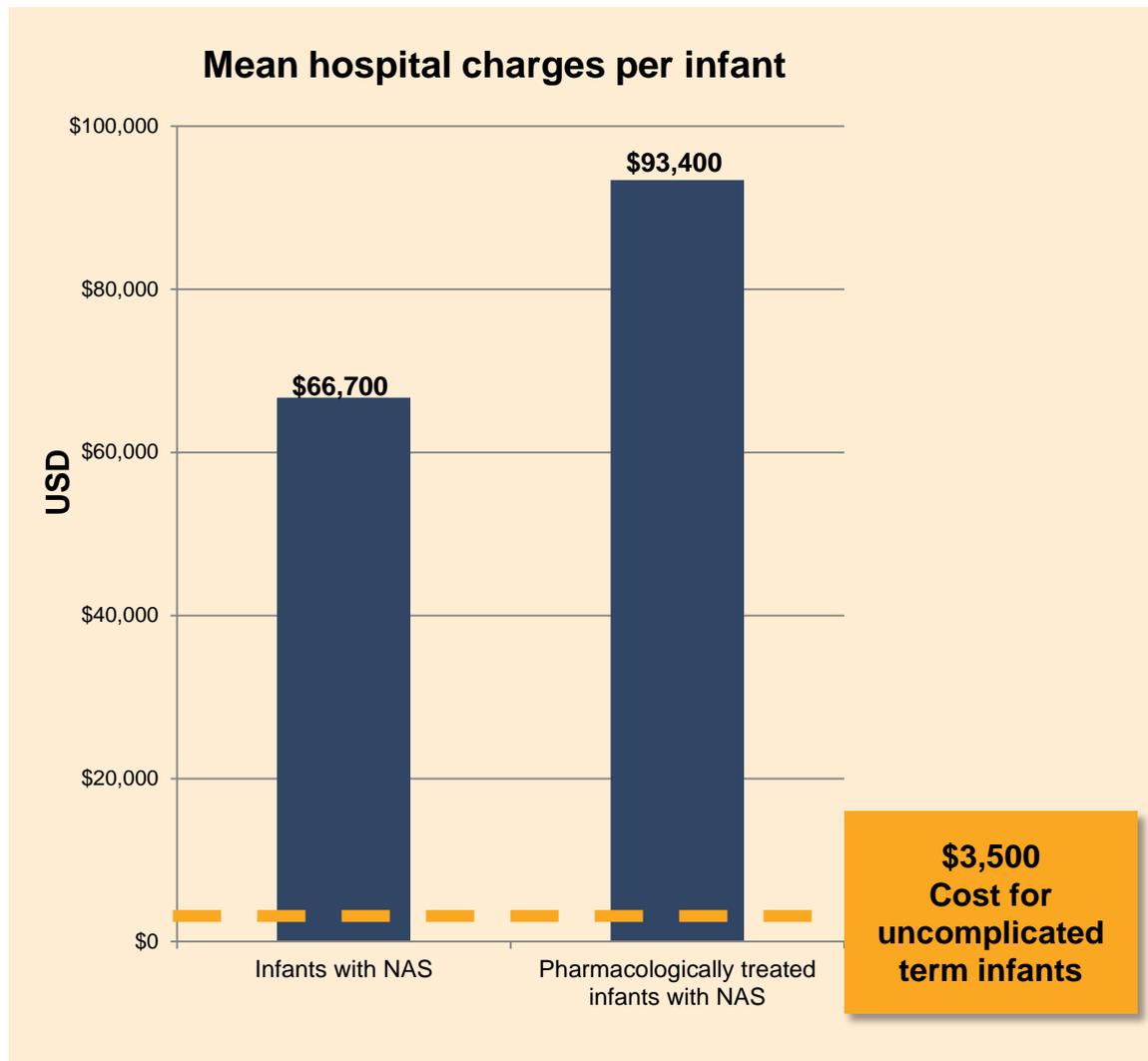
**Respiratory diagnoses**

*30.9% vs 8.9%*

**Feeding difficulties / Difficulty gaining weight**

*18.1% vs 2.8%*

# Costs of NAS nationwide



Patrick S, Schumacher R, Benneyworth B, *et al.* Neonatal abstinence syndrome and associated health care expenditures: United States, 2000-2009. *JAMA* 2012;307(18):1934-40.

Patrick S, Davis M, Lehman C, Cooper W. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *Journal of Perinatology* 2015. Apr 30. doi: 10.1038/jp.2015.36. [Epub ahead of print]

# NAS Investment Opportunity Background

<p><b>Purpose</b></p>	<ol style="list-style-type: none"> <li>1. Increase treatment supports for Opioid Use Disorder for women during pregnancy, including integration of behavioral and physical health care and engagement of social supports;</li> <li>2. Test a fully integrated model of postnatal supports for families with substance exposed newborns;</li> <li>3. Demonstrate that cost-savings and quality improvement are achievable together through an integrated delivery model to care for infants with NAS and families; and</li> <li>4. Replicate the Department of Public Health <i>Moms Do Care</i> project</li> </ol>
<p><b>Statutory Authority</b></p>	<p>Item 1599-1450 of Chapter 46 of the Acts of 2015 and M.G.L. c. 29, §2GGGG; 958 CMR 5.00</p>
<p><b>Funding</b></p>	<p>Two categories of funding:  <u>Category A</u>: 1-2 awards of up to \$250,000 each (15 months)  <u>Category B</u>: Up to 3 awards of up to \$1,000,000 each (27 months)</p>

## NAS Investment Opportunity Timeline



# NAS Investment Opportunity RFP Definitions

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- **Birth Hospital:** An Acute Hospital licensed to provide Maternal and Newborn Services under M.G.L. c. 111, §51 and 105 CMR 130.000 by the Massachusetts Department of Public Health (MDPH).
- **CHART Investment Program or CHART:** The program administered by the HPC pursuant to M.G.L. c. 29, §2GGGG and 958 CMR 5.00. Hospitals eligible for the CHART Investment Program include non-profit, non-Major Teaching Hospitals that have relative prices below the state median relative price as described in 958 CMR 5.02 (“qualified acute hospital”).
- **Medication-Assisted Treatment or MAT:** For purposes of this RFP, medication-assisted treatment means (1) the use of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono- product formulations) for the maintenance treatment of Opioid Use Disorder; (2) the use of opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations) to prevent relapse of opioid use; and (3) screening, assessment (the determination of severity of Opioid Use Disorder, including presence of physical dependence and appropriateness for MAT) and case management in compliance to federal and state guidelines and regulatory standards.
- **Neonatal Abstinence Syndrome or NAS:** Neonatal Abstinence Syndrome (NAS) is a generalized multisystem disorder that produces a group of similar behavioral and physiological symptoms present at the neonate’s birth that results from abrupt discontinuation of licit or illicit substances used by the mother during pregnancy, including opioids.
- **Opioid Use Disorder:** Opioid use disorder includes signs and symptoms that reflect compulsive, prolonged self-administration of opioid substances that are used for no legitimate medical purpose or, if another medical condition is present that requires opioid treatment, that are used in doses greatly in excess of the amount needed for that medical condition. For more information about Opioid Use Disorders, please visit: <http://pcssmat.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf>
- **Partner:** An organization or entity participating in the design or implementation of an Eligible Entity’s Proposal, including but not limited to community-based health and Behavioral Health care service providers including substance use disorder, mental health, primary care, pediatric, and/or obstetric providers.

Additional definitions available in **Section IX** of the NAS Investment Opportunity RFP

## Key Goals

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The **primary goal** for the NAS Investment Opportunity is to accelerate adoption of best practices related to prevention and treatment of NAS

The opportunity also seeks to:

- Increase engagement and retention in medication assisted treatment by pregnant and post-partum women
- Increase collaboration among hospitals, pediatricians, primary care providers, addiction treatment providers, and obstetrics and gynecology, as well as coordination with early intervention providers and social service providers to reduce relapse and readmission rates
- Support hospitals developing and implementing protocols for treatment of NAS that are modeled on evidence-based best practices

# Key Aspects of NAS Investment Opportunity

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## Category A: Non-CHART Birthing Hospitals

Funding available to up to 2 CHART-ineligible hospitals. Applicant may request funding to support development and implementation of hospital inpatient quality improvement initiatives related to treatment of NAS

Up to 2 awards of up to \$250,000 each, with total available funding of \$500,000

### Information Sessions:

March 16, 2016  
March 25, 2016 (Webinar format)

### Proposals Due:

May 13, 2016

## Category B: CHART Birthing Hospitals

Funding available to up to 3 CHART eligible hospitals. Applicant may request funding to support 2 required activities:

1. Development and implementation of inpatient QI initiatives
2. Replication of the DPH's Moms Do Care project

Up to 3 awards of up to \$1,000,000 each, with total available funding of \$3,000,000. 15% of Award will be designated for evaluation, TA, training, and collaborative activities to be overseen and administered by the HPC and DPH.

### Anticipated Awardee Announcements:

July 2016

### Anticipated Period of Performance:

Category A: October 2016 to December 2017  
Category B: October 2016 to December 2018



### Eligibility



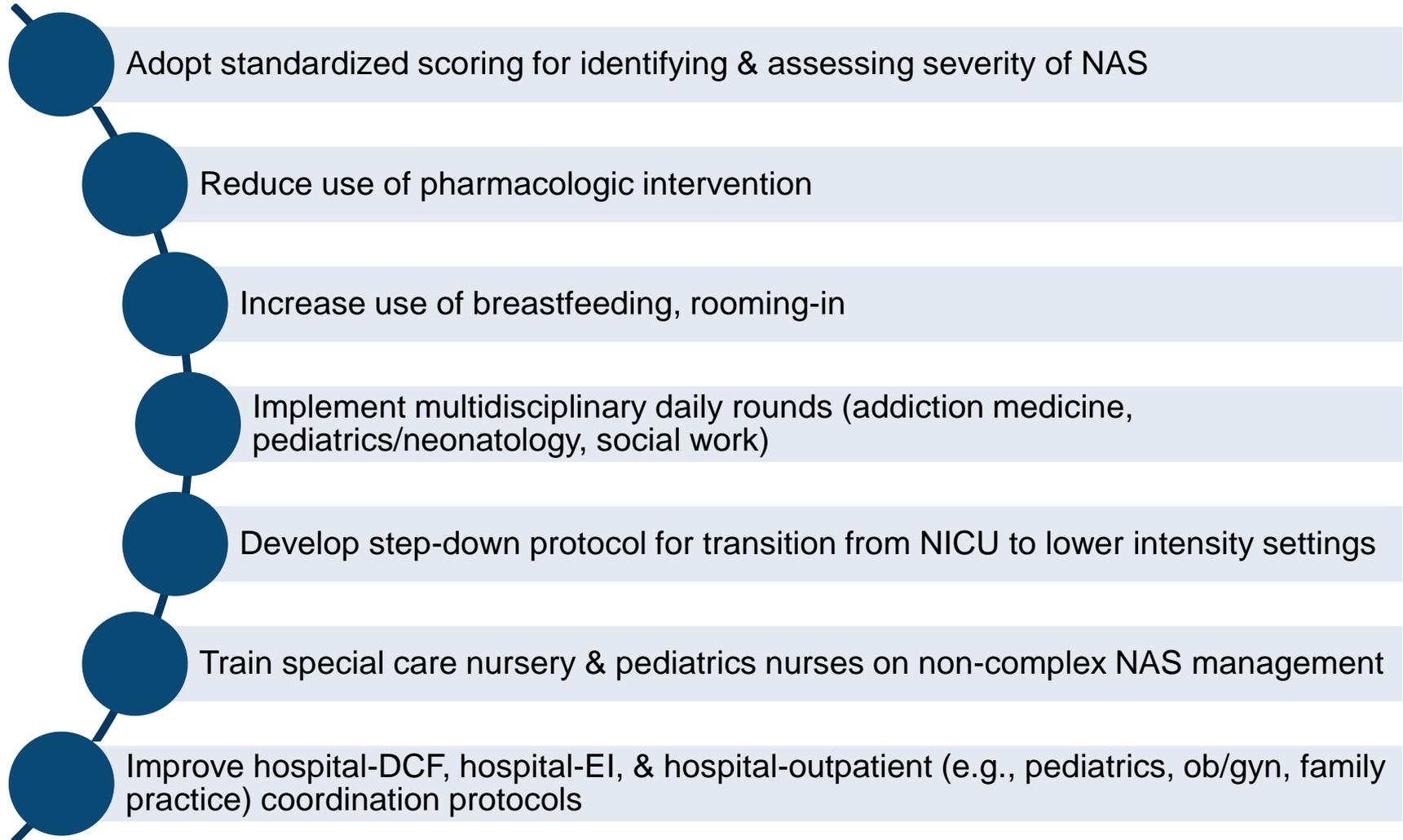
### Awards



### Key Dates

## Category A – HPC’s proposed “delivery to discharge” quality improvement initiative will accelerate uptake of best practices

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# Category B – HPC’s expansion of a federally funded DPH program adds additional hospital sites and aligns with HPC’s inpatient QI initiative



**DPH “Moms Do Care” Program**  
Funded through a federal grant

**HPC Pilot Program**  
Funded through FY16 State Budget \$500,000

**HPC Expansion**  
Funded through CHART Investment Program to expand on DPH work \$3,000,000



## Minimum Requirements

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Applicant must be a **birthing hospital**

1. Hospitals **ineligible** for the CHART Investment Program are eligible for **Category A** funding
2. Hospitals **eligible** for the CHART Investment Program are eligible for **Category B** funding

Applicant must submit proposal on behalf of all proposed partner(s).

1. Applicant is responsible for fulfilling the terms of the award, but may coordinate with partner(s) to perform operational aspects of the initiative.
2. Applicants for Category B funding must include identified partner(s) for the provision of outpatient MAT services during pregnancy and after delivery

Applicant must identify **investment director** (responsible for oversight of the implementation of the award) and **financial designee** (responsible for tracking HPC funds for the period of performance and for reporting expenditures as required by the HPC)

# General Proposal Requirements

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1

**A cover letter completed as described in Section V.C and signed by the President or Chief Executive Officer or Board Chair of the Applicant**

2

**A complete Operational Response (including all Attachments) for funding as described in Section V.D, including:**

- a. Driver Diagram Template (Attachment A, Exhibit 1)
- b. Performance Measures Template (Attachment A, Exhibit 2)
- c. Budget Proposal Response (Attachment A, Exhibit 3)

3

**Mandatory Contracting Forms: Each Applicant must include copies of the following documents signed by an authorized signatory of the Applicant:**

- a. Commonwealth Terms and Conditions (Attachment B, Exhibit 1)
- b. Commonwealth Standard Contract Form and Instructions (Attachment B, Exhibit 2)
- c. Contractor Authorized Signatory Form (Attachment B, Exhibit 3)
- d. HPC Confidentiality and Non-Disclosure Agreement (Attachment B, Exhibit 4)

Please reference Section VII for additional terms and conditions

# Operational Response Instructions

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Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages for submissions to Category A and 20 pages for submissions to Category B (excluding exhibits)

1 List the applicant and partner organizations

2 Demonstrate community and hospital need for improved NAS services

3 Define a primary aim and, if applicable, secondary aims

4 Describe the proposal

Driver Diagram Template  
Attachment A, Exhibit 1

5 Demonstrate and describe measurable impact of the proposal

Performance Measures Template  
Attachment A, Exhibit 2

6 Describe how the applicant and any proposed partners will staff and coordinate execution of the proposal

7 Describe the organizational commitment to implementing the proposal

8 Specify the budget

Budget Proposal Response  
Attachment A, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (optional)

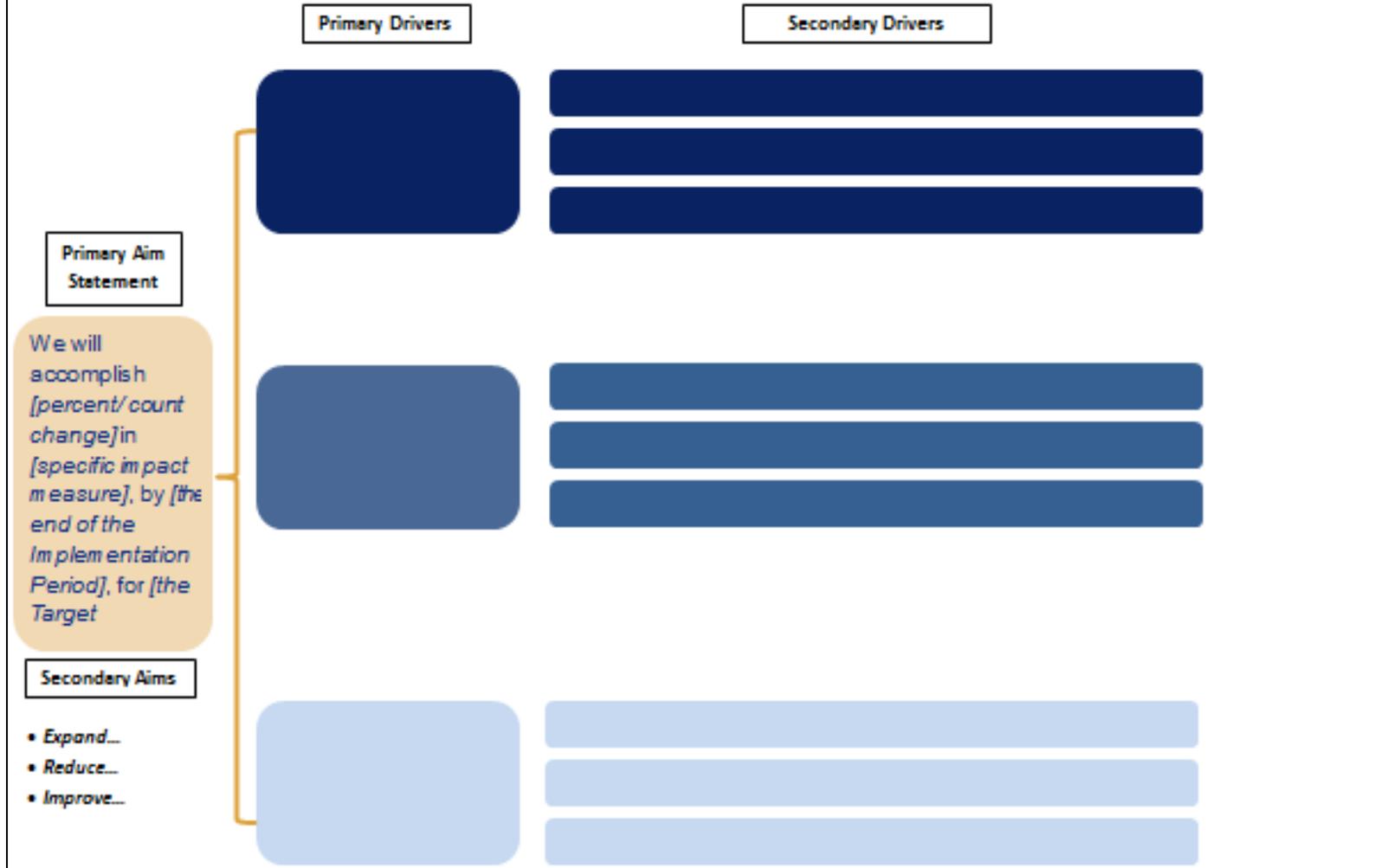


Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**

# Operational Response Instructions – Driver Diagram Template

*HPC-Innovation-001 Attachment B, Exhibit 1: Driver Diagram Template*

Complete a driver diagram using the template below to illustrate the logical flow of your initiative. The driver diagram should include primary and secondary drivers that support the primary aim and if applicable, secondary aims. For further instructions for building a driver diagram, please refer to the [HPC CHART Phase 2 Driver Diagram Guide](#).



# Operational Response Instructions

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Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages for submissions to Category A and 20 pages for submissions to Category B (excluding exhibits)

1 List the applicant and partner organizations

2 Demonstrate community and hospital need for improved NAS services

3 Define a primary aim and, if applicable, secondary aims

4 Describe the proposal

Driver Diagram Template  
Attachment A, Exhibit 1

5 Demonstrate and describe measurable impact of the proposal

Performance Measures Template  
Attachment A, Exhibit 2

6 Describe how the applicant and any proposed partners will staff and coordinate execution of the proposal

7 Describe the organizational commitment to implementing the proposal

8 Specify the budget

Budget Proposal Response  
Attachment A, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (optional)



Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**

# Operational Response Instructions – Performance Measures Template

Measures should be relevant to all domains of the Initiative, examples include:

- Length of Stay
- Total Cost of Care
- Use of non-pharmacologic interventions (e.g., breastfeeding, skin-to-skin contact, low-light exposure)
- Increased number of buprenorphine-waivered providers

Element	Measure	Purpose of Measure	Numerator	Denominator	Data Sources	Feasibility
<b>Primary Aim</b>	Length of Stay (LOS)	Compare changes in LOS post program implementation	Average LOS for neonates with NAS in 3 months post program implementation	Average LOS for neonates with NAS in 3 months prior to program implementation	Hospital inpatient data	Can begin collecting this measure by end of the preparation period
<b>Secondary Aim #1</b>	Breastfeeding rate	To determine whether neonates with NAS are being breastfed	Number of neonates with NAS who were breastfed	Total number of neonates with NAS	Clinical chart data	Currently collecting this measure

*The Performance Measures Template (Attachment A, Exhibit 2) is available on [mass.gov/hpc](http://mass.gov/hpc)*

# Operational Response Instructions

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Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages for submissions to Category A and 20 pages for submissions to Category B (excluding exhibits)

1 List the applicant and partner organizations

2 Demonstrate community and hospital need for improved NAS services

3 Define a primary aim and, if applicable, secondary aims

4 Describe the proposal

Driver Diagram Template  
Attachment A, Exhibit 1

5 Demonstrate and describe measurable impact of the proposal

Performance Measures Template  
Attachment A, Exhibit 2

6 Describe how the applicant and any proposed partners will staff and coordinate execution of the proposal

7 Describe the organizational commitment to implementing the proposal

8 Specify the budget

Budget Proposal Response  
Attachment A, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (optional)



Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**

# Operational Response Instructions – Budget Proposal Response

## EXAMPLE Budget Proposal Response

### EXAMPLE Organization Information

#### Community Health Center ABC

1	Please indicate the financial designee supporting financial reporting for your organization for the Proposed Initiative, below.	
2	Name:	John Smith
3	Title:	Manager of General Accounting
4	Email address:	<a href="mailto:john@applicant.org">john@applicant.org</a>
5	Phone number:	(555) 234-5678
6	Assistant name and contact information, if applicable:	Jane Black; jane@applicant.org

### EXAMPLE Budget Roll-Up for Duration of the Period of Performance

	TOTAL	HPC Funding	In-Kind Contribution	Other Funding Sources
7 Personnel Salary (Including Fringe and Indirect)	\$ 639,519	\$ 309,674	\$ 134,244	\$ 195,600
8 Consultants/Contractors	\$ 10,000	\$ 10,000	\$ -	\$ -
9 Technology Costs	\$ 147,000	\$ 124,500	\$ 7,500	\$ 15,000
10 Training Costs	\$ 5,000	\$ 5,000	\$ -	\$ -
11 Additional Support Costs	\$ 23,600	\$ 18,600	\$ 5,000	\$ -
12	<b>TOTAL PERIOD OF PERFORMANCE COSTS</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>
13	<b>TOTAL PREPARATION PERIOD COSTS</b>	<b>\$ 192,500</b>	<b>\$ 33,500</b>	<b>\$ 15,000</b>
14	<b>TOTAL IMPLEMENTATION PERIOD COSTS</b>	<b>\$ 275,274</b>	<b>\$ 113,244</b>	<b>\$ 195,600</b>
15	<b>FOR HPC STAFF USE:</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>

### EXAMPLE Itemized Budget Costs for Duration of the Period of Performance

Personnel Salary and Fringe Benefits	FTEs per year	Annual FTE Salary Cap \$181,500/FTE	Total Cost	HPC Funding	In-Kind Contributions	Other Funding Sources	Notes
16 Investment Director	0.10	\$ 181,500	\$ 27,225	\$ -	\$ 27,225	\$ -	VP of Operations
17 LICSW	2.00	\$ 70,000	\$ 210,000	\$ 140,000	\$ -	\$ 70,000	Hospital-Based Care Navigation Team - partially funded by ICB
18 Community Health Worker	1.00	\$ 42,000	\$ 63,000	\$ -	\$ -	\$ 63,000	Community-Based Care Navigation Team - RWJF Funded
19 Program Director	0.50	\$ 127,000	\$ 95,250	\$ 63,500	\$ 31,750	\$ -	Hospital-Based Program Support
21 Psychiatrist	0.25	\$ 171,000	\$ 64,125	\$ 32,062	\$ 32,062	\$ -	Community-Based BHI/Detox/Telepsych
22 Coding and Charge Entry Specialist	0.50	\$ 40,000	\$ 30,000	\$ -	\$ -	\$ 30,000	Hospital-Based Program Support - ICB Funded
23	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
24	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
25	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
26	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
27	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
28	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
29	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
30	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
	<b>SUB TOTAL</b>		<b>\$ 489,600</b>	<b>\$ 235,562</b>	<b>\$ 91,037</b>	<b>\$ 163,000</b>	
31	<b>Fringe Benefit Rate</b>	<b>20%</b>	<b>\$ 97,920</b>	<b>\$ 47,112</b>	<b>\$ 18,207</b>	<b>\$ 32,600</b>	
	<b>TOTAL STAFF SALARY AND FRINGE COSTS</b>		<b>\$ 587,520</b>	<b>\$ 282,674</b>	<b>\$ 109,244</b>	<b>\$ 195,600</b>	
<b>Indirect Costs</b>			<b>Total Cost</b>	<b>HPC Funding</b>	<b>In-Kind Contributions</b>	<b>Other Funding Sources</b>	<b>Notes</b>
HPC Funding of Indirect Cost Should be 15% or Less of Total							
32 10% Indirect Cost			\$ 52,000	\$ 27,000	\$ 25,000	\$ -	Indirect cost assigned at ED unit rate (includes cleaning, supplies, utilities, and equipment)

# Operational Response Instructions

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Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages for submissions to Category A and 20 pages for submissions to Category B (excluding exhibits)

1 List the applicant and partner organizations

2 Demonstrate community and hospital need for improved NAS services

3 Define a primary aim and, if applicable, secondary aims

4 Describe the proposal

Driver Diagram Template  
Attachment A, Exhibit 1

5 Demonstrate and describe measurable impact of the proposal

Performance Measures Template  
Attachment A, Exhibit 2

6 Describe how the applicant and any proposed partners will staff and coordinate execution of the proposal

7 Describe the organizational commitment to implementing the proposal

8 Specify the budget

Budget Proposal Response  
Attachment A, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (optional)



Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**

# Proposal Instructions – Category B Additional Response Requirements

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Given the nature of Category B and its design, the HPC has a few additional requirements for the operational response.

Describe the target population and how many patients are anticipated to be enrolled

Specify method for case finding individuals in the target population to achieve the Category B requirement of enrolling at least 50 patients during initiative

Describe how the Applicant and Partner(s) will collaborate

Describe how the Applicant will propose to increase the number of waived buprenorphine providers

# Review and Selection Criteria

Criteria for Evaluation (100 points)		
Impact of the Initiative	Category A 35 Points	Category B 25 Points
Operational Approach	30 Points	25 Points
Partnership and Collaboration		15 Points
Leadership and Organizational Capacity	10 Points	10 Points
Budget and Financial Considerations	15 Points	15 Points
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

- Community need (impact of opioid epidemic on hospital catchment area)
- Institutional need
- Increased access to MAT providers (Category B only)
- Enhanced access to behavioral health care for the selected population(s)
- Estimated impact on cost and quality of services delivered, patient experience, and continuity of care
- Estimated impact on improving NAS care, reducing cost, and improving substance use disorder treatment for women with Opioid Use Disorder (cost, length of stay, quality, patient experience, provider experience, other related indicators of health system improvement)

# Review and Selection Criteria

Criteria for Evaluation (100 points)		
Impact of the Initiative	Category A 35 Points	Category B 25 Points
<b>Operational Approach</b>	<b>30 Points</b>	<b>25 Points</b>
Partnership and Collaboration		15 Points
Leadership and Organizational Capacity	10 Points	10 Points
Budget and Financial Considerations	15 Points	15 Points
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

- Proposal is well-designed, comprehensive, feasible, and effective (e.g., clear aims, goals, objectives, deliverables, outcomes)
- Proposal is evidence based
- Proposal demonstrates plans for operational accountability, including internal monitoring and appropriate governance/ oversight of funding
- Measurement plan provides for performance reporting and is aligned and to the initiative aims

# Review and Selection Criteria

## Criteria for Evaluation (100 points)

	Category A	Category B
Impact of the Initiative	35 Points	25 Points
Operational Approach	30 Points	25 Points
<b>Partnership and Collaboration</b>		<b>15 Points</b>
Leadership and Organizational Capacity	10 Points	10 Points
Budget and Financial Considerations	15 Points	15 Points
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

### CATEGORY B ONLY

- Strength of proposed partnership for the provision of outpatient MAT services during pregnancy and after delivery
- Extent to which community-based medical providers (e.g., PCP, family practice, pediatric), behavioral health providers (e.g., MAT providers, outpatient counseling), and social service providers (e.g., early intervention) are included as partner(s)

# Review and Selection Criteria

Criteria for Evaluation (100 points)		
Impact of the Initiative	Category A 35 Points	Category B 25 Points
Operational Approach	30 Points	25 Points
Partnership and Collaboration		15 Points
<b>Leadership and Organizational Capacity</b>	<b>10 Points</b>	<b>10 Points</b>
Budget and Financial Considerations	15 Points	15 Points
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

- Adequacy of staffing plan to meet proposal goals
  - Category A must include investment director, at minimum
  - Category B must include investment director, nurse care manager, certified addictions registered nurse, and recovery mom, at minimum
- Proposed leadership and management engagement and capability
- Past performance with relevant health care transformation grant programs (if applicable)

# Review and Selection Criteria

## Criteria for Evaluation (100 points)

	Category A	Category B
Impact of the Initiative	35 Points	25 Points
Operational Approach	30 Points	25 Points
Partnership and Collaboration		15 Points
Leadership and Organizational Capacity	10 Points	10 Points
<b>Budget and Financial Considerations</b>	<b>15 Points</b>	<b>15 Points</b>
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

- Appropriateness and sufficiency of the proposed budget
- Cost efficiency of the proposed budget
- Financial need of applicant and any proposed partner(s) at time of application
- Proposed in-kind contribution(s), relative to the financial need of the applicant and any proposed partner(s)

# Review and Selection Criteria

Criteria for Evaluation (100 points)		
Impact of the Initiative	Category A 35 Points	Category B 25 Points
Operational Approach	30 Points	25 Points
Partnership and Collaboration		15 Points
Leadership and Organizational Capacity	10 Points	10 Points
Budget and Financial Considerations	15 Points	15 Points
Sustainability and Scalability	10 Points	10 Points

## Relevant Factors

- Potential for learning, sustainability, replication and scalability of the Proposal

# NAS Investment Opportunity Timeline

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Description	Date
RFP Released	March 2, 2016
Information sessions held by HPC staff	March 16, 2016 (in person) March 25, 2016 (webinar)
Deadline for submission of written questions	May 6, 2016 by 3:00 PM
Deadline for submission of Proposal	May 13, 2016 by 3:00 PM
Awardees selected	July 2016
Projected Contract Execution	October 2016
Preparation Period ( <i>up to 3 months</i> )	October 2016-December 2016
Implementation Period – Category A	January 2017-December 2017
Implementation Period – Category B	January 2017-December 2018

# NAS Investment Opportunity RFP Summary



## Goal

- Improve quality of care to address the complex health and social needs of newborns with neonatal abstinence syndrome and their families via two pathways



## Eligible Applicants

- Category A: Non-CHART Birthing Hospitals
- Category B: CHART Birthing Hospitals



## Investment Focus

- Category A: Inpatient quality improvement bundle
- Category B: Massachusetts Department of Public Health (DPH) Moms Do Care project



## Award

- \$3,500,000 total opportunity
- For Category A, up to \$500,000 for 1-2 Awards of up to \$250,000 each
- For Category B, up to \$3,000,000 for 1-3 Category B awards of no more than \$1,000,000 each
- 15% withhold for TA and evaluation



## Selection Criteria

- Impact of the Initiative
- Operational Approach
- Partnership and Collaboration (Category B )
- Leadership and Organizational Capacity
- Budget and Financial Considerations
- Sustainability and Scalability



## Contact Information

HPC-Innovation@state.ma.us



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

## **AGENDA**

- 10:00am** Neonatal Abstinence Syndrome Investment Opportunity
- 10:45am** Health Care Innovation Investment Program
- 11:30am** Telemedicine Pilot Initiative

*All sessions include Q&A*



## **AGENDA – 45 MINUTES**

- Purpose of Today's Session
- Background on the Health Policy Commission
- Background on the Health Care Innovation Investment (HCII) Program
- Eligibility, Funding and Key Dates
- Minimum Requirements
- Proposal Instructions
- Review and Selection
- Q&A



## **PURPOSE OF TODAY'S SESSION**

- Learn about the HCII Program
- Opportunity to ask your questions about the proposal process

## **AFTER THE SESSION**

- Review the frequently asked questions (FAQ) document on our website for answers to questions asked here today
- Attend the webinar on the proposal process on **Friday, March 25 at 10:00 AM** (*registration required*)
- Send additional questions to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us)



## Who we are

The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. The HPC's main responsibilities include monitoring the performance of the health care system; analyzing the impact of health care market transactions on cost, quality, and access; setting the health care cost growth benchmark; and investing in community health care delivery and innovations.

## Mission

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

## Vision

Our vision is a transparent, accountable health care system that ensures quality, affordable, and accessible health care for the Commonwealth's residents.

## HPC Scope of Work

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- Establish annual statewide health care cost growth benchmark and analyze and report on health care cost drivers;
- Monitor the composition and functioning of health care provider organizations in Massachusetts;
- Assess the impact of health care market changes on cost, quality, and access;
- Invest in care delivery and payment transformation in the Commonwealth to establish the foundation necessary for a sustainable health care system;
- Promote the adoption of new delivery system models through a certification program for patient-centered medical homes and accountable care organizations; and
- Oversee the development and implementation of performance improvement plans by health care market participants.

# HCII Program Background

<b>Purpose</b>	To foster innovation in health care payment and service delivery
<b>Statutory Authority</b>	M.G.L. c. 6D,§7; M.G.L. c. 29,§2GGGG; 958 CMR 5.00
<b>Funding</b>	<p>Total amount of <b>\$5 million</b> \$750,000 cap per award</p> <ul style="list-style-type: none"> <li>▪ \$3,500,000 through the Health Care Payment Reform Trust Fund</li> <li>▪ \$1,500,000 for CHART hospitals through the Distressed Hospital Trust Fund</li> </ul>

## HCII Round 1 Timeline



## HCII Program Goal

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The goal of HCII is **to reduce health care cost growth within the Commonwealth** while maintaining or improving quality, access, and provider experience.

### Reducing total medical expenses

for example, through avoided acute care utilization, avoided procedures or tests, shift of volume to lower cost sites of care, or use of more cost-efficient care providers. Total medical expenses are a key component of total health care expenditures (THCE).

### Reducing operating expenses

for example, through use of innovative tools or protocols to improve process flows. Applicants that seek to reduce operating expenses must demonstrate how such savings may impact THCE (e.g., by citing opportunities to reduce operating costs in a service line that result in reductions in TME).

### Reducing social costs

for example, through reduction in chronic homelessness, increased educational engagement, etc. Applicants that seek to reduce social costs must demonstrate how such savings may impact THCE (e.g., reduction in homelessness is correlated with reduced utilization of health care).

## Select Definitions

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- **Carrier:** An insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services. *For the purposes of this presentation, "carrier" shall be used interchangeably with "payer".*
- **CHART Investment Program or CHART:** The program administered by the HPC pursuant to M.G.L. c. 29, §2GGGG and 958 CMR 5.00. Hospitals eligible for the CHART Investment Program include non-profit, non-major teaching hospitals that have relative prices below the state median relative price as described in 958 CMR 5.02 ("qualified acute hospital").
- **Partner:** Any organization participating in a proposal to the HPC pursuant to this RFP, whether an eligible entity or not.
- **Provider:** Any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide health care services.
- **Provider Organization:** Any corporation, partnership, business trust, association or organized group of person, which is in the business of health care delivery or management, whether incorporated or not that represents 1 or more health care providers in contracting with carriers for the payments of health care services; provider, that "provider organization" shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other organization that contracts with carriers for payment for health care services.

Please reference Section IX of the HCII Round 1 RFP for additional definitions

# HCII Program Round 1 Challenges

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## Social Determinants of Health

Meet the social needs that impact the health of high-risk/high-cost patients

## Behavioral Health Integration

Integrate behavioral and physical health care (mental illnesses and substance use disorders) for high-risk / high-cost patients

## Value-Informed Choices: Purchasers

Increase value-informed choices by purchasers (including both employers and consumers) that optimize patient preferences

## Value-Informed Choices: Providers

Increase value-informed choices by providers that address high-cost tests, drugs, devices, and referrals

## Provider Practice Variation

Reduce practice variation in lower back pain, hip/knee replacements, deliveries, and other high-variability episodes of care

## Post-Acute Care

Improve hospital discharge planning to reduce over-utilization of high-intensity post-acute care (PAC) settings as well as improve efficiency and transitions of care within and between PAC providers

## End-of-Life Care

Support patients in receiving care that is consistent with their goals at the end of life and provide comprehensive community- and home-based services

## Site and Scope of Care

Expand scope of care of medical and paramedical providers who can most efficiently care for high-risk / high-cost patients in community settings (e.g., through care models, partnerships, and/or technologies)

# Key Aspects of HCII Round 1 Funding Opportunity

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## Eligibility

Health Care providers and provider organizations

- Includes CHART Hospitals Carriers

Non-Eligible Entities may participate as partners in initiatives to apply for funding under this RFP.

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## Awards

### 8-12 awards

- Up to \$750,000 each

### Total available funding of \$5,000,000

- \$3,500,000<sup>1</sup> is available from the Health Care Payment Reform Trust Fund
  - \$1,500,000<sup>2</sup> is available from the Distressed Hospital Trust Fund
- 



## Key Dates

<b>April 8</b>	Letters of Intent Due
<b>May 13</b>	Proposals Due
<b>July 2016</b>	Awardees Selected
<b>October 2016</b>	Contracts Executed
<b>Oct 16-Sep 18</b>	Period of Performance, including:
	<b>Preparation Period</b> up to 6 months ( <i>optional</i> )
	<b>Implementation Period</b> 18 months

<sup>1</sup> For Applicants not eligible for the CHART Investment Program

<sup>2</sup> For Applicants eligible for the CHART Investment Program



## **HCII PROGRAM ROUND 1 RFP - MINIMUM REQUIREMENTS**

- **Eligibility and Key Personnel**
- **Partnership**
- **Challenges**
- **Adaptation of Innovation**
- **Outcomes and Performance Measurement**

## Minimum Requirement – Eligibility and Key Personnel

### A Proposal must be submitted by an Eligible Entity (the Applicant).

- The HPC is seeking a diverse pool of competitive applications, and encourages applicants to partner with one or more organizations to develop competitive applications and implement the proposed initiative.
- The Applicant must submit the Proposal on behalf of all partners.

	Applicant	Partner	Investment Director	Financial Designee
Award Eligibility	Eligible entities	Eligible and non-eligible entities non-corporately affiliated with the applicant	An employee of either the applicant or a partner	An employee of the applicant
Application Requirement	One per application	One <u>or more</u> per application	One per application	One per application
Role in the Proposed Initiative	Responsible for fulfilling the terms of the award	Collaborates on the initiative to adapt an innovative payment and/or delivery approach, analytic model, tool, or other solution	Leads preparation (optional) and implementation of the initiative	Possesses relevant skills and understanding of the Applicant's accounting practices
Engagement with the HPC	Contracts with the HPC Submits Application on behalf of partners	Must comply with terms of award contract	Primary point of contact for the HPC	Reports expenditures to as required by the HPC

## Minimum Requirement – Partnership

**The Applicant must propose one or more partners to address the selected Challenge.**

- ▶ Form multi-stakeholder partnerships to engage in meaningful collaborations to meet patients' health needs, which are complex and multi-factorial.
- ▶ Entities that seek to partner together for the Initiative must submit a single Proposal for funding.
- ▶ Strength of partnerships will be a competitive factor in selection.



### **Examples of partnerships may include:**

- A professional association and payers / providers partnering to address practice pattern variation and waste
- A payer and a provider collaborating to test an innovative payment arrangement to implement a new model for supporting care at the end of life
- A health system and a social services provider collaborating to meet the housing or other SDH needs of high risk patients
- A payer and a researcher partnering to test a new analytics approach or to provide enhanced evaluation
- A provider, an employer, and a technology partner to adapt a model of direct-to-consumer telemedicine to increase employee access to health care services

# Minimum Requirement – Challenges

The Applicant must select one of the eight Challenges to target with its Initiative.



These eight Challenges were selected by the HPC because each is a persistent health care cost driver and all have great potential for being addressed through innovative interventions implemented through collaborative partnerships.

Detailed descriptions of each Challenge may be found in Attachment A, Exhibit 1, on the HPC’s website under [“Innovation Investments”](#)

## Social Determinants of Health (SDH):

*Meet the social needs that impact the health of high-risk/high-cost patients*

Social determinants of health (SDH), non-medical conditions such as poverty, nutrition, education, and opportunity for employment, are inextricably linked to an individual’s medical and behavioral health outcomes—and play a substantially larger role than do medical factors in an individual’s health.<sup>1</sup>

Access to affordable housing, the quality of early childhood education, and the presence of stable employment opportunities have been shown to affect health expenditures, especially for minority and at-risk populations. Characteristics such as race or ethnicity, religion, socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status contributing to significant health care costs.<sup>2</sup> Populations such as homeless individuals, low-income individuals and families, and women, who bear the majority of caregiving responsibilities in the home, often face unique health care access issues that result in delaying preventative and routine treatment. When in need of care, these groups tend to rely on high-cost settings for primary care services. Socioeconomic, racial, and geographical disparities in readmission rates further indicate the importance of community drivers as part of any comprehensive solution for reducing health care costs. For example, patients living in low-income neighborhoods are 24 percent more likely than others to be readmitted to the hospital.<sup>3</sup>

Payers, public health agencies and foundations, and social support agencies have a role in addressing drivers of health care costs. Meeting the health-related social needs of patients requires jointly-accountable partnerships across these sectors, with linked information-sharing systems as well as aligned budgeting and evaluation metrics.<sup>4</sup>

To address this Challenge, a number of innovations are emerging in the field. The following highlights a selection of innovative models that have successfully demonstrated cost savings. This summary is non-exhaustive, and should be considered an illustrative resource, only.



SDH Model I: Integrated Health Care and Housing Services (Economic Roundtable in L.A. County)

## Minimum Requirement – Adaptation of Cost-Saving Innovation

**The Applicant must propose an Initiative adapted from previous successful demonstrations achieving cost savings and other improvements to quality and access**

### The proposed initiative must...

...have been previously implemented at least once (e.g., in a health system, hospital, community, carrier, etc.)

&

...be supported by evidence of the potential to achieve meaningful savings within the Implementation Period.

### Reference material for Applicants:

Intended to be a helpful reference resource, RFP Attachment A.1 provides examples to support Applicants in adapting effective, previously tested service models and initiatives.

### Evidence base may include (but not be limited to):

- Journal articles
- Case studies
- White papers
- Published findings of pilots and demonstrations
- The applicant's and partners' past experience implementing an intervention

## Minimum Requirement – Outcomes and Performance Measurement

**The Applicant must describe how it will measure its outcomes and a plan for rapid-cycle evaluation in order to achieve impacts.**

**Measures should be relevant to all domains of the Initiative, such as**

- Cost and utilization
- Clinical outcomes
- Clinical processes
- Access to care
- Patient experience (including patient-reported outcome measures)
- Provider experience

### **Examples of outcome measures may include:**

- Total Medical Expenditure
- Per-Member Per-Month charges
- Per-procedure costs
- Inpatient admissions and readmissions
- Emergency Department visits
- Facility length of stay
- Specialist visits
- Mortality rates
- Patient experience
- Patient wait times
- Referrals to community-based services
- Provider Net Promoter Scores

The **Performance Measures Template, Attachment B, Exhibit 2**, is located under “Innovation Investments” on [mass.gov/hpc](http://mass.gov/hpc)

# Minimum Requirement – Outcomes and Performance Measurement

Sample Performance Measures						
Element	Measure	Purpose of Measure	Numerator	Denominator	Data Sources	Feasibility
<b>Primary Aim</b>	ED visits per patient per year	Rapidly available measure of costs that is sensitive to failures of the Initiative to appropriately coordinate care in lower-cost, less disruptive settings	Number of ED Visits by Denominator patients	Number of residents of Springfield under the age of 18 with Behavioral Health conditions who have visited the ED	Participating facility ADT systems	Currently collecting this measure
<b>Secondary Aim #1</b>	BH specialist visits per patient, per year	A balancing measure that indicates ability of Target Population to access appropriate BH support and referrals to further resources	Number of BH specialist encounters by Denominator patients	Number of residents of Springfield under the age of 18 with Behavioral Health conditions the have visited the ED	Participating provider administrative data	Can begin collecting this measure by the end of the Preparation Period

The **Performance Measures Template, Attachment B, Exhibit 2**, is located under “Innovation Investments” on [mass.gov/hpc](http://mass.gov/hpc)

# General Proposal Requirements

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**Due by 3:00 PM EDT April 8, 2016**

- 1 A letter of intent (LOI) to apply completed as described in Section V.B on the HPC website**

**Due by 3:00 PM EDT May 13, 2016**

- 2 A cover letter completed as described in Section V.D signed by the President or Chief Executive Officer or Board Chair of the Applicant**

**A complete Operational Response (15 page max), with all Attachments as described in Section V.E, including:**

- 3**
  - 1. Driver Diagram Template (Attachment B, Exhibit 1)**
  - 2. Performance Measures Template (Attachment B, Exhibit 2)**
  - 3. Budget Proposal Response (Attachment B, Exhibit 3)**

**Mandatory contracting forms signed by an authorized signatory of the Applicant:**

- 4**
  - a. Commonwealth Terms and Conditions (Attachment B, Exhibit 1)**
  - b. Commonwealth Standard Contract Form and Instructions (Attachment B, Exhibit 2)**
  - c. Contractor Authorized Signatory Form (Attachment B, Exhibit 3)**
  - d. HPC Confidentiality and Non-Disclosure Agreement (Attachment B, Exhibit 4)**

# Proposal Instructions – Letter of Intent (LOI)

The LOI is a required summary of the Applicant's intent to submit a Proposal targeting a selected Challenge.

## Purpose of the LOI

- Indicate to the HPC an Applicant's intent to submit a Proposal (non-binding)
- Provide Applicants an opportunity to seek additional partners for a Proposal

## LOI Contents

- Applicant \*
- Partner(s) \*
- Title of Proposed Initiative
- Selected Challenge \*
- Description of Proposed Initiative
- Estimated Funding Request
- Interest in Partnership \*
- Contact Information for Partnership Inquiries \*



Complete LOIs must be received by the HPC through the provided web form no later than **3:00 PM EDT on April 8, 2016.**

## Guidance

- Information submitted in categories marked by an asterik (\*) will be made publicly available on the HPC's website.
- An applicant may alter contents of its LOI in the proposal.
- Any eligible entity listed as a partner by an applicant in an LOI is eligible to submit its own proposal.

# Proposal Instructions – Operational Response

Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages (excluding exhibits)

1 List the Applicant and partner organizations

2 Demonstrate the impact of the proposed Initiative

Driver Diagram Template  
Attachment B, Exhibit 1

3 Describe the proposed Initiative and demonstrate your operational capacity

Performance Measures Template  
Attachment B, Exhibit 2

4 Describe the full team that will staff and support the Initiative.

5 Describe how the Initiative is consistent with and/or preferable to current models of care delivery or payment

6 Describe the operational and technical viability of the service model

7 Describe the organizational commitment to implementing the Initiative

8 Specify the budget

Budget Proposal Response  
Attachment B, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (Optional)

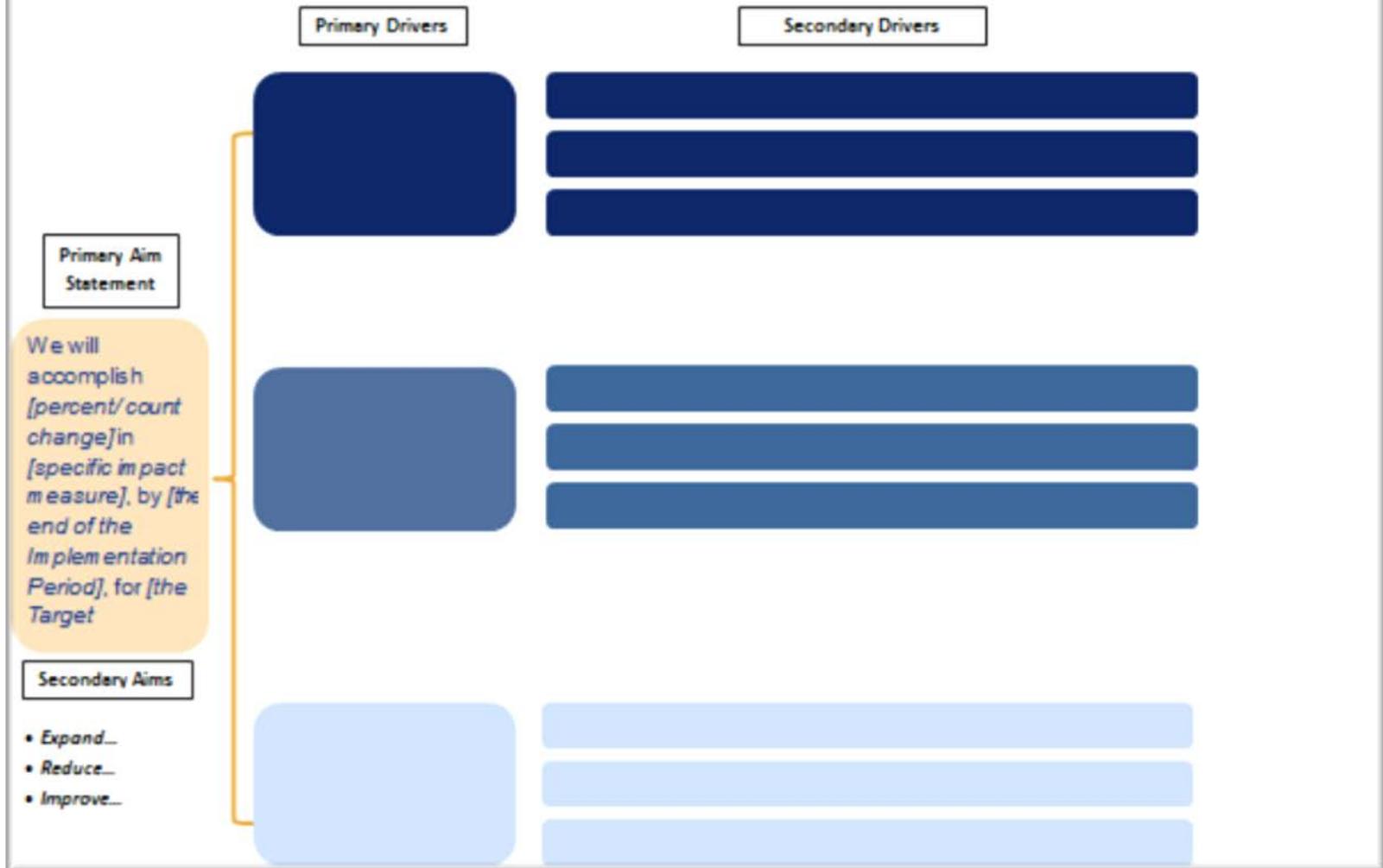
Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**



# Proposal Instructions – Driver Diagram Template

HPC/Jenkinson-001 Attachment B, Exhibit 1 Driver Diagram Template

Complete a driver diagram using the template below to illustrate the logical flow of your Initiative. The driver diagram should include primary and secondary drivers that support the primary aim and if applicable, secondary aims. For further instructions for building a driver diagram, please refer to the [HPC CHART Phase 2 Driver Diagram Guide](#).



# Proposal Instructions – Performance Measures Template

*HPC-Innovation-001 Attachment B, Exhibit 2: Performance Measures Template*

## **Instructions**

Complete the table below. The table should individually list the Initiative’s primary aim, secondary aims, primary drivers and secondary drivers in an “Element” column. Include associated measures with a description of their value, numerators, denominators, and data sources.

In the “Feasibility” column, please indicate if you are currently collecting this measure or you can begin collecting this measure by the end of the Preparation Period.

Add as many rows as there are elements in your service model to describe.

## **Performance Measures**

<i>Element</i>	<i>Measure</i>	<i>Value of Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Sources</i>	<i>Feasibility</i>
<b>Primary Aim</b>						
<b>Secondary Aim#1</b>						
<b>Secondary Aim#2</b>						
<b>Secondary Aim#3</b>						
<b>Primary Driver#1</b>						
Secondary Driver 1.1						
Secondary Driver 1.2						

# Proposal Instructions – Budget Proposal Response

## EXAMPLE Budget Proposal Response

### EXAMPLE Organization Information

#### Community Health Center ABC

1	Please indicate the financial designee supporting financial reporting for your organization for the Proposed Initiative, below.	
2	Name:	John Smith
3	Title:	Manager of General Accounting
4	Email address:	<a href="mailto:john@applicant.org">john@applicant.org</a>
5	Phone number:	(555) 234-5678
6	Assistant name and contact information, if applicable:	Jane Black; jane@applicant.org

### EXAMPLE Budget Roll-Up for Duration of the Period of Performance

	TOTAL	HPC Funding	In-Kind Contribution	Other Funding Sources
7 Personnel Salary (Including Fringe and Indirect)	\$ 639,519	\$ 309,674	\$ 134,244	\$ 195,600
8 Consultants/Contractors	\$ 10,000	\$ 10,000	\$ -	\$ -
9 Technology Costs	\$ 147,000	\$ 124,500	\$ 7,500	\$ 15,000
10 Training Costs	\$ 5,000	\$ 5,000	\$ -	\$ -
11 Additional Support Costs	\$ 23,600	\$ 18,600	\$ 5,000	\$ -
12	<b>TOTAL PERIOD OF PERFORMANCE COSTS</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>
13	<b>TOTAL PREPARATION PERIOD COSTS</b>	<b>\$ 192,500</b>	<b>\$ 33,500</b>	<b>\$ 15,000</b>
14	<b>TOTAL IMPLEMENTATION PERIOD COSTS</b>	<b>\$ 275,274</b>	<b>\$ 113,244</b>	<b>\$ 195,600</b>
15	<b>FOR HPC STAFF USE:</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>

### EXAMPLE Itemized Budget Costs for Duration of the Period of Performance

Personnel Salary and Fringe Benefits	FTEs per year	Annual FTE Salary Cap \$181,500/FTE	Total Cost	HPC Funding	In-Kind Contributions	Other Funding Sources	Notes
16 Investment Director	0.10	\$ 181,500	\$ 27,225	\$ -	\$ 27,225	\$ -	VP of Operations
17 LICSW	2.00	\$ 70,000	\$ 210,000	\$ 140,000	\$ -	\$ 70,000	Hospital-Based Care Navigation Team - partially funded by ICB
18 Community Health Worker	1.00	\$ 42,000	\$ 63,000	\$ -	\$ -	\$ 63,000	Community-Based Care Navigation Team - RWJF Funded
19 Program Director	0.50	\$ 127,000	\$ 95,250	\$ 63,500	\$ 31,750	\$ -	Hospital-Based Program Support
21 Psychiatrist	0.25	\$ 171,000	\$ 64,125	\$ 32,062	\$ 32,062	\$ -	Community-Based BHI/Detox/Telepsych
22 Coding and Charge Entry Specialist	0.50	\$ 40,000	\$ 30,000	\$ -	\$ -	\$ 30,000	Hospital-Based Program Support - ICB Funded
23	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
24	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
25	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
26	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
27	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
28	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
29	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
30	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
	<b>SUB TOTAL</b>		<b>\$ 489,600</b>	<b>\$ 235,562</b>	<b>\$ 91,037</b>	<b>\$ 163,000</b>	
31	<b>Fringe Benefit Rate</b>	<b>20%</b>	<b>\$ 97,920</b>	<b>\$ 47,112</b>	<b>\$ 18,207</b>	<b>\$ 32,600</b>	
	<b>TOTAL STAFF SALARY AND FRINGE COSTS</b>		<b>\$ 587,520</b>	<b>\$ 282,674</b>	<b>\$ 109,244</b>	<b>\$ 195,600</b>	
<b>Indirect Costs</b>			<b>Total Cost</b>	<b>HPC Funding</b>	<b>In-Kind Contributions</b>	<b>Other Funding Sources</b>	<b>Notes</b>
<b>HPC Funding of Indirect Cost Should be 15% or Less of Total</b>							
32	10% Indirect Cost		\$ 52,000	\$ 27,000	\$ 25,000	\$ -	Indirect cost assigned at ED unit rate (includes cleaning, supplies, utilities, and equipment)

# Selection Criteria – Impact of the Proposed Pilot

## Criteria for Evaluation (100 points)

**Impact of the Initiative**      **30 Points**

**Operational Approach**      **20 Points**

**Partnership and Collaboration**      **15 Points**

**Leadership and Organizational Capacity**      **10 Points**

**Budget and Financial Considerations**      **15 Points**

**Sustainability and Scalability**      **10 Points**

## Relevant Factors

- Demonstration of community need for the selected Challenge
- Alignment of the proposed Initiative with the HCII Program goal of reducing health care costs within the Commonwealth
- Magnitude of estimated cost savings impact of the proposed Initiative on the target population specified by the Applicant within the Implementation Period, as well as estimated impact on quality, access, provider and patient experience and patient flow, continuity of care, and the extent to which the proposed Initiative will support innovative health care delivery and payment models, as appropriate

# Selection Criteria – Operational Approach

## Criteria for Evaluation (100 points)

**Impact of the Initiative**      **30 Points**

**Operational Approach**      **20 Points**

**Partnership and Collaboration**      **15 Points**

**Leadership and Organizational Capacity**      **10 Points**

**Budget and Financial Considerations**      **15 Points**

**Sustainability and Scalability**      **10 Points**

## Relevant Factors

- The Proposal is well-designed, comprehensive, feasible and effective to meet the goals of the RFP with clear aims, goals, objectives, deliverables, and outcomes
- Strength of the proposed Initiative, its evidence base, and plan for adaptation to serve the target population
- Extent to which the proposed Initiative meets the described patient/population need better than current alternatives
- Alignment of the measurement plan to the proposed Initiative for performance monitoring and to the aims for outcomes assessment

# Selection Criteria – Partnership and Collaboration

## Criteria for Evaluation (100 points)

**Impact of the Initiative**      **30 Points**

**Operational Approach**      **20 Points**

**Partnership and Collaboration**      **15 Points**

**Leadership and Organizational Capacity**      **10 Points**

**Budget and Financial Considerations**      **15 Points**

**Sustainability and Scalability**      **10 Points**

## Relevant Factors

- Strength and value of partnerships and effective governance, communication, and decision-making structures among the Applicant and partners

# Selection Criteria – Leadership and Organizational Capacity

## Criteria for Evaluation (100 points)

Impact of the Initiative      30 Points

Operational Approach      20 Points

Partnership and Collaboration      15 Points

**Leadership and Organizational Capacity      10 Points**

Budget and Financial Considerations      15 Points

Sustainability and Scalability      10 Points

## Relevant Factors

- Leadership and management engagement and capability
- Past performance with relevant health care transformation grant programs (if applicable)

# Selection Criteria – Budget and Financial Considerations

## Criteria for Evaluation (100 points)

Impact of the Initiative	30 Points
Operational Approach	20 Points
Partnership and Collaboration	15 Points
Leadership and Organizational Capacity	10 Points
<b>Budget and Financial Considerations</b>	<b>15 Points</b>
Sustainability and Scalability	10 Points

## Relevant Factors

- Appropriateness and sufficiency of the proposed budget
- Cost efficiency of the proposed budget
- Financial need of the Applicants and any partner(s) at time of Proposal as defined by the Applicant's optional response detained in Section V.E.10 and publically available financial metrics
- Proposed in-kind contributions, relative to financial need of the Applicant and any partners

# Selection Criteria – Sustainability and Scalability

## Criteria for Evaluation (100 points)

Impact of the Initiative	30 Points
Operational Approach	20 Points
Partnership and Collaboration	15 Points
Leadership and Organizational Capacity	10 Points
Budget and Financial Considerations	15 Points
<b>Sustainability and Scalability</b>	<b>10 Points</b>

## Relevant Factors

- Potential for learning, sustainability, replication and scalability of the model

## HCII Round 1 Timeline

Description	Date
RFP Released	March 2, 2016
Information sessions held by HPC staff	March 16, 2016 March 25, 2016 (webinar)
<b>Deadline for submission of written questions on LOI</b>	<b>April 1, 2016</b>
<b>Deadline for submission of LOI</b>	<b>April 8, 2016</b>
HPC publishes public elements of Applicant LOIs (anticipated)	April 15, 2016
<b>Deadline for receipt of written questions on Proposal</b>	<b>May 6, 2016</b>
<b>Deadline for submission of Proposal</b>	<b>May 13, 2016</b>
Awardees selected (anticipated)	July 2016
Projected Contract execution (anticipated)	October 2016
Preparation Period (as applicable)	October 2016 - March 2017
Implementation Period (anticipated)	March 2017 - September 2018

# HCII RFP Summary



## Goal

- Carrier, Provider or Provider Organization
- Applicants must propose partnership with eligible or non-eligible entities



GOAL

## Eligible Applicants

- Reduce health care cost growth within the Commonwealth while maintaining or improving quality, access, and provider experience.



## Investment Focus

- Social Determinants of Health (SDH)
- Behavioral Health Integration (BHI)
- Value-Informed Choices – Purchasers (VIC-Purchasers)
- Value-Informed Choices - Providers (VIC-Providers)
- Provider Practice Variation (PV)
- Post-Acute Care (PAC)
- Serious Advancing Illness and Care at the End-Of-Life (SAI & EOL)
- Site & Scope Of Care (SOC)



## Award

- \$750k award cap for up to 6 months of Preparation, and 18 months of Implementation
- \$5 million total opportunity



## Selection Criteria

- Impact
- Operational Approach
- Partnership and Collaboration
- Leadership and Organizational Capacity
- Budget and Financial Considerations
- Sustainability and Scalability



## Contact Information

HPC-Innovation@state.ma.us



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

## **AGENDA**

- 10:00am** Neonatal Abstinence Syndrome Investment Opportunity
- 10:45am** Health Care Innovation Investment Program
- 11:30am** Telemedicine Pilot Initiative

*All sessions include Q&A*



## **AGENDA – 45 MINUTES**

- Purpose of Today's Session
- Background on the Telemedicine Pilot Initiative
- Eligibility, Funding and Key Dates
- Minimum Requirements
- Proposal Instructions
- Review and Selection
- Q&A



## **PURPOSE OF TODAY'S SESSION**

- Learn about the Telemedicine Pilot Initiative
- Opportunity to ask your questions about the proposal process

## **TO LEARN MORE AFTER THE SESSION**

- Review the frequently asked questions (FAQ) document on our website for answers to questions asked here today and through May 8, 2016, the deadline for written questions to be submitted to the HPC
- Attend the webinar on the proposal process on **Friday, March 25 at 10:00 AM** (*registration required*)
- Send additional questions to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us)

# Telemedicine Pilot Initiative Background

<p><b>Purpose</b></p>	<p>To enhance access to behavioral health care for any of the following populations in Massachusetts with unmet behavioral health needs: children and adolescents; older adults aging in place; individuals with substance use disorders</p>
<p><b>Statutory Authority</b></p>	<p>Section 161 of Chapter 46 of the Acts of 2015; M.G.L. c. 29 2GGGG; 958 CMR 5.00</p>
<p><b>Funding</b></p>	<p>Up to three awards for eligible applicants with no award totaling no more than \$500,000. A total funding opportunity of \$1,000,000.</p>

## Telemedicine Pilot Initiative Timeline



## Primary Goal

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The HPC has identified a primary goal of **increasing access to behavioral health care** for vulnerable populations within the Commonwealth using telemedicine.

Applicants may propose one or more secondary goals, such as:

- Maintaining or improving patient experience and quality of care;
- Improving provider satisfaction;
- Improving patient flow and health care providers' operating efficiency through optimal allocation of clinical staff among partnering sites and use of staff time;
- Linking tele-behavioral health service models to primary providers to ensure continuity of care;
- Reducing the number of patients transferred to specialty or acute clinical settings, when appropriate care could be delivered at the originating setting (where appropriate); and
- Reducing overall utilization over an episode of care (where appropriate).

# Telemedicine Pilot Initiative Target Populations

Applicants must focus behavioral health access expansion efforts on one or more of the following target groups

1

**Children and adolescents**

Individuals aged from 0-21 years old.

2

**Older adults aging in place**

Individuals aged 55 years and older.

3

**Individuals with substance use disorders**

Individuals with one or more conditions that occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

## Select Definitions

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- **Carrier:** An insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services. *For the purposes of this presentation, "carrier" shall be used interchangeably with "health plans".*
- **CHART Investment Program or CHART:** The program administered by the HPC pursuant to M.G.L. c. 29, §2GGGG and 958 CMR 5.00. Hospitals eligible for the CHART Investment Program include non-profit, non-major teaching hospitals that have relative prices below the state median relative price as described in 958 CMR 5.02 ("qualified acute hospital").
- **Major Teaching Hospital or Teaching Hospital:** An acute hospital that has at least 25 full-time equivalent interns or residents per 100 inpatient beds, as determined by the Center for Health Information and Analysis (CHIA). Major teaching hospital is inclusive of academic medical centers.
- **Provider:** Any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide health care services
- **Telemedicine:** A mode for delivery of health care services, that utilizes interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment.

Additional definitions available in **Section IX** of the Telemedicine Pilot Initiative RFP

# Key Aspects of Telemedicine Opportunity

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## Eligibility

Health Care providers and provider organizations

- Includes CHART Hospitals

Carriers

In addition, non-eligible organizations may participate and receive funding as partners. Partners may collaborate with the applicant on the payment, service delivery, or analysis for the proposed initiative.

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## Awards

- A total of \$1,000,000 is available
  - The HPC anticipates making 2-3 awards
  - The maximum allowable award is \$500,000
- 



## Key Dates

<b>May 13</b>	Proposals Due
<b>July 2016</b>	Awardees Selected
<b>October 2016</b>	Contracts Executed
<b>Oct 16-Sep 18</b>	Period of Performance, including:
	<b>Preparation Period</b> up to 6 months ( <i>optional</i> )
	<b>Implementation Period</b> 12 months

## Minimum Requirements

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- A proposal must be submitted by an eligible entity (**providers, provider organizations, or carriers**).
  - The applicant must submit the proposal on behalf of all partners, if any. The applicant will be the entity with whom the HPC will contract for the award. Applicants must also identify an investment director and a financial designee.
  - The applicant must focus behavioral health access expansion efforts on one or more of the following target groups within the Commonwealth of Massachusetts: children and adolescents, older adults aging in place, and individuals with substance use disorders.
- Teaching hospital participation is required.**
- A teaching hospital may be the applicant or deliver direct services as a partner to another provider. Alternatively, a teaching hospital may support the applicant in designing telemedicine-based clinical protocols during the preparation period or serve in an advisory capacity on pilot implementation. Teaching hospital participation is not required to be part of the applicant's direct service delivery model. The applicant must describe the role of at least one teaching hospital in its proposal.

# General Proposal Requirements

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1

A cover letter completed as described in *Section V.C* and signed by the president or chief executive officer or board chair of the applicant

2

A complete operational response (including all attachments) for funding as described in *Section V.D*, including:

- a. Driver diagram template (*Attachment A, Exhibit 1*)
- b. Performance measures template (*Attachment A, Exhibit 2*)
- c. Budget proposal response (*Attachment A, Exhibit 3*)

3

**Mandatory contracting forms: Each applicant must include copies of the following documents signed by an authorized signatory of the applicant:**

- a. Commonwealth Terms and Conditions (*Attachment B, Exhibit 1*)
- b. Commonwealth Standard Contract Form and Instructions (*Attachment B, Exhibit 2*)
- c. Contractor Authorized Signatory Form (*Attachment B, Exhibit 3*)
- d. HPC Confidentiality and Non-Disclosure Agreement (*Attachment B, Exhibit 4*)

Please reference Section VII for additional terms and conditions

# Operational Response Instructions

Applicants must complete all elements of the Operational Response, which shall not exceed 15 pages (excluding exhibits)

1 List the applicant and partner organizations

2 Demonstrate the impact of the proposed pilot

Driver Diagram Template  
Attachment A, Exhibit 1

3 Describe the proposed Initiative and demonstrate your operational capacity

Performance Measures Template  
Attachment A, Exhibit 2

4 Describe the full team that will staff and support the pilot

5 Describe how using telemedicine is consistent with and/or preferable to the current standard of care

6 Describe the operational and technical viability of the telemedicine-based service model

7 Describe the organizational commitment to implementing the pilot

8 Specify the budget

Budget Proposal Response  
Attachment A, Exhibit 3

9 Describe considerations for sustainability

10 Describe financial need (Optional)

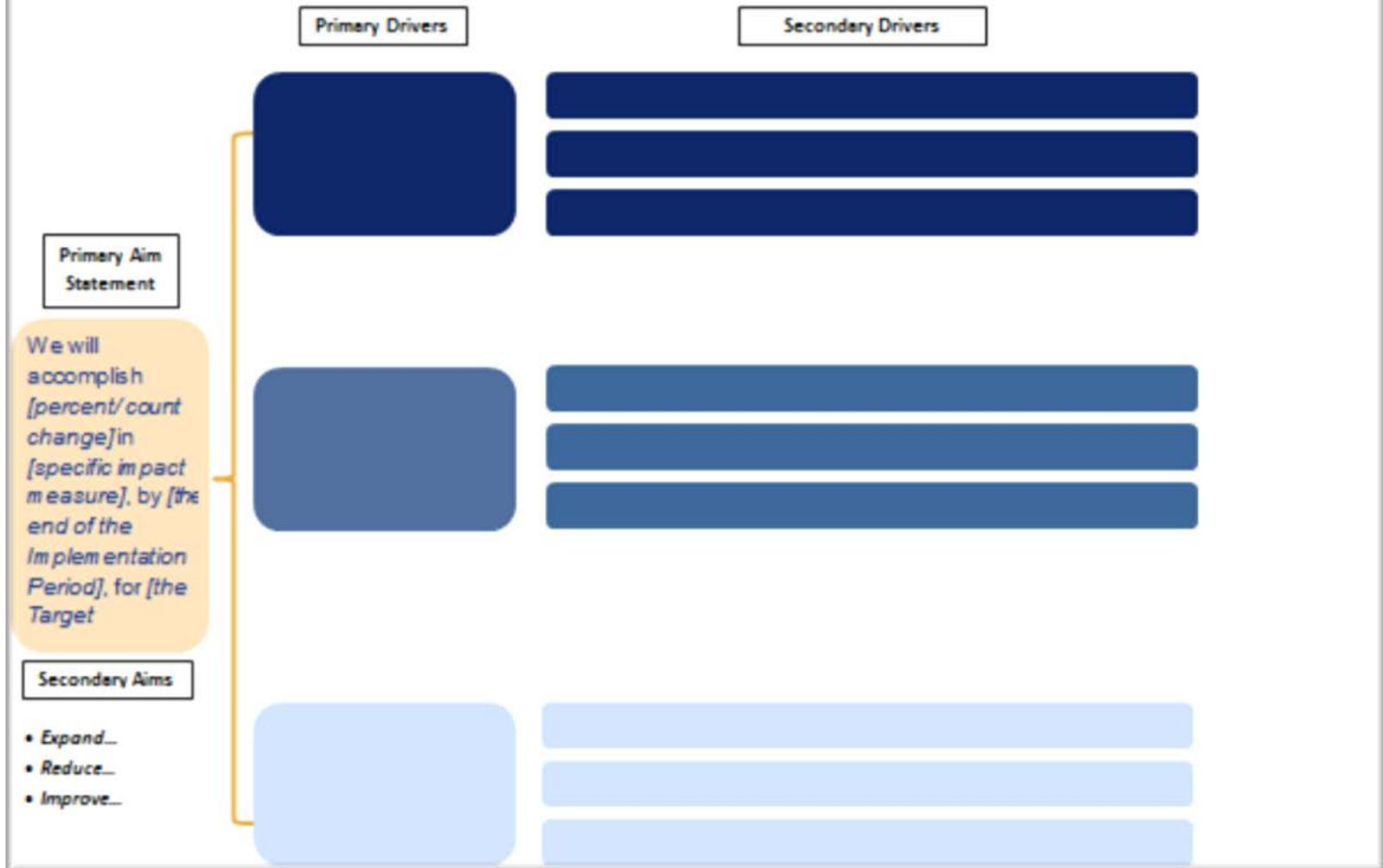
Complete electronic proposals must be submitted to [HPC-Innovation@state.ma.us](mailto:HPC-Innovation@state.ma.us) no later than **3:00 PM EDT on May 13, 2016.**



# Operational Response Instructions – Driver Diagram Template

HPC-Jerusalem-001 Attachment B, Exhibit 1 Driver Diagram Template

Complete a driver diagram using the template below to illustrate the logical flow of your Initiative. The driver diagram should include primary and secondary drivers that support the primary aim and if applicable, secondary aims. For further instructions for building a driver diagram, please refer to the [HPC CHART Phase 2 Driver Diagram Guide](#).



# Operational Response Instructions – Performance Measures Template

*HPC-Innovation-001 Attachment B, Exhibit 2: Performance Measures Template*

## **Instructions**

Complete the table below. The table should individually list the Initiative’s primary aim, secondary aims, primary drivers and secondary drivers in an “Element” column. Include associated measures with a description of their value, numerators, denominators, and data sources.

In the “Feasibility” column, please indicate if you are currently collecting this measure or you can begin collecting this measure by the end of the Preparation Period.

Add as many rows as there are elements in your service model to describe.

## **Performance Measures**

<i>Element</i>	<i>Measure</i>	<i>Value of Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Sources</i>	<i>Feasibility</i>
<b>Primary Aim</b>						
<b>Secondary Aim#1</b>						
<b>Secondary Aim#2</b>						
<b>Secondary Aim#3</b>						
<b>Primary Driver#1</b>						
Secondary Driver 1.1						
Secondary Driver 1.2						

# Operational Response Instructions – Budget Proposal Response

## EXAMPLE Budget Proposal Response

### EXAMPLE Organization Information

#### Community Health Center ABC

1	Please indicate the financial designee supporting financial reporting for your organization for the Proposed Initiative, below.	
2	Name:	John Smith
3	Title:	Manager of General Accounting
4	Email address:	<a href="mailto:john@applicant.org">john@applicant.org</a>
5	Phone number:	(555) 234-5678
6	Assistant name and contact information, if applicable:	Jane Black; jane@applicant.org

### EXAMPLE Budget Roll-Up for Duration of the Period of Performance

	TOTAL	HPC Funding	In-Kind Contribution	Other Funding Sources
7 Personnel Salary (Including Fringe and Indirect)	\$ 639,519	\$ 309,674	\$ 134,244	\$ 195,600
8 Consultants/Contractors	\$ 10,000	\$ 10,000	\$ -	\$ -
9 Technology Costs	\$ 147,000	\$ 124,500	\$ 7,500	\$ 15,000
10 Training Costs	\$ 5,000	\$ 5,000	\$ -	\$ -
11 Additional Support Costs	\$ 23,600	\$ 18,600	\$ 5,000	\$ -
12	<b>TOTAL PERIOD OF PERFORMANCE COSTS</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>
13	<b>TOTAL PREPARATION PERIOD COSTS</b>	<b>\$ 192,500</b>	<b>\$ 33,500</b>	<b>\$ 15,000</b>
14	<b>TOTAL IMPLEMENTATION PERIOD COSTS</b>	<b>\$ 275,274</b>	<b>\$ 113,244</b>	<b>\$ 195,600</b>
15	<b>FOR HPC STAFF USE:</b>	<b>\$ 467,774</b>	<b>\$ 146,744</b>	<b>\$ 210,600</b>

### EXAMPLE Itemized Budget Costs for Duration of the Period of Performance

Personnel Salary and Fringe Benefits	FTEs per year	Annual FTE Salary Cap \$181,500/FTE	Total Cost	HPC Funding	In-Kind Contributions	Other Funding Sources	Notes
16 Investment Director	0.10	\$ 181,500	\$ 27,225	\$ -	\$ 27,225	\$ -	VP of Operations
17 LICSW	2.00	\$ 70,000	\$ 210,000	\$ 140,000	\$ -	\$ 70,000	Hospital-Based Care Navigation Team - partially funded by ICB
18 Community Health Worker	1.00	\$ 42,000	\$ 63,000	\$ -	\$ -	\$ 63,000	Community-Based Care Navigation Team - RWJF Funded
19 Program Director	0.50	\$ 127,000	\$ 95,250	\$ 63,500	\$ 31,750	\$ -	Hospital-Based Program Support
21 Psychiatrist	0.25	\$ 171,000	\$ 64,125	\$ 32,062	\$ 32,062	\$ -	Community-Based BHI/Detox/Telepsych
22 Coding and Charge Entry Specialist	0.50	\$ 40,000	\$ 30,000	\$ -	\$ -	\$ 30,000	Hospital-Based Program Support - ICB Funded
23	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
24	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
25	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
26	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
27	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
28	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
29	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
30	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
	<b>SUB TOTAL</b>		<b>\$ 489,600</b>	<b>\$ 235,562</b>	<b>\$ 91,037</b>	<b>\$ 163,000</b>	
31	<b>Fringe Benefit Rate</b>	<b>20%</b>	<b>\$ 97,920</b>	<b>\$ 47,112</b>	<b>\$ 18,207</b>	<b>\$ 32,600</b>	
	<b>TOTAL STAFF SALARY AND FRINGE COSTS</b>		<b>\$ 587,520</b>	<b>\$ 282,674</b>	<b>\$ 109,244</b>	<b>\$ 195,600</b>	
<b>Indirect Costs</b>			<b>Total Cost</b>	<b>HPC Funding</b>	<b>In-Kind Contributions</b>	<b>Other Funding Sources</b>	<b>Notes</b>
<b>HPC Funding of Indirect Cost Should be 15% or Less of Total</b>							
32	10% Indirect Cost		\$ 52,000	\$ 27,000	\$ 25,000	\$ -	Indirect cost assigned at ED unit rate (includes cleaning, supplies, utilities, and equipment)

# Selection Criteria – Impact of the Proposed Pilot

## Criteria for Evaluation (100 points)

**Impact of the Proposed Pilot**      **30 Points**

**Operational Approach**      **20 Points**

**Partnership and Collaboration**      **15 Points**

**Leadership and Organizational Capacity**      **10 Points**

**Budget and Financial Considerations**      **15 Points**

**Sustainability and Scalability**      **10 Points**

## Relevant Factors

- Demonstration of community need for access to behavioral health services for one or more of the following populations: children and adolescents; older adults aging in place; and individuals with substance use disorders
- Alignment of the proposed pilot with the goal of enhancing access to behavioral health care for the selected population(s)
- Magnitude of estimated impact of the proposed pilot on meeting the behavioral health access needs for the target population specified by the applicant as well as estimated impact on cost, quality, provider, patient experience and patient flow, and continuity of care, as appropriate

# Selection Criteria – Operational Approach

Criteria for Evaluation (100 points)	
Impact of the Proposed Pilot	30 Points
<b>Operational Approach</b>	<b>20 Points</b>
Partnership and Collaboration	15 Points
Leadership and Organizational Capacity	10 Points
Budget and Financial Considerations	15 Points
Sustainability and Scalability	10 Points

## Relevant Factors

- The proposal is well-designed comprehensive, feasible and effective to meet the goals of the RFP with clear aims, goals, objectives, deliverables, and outcomes
- Strength of the proposed pilot, its evidence base, if any, and plan for adaptation to serve the target population
- Extent to which the proposed pilot meets the described patient/population need better than current alternatives
- Alignment of the measurement plan to the proposed pilot for performance monitoring and to the aims for outcomes assessment

# Selection Criteria – Partnership and Collaboration

## Criteria for Evaluation (100 points)

Impact of the Proposed Pilot      30 Points

Operational Approach      20 Points

**Partnership and Collaboration      15 Points**

Leadership and Organizational Capacity      10 Points

Budget and Financial Considerations      15 Points

Sustainability and Scalability      10 Points

## Relevant Factors

- Strength and value of partnerships and effective governance, communication, and decision-making structures among the applicant and partners

# Selection Criteria – Leadership and Organizational Capacity

Criteria for Evaluation (100 points)	
Impact of the Proposed Pilot	30 Points
Operational Approach	20 Points
Partnership and Collaboration	15 Points
<b>Leadership and Organizational Capacity</b>	<b>10 Points</b>
Budget and Financial Considerations	15 Points
Sustainability and Scalability	10 Points

## Relevant Factors

- Leadership and management engagement and capability
- Past performance with relevant health care transformation grant programs (if applicable)

# Selection Criteria – Budget and Financial Considerations

## Criteria for Evaluation (100 points)

**Impact of the Proposed Pilot**      **30 Points**

**Operational Approach**      **20 Points**

**Partnership and Collaboration**      **15 Points**

**Leadership and Organizational Capacity**      **10 Points**

**Budget and Financial Considerations**      **15 Points**

**Sustainability and Scalability**      **10 Points**

## Relevant Factors

- Appropriateness and sufficiency of the proposed budget
- Cost efficiency of the proposed budget
- Financial need of the applicants and any partner(s) at time of proposal as defined by the Applicant's optional response detailed in Section V.D.10 and publically available financial metrics
- Proposed in-kind contribution(s), relative to financial need of the applicant and any partner(s)

# Selection Criteria – Sustainability and Scalability

## Criteria for Evaluation (100 points)

Impact of the Proposed Pilot	30 Points
Operational Approach	20 Points
Partnership and Collaboration	15 Points
Leadership and Organizational Capacity	10 Points
Budget and Financial Considerations	15 Points
<b>Sustainability and Scalability</b>	<b>10 Points</b>

## Relevant Factors

- Potential for learning, sustainability, replication and scalability of telemedicine model

## Telemedicine Pilot Timeline

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All dates are estimated, except for deadlines indicated in bold type.

Description	Date
RFP released	March 2, 2016
Information sessions held by HPC staff	March 16, 2016 (in person) March 25, 2016 (webinar)
<b>Deadline for submission of written questions</b>	<b>May 6, 2016 by 3:00 PM</b>
<b>Deadline for submission of proposal</b>	<b>May 13, 2016 by 3:00 PM</b>
Awardees selected ( <i>anticipated</i> )	July 2016
Projected contract execution ( <i>anticipated</i> )	October 2016
Preparation period	October 2016 - March 2017
Pilot implementation	March 2017- March 2018

# Telemedicine RFP Summary



## Goal

- Increasing access to behavioral health care using telemedicine for one or more of the identified groups



## Eligible Applicants

- Any provider, provider organization or carrier
- A single entity may apply on behalf of a consortium of providers
- Require some level of collaboration with a teaching hospital; no funding requirement



## Investment Focus

- Focus on one or more of the following groups: children and Adolescents, older adults aging in place, and individuals with substance use disorders



## Award

- \$1,000,000 in total funding
- Up to 3 awards of no more than \$500,000



## Selection Criteria

- Impact of the initiative
- Operational approach
- Partnership and collaboration Leadership and organizational capacity
- Budget and financial considerations
- Sustainability and scalability



## Contact Information

HPC-Innovation@state.ma.us

## Contact Information

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For more information about the Health Policy Commission

Visit us: <http://www.mass.gov/hpc>

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