

**MINUTES OF THE COMMUNITY HEALTH CARE INVESTMENT AND
CONSUMER INVOLVEMENT COMMITTEE**

Meeting of October 1, 2014

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT
COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION**
Center for Health Information and Analysis
Daley Room, Two Boylston Street, 5th Floor
Boston, MA 02116

Docket: Wednesday, October 1, 2014, 10:30 AM – 11:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Community Health Care Investment and Consumer Involvement (CHICI) Committee held a regular meeting on Wednesday, October 1, 2014 in the Daley Room at the Center for Health Information and Analysis located at Two Boylston Street, 5th Floor, Boston, MA 02116.

Members in attendance were Dr. Paul Hattis (Chair).

Ms. Jean Yang and Ms. Kim Haddad, designee for Mr. Glen Shor, Secretary of Administration and Finance, arrived late.

Mr. Rick Lord and Ms. Veronica Turner were absent.

Dr. Hattis called the meeting to order at 10:35 AM.

ITEM 1: Approval of minutes

Noting the absence of quorum, Dr. Hattis tabled this agenda item.

ITEM 2: Presentation by MeHI

Dr. Hattis introduced Mr. Iyah Romm, Policy Director for System Performance and Strategic Investment, to review the day's agenda.

Mr. Romm stated that the Committee would hear updates on the CHART Investment Program and the Community Hospital Study as well as a presentation from Mr. Laurence Stuntz, Director of the Massachusetts eHealth Institute (MeHI).

Mr. Romm introduced Mr. Stuntz to present on MeHI's provider and consumer health IT research study. The presentation can be found on the HPC's website.

Ms. Yang arrived at the meeting.

At the conclusion of the presentation, Dr. Hattis asked for questions and comments. Seeing none, he proceeded with the agenda.

Noting the presence of a quorum, Dr. Hattis asked for a motion to approve the minutes from the August 6, 2014 meeting, as presented. **Ms. Haddad** made the motion and **Ms. Yang** seconded. The members present unanimously approved the minutes.

ITEM 3: Update on CHART Investment Program

Mr. Romm provided an update on the CHART Investment Program.

He detailed the September 2 CHART Leadership Summit, which convened approximately 200 CHART hospital leaders from across the Commonwealth. He stated that this was the first time all CHART hospitals had gathered to discuss the purpose and goals of the program.

Mr. Romm stated that hospitals spent a large portion of the event reviewing data on cost and quality. He added that the HPC shared performance-based data on all Phase 1 CHART hospitals based on analyses conducted by Safe & Reliable Healthcare. He stated that these data sets spurred a robust discussion on the challenges and opportunities for CHART hospitals.

Through surveys during the event, the majority of attendees stated that their hospital is somewhat or very ready for overall transformation to begin. He added that most hospital leaders predicted they would have less than 50% of their business under a risk arrangement within three to five years.

Mr. Romm reviewed hospital leaders' reactions to the Summit. He stated that 95% of hospital leaders enjoyed the data discussions and interaction with other leadership. He added that 9 out of 10 hospital leaders agreed that they could apply the information presented through the Summit to their organization.

Mr. Romm stated that hospitals asked the HPC to facilitate group discussion on opportunities and challenges; to showcase various CHART initiatives; to provide access to a centralized resource platform; to offer greater technical assistance; and to provide educational opportunities as the market continues to evolve.

Ms. Yang asked whether the HPC had begun work to address these requests. Mr. Romm stated that much of the framework for follow-up will be included in CHART Phase 2. He noted that review of CHART Phase 2 applications is underway. He stated that the HPC must decide whether it will offer comprehensive direct assistance to hospitals or create a centralized location of data that all hospitals can access. Mr. Romm stated that the HPC hopes to strike a balance between the two and is consulting CHART hospitals as it frames Phase 2 assistance.

Ms. Yang asked whether staff is considering the creation of an information repository or training forums. Mr. Romm responded that these are great suggestions that would be

considered through the fall as CHART Phase 2 contracts are awarded. He added that the HPC is also examining ways to collaborate with existing grant programs.

Dr. Hattis stated that hospitals at the CHART Leadership Summit were presented with data books on their performance. He noted that future iterations of this data book should include a more comprehensive description of best practices. He added that there must be more cohesion and collaboration on goals between upper and middle management.

Mr. Romm stated that the HPC is currently working on a white paper that will synthesize the discussion and findings of the CHART Leadership Summit. He added that the HPC is also developing a series of case studies highlighting the themes of CHART Phase 1 work.

Mr. Romm provided an update on CHART Phase 2 review and selection. He noted that the HPC had received proposals and the Executive Director had appointed a Review Committee. He reiterated that the goal of the Review Committee is to bring recommendations to the October 22 board meeting.

ITEM 4: Update on Community Hospital Study

Mr. Romm provided a brief update on the Community Hospital Study. He reviewed the timeline and process, noting that the HPC is conducting preliminary expert interviews that will inform the analytic design. He reviewed themes from the interviews including the need for an objective definition of community need; an opportunity to have honest conversations around the interaction between community hospitals and the health care system; an opportunity to address quality gaps; a need to focus on a core group of essential services for community hospitals; and an opportunity to incentivize core public health needs and create a forum for community providers to coordinate care.

Ms. Yang stated that the HPC should first assess the position of community hospitals within the Commonwealth's health care market. This will provide prove insightful when determining the best actions to support their continued success. Mr. Romm stated that community hospitals are extremely heterogeneous and that the first goal of the study is to examine each hospital's role within the larger system.

ITEM 5: Schedule of Next Committee Meeting (October 22, 2014)

Seeing no further business before the committee, Dr. Hattis adjourned the meeting at 11:33 AM.