MINUTES OF THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEE

Meeting of April 15, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

THE COMMUNITY HEALTH CARE INVESTMENT AND CONSUMER INVOLVEMENT COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
Health Policy Commission Conference Center
50 Milk Street, 8th Floor
Boston, MA 02109

Docket: Wednesday, April 15, 2015, 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, April 15, 2015 in the Conference Center at the Health Policy Commission located at 50 Milk Street, 8th Floor, Boston, MA 02109.

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

Ms. Veronica Turner attended the meeting via phone.

Mr. Rick Lord and Ms. Lauren Peters, designee for Ms. Kristin Lepore, Secretary of Administration and Finance, were not present.

Dr. Hattis called the meeting to order at 9:37 AM.

ITEM 1: Approval of Minutes from the February 25, 2015 Meeting

Dr. Hattis noted the absence of quorum and tabled the agenda item.

ITEM 2: Update on CHART Phase 2 Implementation Planning

Mr. David Seltz, Executive Director, provided an overview of the meeting's agenda, noting the focus on the HPC's CHART and Health Care Innovation Investment programs. He asked commissioners to consider how the HPC can ensure a return on investment for the $60 million CHART grants.

Mr. Iyah Romm, Policy Director for Care Delivery Innovation and Investment, provided an overview of the CHART Investment Program and the ongoing implementation planning period for the $60 million second phase of investments into the Commonwealth's community hospitals.

Ms. Margaret Senese, Program Manager for the CHART Investment Program, noted that the goal of the planning period is to empower CHART hospitals as the integrators of care in a given community. As such, the planning period is encouraging hospitals to engage community partners through their CHART project. Ms. Senese stated that this has been successfully done to varying degrees across the Commonwealth, and that regional convening of CHART hospitals has drawn attention and interest from many community organizations, especially in Western and Central Massachusetts.

Dr. Hattis asked whether doctors were present at the regional convenings and other CHART meetings. Mr. Romm responded that it varied by hospital. Dr. Amy Boutwell, HPC consultant, noted that community based doctors are often the last to the table because of different incentives and busy schedules. Mr. Romm further stated that CHART is focused on enhancing services in a hospital, not on a particular doctor's work.

Ms. Senese reviewed the stages of implementation planning for CHART Phase 2, noting that the goal was for hospitals to coalesce around key themes set by the cohort and the HPC, followed by the selection of aims for each project. She stated that the aim would be measurable, describing how much change would need to take place, by whom and when.

Dr. Hattis asked how these aims would be created. Dr. Boutwell responded that they would be informed by quantitative data and qualitative conversations on what is achievable given the time and budget for the project. Mr. Romm further stated that the HPC would focus on a single measureable aim as a sole primary endpoint for projects. He noted that hospitals and the HPC want to understand the ramifications of transformation and the impacts of pushing on one part of the system.

Ms. Senese presented on the creation of service models for CHART hospitals. She noted that the creation of such a model mapping services and workers take quite a bit of technical assistance.

Dr. Hattis asked whether this service/labor mapping is new for CHART hospitals. Mr. Romm responded that it is, especially for this particular type of employee.

Dr. Hattis noted that some members of SEIU are being exposed to quality improvement training and program design. He expressed a desire to add these elements to the labor mapping.

Dr. Boutwell stated that the implementation planning period is not just for CHART staff, but also works to build capabilities across the hospitals.

Ms. Turner emphasized the value in retraining existing hospital staff to fill new roles.

Ms. Senese stated that the first wave of hospitals is now in the budgeting process for their proposed projects. CHART staff is constantly engaging hospitals through site visits, regional meetings, and specialized workshops.

Dr. Hattis asked what was prompting the cohort's interest in regional meetings. Mr. Romm responded that the drive for more regional meetings likely stems from resource scarcity and the desire for shared learning on projects. Dr. Boutwell added that regions with clear leaders tend to gain more insight from these large meetings.

Ms. Senese asked Dr. Boutwell to reviewed three examples of Phase 2 projects. Dr. Boutwell noted that many of the Phase 2 projects are being conducted at scale, building off of previous pilots. The project examples are available in the slide deck and are subject to change as projects evolve over the implementation planning period.

Dr. Hattis noted his appreciation for the opportunity to evidence the patient-centered medical home and accountable care organization certification programs in the CHART grants. Dr. Boutwell responded that this was an example of leveraging investments for whole person needs.

Dr. Boutwell reviewed a Phase 2 joint project between Heywood, Athol Memorial, and HealthAlliance Hospitals. She noted that these organizations are working together to find a measurable way of strengthening community based behavioral health care.

Dr. Hattis noted that trying to reduce the number of behavioral health visits to these emergency departments (ED) creates a revenue loss. He asked how CHART hospitals address that issue. Dr. Boutwell responded that, for some patients, recurring ED utilization could be a revenue loss, especially for low acuity issues. She noted that the hospitals want to understand readmissions better to plan. Mr. Romm added that some doctors want to divert high use patients from the ED because it is not the best care setting for the patients' needs.

Members of the audience offered public comment on the ways in which the CHART program can encourage care diversion from the ED into more appropriate settings through partnerships with the correctional system and local police and fire officials.

ITEM 3: Presentation on CHART Provider Engagement

Ms. Cecilia Gerard, Deputy Policy Director for Care Delivery Innovation and Investment, highlighted evaluation planning for Phase 1 and Phase 2. She stated that the HPC has released two case studies on Phase 1 work and intends to release a third in the coming months. She also announced that the HPC plans to release a report summarizing Phase 1 of the program in Spring 2015. Ms. Gerard described opportunities for shared program learnings, noting a potential partnership with the Harvard School of Public Health.

Mr. Romm reviewed a survey of CHART Phase 1 participants, which asked for feedback to strengthen the program in Phase 2. The survey highlights the cohort's desire for additional regional learning opportunities, HPC staff support, and direct access to subject matter experts.

Mr. Romm reviewed proposed technical assistance and provider engagement for CHART Phase 2. He stated that hospitals are struggling to create responsive intervention. He highlighted that the HPC will engage with hospitals throughout the project through routine maintenance (e.g. phone calls, site visits, etc.).

Dr. Hattis and Ms. Turner expressed their appreciation for the assistance and support offered by the HPC to the hospitals.

Mr. Seltz stated that there are always additional opportunities to learn about the program and reflect on what does and does not work well to adapt CHART for future phases. He noted that the HPC's proposed intensive technical assistance model would require staffing and funding resources from the Commonwealth.

ITEM 4: Presentation on Health Care Innovation Investment Program

Ms. Gerard noted that the Health Care Innovation Investment Program (HCII) is the second HPC investment program envisioned by Chapter 224. Unlike CHART, which aims to scale proven models of transformation, HCII inspires the market to foster innovation in health care payment and service delivery. The program aims to disburse $6 million in the next year through a competitive process. The program is funded through one-time gaming licensing revenue.

Ms. Gerard reviewed the program guidance from Chapter 224, noting that the statute does not specify the use of the funds or stipulate funding criteria.

Dr. Hattis asked whether it would be possible to HCII to fill in a niche, specifically, whether the program would fund areas that are not highly popular, but still valuable. He pointed to the funding of "orphan drugs" as an example. Mr. Seltz responded that the HPC has limited money for these investments and, as such, wants to think strategically about integrating HCII projects into existing policy programs at the agency. He noted that these funds are an area where the HPC can be creative about partnerships and test pilot projects.

Ms. Gerard reviewed the goals of HCII, noting the need to (1) generate a multi-sector collaboration and engagement to advance innovations that will reduce health care costs and (2) address complex health care challenges by identifying, testing, and expanding promising solutions.

Dr. Hattis asked whether any organization could apply to this funding opportunity. Mr. Romm responded that any payer or provider could apply.

Ms. Gerard reviewed the investment options for the program, noting that the HPC could focus funds on (1) developing new solutions to common issues, (2) implementing pilots of proposed solutions, or (3) evaluating solutions that have been deployed across the Commonwealth.

Dr. Hattis challenged the staff to tie HCII projects into existing work streams, including PCMH, ACO, and nurse staffing.

Ms. Gerard reviewed the timeline for HCII investments, noting that funding is expected to begin Fall 2015.

Members of the public asked for clarification on the scope of the investments and application process.

ITEM 5: Authorization of CHART Program Consultant Contract

This agenda item was tabled due to a lack of quorum. The full board will be asked to vote on this contract at the April 29, 2015 Commission meeting.

ITEM 6: Schedule of Next Committee Meeting

Seeing no further business before the committee, Dr. Hattis adjourned the meeting at 12:34 PM.