

COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

Community Health Care
Investment and Consumer
Involvement Committee

October 22, 2014



Agenda

- Approval of Minutes from the October 1, 2014 Meeting **(VOTE)**
- Discussion of CHART Phase 2 Awards **(VOTE)**
- Authorization of Community Hospital Study Consultant Contract **(VOTE)**
- Authorization of CHART Investment Program Consultant Contract **(VOTE)**
- Schedule of Next Committee Meeting (December 3, 2014)



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Vote: Approving Minutes

Motion: That the Community Health Care Investment and Consumer Involvement Committee hereby approves the minutes of the Committee meeting held on October 1, 2014, as presented.

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CHART Phase 2

Community Hospital Acceleration, Revitalization, and Transformation *Charting a course for the right care at the right time in the right place*

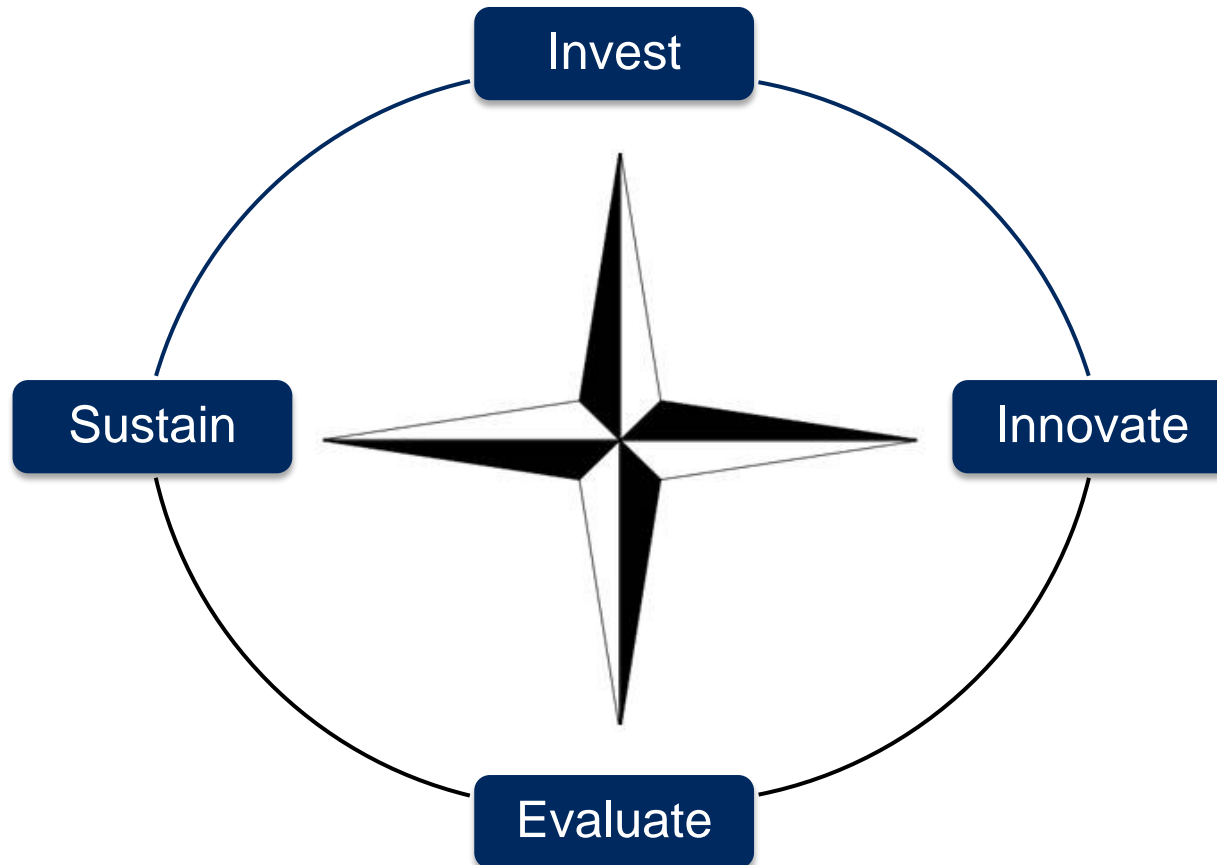


CHART Phase 2: Background

CHART Phase 2 supports better alignment of community hospital services and capabilities with the needs of the communities the hospitals serve

- Focused investments supporting community hospitals to transform and improve care delivery
- CHART Phase 2 is intended to accelerate the transformation of CHART Hospitals through outcome-oriented Primary Aims:
 - Maximize appropriate hospital use (principally through reduction in readmissions and emergency department utilization)
 - Enhance behavioral health care (over half of the proposed awards)
 - Improve hospital efficiency, quality and safety
- Aims require strong community engagement, including the development of community partnerships with a broad array of health and human services agencies.
- Aims were also designed to:
 - **Maximize the impact** of the CHART Phase 2 Investments
 - Incentivizing transformation towards **readiness** for participation in **alternative payment models** and **accountable care**

CHART Phase 2: Overview

CHART Phase 2 represents an investment of unprecedented scale of its kind in the Commonwealth

- Many proposals address unmet needs of communities and leverage resources of **community partners** to establish cross-setting coordination and appropriate use of care
- Many applicants seek to address the challenges of socially and medically complex patients particularly those with **behavioral health** conditions
- These awards would support **novel regional collaborations** that will extend the impact of CHART funds through the development of shared resources, comprehensive data/information sharing, and aligned population health management strategies
- CHART hospitals proposals primarily aligned around two core themes:
 - **Enhancing behavioral health services** - nearly 50% of total recommended award
 - **Reducing utilization** through coordinated care of high-risk patients in partnership with community based providers – nearly 40% of total recommended award
- The range of proposals creates opportunities for collaboration among hospitals, including shared learning and dissemination of best practices, as well as clinical coordination where appropriate

CHART Phase 2: Summary of Proposals and Recommendation

Proposals received:

On September 12, 2014, the HPC received 27 Proposals from 31 eligible hospitals

- \$117 million total request
 - **93% of proposals** sought to Maximize Appropriate Hospital Use
 - **59% of proposals** sought to Enhance Behavioral Health Care
 - **45% of proposals** sought to Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety

Staff recommend funding:

- 28 hospitals across the Commonwealth representing 25 Proposals for a total award of **\$59,951,711**
- If approved by the Commission, the award will be a groundbreaking investment in community-oriented high-risk care management and behavioral health services
 - A scale and level of coordination previously unseen
 - Awards will represent a commitment by the Commission to support focusing on the most complex patients, serving goals of reducing costs while improving quality and patient outcomes

From RFP to Impact

2 Years
\$60 million
31 hospitals
3 primary aims

- 1 RFP:** Issued in June 2014, with a 12 week application cycle including prospectus submission, review, and comment
- 2 Proposal Submission and Review:** 5 week review period; robust staff and committee processes
- 3 Award Recommendation:** focused on managing socially and medically complex patients and those with behavioral health needs
- 4 Implementation Planning and Execution:** Engagement of HPC with awardees both in Implementation Planning and the full Period of Performance

CHART Phase 1: Update on awards

What is the current status of CHART Phase 1 awards?

In CHART Phase 1 there were 28 proposals awarded by the HPC

- Total award of **\$9,955,642**

14 Hospitals submitted Final Reports by September 30th

- 8 were received on or before Aug 31st
- 6 were received between Sept 1 and 30th

13 Hospitals granted no cost extensions have submitted Interim Reports updating the HPC on their progress

- The majority of these hospitals will submit Final Reports by November 30th with two hospitals having extensions into early 2015

Hospitals continue to work with HPC staff around final deliverables and evaluation of Phase 1

CHART Phase 2: RFP

Request for Proposal

Issued Request for Proposals June 17, 2014

31 hospitals eligible pursuant to C.224

Hospitals had 12 weeks to prepare Proposals

- During that time, the HPC hosted 10 information sessions to answer questions

\$60 million total opportunity

\$6,000,000 funding cap per hospital, across proposals

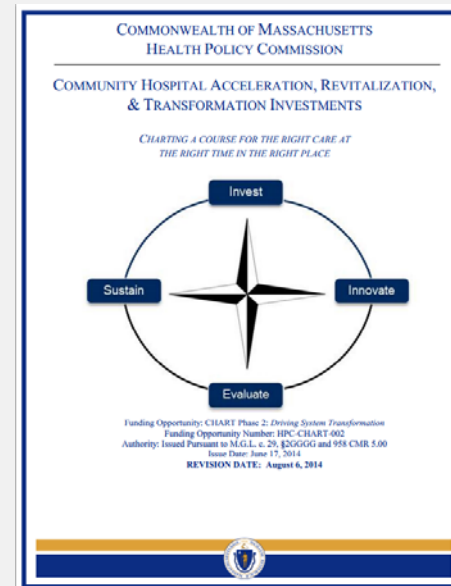


CHART Phase 2: Hospitals propose to meet specified aims, with the goal to drive transformation toward accountable care



CHART Phase 2: Driving transformation to accountable care

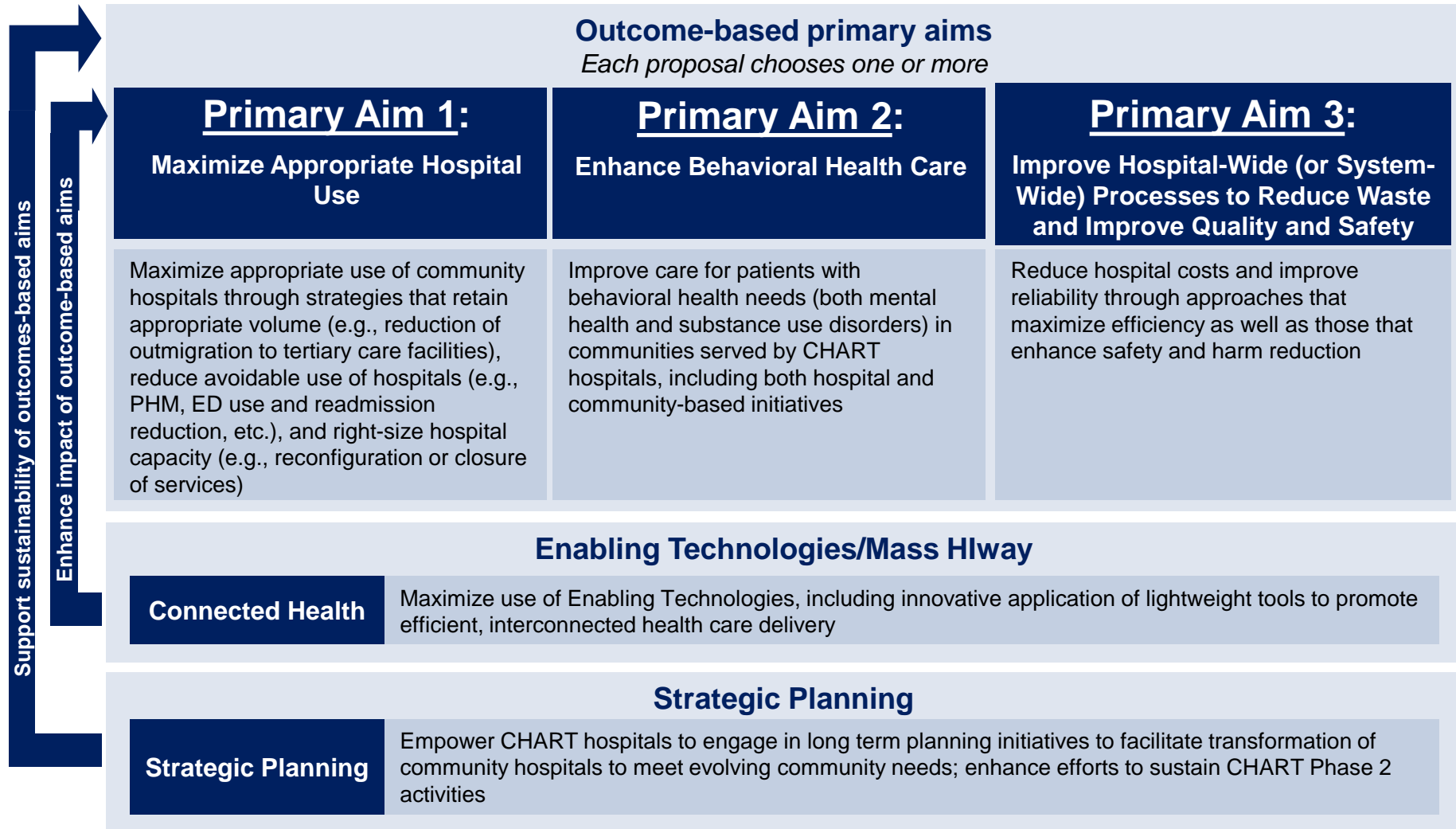


CHART Phase 2: Proposals received from nearly all eligible hospitals

On September 12, 2014, the HPC received 27 Proposals from 29 of 31 eligible hospitals

\$117 million total request across all proposals

- Shriners-Boston and New England Baptist Hospital elected not to participate

The **average funding request** was **\$4,063,266** per proposal

The HPC received 5 Joint Hospital Proposals and 22 Hospital-specific proposals

- Three Joint Proposals are system-specific; two Joint Proposals include collaboration across systems

Hospitals and health systems in total contemplate **contributing nearly \$40 million of in-kind supports** towards the work being proposed

CHART Phase 2: Applicant pool Primary Aim(s)

Single Hospital Proposals	Primary Aim(s)		
Anna Jaques Hospital	1		
Baystate - Mary Lane Hospital	1		3
Baystate Franklin Medical Center	1	2	
Baystate- Wing Memorial Hospital	1		
Berkshire Medical Center	1	2	
Beth Israel Deaconess Hospital – Milton	1	2	3
Beth Israel Deaconess Hospital – Needham	1		3
Beth Israel Deaconess Hospital – Plymouth	1	2	
Emerson Hospital	1	2	
Harrington Memorial Hospital	1	2	
Holyoke Medical Center	1	2	3
Lahey - Addison Gilbert Hospital	1	2	3
Lahey - Beverly Hospital		2	3
Lahey - Winchester Hospital	1		
Lawrence General Hospital	1		
Lowell General Hospital	1		
Mercy Medical Center	1	2	3
Milford Regional Medical Center	1	2	3
Noble Hospital	1	2	
Signature Healthcare Brockton Hospital	1		3
UMass Memorial - HealthAlliance Hospital	1	2	
UMass Memorial - Marlborough Hospital	1		

Joint Hospital Proposals	Primary Aim(s)		
Athol Memorial Hospital		2	
Heywood Hospital			
UMass Memorial - HealthAlliance Hospital			
Baystate - Franklin Medical Center	1		3
Baystate - Mary Lane Hospital			
Baystate - Wing Memorial Hospital			
Hallmark - Melrose-Wakefield Hospital	1	2	
Hallmark - Lawrence Memorial			
Lahey - Addison Gilbert Hospital	1	2	3
Lahey - Beverly Hospital			
Lahey - Winchester Hospital			
Lowell General Hospital			
Southcoast - Charlton Memorial Hospital	1		
Southcoast - Tobey Hospital			
Southcoast - St. Luke's Hospital			

Primary Aims	No.
Maximize Appropriate Hospital Use	1
Enhance Behavioral Health Care	2
Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety	3

Total funding requested

\$117,834,727

CHART Phase 2: Proposal Review

Review process

Technical Review September 12 - 18	HPC Staff Review September 19 - October 1	Review Committee October 2 and October 9
<ul style="list-style-type: none"> Staff assessed Proposals for: <ul style="list-style-type: none"> Completeness of materials required for submission Compliance with RFP requirements 	<ul style="list-style-type: none"> Staff conducted an intense analysis of proposals <ul style="list-style-type: none"> Analyzed budgets Analyzed proposed scopes of work Prepared summary materials for Review Committee 	<ul style="list-style-type: none"> Review Committee deliberated to reach a consensus score <ul style="list-style-type: none"> Impact of the Proposal (30%) Community need and engagement (25%) Hospital financial status and operational capacity (25%) Budget proposal (20%) Review Committee discussed and achieved consensus on: <ul style="list-style-type: none"> Final score Proposed Award cap Proposed high-level revisions to scope

The Review Committee consisted of:

- HPC staff
- An HPC Commissioner
- Staff from 5 other government agencies
- External expert consultants

CHART Phase 2: Proposal review

Review Committee Outcome

Consensus scores varied

- Low score was 20%
- High score was 86%
- The mean was 53% and the median was 50%

Modifications fell into the following broad categories

- Fund with Minor Revisions to Scope and/or Budget
- Fund with Major Revisions to Scope and/or Budget
- Decline to Fund

CHART Phase 2: Review committee Recommends Nearly \$60M across 25 Proposals

HPC CHART Review Committee Proposed Awards

Review Committee made a consensus recommendation to the Executive Director on October 14, 2014

- 2 Proposals were recommended to receive full funding with minor revisions to the Proposal
- 23 Proposals were recommended to receive an award contingent upon requirements stipulated by HPC
- 2 Proposals were recommended to not be funded
- Recommended award caps range from \$0 to \$8,000,000 per proposal
 - Average recommended award is **\$2,220,434**
 - The average request was **\$4,364,249**

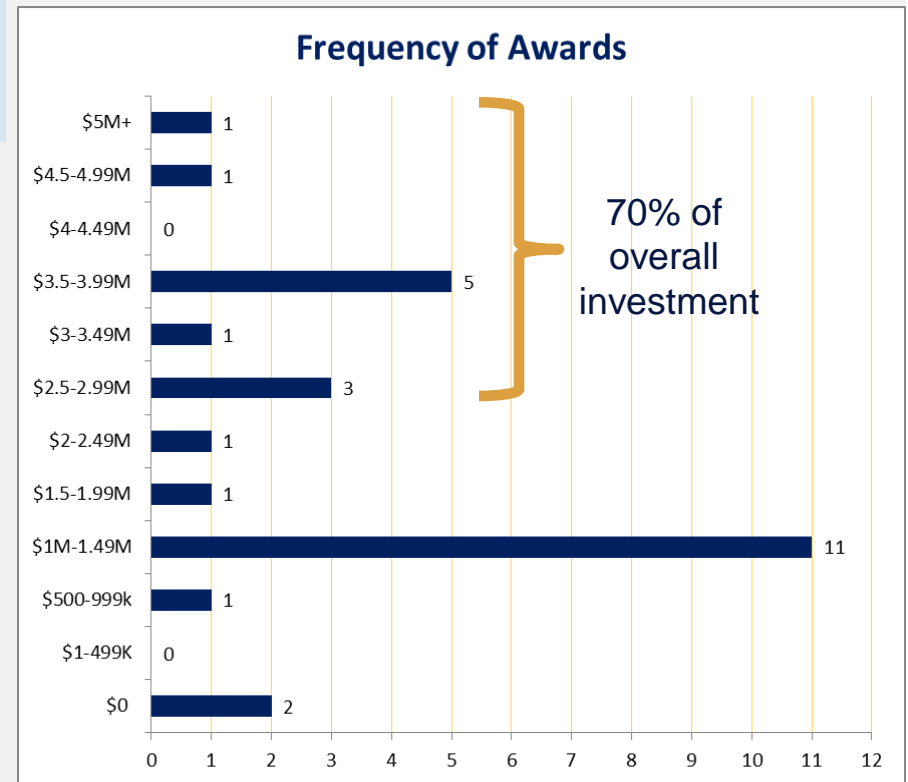


CHART Phase 2: Recommended funding caps

Single Hospital Proposals	Rec. Funding Cap
Anna Jaques Hospital	\$ 1,200,000
Baystate - Mary Lane Hospital	\$ 0
Baystate Franklin Medical Center	\$ 1,800,000
Baystate- Wing Memorial Hospital	\$ 1,000,000
Berkshire Medical Center	\$ 3,000,000
Beth Israel Deaconess Hospital - Milton	\$ 2,000,000
Beth Israel Deaconess Hospital - Needham	\$ 0
Beth Israel Deaconess Hospital - Plymouth	\$ 3,700,000
Emerson Hospital	\$ 1,200,000
Harrington Memorial Hospital	\$ 3,500,000
Holyoke Medical Center	\$ 3,900,000
Lahey - Addison Gilbert Hospital	\$ 1,269,057
Lahey - Beverly Hospital	\$ 2,500,000
Lahey - Winchester Hospital	\$ 1,000,000
Lawrence General Hospital	\$ 1,482,654
Lowell General Hospital	\$ 1,000,000
Mercy Medical Center	\$ 1,300,000
Milford Regional Medical Center	\$ 1,300,000
Noble Hospital	\$ 1,200,000
Signature Healthcare Brockton Hospital	\$ 3,500,000
UMass Memorial - HealthAlliance Hospital	\$ 3,800,000
UMass Memorial - Marlborough Hospital	\$ 1,200,000

Joint Hospital Proposals	Rec. Funding Cap
Athol Memorial Hospital Heywood Hospital UMass Memorial - HealthAlliance Hospital	\$ 2,900,000
Baystate - Franklin Medical Center Baystate - Mary Lane Hospital Baystate - Wing Memorial Hospital	\$ 900,000
Hallmark - Melrose-Wakefield Hospital Hallmark - Lawrence Memorial	\$ 2,500,000
Lahey - Addison Gilbert Hospital Lahey - Beverly Hospital Lahey - Winchester Hospital Lowell General Hospital	\$ 4,800,000
Southcoast - Charlton Memorial Hospital Southcoast - Tobey Hospital Southcoast - St. Luke's Hospital	\$ 8,000,000

Where Dollars are Going

\$31M

Behavioral Health

\$23M

High-Risk Care Teams

Total Proposed Funding

\$59,951,711

CHART Phase 2: Review Committee Considerations

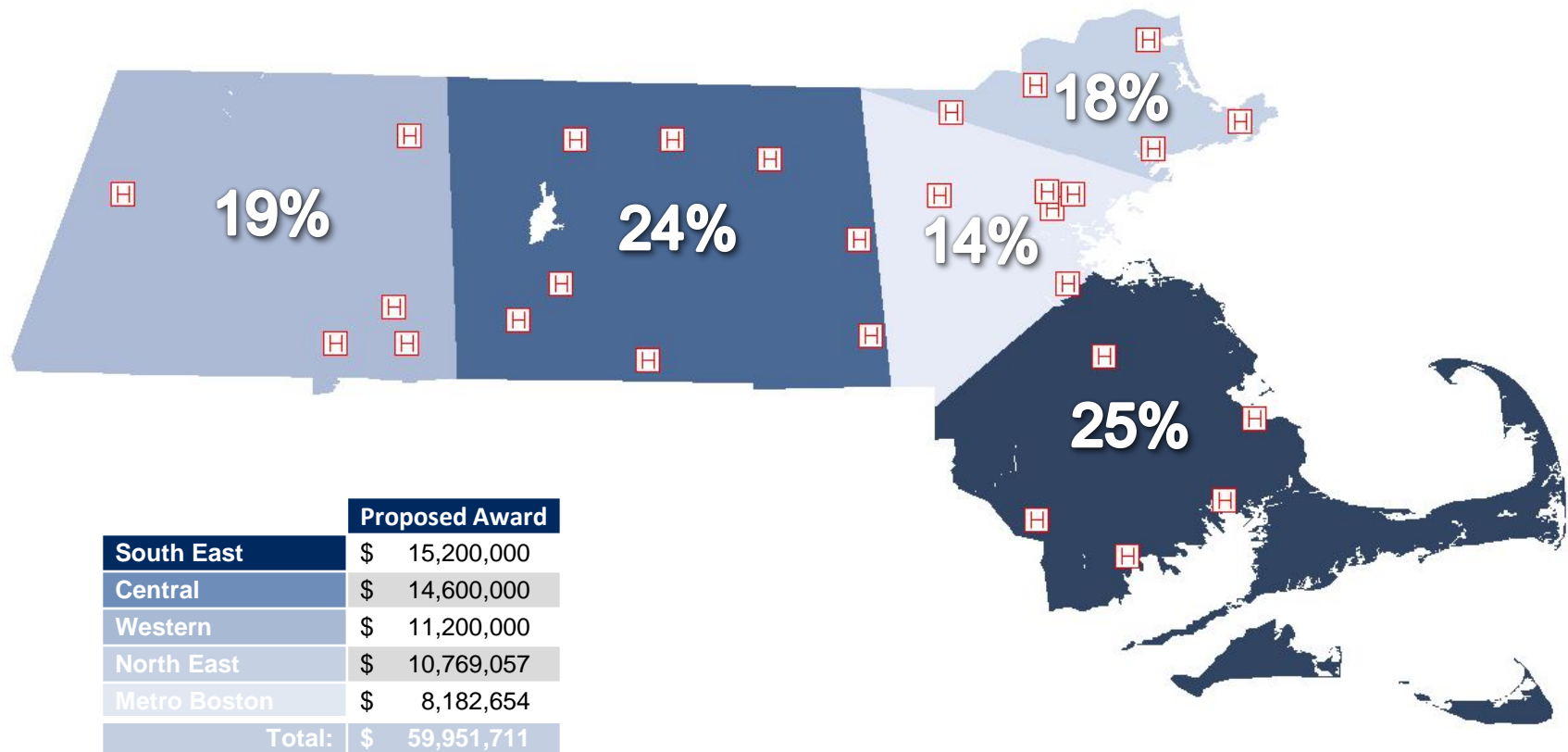
Key Points of Deliberation Around Proposals

- Anticipated acquisitions of CHART hospitals
- Capital funding requests
- Large, provider-specific training budgets
- Award stratification between independent and affiliated hospitals
- System contribution (where applicable)
- Large scale IT investments
- Initiatives designed to increase or repurpose capacity (inpatient and outpatient)
- Variation in Community Partnerships:
 - number
 - strength
 - opportunity

CHART Phase 2: Regional Distribution of Proposed Awards

Proposed awards span the Commonwealth, with higher proportions going to the Southeast and Central regions of the state.

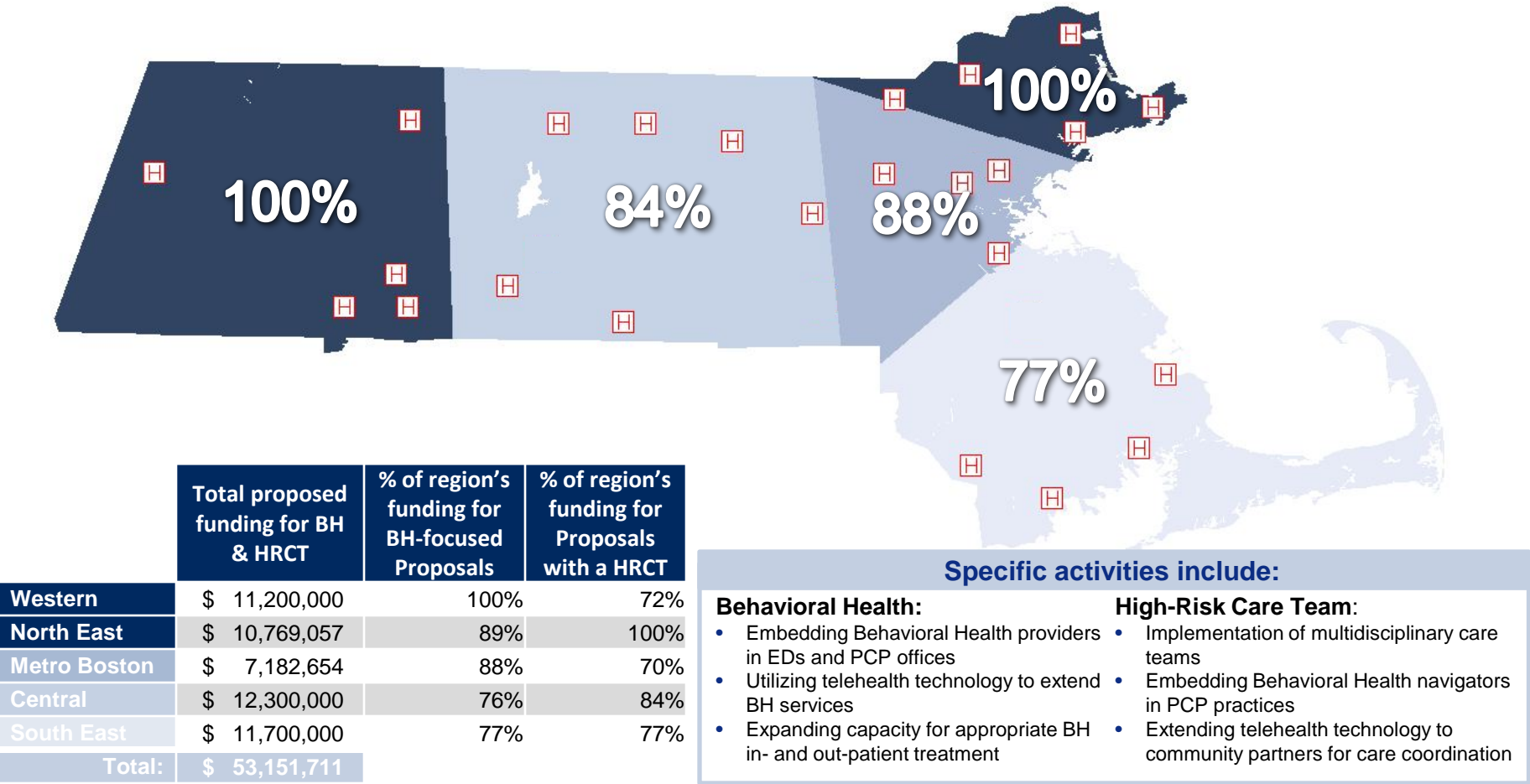
Proportion of total proposed award, by region



Proposal themes: Enhance behavioral health and high cost patient care

Another clear focus of the Phase 2 Proposals was Behavioral Health care (BH) enhancement and Care Teams (HRCT) focusing on socially complex and high-risk populations, which are, together, present in nearly 90% of proposed awards.

Proportion of region’s proposed award funding BH and HRCT projects



Joint Proposals

The 5 Joint Proposal awards submitted for Board approval capitalize on opportunities to apply coordinated, regional approaches to meet the complex and hospital-agnostic needs of their communities

Heywood, Athol, & HealthAlliance

- Build an infrastructure to support a comprehensive, coordinated system of behavioral health services **(\$6,700,000)**

Lahey Health System & Lowell General Hospital

- Integrate services in the ED and community for all behavioral health/substance use disorder patients **(\$4,800,000)**

Hallmark Health System

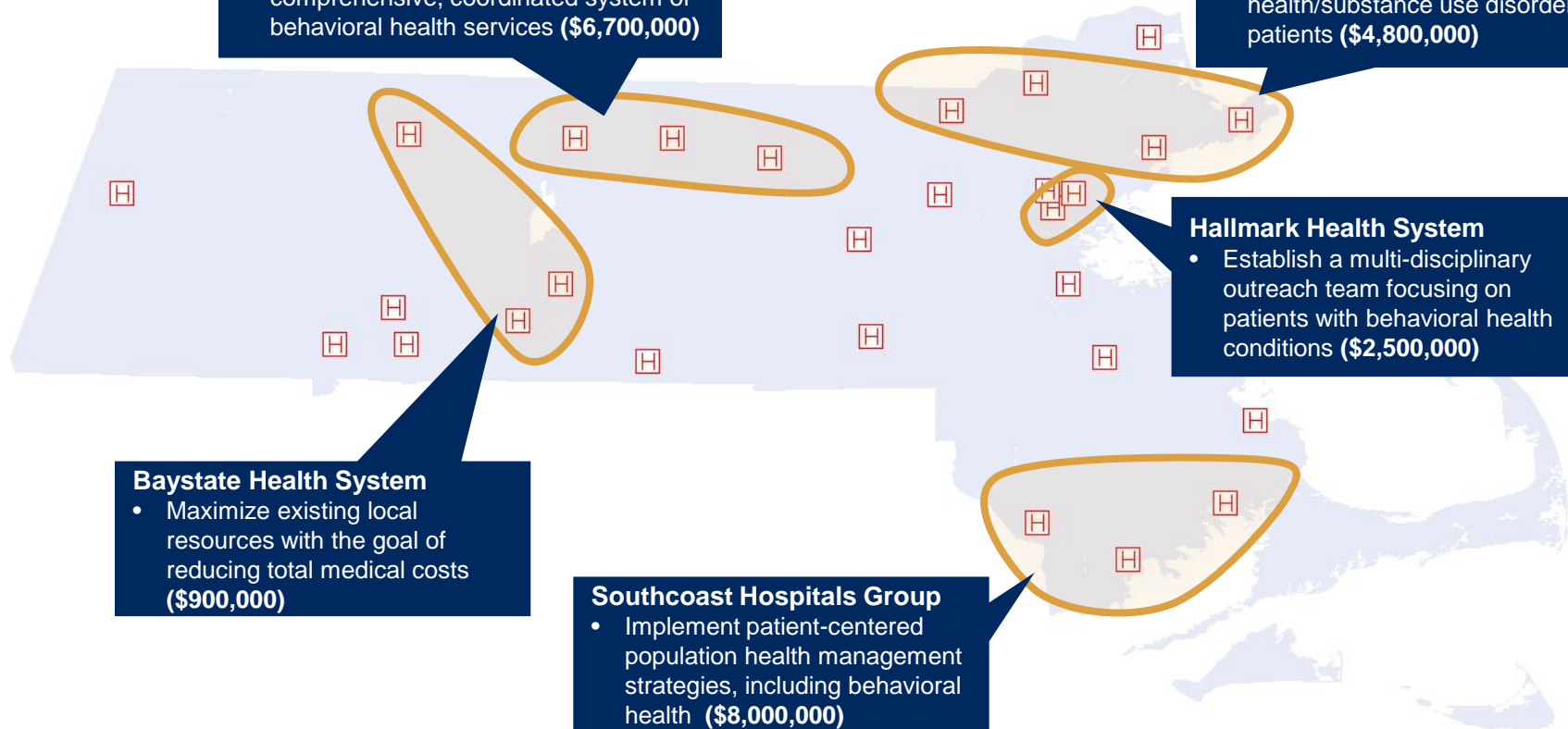
- Establish a multi-disciplinary outreach team focusing on patients with behavioral health conditions **(\$2,500,000)**

Baystate Health System

- Maximize existing local resources with the goal of reducing total medical costs **(\$900,000)**

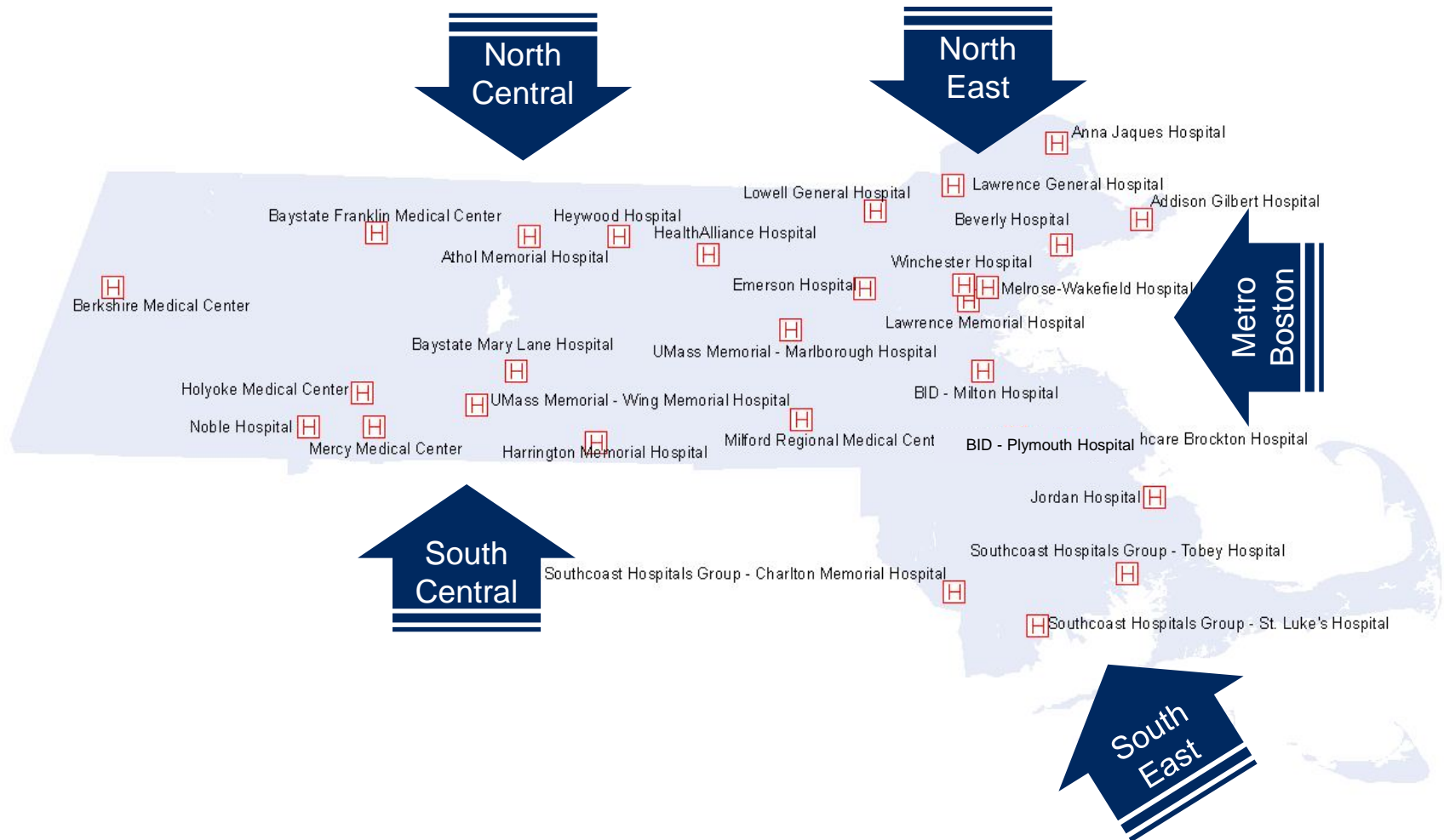
Southcoast Hospitals Group

- Implement patient-centered population health management strategies, including behavioral health **(\$8,000,000)**



Opportunities for regional coordination

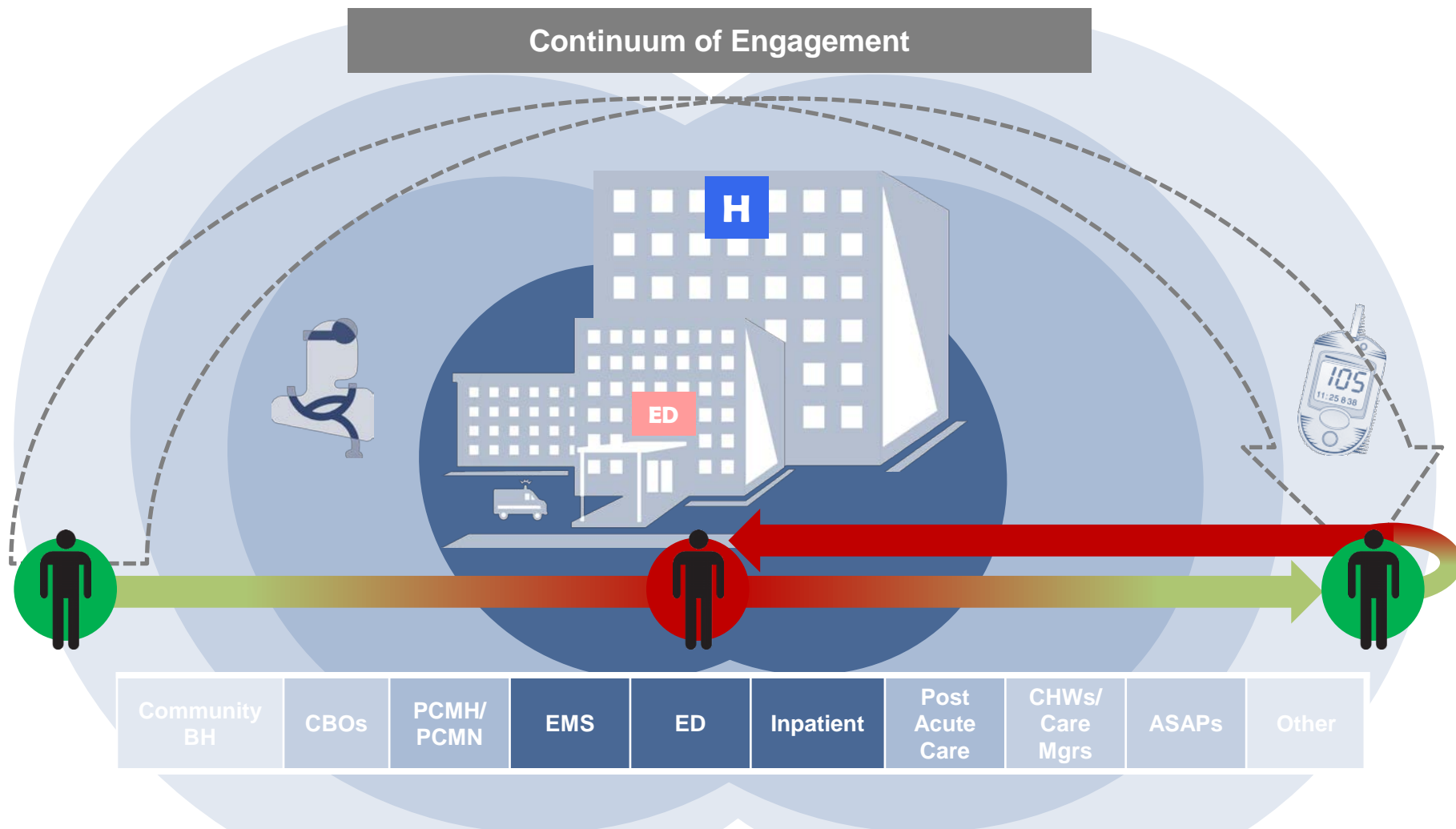
Similarities in community characteristics, hospital needs, and proposed initiatives enable the HPC to structure Implementation Planning, operational execution, technical assistance, evaluation, and many other CHART program activities in ways that drive efficiencies and capitalize on regional opportunities for collaboration.



Investments enable CHART hospitals as integrators, but engage providers across the continuum through community-oriented models

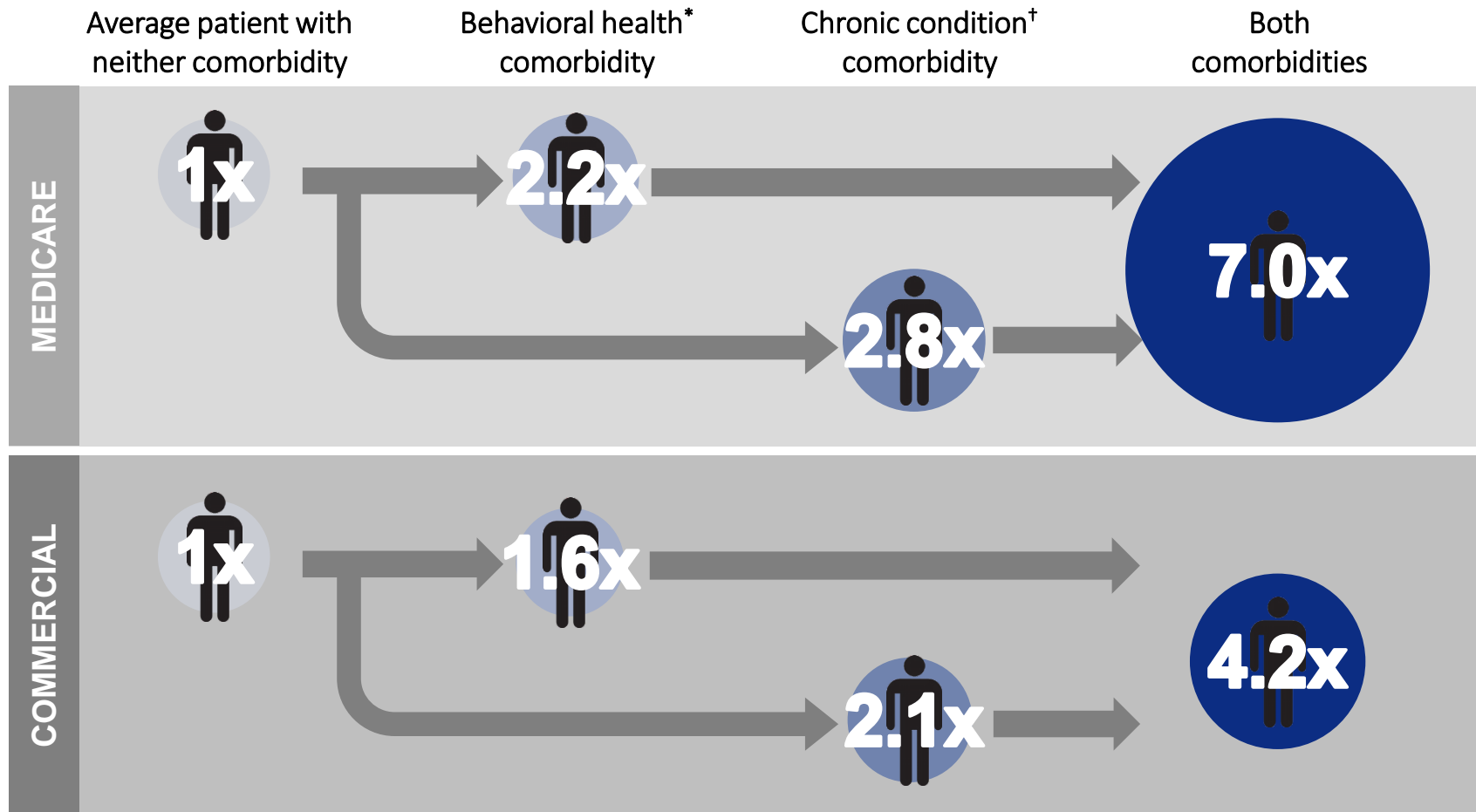


Primary focus of the majority of proposals is ↓ hospital use (↓ readmissions and ED visits) and ↑ community care; when patients are in hospital, proposals focus on ↓ LOS and ↑ discharge to appropriate setting with services. Investments are distributed across the continuum.



Focus on behavioral health offers a meaningful opportunity to increase quality while reducing overall cost

Patients with behavioral health conditions are the primary focus of the majority of Phase 2 proposals



Implementation Planning Period is November 2014 through February 2015

Objectives of Implementation Planning Period

- Ensure all projects are implemented to successfully achieve their aim
- Establish rigorous program oversight and management
- Standardize vetting of program elements across all projects

Outputs of Implementation Planning Period

- Evaluation strategy ensuring awarded initiatives will generate measurable process and outcome data upon which milestones and payment will be disbursed
- Award-specific Implementation Plans including milestones and payment terms

CHART Phase 2: Uniform approach to implementation planning

Key Outputs of Implementation Planning

- The implementation planning period will help the hospitals shift from the competitive procurement process to a **learning community cohort**
- Emphasis on the importance of **all-payer** target populations including **social and behavioral** determinants of health
- Initiatives designed to meet local community needs, including pushing more impactful **community partnerships**
- Coordination and alignment between awardees, as appropriate
- Adhering to known **best practices** where they exist and **intentional variation** encouraging innovation and variation where best practice is uncertain, as well as tailoring interventions to specific **target populations**
- Initiatives utilizing Phase 1 learnings, especially through peer-to-peer learning
- Ensure budget efficiency

CHART Phase 2: Evaluation

Key Features of Evaluation

- Many hospitals proposed similar projects with aligned goals
 - Standard process and outcome measures
 - Regular reporting from the cohort to the HPC with rapid cycle feedback on reporting and measuring to achieve timely and standardized data for improvement
- Regular feedback from HPC program staff around successes and challenges for each project
- Continued feedback and evaluation of technical assistance and HPC-sponsored programs for shared learning
- Focus groups and interviews around specific requirements of the award, such as stakeholder involvement through community partnerships and how use of enabling technologies effect a project

CHART Phase 2: Evaluation Goals

Overarching CHART Evaluation Goals

Assess efficacy of the investment program in achieving specific quantitative and qualitative goals, including:

- ROI
- Sustainability
- Scalability of specific projects

To advance knowledge regarding:

- Opportunities
- Challenges
- Best practices

To aid healthcare organizations that seek to transform care delivery

To support a culture of measurement, accountability, and continuous improvement within participating hospitals and the HPC

Aims of CHART Phase 2 Evaluation

- Assess the progress and output of each specific CHART Phase 2 investment
- Assess the progress and output of each specific CHART Phase 2 cohort
- Understand and assess growth in capabilities and capacity moving towards system transformation
- Identify best practices and foster shared learning among hospitals
- Strengthen HPC’s grant stewardship practices
- Inform the development of future HPC investments and policymaking

CHART Phase 2: Provider engagement and support

Learning, Improvement, and Diffusion

In CHART Phase 2, we look forward to continuing our partnership with CHART hospitals. HPC support in Phase 2 may include enhanced technical assistance, such as:

- **Convening**: Workshops, meetings, and collaboratives for awardees to share learning, challenges, and best practices in a facilitated setting
- **Direct Technical Assistance**: Staff and experts available to support specific needs of awardees
- **Leadership Engagement**: Development of hospital leadership engagement opportunities, including skill development related to strategy and tactics of transformation
- **Supportive Data and Analytics**: Development of data and analytic tools to support providers in driving transformation (e.g., rapid-cycle evaluation, high-risk patient identification, or performance benchmarking)
- **Training**: Large scale training opportunities in topics such as Lean, principles of quality improvement, and applied analytics
- **Dissemination**: Centralized library of tools such as videos, interactive media, and written resources to promote and share best practices and guidelines, fed by both awardees and the HPC's evaluation activities

Staff will work with Commissioners to develop this array of available supports in the coming months in parallel with and informed by development of the CHART hospitals' Implementation Plans.

Vote: Approving Awards for CHART Investment Program

Motion: That, pursuant to 958 CMR 5.07, the Committee hereby endorses the Executive Director's recommendation that the Applicants for Phase 2 of the Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program receive award funding up to the amounts, and subject to the terms set forth in Exhibit A attached to this vote, and recommends that the Board approve this recommendation at its meeting on October 22, 2014

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Community Hospital Study RFR: Objectives

The HPC issued an RFR seeking consulting services to support the Community Hospital Study in July 2014

The HPC sought:

Expertise regarding strategy and analysis of hospital capacity, community need, care delivery and payment models, barriers to hospital transformation, and measurement of provider efficiency, including:

- Analysis of acute care supply and identification of opportunities to support community hospitals' alignment of services with community needs and to support public and private sector health resource planning and investment
- Identification of barriers to, and strategies to support structural transformation in, community hospitals to inform policy initiatives and to facilitate hospital strategic planning and engagement in transformation

HPC engaged in a thorough review process

Staff representing analytic, policy, and study design teams participated in review and selection in addition to HPC legal

Activity	July	August	September	October
CHS RFR posted for solicitation of bids	▲ July 30			
Submission of written questions				
Responses to questions posted		▲ Aug. 13		
Submission of responses due		▲ Aug. 22		
Interviews with finalists				
Contract term and scope negotiation				
Board: vote to authorize contract				▲ Oct. 22

Community Hospital Study RFR: Scope

The scope of the RFR was based upon two deliverables against which each contractor was evaluated

1

Quantitative analyses

- Analysis of acute care supply and identification of opportunities to support community hospitals' alignment of services with community needs and to support public and private sector health resource planning and investment

2

Qualitative analyses

- Identification of barriers to, and strategies to support structural transformation in, community hospitals to inform policy initiatives and to facilitate hospital strategic planning and engagement in transformation

A total of six firms responded, with a blend of proposed scopes of work

Community Hospital Study: 6 bidders were scored on 9 evaluation criteria

Evaluation criteria used

Criteria	Value
Demonstrated MA provider expertise	15
Demonstrated expertise with resource capacity and need analysis	15
Understanding of potential project approaches	15
Experience producing reports or studies	10
Expertise and experience implementing qualitative methods	10
Relevant qualifications	5
Ability to work in a fast-changing and complex environment	5
Best price/value	15
Supplier diversity plan	10

Summary of applicants and selection process

- The HPC received six bids from prospective contractors, who proposed to address one or more of the HPC's requested services
- A review committee composed of HPC staff reviewed and scored each application on the basis of programmatic and financial factors
- Scores ranged from *55/100* to *82.5/100*
- Interviews were conducted with three finalist bidders based on the "best price/value" scores and award recommendations were delivered to the HPC Executive Director
- Negotiations to establish the scope of work were then conducted with the proposed awardees
- Two contractors whose proposed budgets aligned with HPC preliminary budgets were selected to receive awards
- Two other well-qualified contractors were qualified for potential future work in case needs arise relative to the study

Community Hospital Study RFR: Recommendations

Based on our review, staff recommend Public Consulting Group and Navigant to each support components of the Community Hospital Study

Summary of results for 2 proposed awardees

	Eval. score	Proposed budget cap (shared project)* \$ 000s	Proposed budget cap (individual project)** \$ 000s
PCG	77.5	\$200	\$450***
Navigant	76	\$250	

Rationale for PCG + Navigant

- Both demonstrated expertise regarding the MA hospital and provider landscape
- Both have sound understanding of the potential approaches to this project
- Both have demonstrated experience in producing reports or studies for professional and research audiences
- Both offer best value based on qualifications and pricing, including prompt pay discounts
- Navigant demonstrated superior expertise and experience assessing, selecting, and analyzing quantitative measures of resource capacity and need and developing analytic plans related to econometric, actuarial, financial, access, and quality analyses
- PCG demonstrated superior expertise and experience developing and implementing qualitative methods

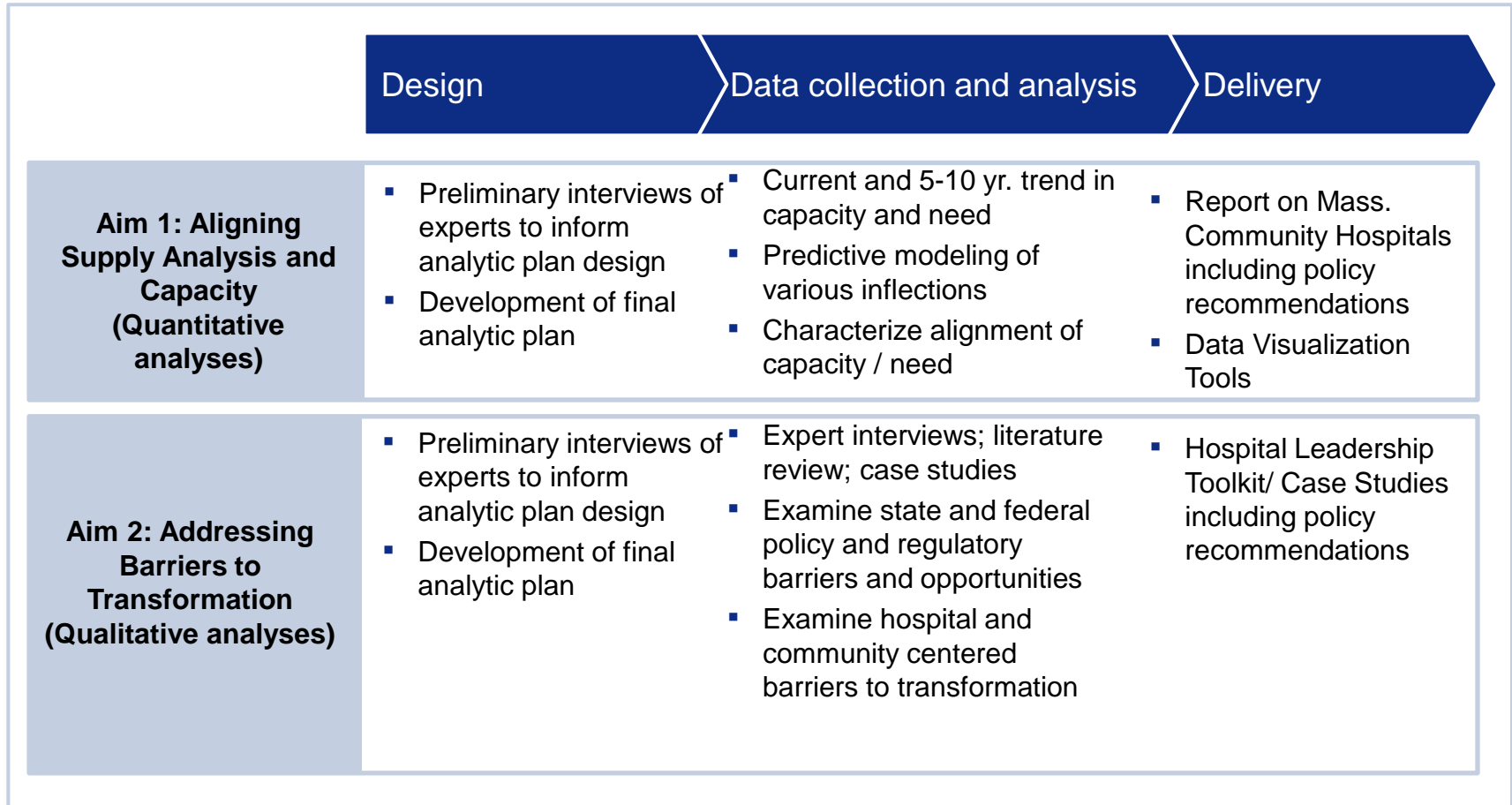
**Staff recommendation
is PCG + Navigant**

*Budgets include both fixed rate and hourly components

**Individual project would occur if deemed appropriate and necessary to proceed with single contractor

***Total budget would not exceed \$450,000

PCG and Navigant: High Level Scope of Work



HPC staff will continue to work with other state agencies to ensure that the Study is well-aligned with and supportive of other agencies' priorities and activities

Vote: Approving staff recommendation for contract award

Motion: That, the Community Health Care Investment and Consumer Involvement Committee endorses the recommendation of the Executive Director to execute contracts with Navigant Consulting, Inc. and Public Consulting Group, Inc. to provide expert advice, strategy, and analysis in support of the Commission's work in monitoring the Commonwealth's health care delivery system, including a study of community hospitals, for a total aggregate amount of no more than \$450,000 through December 31, 2015 and recommends that the Board approve this recommendation at its meeting on October 22, 2014

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Vote: Approving staff recommendation for contract award

Motion: That, the Community Health Care Investment and Consumer Involvement Committee endorses the recommendation of the Executive Director to amend the Commission's contract with Collaborative Healthcare Strategies for an additional amount of up to \$200,000 through June 30, 2015, for clinical expertise in ongoing support of the Commission's Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program, subject to further agreement on terms deemed advisable by the Executive Director, and recommends that the Board approve this recommendation at its meeting on October 22, 2014.

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Contact information

For more information about the Health Policy Commission:

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