MINUTES OF THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEE

Meeting of December 3, 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, December 3, 2014, 9:30 AM – 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Community Health Care Investment and Consumer Involvement (CHICI) Committee held a regular meeting on Wednesday, December 3, 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).

Mr. Rick Lord arrived late.

Ms. Jean Yang; Ms. Veronica Turner; and Mr. Glen Shor, Secretary of Administration and Finance, were absent.

Dr. Hattis called the meeting to order at 9:36 AM.

ITEM 1: Approval of minutes

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

ITEM 2: Discussion on CHART Investment Program

Dr. Hattis reviewed the day's agenda, noting discussions on the CHART Investment Program, CHART Leadership Summit, and Community Hospital Study. He also stated that the committee would hear a presentation by the Department of Public Health on the Prevention and Wellness Trust Fund.

Dr. Hattis briefly reviewed high-level goals for the committee in 2015, including continued grant disbursal and engagement of payers, providers, and consumers.

ITEM 2a: CHART Phase 1

Mr. Iyah Romm, Policy Director for System Performance and Strategic Investment, introduced Ms. Margaret Senese, Program Manager for Strategic Investment, to provide an update on CHART Phase 1 activities.

Ms. Senese stated that 24 hospitals have completed CHART Phase 1 activities. She noted that two hospitals will be continuing work in 2015, highlighting that hospital hiring challenges drove project delays.

Ms. Senese added that hospitals reported substantial satisfaction with CHART Phase 1. She stated that there were no budget increases for CHART Phase 1 projects and that some hospitals would be returning excess project funds to the HPC.

Ms. Senese reviewed overarching CHART Phase 1 evaluation goals. She noted that Ms. Kathleen Moran, Senior Policy Associate for Performance Analytics, is leading this effort. She stated that the HPC hopes to assess the CHART Investment Program's efficacy in achieving specific quantitative and qualitative goals and advancing an understanding of common challenges and best practices.

Dr. Hattis asked whether the evaluation was primarily a process examination. Ms. Senese answered in the affirmative.

Ms. Senese reviewed Phase 1 evaluation outputs currently in development, including programmatic learnings to inform Phase 2. She stated that the HPC will be publishing a CHART Leadership Summit Proceedings Paper as well as six case studies to identify key themes of CHART Phase 1.

Mr. Romm clarified that the case studies focus on thematic areas of CHART rather than specific hospital projects. He noted that each case study will include information from a variety of CHART Phase 1 hospitals to identify key themes and best practices for Phase 2.

Dr. Hattis stated that one takeaway from the Leadership Summit was the need to engage mid-level managers in the vision and process of transformation. Ms. Senese stated that a recent kick-off call with a CHART Phase 2 hospital highlighted the value of creating structure and engaging hospital managers.

Ms. Senese stated that CHART Phase 1 demonstrated the need for improved implementation planning, a process included in CHART Phase 2. She noted that Phase 1 hospitals struggled with hiring new staff and adapting clinical models. Thus, she defined implementation planning as assessing hospitals' limited capacity for calculating new metrics, dedicating project management resources, and refining data-driven approaches to define patient need.

Mr. Romm noted this desire for data-driven approaches is an opportunity for the HPC to encourage and stimulate evidence-based methods to improve quality outcomes. Dr. Hattis stated his interest in exploring this issue further.

Ms. Senese stated that technical training and community engagement are significantly important factors in building out a successful Phase 2 process. Dr. Hattis stated that the hospital's community includes physicians and their practices. Mr. Romm stated that

community partners are not limited to affiliated or non-affiliated partners. He added that engaging physicians will be a significant opportunity to build relationships in Phase 2.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 2b: Presentation on the CHART Leadership Summit

Mr. Romm stated that the September 2 CHART Leadership Summit brought together senior leaders from hospitals participating in the CHART Investment Program to focus on principles of quality improvement, strategic and operational planning for system transformation, and change management. He noted that Dr. Hattis attended the Summit and that his feedback would be important.

Mr. Romm reviewed six key takeaways from the CHART Leadership Summit.

First, hospital leaders indicated common characteristics for transformation, including approaches to managing the health of populations, ensuring safety and reliability, adopting new business models and payment approaches, and building effective partnerships with community organizations.

A second key theme was the strong desire to see community hospitals transform into community health systems. He noted that this would involve framing community hospitals as hubs of local innovation that would align with communities' overall needs and move away from in-patient anchored models. He added that this can only be achieved through effective local partnerships.

A third key theme was the desire for the acceleration of payment reform. Mr. Romm noted that continued movement towards Alternative Payment Methodologies (APMs) is necessary to sustain meaningful change at the community hospital level.

A fourth key theme from the Summit was the integration of behavioral health into delivery models and payment methods. Mr. Romm stated that community hospitals face significant challenges in providing cross-continuum care to behavioral health patients. He noted that models of improved behavioral health integration must be tied to inclusive payment reform that promotes significant integration.

A fifth theme was the hospitals' desire to foster cultural and workforce development throughout the transformation process. Mr. Romm noted that culture is highly varied both across CHART hospitals and within individual hospitals. He added that hospital leadership indicated a strong interest in engaging management at all levels to advance organizational change.

At this point, Mr. Lord arrived at the meeting.

Mr. Romm stated that if organizational change is to be advanced, the term "culture" must be discussed and defined further.

Dr. Hattis asked for clarification on hospital indicators that demonstrated that sub-unit culture within the hospitals varied widely. Mr. Romm stated this concept would be explored further through CHART initiatives and the 2014 Cost Trends Report.

Dr. Hattis stated that quality improvement training needs to happen as close to the patient as possible.

Dr. Hattis asked if there was any public comment. Celia Wcislo of 1199SEIU offered public comment.

The final key takeaway from the Summit was the need for investment, convening, and technical assistance for Massachusetts community hospitals. Mr. Romm stated that the HPC would focus on making this recommendation actionable.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 2c: CHART Phase 2

Ms. Senese stated that the Implementation Planning Period (IPP) for CHART Phase 2 began shortly after the board approved Phase 2 contracts. She added that the HPC would be closely involved with hospitals to ensure that they meet the goals outlined in their funding applications. She noted that staff would conduct a rigorous program oversight process geared towards success.

Mr. Romm noted that hospitals requested the Implementation Planning Period for CHART Phase 2 to allow for greater planning. In contrast, during CHART Phase 1 the HPC prepared these plans for the hospitals.

Ms. Senese stated that the HPC would be taking a uniform approach to implementation planning in order to maximize resources where hospitals shared common goals. Ms. Senese added that a major goal of the IPP would be to meet the needs of communities and patients served by CHART hospitals. She noted that the output of the IPP would be a detailed implementation plan for success built on baseline metrics to ensure milestones and payment terms.

Dr. Hattis asked if there would be quality measurements that might apply to multiple hospitals. Ms. Senese stated that, in addition to specific hospital measures, there would be a core set of metrics required for all CHART hospitals. She added that the HPC would be working with hospitals through the IPP to describe their current state, identify target population, and standardize data.

Dr. Hattis stated that, when assessing a hospital's "population health," the term is often used very broadly. He stated that hospitals should be specific in identifying patients, "covered lives," and the community, when defining their population. Mr. Romm stated that the HPC is pushing hospitals to identify specific populations such as "Medicare Advantage" or "commercial market," but that all patients are to be considered in the IPP.

Ms. Senese stated that the HPC is encouraging CHART Phase 2 hospitals to engage with community partners during the IPP. She noted that hospitals indicated excitement and readiness to partner with others in their community for shared success.

Public comment was offered by Celia Wcislo of 1199SEIU and Brian Rosman of Health Care for All of Massachusetts.

Ms. Senese stated that staff would keep the committee informed as the different planning elements of the IPP take shape over the next few months. She reminded the committee that funding through CHART Phase 2 is disbursed through milestone payments instead of a lump sum payment, as was the case in CHART Phase 1. She noted that the HPC would be flexible and work with hospitals to achieve these milestones.

Dr. Hattis asked if hospitals expressed specific anxieties heading into the IPP for Phase 2. Ms. Senese stated that hiring is a major concern for hospitals.

Mr. Lord asked how the HPC plans to complete the twelve steps in the IPP by the February deadline. Mr. Romm stated that the HPC would build off of the framework from CHART Phase 1 and allow significant flexibility throughout the Implementation Planning Process. He added that the HPC will have additional staff to engage and assist hospitals through Phase 2.

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 3: Update on Community Hospital Study Scope

Mr. Romm stated that the HPC has engaged contractors to assist with the Community Hospital Study. The goal for today's meeting would be to provide insight into hypotheses under consideration for further examination in the Community Hospital Study. Mr. Romm introduced Mr. Sam Wertheimer, Senior Policy Associate for Performance Analytics, to present on the Community Hospital Study.

Mr. Wertheimer stated that the HPC had engaged consultants to develop seven high-level hypotheses concerning Massachusetts community hospitals. Examples of these hypotheses include a need for planning to prevent further closures or reductions in service, an understanding that significant access and affordability issues may be created by closure, and a need for closely aligned primary care providers (PCPs) for future success.

Dr. Hattis asked for clarification on the hypothesis regarding PCP alignment. Mr. Romm stated that there is a high-level discussion regarding the need for hospitals to align with PCPs in order to successfully implement APMs and other initiatives. He added that this hypothesis would be tested through a series of qualitative analyses and case studies. Mr. Wertheimer added that there will be further clarification of terms in order to test these hypotheses.

Mr. Wertheimer reviewed the remaining hypotheses, including the existence of excess capacity in Massachusetts, the acceleration of APM adoption to support viability, the need for significant planning and financial investment to ensure sustainability, and the removal of existing policy and regulatory barriers that impede transformation.

Dr. Hattis expressed his interest in learning best practices from successful community hospitals as a means to inform others. Mr. Romm stated that this will be explored outside the scope of the Community Hospital Study.

Mr. Lord stated his hope that successful community hospitals will direct care away from high-cost academic medical centers (AMCs) and back into the community. Mr. Romm stated that outmigration challenges underlie many of the hypotheses presented.

Mr. Romm provided a brief summary of key themes from the Community Hospital Study, including APMs, investments in community hospitals, non-investment enablers, workforce transformation, excess hospital capacity, and state and federal barriers.

Public comment was offered by Celia Wcislo of 1199SEIU and an unidentified member of the public

Seeing no further comment, Dr. Hattis moved to the next agenda item.

ITEM 4: Presentation by the Department of Public Health on the Prevention and Wellness Trust Fund Investments

Dr. Hattis introduced Ms. Carlene Pavlos, Director of the Bureau of Community Health and Prevention, to give a presentation on DPH's work regarding the Prevention and Wellness Trust Fund. A copy of this presentation can be found on the HPC's website.

Dr. Hattis asked for any public comment on the presentation. Public comment was offered by Brian Rosman of Health Care for All of Massachusetts.

ITEM 5: Schedule of Next Committee Meeting

Seeing no further business before the committee, Dr. Hattis adjourned the meeting at 11:00 AM.