COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Community Health Care Investment and Consumer Involvement

January 6, 2016

Agenda

- Approval of Minutes from December 2, 2015 Meeting (**VOTE**)
- Update on CHART Phase 2 Operations
- Presentation on the HPC's Robert Wood Johnson Grant
- Discussion of Program Design for the Health Care Innovation Investment Program (VOTE)
- Discussion of Program Design for the HPC's Telemedicine Pilot Program (VOTE)
- Schedule of Next Committee Meeting (February 24, 2016)

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Vote: Approving Minutes

Motion: That the Committee hereby approves the minutes of the Community Health Care Investment and Consumer Involvement Committee meeting held on December 2, 2015, as presented.

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Discussion Preview: Update on CHART Phase 2 Operations

Agenda Topic

Update on CHART Phase 2 Operations

Description

Staff will present an update on CHART Phase 2 planning and implementation progress to date. As of January 1, 2016, 24 of 25 CHART awards have launched. Lahey-Lowell Joint and Southcoast Health System launched on January 1. Staff will provide a brief overview of each award and commissioners will have an opportunity to ask about early successes and challenges.

Key Questions for Discussion and Consideration

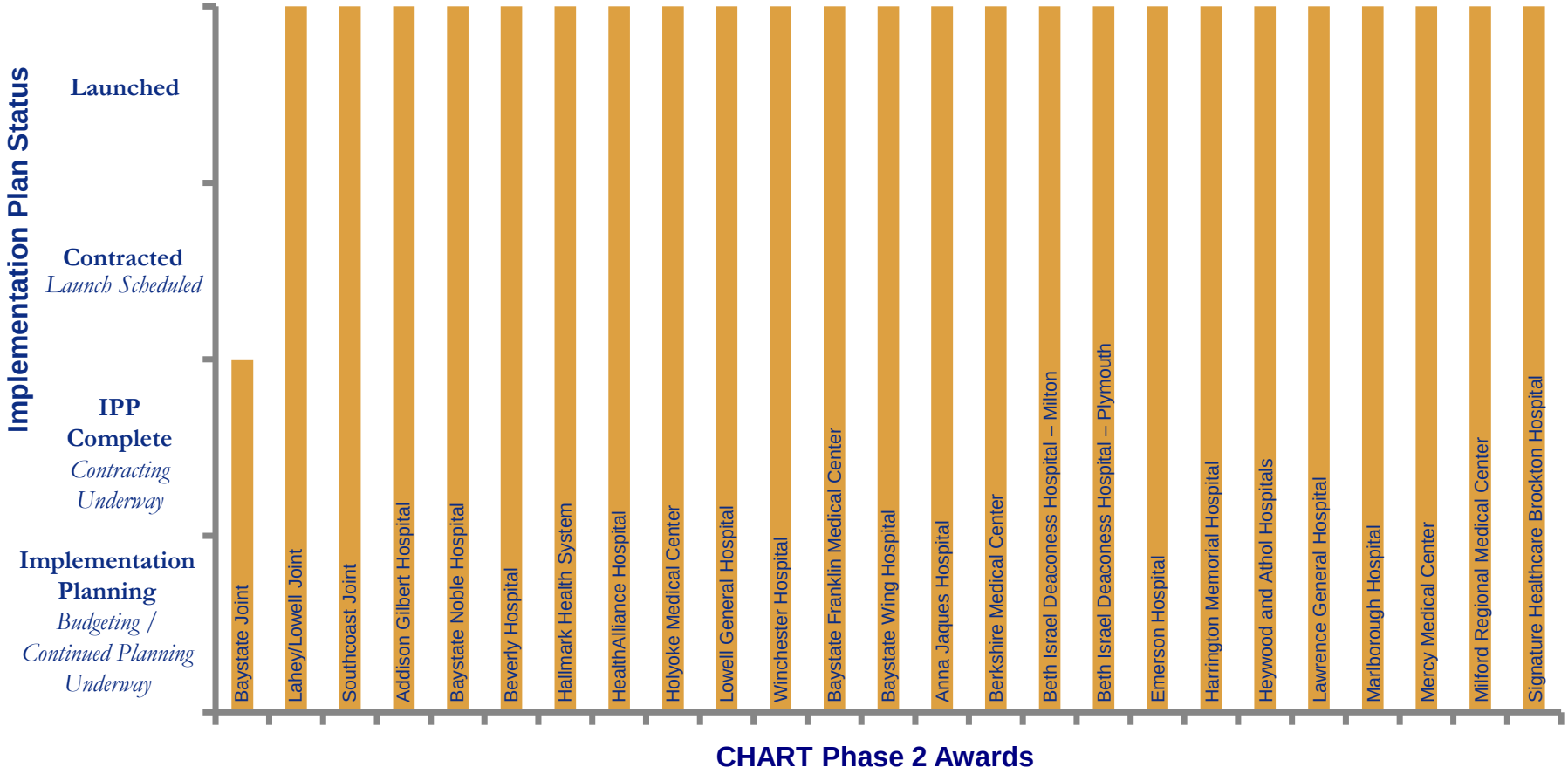
What updates on CHART Phase 2 hospital performance would be beneficial for the Committee to receive on a regular basis as hospitals move into operations?

Decision Points

No votes proposed. A full briefing on the first full quarter of performance will be provided later in Quarter 1 2016.

Implementation Plan status update

12 Awards launched in September and October; **8** Awards launched in November; **2** Awards launched in December; **2** launched in January; **1** final award will launch in February



Updated October 13, 2015 – changing rapidly

Two awards launched on January 1, both focused on enhancing behavioral health care and reducing hospital utilization

Lahey-Lowell Joint *$4,800,000* *Reduce 30-day ED revisits by 20% for patients with moderate (8+ visits in 12 months) and high utilization (14+ visits in 12 months) of the ED*	The Lahey-Lowell Joint Investment program is aimed at reducing recurrent ED utilization by 20% for patients with a history of high ED utilization by identifying patients in real-time when they present to the emergency department and linking them to enhanced services, or providing those services outright. The ED will provide enhanced services through CHART-funded staff (psychiatrists via telemedicine, NPs, or SWs). Following the ED encounter, target population patients will be contacted within 48 hours and linked to extensive follow up services, including, comprehensive care plan development, physical health, mental health and substance use disorder treatment, and for highest utilizers, engagement in an ambulatory ICU model of long-term intensive outpatient services.
Southcoast Health System *$8,000,000* *Reduce 30-day readmissions by 20% for patients with ≥ 4 inpatient visits in the past 12 months* *Reduce 30-day ED revisits by 20% for patients with ≥ 10 ED visits in the past 12 months*	With support from South Shore Mental Health, SSTAR Addiction Treatment, and Greater New Bedford CHC, Southcoast is launching seven cross-setting multi-disciplinary care teams to serve BH and complex chronic condition patients with a history of recurrent ED and inpatient utilization, as well as any pregnant patients with active SUD. In coordination with primary care providers, patient services will include intensive integrated behavioral health care, medical care, social work, pharmacy, health literacy education, care navigation and planning, with adjunctive mobile integrated health services in the community.

CHART-funded portion of the budget; in-kind and system contributions are additional

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Discussion Preview: HPC's Robert Wood Johnson Foundation Grant

Agenda Topic

Presentation on the HPC's Robert Wood Johnson Grant to Study Consumer Empowerment and Engagement

Description

Staff will present an overview of the grant received by the HPC from the Robert Wood Johnson Foundation to develop an understanding of consumer perceptions of value and how varied benefit designs and non-financial levers influence consumer decisions of setting of care. The grant runs from October 2015 – September 2016 and is being conducted in partnership with researchers from Tufts University School of Medicine and with the input of a variety of local stakeholders

Key Questions for Discussion and Consideration

What priority questions related to consumer choice would be valuable for the study to focus on examining?

What might be the most fruitful avenues for demand-side incentives that this study can inform?

Decision Points

No votes proposed. Commissioners will be asked to provide feedback on priority areas for examination and the study's design.

Health Policy Commission received a $300K grant from the Robert Wood Johnson Foundation to identify effective incentives and policies to empower consumers and employers to lower health care costs

Overview of the Grant

- HPC received $298,417 grant from the Robert Wood Johnson Foundation to study consumer perceptions of value; grant runs from October 2015 – September 2016
- Research will be conducted in close partnership with Dr. Amy Lischko and Dr. Susan Koch-Weser from Tufts University School of Medicine
- Research will focus on community health systems versus academically affiliated systems for common, “shoppable” conditions such as births and uncomplicated joint replacements
- Will inform benefit design (e.g., narrow networks, tiered networks, etc.), employer choice of health plans and incentives (e.g., cash-back programs), and transparency initiatives designed to support consumers in making value-based decisions.

Grant Supported by a Range of Stakeholders

Health Care For All

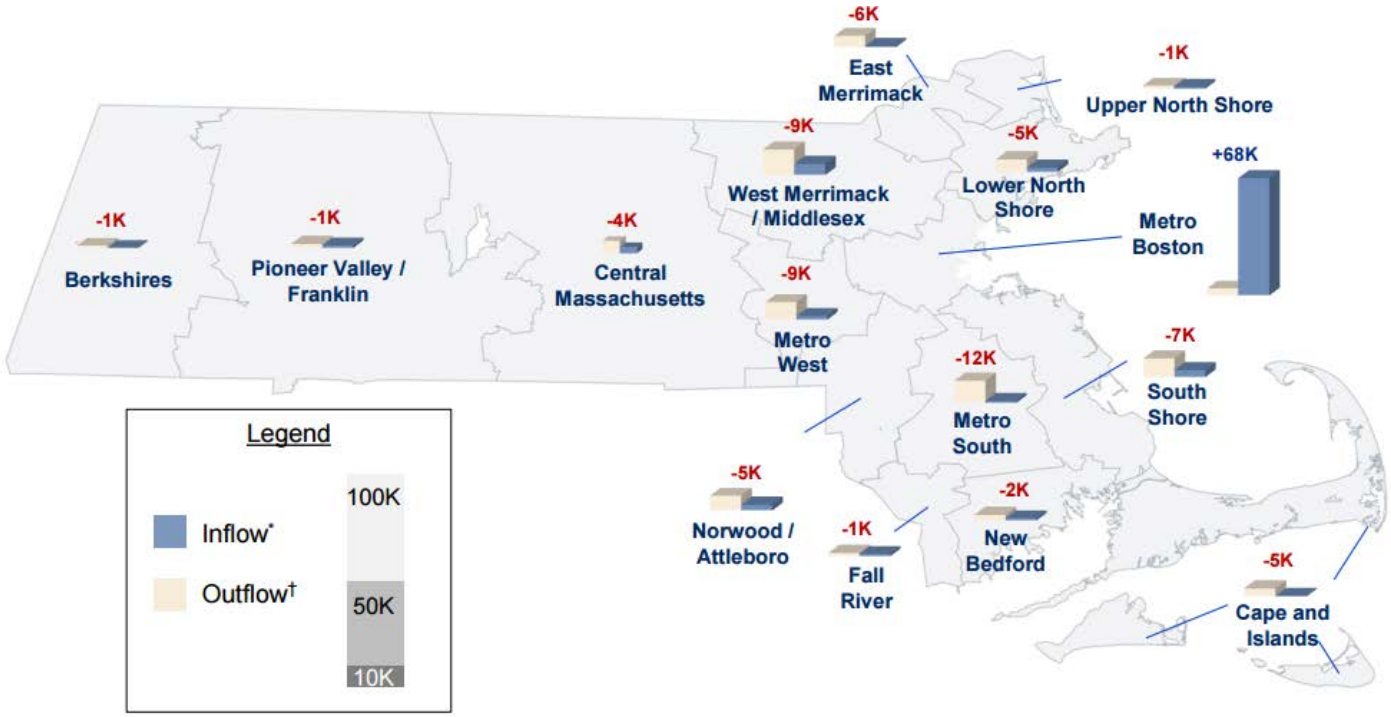
RAM

aim
Associated Industries of Massachusetts
100 YRS

Tufts University School of Medicine

Commonwealth of Massachusetts Group Insurance Commission
Your Benefits Connection

Most Massachusetts residents who leave their home region for inpatient care seek their care in Metro Boston at higher priced hospitals



Commercially insured patients most likely to outmigrate to Boston

Patients from higher income regions more likely to outmigrate to Boston

Trends hold across a variety of service lines, including deliveries

* Discharges at hospitals in region for patients who reside outside of region
† Discharges at hospitals outside of region for patients who reside in region
SOURCE: Center for Health Information and Analysis; HPC analysis

Pre-study: 2015 Consumer Focus Groups

HPC commissioned qualitative analyses by Drs. Amy Lischko and Susan Koch-Weser of Tufts University to better understand consumer beliefs about value of care settings

There were 8 focus groups in four regions of patients who used a hospital (mix of community and academic) in last 12 months. Diverse demographic characteristics represented

1. Patients want facilities: with good bedside manner, that are clean, with staff who are efficient and good communicators. Patients are more likely to use word of mouth, consult with their own doctors or rely on past experience.
2. High cost is considered a key indicator of good quality care. Status and name brand exercise powerful influence over peoples' quality assessments. Affiliations between community hospitals and Boston teaching hospitals appear to be influencing assessments of local hospitals for the better.
3. People rarely see themselves as consumers when it comes to making a hospital choice.
4. There is very limited understanding of costs, both how to find cost information, and understanding variability of costs across providers.
5. In the scenarios testing various incentives, participants would not accept the premise that a lower cost hospital could be of equal quality to a Boston-based teaching hospital.

Major components of study

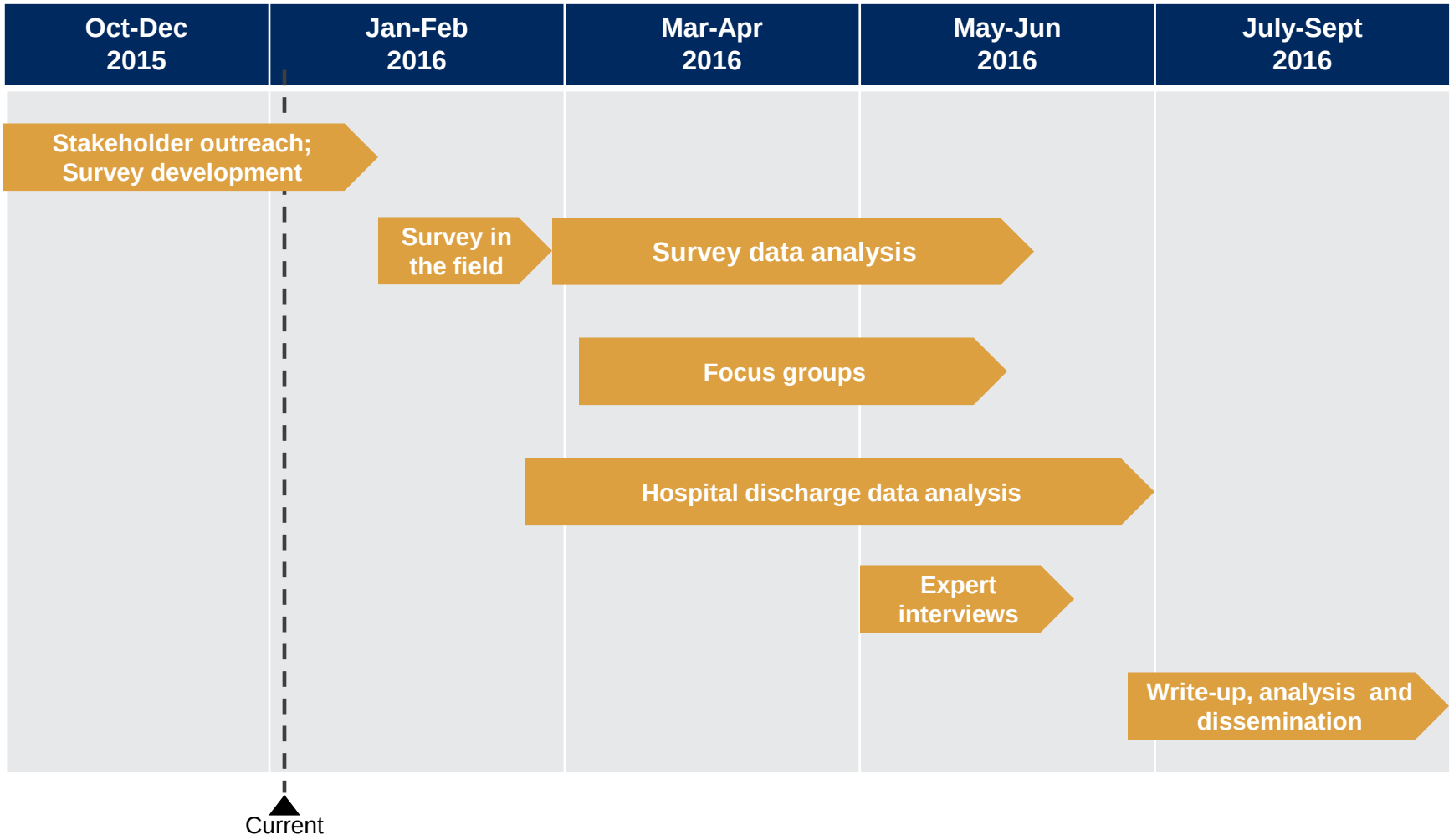
- Survey of 1,000 state residents – discrete choice approach
  - *4 scenarios: knee replacement, maternity, MRI, cancer treatment*

Suppose you need to have knee replacement surgery. You can have the surgery at a community hospital near your home or at an academic medical center. The table below shows some factors to consider in making your choice between the two places. Which place would you choose?

	Community hospital near your home	Academic medical center such as Mass General, Beth Israel, UMass, or Baystate
Hospital quality rating for patient experience and treatment results for knee replacements:	★★★★★	★★★☆☆
Your doctor gave you a referral to a doctor at this place:	Yes	No
Out of pocket cost to use this place:	$0	$2000
Which place would you choose?	Community Hospital ☐	Academic Medical Center ☐

- Approximately 10 focus groups of state residents who have had a recent hospitalization for a 'shoppable' condition
- Empirical analysis of hospital choices for selected conditions using hospital discharge database
- Interviews with key stakeholders in several other US metro areas

Project timeline



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Discussion Preview: Health Care Innovation Investment Program

Agenda Topic

Discussion of Program Design for Health Care Innovation Investment Initiative

Description

Staff will present a program design for investments to foster innovation in health care payment and service delivery for consideration by the Committee. The proposed design addresses eight high priority challenges for cost containment, and encourages payers and an array of providers to participate and to partner with each other and other relevant stakeholders.

Key Questions for Discussion and Consideration

Does the proposed program design meet HPC's goals for these investments?

Are there particular outcomes of interest for the Committee as the HPC prepares the RFP announcement?

What supports should the HPC offer to awardees (e.g. technical assistance)?

Decision Points

Vote requested. Commissioners will be asked to endorse the proposal for program design and to provide feedback on priorities for RFP development. Final program and RFP design will be presented at the January board meeting.

Program development to date: stakeholder input and feedback

HPC Board Meetings

- April 29, 2015

CHICI Committee Meetings

- February 25, 2015
- April 15, 2015
- October 14, 2015
- December 2, 2015
- January 6, 2016

HPC Advisory Council Meetings

- March 18, 2015
- May 13, 2015

HPC Staff Meetings with Stakeholders

Payers
- Blue Cross Blue Shield of Massachusetts
- Massachusetts Association of Health Plans
- MassHealth

Providers
- Atrius Health
- Boston Children's Hospital
- Boston Healthcare for the Homeless
- Brigham and Women's Hospital
- Commonwealth Care Alliance
- Lowell General Physician Hospital Organization
- Massachusetts Child Psychiatry Access Project (MCPAP)
- Massachusetts General Hospital

Communities of Practice
- American Telemedicine Association
- The Network for Excellence in Health Innovation (NeHI)

Government
- Cambridge Housing Authority
- Commonwealth Corporation
- Department of Public Health (DPH)
- Executive Office of Elder Affairs
- Executive Office of Health and Human Services
- MassHealth
- Massachusetts eHealth Institute (MeHI)

Research & Foundation
- BCBSMA Foundation
- Center for Health Care Strategies
- Harvard School of Public Health
- Institute for Healthcare Improvement
- RAND Corporation
- The Kraft Center for Community Health
- UCLA Global Lab for Innovation

Other Market Participants
- Aledade Health
- American Well
- Klio Health
- Patient Ping

…& 98 other market respondents to a public survey and all members of the HPC Advisory Council

Health Care Innovation Investment Program

*The **HCII Program:** Focusing patient-centered innovation on Massachusetts' most complex health care cost challenges through investment in validated, emerging models*

Partnership	*Engage in meaningful collaboration to meet patients' needs* • Payers • Employers • Technology Partners • Providers • Social Services • Researchers
Sustainability	*Bring promising delivery and payment innovations to-scale to advance Accountable Care* • Rapid cycle measurement and improvement • Policy-focused evaluation
Costs	*Demonstrate rapid cost savings impact* • Measurable savings within 18 months of operations

HCII in statute

Establishment of the Health Care Innovation Investment Program

- M.G.L. c. 6D § 7. Funded by revenue from **gaming licensing fees** through the Health Care Payment Reform Trust Fund
- Total amount of **$6 million from** Health Care Payment Reform Trust Fund
  - May be **supplemented** through Distressed Hospital Trust Fund for **CHART hospitals**
- **Competitive** proposal process to receive funds
- Broad eligibility criteria (*any **payer or provider***)

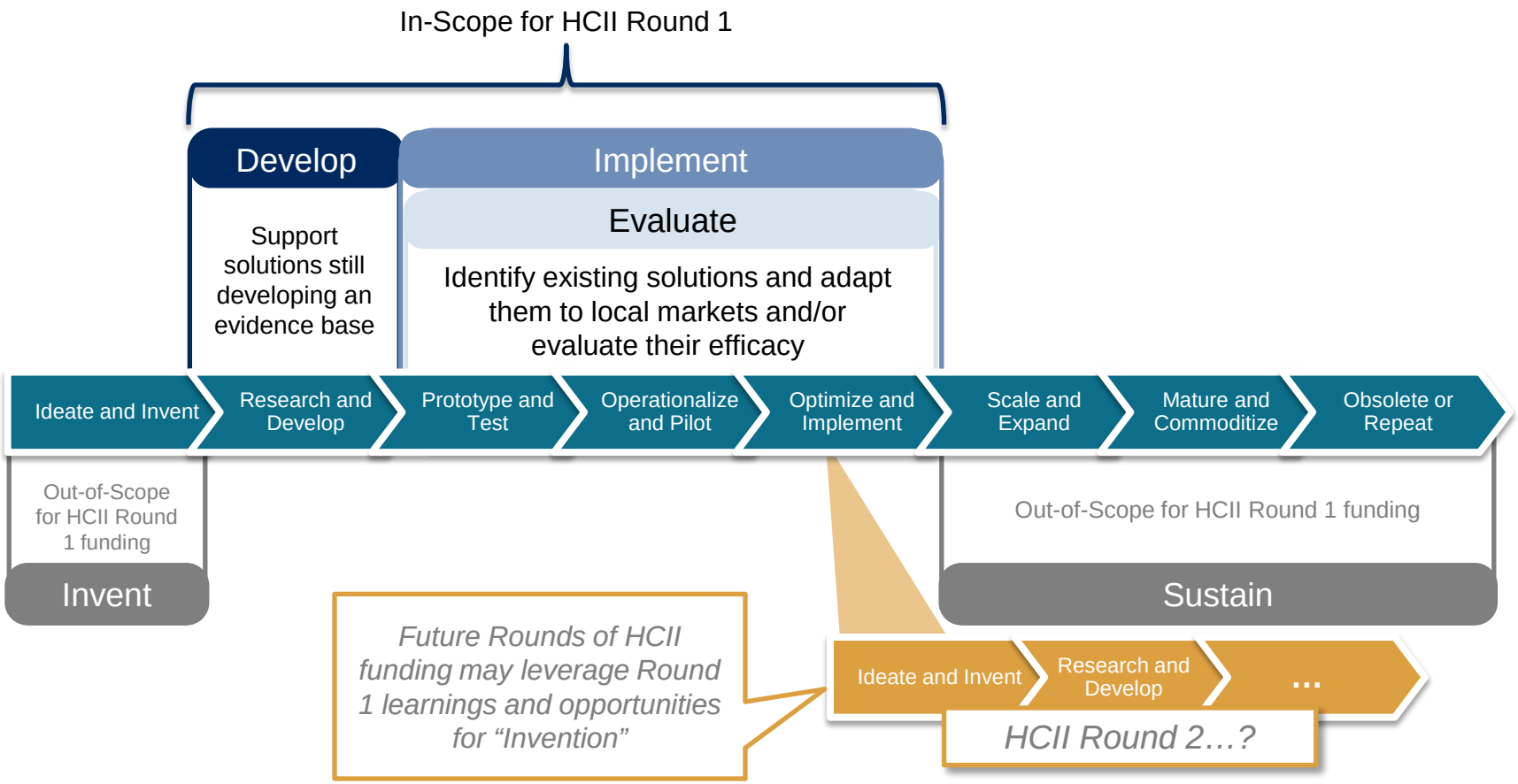
Purpose of the Health Care Innovation Investment Program

- To **foster innovation** in health care **payment** and service **delivery**
- To **align** with and **enhance** existing funding streams in Mass. (e.g., DSTI, CHART, MeHI, CMMI, etc.)
- To support and further efforts to meet the **health care cost growth benchmark**
- To improve **quality** of the delivery system
- **Diverse uses** include incentives, investments, technical assistance, evaluation assistance or partnerships

Where in the innovation life cycle can HCII be most effective?

HCII may use its funds to develop, implement, or evaluate promising models in payment and service delivery. Within this model framework, HCII Round 1 funding would focus on investment in rapid adoption of existing models with a preliminary evidence base.

1½ – 5-year "Innovation Lifecycle"



Primary cost drivers in Massachusetts identified by HPC

25% = 85%

One quarter of MA patients account for 85% of total medical expenditure

1 in 4

Medicare dollars are spent on End-of-Life care

2 in 5

ED visits are for non-emergency care

$700M

MA spending on avoidable hospital readmissions

60%

MA discharges are from high-cost care centers

4-7x

Additional cost for patients with a BH comorbidity

$1.9B

Total MA spending on Post-Acute Care

HPC 2014 Cost Trends Report
HPC July 2014 Cost Trends Supplement
HPC 2015 Annual Cost Trends Hearing – AGO Report

HCII Round 1 proposed challenge areas

The HPC outlined inclusion criteria through which 8 Challenges were identified as potential domains applicants may elect to target in their Proposals.

Need	Innovation Opportunity
Persistent health challenge and a significant cost driver	Limited existing market progress, despite strategic importance and promising emerging solutions

	Challenge
SDH	Meet the health-related social needs of high-risk/high-cost patients
BHI	Integrate behavioral health care (including substance use disorders) with physical health services for high-risk / high-cost patients
Value-Informed Choices: Purchasers	Increase value-informed choices by purchasers that optimize patient preferences
Value-Informed Choices: Providers	Increase value-informed choices by providers that address high-cost tests, drugs, devices, and referrals

	Challenge
Cost Variation	Reduce cost variability in hip/knee replacements, deliveries, and other high-variability episodes of care
PAC	Improve hospital discharge planning to reduce over-utilization of high-intensity post-acute settings
ACP & EOL	Support patients in receiving care that is consistent with their goals and values at the end of life
Site & Scope of Care	Expand scope of care of paramedical and medical providers who can most efficiently care for high-risk / high-cost patients in community settings (e.g., through care models, partnerships, or tech)

A unique feature of the proposed program design is to require partnerships that utilize multi-stakeholder approaches to address cost challenges

Patients' health needs and approaches to address health system challenges can be best addressed through partnership between organizations spanning service types.

Partnerships required for award eligibility
Strength of partnerships will be a competitive factor in selection.

Applications will detail how proposed partnerships will collaborate, make decisions, and optimize efficiencies in order to address cost challenge(s).

Examples of strong partnerships may include:

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 professional association and payers / providers partnering to address practice pattern variation and waste

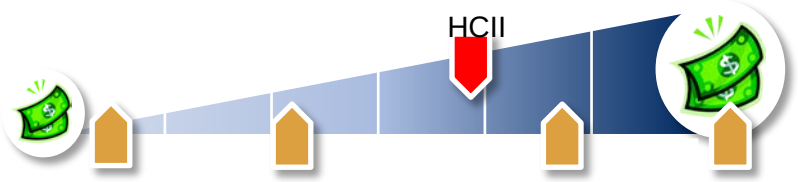
A provider, an employer, and a technology partner to test a model of direct-to-consumer telemedicine offerings to increase employee access to behavioral health services

* Technology firms only selling a product or service to an eligible applicant will not be considered a "technology partner" for the purposes of this program. Partnering vendors will need to demonstrate a collaborative approach to testing an innovative delivery approach, analytic model, tool or other solution.

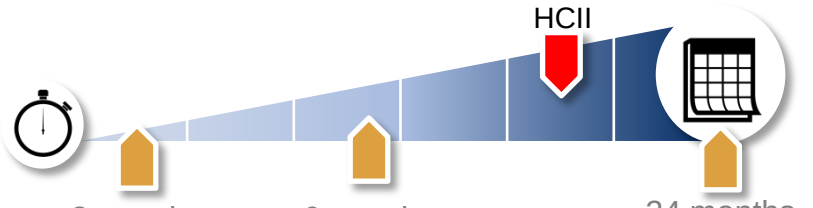
HCII Round 1 award size and duration

Other key design considerations have been made based on comparable grant and investment programs in the marketplace.

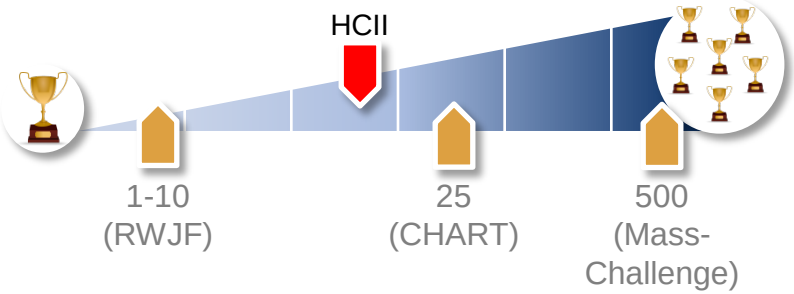
Max HCII Award **Cap**: $750k per award



HCII Award **Max Duration**: 18 Months



HCII Number of Awards: 8-12 Awards

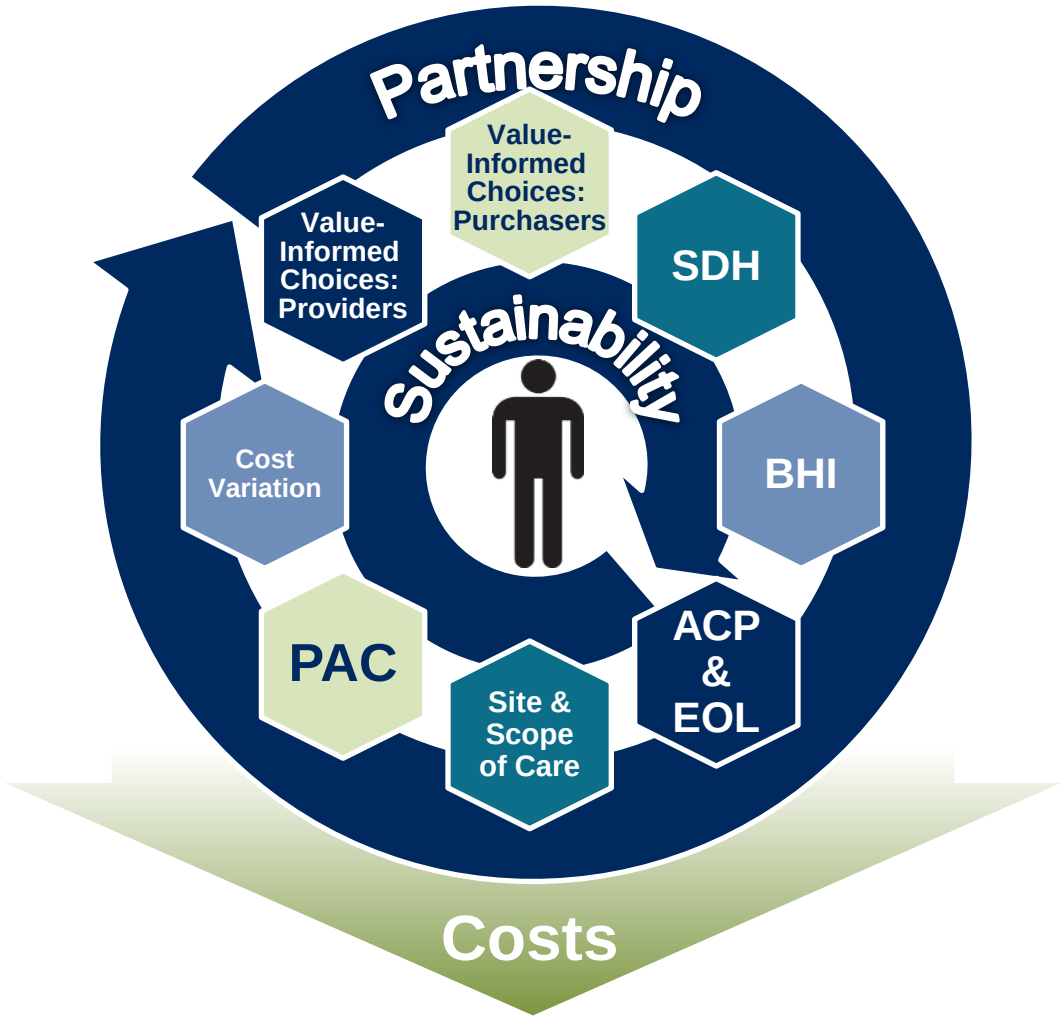


$5M investment opportunity*

* Funds from the Distressed Hospital Trust Fund may be used to supplement investments from the Health Care Payment Reform Trust Fund for eligible entities (CHART hospitals) selected for awards)

HCII: Innovations Advancing Delivery and Payment Transformation

*The **HCII Program:** Focusing patient-centered innovation on Massachusetts' most complex health care cost challenges through investment in validated, emerging models*

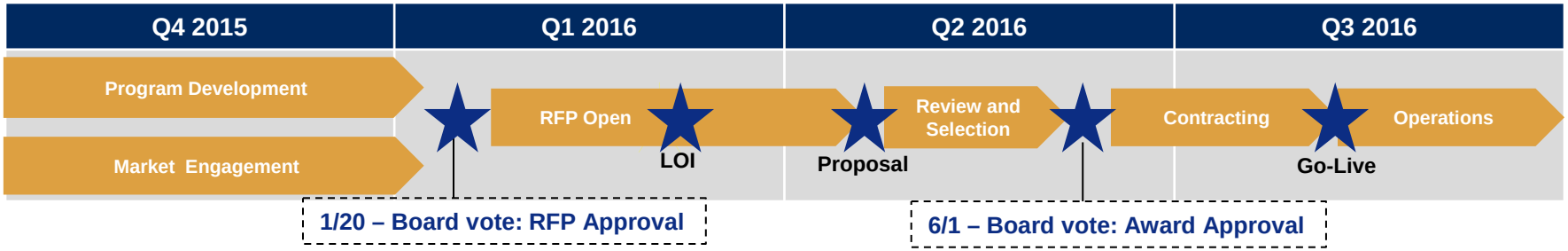


Broad array of eligible Challenges	Capture innovations from a diverse swath of applicants

+

Narrow selection criteria	Define rigorous requirements for high-quality innovation and partnership in order to achieve sustainable cost-reduction

HCII Round 1 RFP Milestones



	RFP Release	LOIs Due	Proposals Due	Review & Selection
RFP Milestones	**Late January / Early February**	**Early March (~5 weeks)**	**Mid April (~5 weeks)**	**June 1**
Description of RFP Framework and Major Activity	RFP will include easy-to-read supporting documents describing each Challenge and detailing select innovative models with a promising evidence base of cost savings	LOIs are required for eligibility, but nonbinding in content. LOIs will describe Applicants' approach to domains including: •Contemplated partnerships •Selected challenge and proposed innovation •Policy relevance for system-wide sustainability •Measurable goal •Estimated funding request •Interest in partnerships with other entities for HPC publication	Applicants who submit or are named in an LOI may submit a Proposal. Proposals will be reviewed based on criteria including: •Impact •Need •Sustainability •Partnerships •Operational Feasibility •"Innovativeness" •Synergy with other state programs	Proposals will be reviewed by a Review Committee consisting of •HPC Commissioners •HPC Staff •Representatives of Massachusetts state agencies •Other subject matter experts
HPC Support	HPC hosts 1-2 Info Sessions	•**Mid-March** – Publish applicant names, challenges, and partnership interests •HPC hosts 2 Info Sessions	N/A	HPC Announces Awards after Board Approval

HCII and Telemedicine: Aligned approaches to requirements and technical assistance

With minor Program-specific variation, HPC's HCII Program and Telemedicine Pilot approach investment through shared principles around measurement, technical assistance, and partnership.

Measurement	Applicants will propose **key outcomes**, **measures** to assess those outcomes, and a plan for **rapid-cycle evaluation** in order to: • Improve care for patients real-time • Encourage learning and knowledge transfer • Evaluate overall impact and effectiveness
Partnership	HPC will require **multi-stakeholder collaboration** to: • Maximize impact through interdisciplinary approaches enabled by multi-stakeholder partnerships • Strengthen partnerships in communities to meet patient needs
Technical Assistance	In order to meet program goals, the HPC may provide **limited, focused technical assistance** to Awardees to finalize project design, implementation, and/or evaluation

HCII RFP development summary

	Recommendation	Considerations
Eligible Applicants	• Any **Payer or Provider** (includes a broad array of provider types) • Applicants **must propose partnership**	• The HPC seeks to engage a diverse array of market participants and encourage meaningful partnerships
Award Cap, Duration, and Opportunity	• **$750k award cap** o $500k per year of operations; up to 18 months of operations • **$5 million** total opportunity	• Generate impact while maximizing the number of innovations being funded • Generate measurable outcomes without 'overfunding' beyond HCII's targeted innovation lifecycle phases
Investment Focus	**Globally-emerging**, but **locally relevant** solutions addressing the most **persistent challenges** facing the state	• Minimize risk and achieve cost savings within short timeframe • Combine learnings of HPC programs and research with stakeholder feedback
Matching or In-Kind Funds	• Require **matching/in-kind** funds • No minimum amount, though **relative contribution** amount will be a **competitive factor** in selection	• Validate strategic importance of project to applicants without unfairly burdening smaller applicants
Application Process	• Require submission of a (nonbinding) **Letter of Intent (LOI)** as prerequisite to Proposal • HPC to release companion illustrations of the **best emerging innovations** with a promising **evidence base of cost savings**	• Gain foresight into the field prior to Proposal submission • Make program goals and process accessible to a wide variety of applicants
Selection Factors	• **Impact** - Cost Savings, Quality, and Access • **Evidence Base** Strength • **Innovativeness** – Partnership, Process, Tools • Sustainability • Operational **Feasibility**	• Promote highly competitive process to identify leading edge evidence-based innovations with strongest cost-saving potential • Emphasize value of multi-stakeholder partnerships • Maximize impact on cost savings while prioritizing policy-relevant solutions
Required Activities	• **Measurement** o Patient- and Provider-reported measures o Rapid-cycle improvement	• Emphasize scalability by requiring customer-centric approaches to evaluation • Require rapid cycle evaluation to encourage learning and potential for transference

Vote: endorse issuance of a request for proposals

Motion: That the Committee hereby endorses the proposal for an investment program to foster innovation in health care payment and service delivery to reduce total health care spending, and recommends that the Commission authorize the Executive Director to issue a Request for Proposals (RFP) to solicit competitive proposals consistent with the framework described to the Committee.

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Discussion Preview: Telemedicine Pilot Program

Agenda Topic

Discussion of Program Design for Telemedicine Pilot Program

Description

In July, the legislature directed the HPC to conduct a regional pilot to study the impact of using telemedicine for consultation, diagnosis, and treatment. Staff will present a program design for consideration by the Committee. The proposed design considers key cost and access challenges in Massachusetts and focuses on successful applications of telemedicine for reducing readmissions of patients from post-acute settings and enhancing access to behavioral health care for high-need populations and geographies. The proposed design is for two awards of up to $500,000 each, with a total commitment of $1,000,000 (extending the legislative mandate by one award).

Key Questions for Discussion and Consideration

Does the proposed program design meet HPC's goals for these investments?

Are there particular outcomes of interest for the Committee as the HPC prepares the RFP announcement?

What supports should the HPC offer to awardees (e.g. technical assistance)?

Decision Points

Vote requested. Commissioners will be asked to endorse the proposal for program design and to provide feedback on priorities for RFP development. Final program and RFP design will be presented at the January board meeting.

Telemedicine Pilot

A 1-year regional pilot program to further the development and utilization of telemedicine in the commonwealth

$1,000,000 → **Community-based providers and telehealth suppliers**

Summary of Pilot

- The HPC is to develop and implement a one-year **regional telemedicine pilot** program to advance use of telemedicine in Massachusetts
  - The pilot shall incentivize the use of **community-based providers** and the delivery of patient care in a **community setting**
- To foster partnership, the pilot should **facilitate collaboration** between participating community providers and teaching hospitals
- Pilot is to be evaluated on cost savings, access, patient satisfaction, patient flow and quality of care by HPC

Pilot Aims

1. Demonstrate **potential** of telemedicine to address critical behavioral health access challenges in three high-need target populations
2. Demonstrate effectiveness of multi-stakeholder collaboration to serve these populations
3. Inform policy development to support care delivery and payment reform

Q3-Q4'15	Q1-Q2'16	Q3-Q4'16	Q1-Q2' 17
Pilot Planning & Community Engagement	Application; Awardee Selection; Pilot Development Implementation, and Rapid-Cycle Testing		Testing & Evaluation

Sustainability

Source: HPC Telehealth Pilot Language – Section 161

Goals of telemedicine pilot program

Payers, providers, and policymakers are interested in understanding the impact of using telemedicine for consultation, diagnosis, and treatment. Goals of piloted models may include:

1. Telemedicine should demonstrate **cost savings** and/or **enhance access to care**
2. Telemedicine should maintain or **improve patient experience** and **quality** of care
3. Telemedicine should **improve patient flow**
4. Telemedicine should **improve providers' operating efficiency** through optimal allocation of clinical staff among partnering sites and use of staff time
5. Telemedicine should enhance community-based care and **reduce the number of patients transferred for specialty evaluations** when appropriate care could be delivered at the originating setting
6. Telemedicine should **improve provider satisfaction**
7. Telemedicine care models should be closely linked back to primary providers to ensure **continuity of care**
8. Telemedicine should **not result in duplicative utilization** patterns and, where appropriate, should reduce overall utilization over an episode of care

Source: HPC Telehealth Pilot Language – Section 161; HPC Stakeholder Engagement

Local and regional examples of value of telemedicine

Two-Way Video Conferencing

MASSACHUSETTS GENERAL HOSPITAL

***MGH TelePsych** program allows patients to* receive personalized, convenient psychiatric care from their home, workplace or any private location

Berkshire Medical Center
BERKSHIRE HEALTH SYSTEMS

CHART funded

Utilize telehealth behavioral health visits to expand access to psychiatric services

MASSACHUSETTS circlehealth Emerson Hospital

Utilize telehealth visits to expand access to primary care

Provider-Provider Support

Beth Israel Deaconess Medical Center

ECHO Age links BIDMC geriatric specialists, neurologists and psychiatrists with providers in the community through a weekly teleconference to discuss cases and to co-develop treatment plans

MCPAP
Massachusetts Child Psychiatry Access Project

Telephonic consultations between child/adolescent psychiatrist and the pediatric PCP

Passive Remote Monitoring

SIGNATURE HEALTHCARE

CHART funded

Homeward Bound, a CHART Phase 2 funded initiative, uses a combination of telemedicine and nurse-led home visits to support high-risk patients with COPD and CHF at home

HealthAffairs

In the nursing home, a switch from on-call to telemedicine physician coverage during off hours resulted in fewer hospital admissions[2]

Active Remote Monitoring

NEHI New England Healthcare Institute

Intensivists promoting remote ICU care decreased mortality by more than 20 percent, decreased ICU lengths-of-stay by up to 30 percent, and reduced the costs of care[1,3]

UMassMemorial Health Care

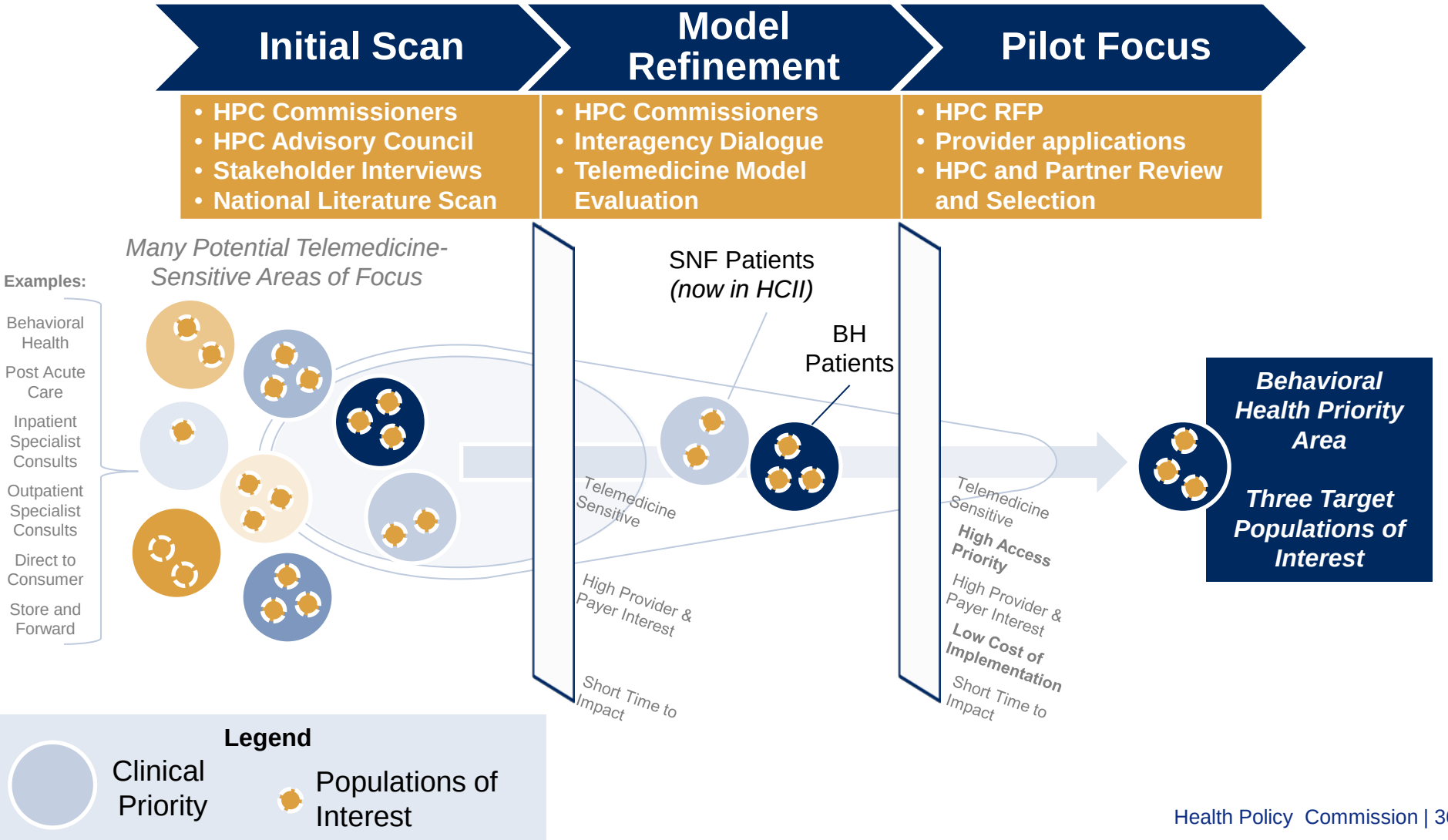
Steward
Steward Health Care System

With tele-ICU, a clinician in one "command center" is able to remotely monitor, consult and care for ICU patients in multiple locations[3]

1. Kvedar J, Coye MJ, Everett W. *Connected Health: A Review Of Technologies And Strategies To Improve Patient Care With Telemedicine And Telehealth. Health Aff* February 2014 vol. 33 no. 2 194-199.
2. Grabowski DC, O'Malley AJ. Use of Telemedicine Can Reduce Hospitalizations of Nursing Home Residents and Generate Savings For Medicare. doi: 10.1377/hlthaff.2013.0922 Health Aff February 2014 vol. 33 no. 2 244-250.
3. Fifer S, Everett W, Adams M, Vincequere J. Critial Care, Critical Choices: The Case for Tele-ICUs in the Intensive Care. New England Healthcare Institute and Massachusetts Technology Collaborative. December 2010.

Identification of a priority area for telemedicine pilot

HPC engaged in extensive dialogue with payers, providers, telemedicine experts, and state policy leaders to identify a single area of focus for the telemedicine pilot



Telemedicine pilot design framework

Pressing Behavioral Health Needs	HPC focuses investment on high priority behavioral health access needs in Massachusetts

+

Innovative, Provider-Driven Care Models	Providers compete to identify high-leverage models of care to address one or more target populations of interest utilizing telemedicine. Proposed models are tailored to local needs but emphasize scalability (low cost of intervention and high replicability)

High Impact Telemedicine Pilot

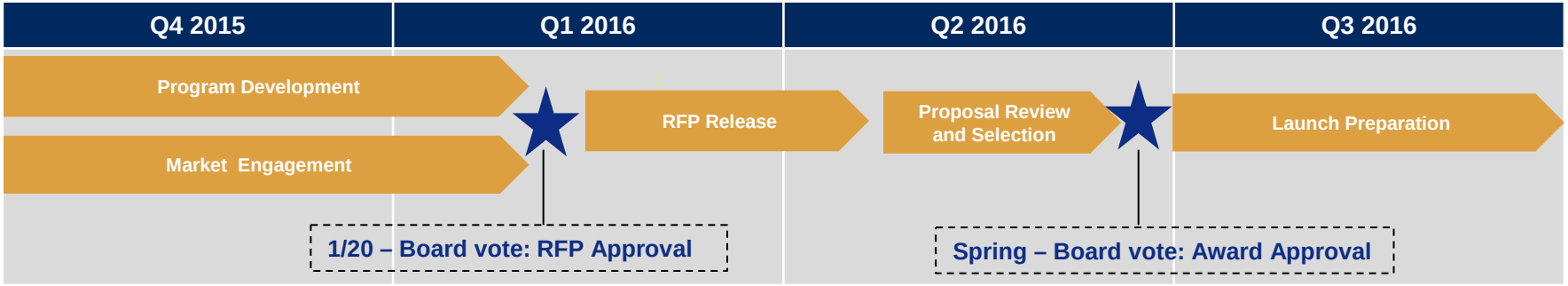
Program design provides three target populations of interest. Applicants must propose innovative uses of telemedicine to address the needs of one or more of these populations

	Use Cases of Interest	*Sample of Relevant Existing Interventions*
Pediatric patients with BH conditions 3,261 Discharges of patients between the ages of 10-19 spent at least 8 hours in an emergency department in 2014 for a mental health condition	**PROVIDER-PATIENT*** • Expanded access to school-based BH services • Behavioral health integration in pediatric practices	Regional model of school-based telehealth consults resulted in statistically significant reduction in symptom levels between initial visit and 3rd month visit, improved school performance, and improved social interaction. Treated 11,500+ patients in four years utmb Health
Patients aging in place with BH conditions 20% of the 65+ population suffers from a mental health disorder. Greatest segment of prescriptions with abuse potential are among adults aged 51-70	**PROVIDER – PATIENT** • Direct in-home tele-behavioral health clinical services (med management and counseling) • Facilitated in-home tele-behavioral health with ASAP or VNA augmented with tele-BH provider	In-home telepsychology compared to traditional face-to-face delivery showed effective mental health therapy for major depressive disorder in an elderly population by in-home video teleconference VA
Patients with substance use disorder 1,256 estimated opioid-related deaths in 2014, a 88% increase over 2012 (n=668) and a 38% increase over cases for 2013 (n=911).	**PROVIDER – PATIENT** • 'Reverse integration' of emergency medical care into detox facilities to reduce acute care transfers	TelEmergency model in Mississippi reduced unnecessary transfers to higher acuity hospitals by 20 percent UMMC Center for Telehealth
	PROVIDER TELECONSULTS • Consult service for addiction providers to support PCPs in MAT	Consults for pediatric primary care providers has enhanced capability or PCPs to meet clinical needs of non-complex pediatric BH patients MCPAP Massachusetts Child Psychiatry Access Project

* Provider to provider teleconsult services to address needs of pediatric patients with behavioral health conditions are currently provided by MCPAP

Telemedicine pilot timeline

The HPC anticipates releasing an RFP for the telemedicine pilot in late January 2016, with subsequent awardee selection and program launch in late Spring 2016



	Goal Setting	Program Design	Implementation
Activities	☑ Assess statutory framework for pilot and its goals ☑ Meet with subject matter experts and stakeholders on program design considerations ☑ Review reimbursement and regulatory landscape in MA ☑ Scan MA for existing pilots and at-scale programs	☑ Announce funding priority areas to providers ☑ Lock proposal selection criteria ☐ Release RFP & host information sessions ☐ Receive and review proposals ☐ Board selection of awardee Next Steps	☐ Finalize pilot design, measurable goals, and contract requirements with awardee(s) ☐ Distribute pilot funding ☐ Support pilot implementation as needed and monitor performance ☐ Conduct evaluation
Output	• Program Goals • Current Landscape	• RFP development • Proposal process • Awardee selection	• Operational planning • Performance monitoring • Evaluation

RFP development summary

	Recommendation	Considerations
Eligible Applicants	• Any **provider** • A single entity may apply on behalf of a **consortium** of providers • Require some **level of collaboration** with a teaching hospital; no funding requirement	• The HPC seeks to engage a diverse array of market participants and encourage meaningful partnerships
Award Cap, Duration, and Opportunity	• **$500k** award **cap; $1M** total opportunity • Up to **two awards** • **18 months duration:** 6 month funded design period; 12 month implementation period	• Two regional awards • Integrated planning period (driven by awardee) for clinical protocol development, clinician engagement, etc.
Investment Focus	**Behavioral health** initiatives focused on **pediatric** BH needs, **homebound adults** with BH needs, and/or patients with **opioid use disorders**	• Combine high priority areas of focus with opportunities for provider innovation
Matching or In-Kind Funds	• Require **matching/in-kind** funds • No minimum amount, though **relative contribution** amount will be a **competitive factor** in selection	• Validate strategic importance of project to applicants without unfairly burdening smaller applicants
Application Process	• **Conventional**, brief proposal describing target population, measurable aim, driver diagram, operational model, budget, etc.	• Encourage competitive application pool
Selection Factors	• Level of access expansion OR cost savings (or both); evidence base for proposed model, including anticipated impact on patient experience and quality; demonstration of how pilot will improve operating efficiency and provider satisfaction; prior experience with telehealth; likelihood of sustainability;	• Prioritize anticipated impact, evidence of model, and applicant's past experience (and therefore likelihood of success) • Emphasize opportunities to scale successful models
Required Activities	• **Measurement** Applicants must indicate key outcomes of interest, measures to assess those outcomes, and include a plan for rapid-cycle evaluation	• Require rapid cycle evaluation to encourage learning and potential for transference • Maximize impact through multi-stakeholder partnerships

Vote: endorse issuance of a request for proposals

Motion: That the Committee hereby endorses the proposal for a pilot program to advance use of telemedicine services to enhance access to behavioral health care in the Commonwealth, and recommends that the Commission authorize the Executive Director to issue a Request for Proposals (RFP) to solicit competitive proposals consistent with the framework described to the Committee.

Agenda

- Approval of Minutes from December 2, 2015 Meeting (VOTE)
- Update on CHART Phase 2 Operations
- Presentation on the HPC's Robert Wood Johnson Grant
- Discussion of Program Design for the Health Care Innovation Investment Program (VOTE)
- Discussion of Program Design for the HPC's Telemedicine Pilot Program (VOTE)
- **Schedule of Next Committee Meeting (February 24, 2016)**

Contact information

For more information about the Health Policy Commission:

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