



MASSACHUSETTS
HEALTH POLICY COMMISSION

Community Health Care Investment and Consumer Involvement Committee Meeting

March 22, 2017



AGENDA

- **Call to Order**
- Approval of Joint Committee Minutes from February 24, 2016 (VOTE)
- CHART Phase 3
- Schedule of Next Committee Meeting (May 31, 2017)



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VOTE: Approving Minutes

MOTION: That the Committee hereby approves the minutes of the joint CHICI/CTMP meeting held on February 24, 2016, as presented.



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CHART Phase 2: Progress as of March 2017

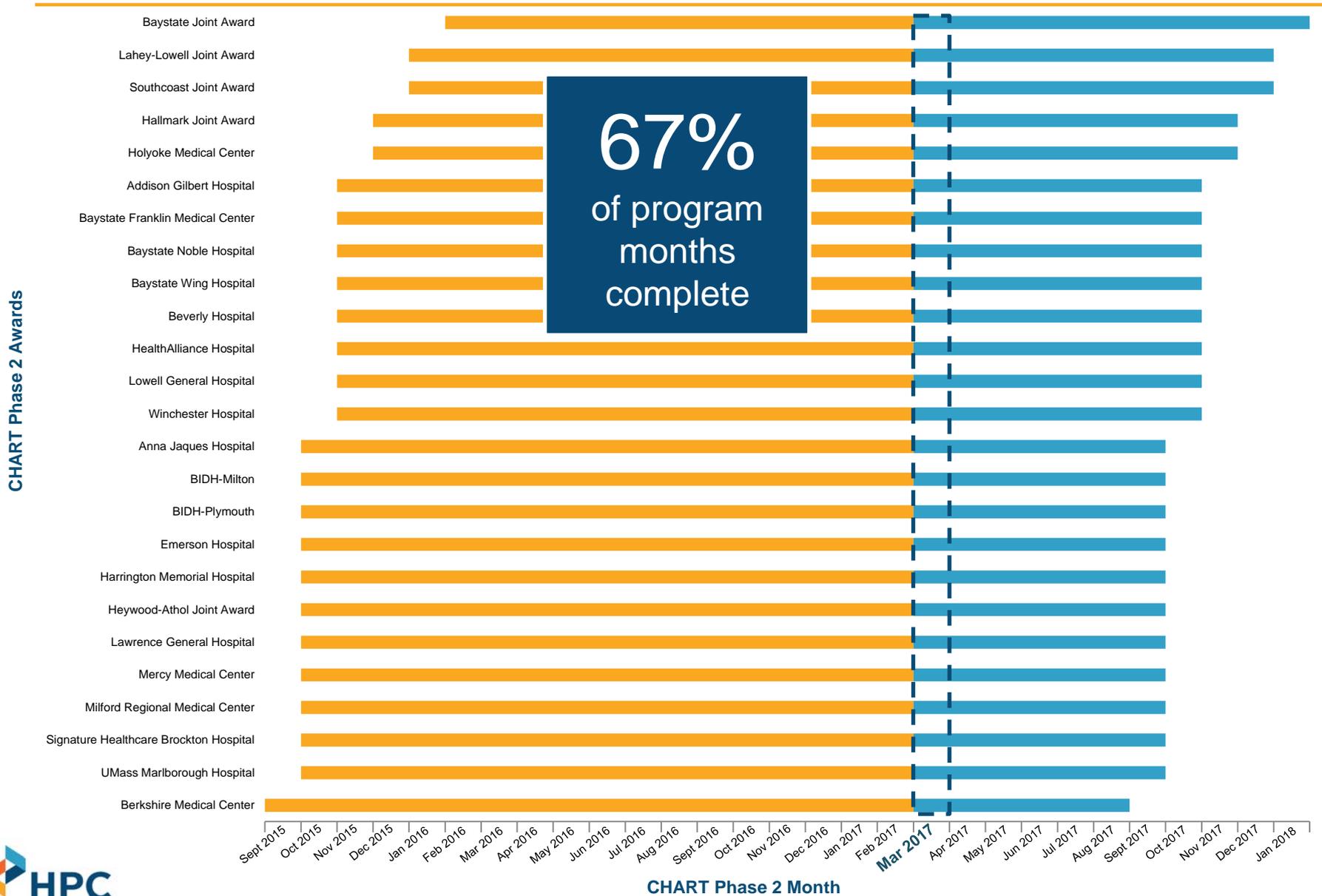


CHART Phase 2: Activities since program launch¹

11
regional meetings
with
600+
hospital and
community provider
attendees

210+
technical assistance
working meetings

600+
hours of coaching phone
calls

15
CHART newsletters

3,012 unique visits
to the CHART hospital
resource page

CHART Hospital Resource Center

Updates from the HPC
CHART Phase 2 Reports

CHART Phase 2 reports with due dates that fall during a weekend or state holiday may be submitted before the due date or on the next business day after the weekend/state holiday.

Upcoming CHART Regional Meetings

HPC CHART will host several regional meetings in 2016. Registration is required; instructions on registration are forthcoming. Please note that space is limited to 5 attendees per hospital. [Regional assignments can be found here.](#)

April CHART Regional Meetings

Northeast/Southeast Regions
Monday, April 25
10:00am-12:00pm
Massachusetts Hospital Association

CHART Phase 2 Program Guide

- [CHART Phase 2 Award Guide](#)
- [Lessons Learned and Reflections](#)
- [Request for Modification - Budget](#)
- [Request for Modification - Key Personnel](#)

CHART Phase 2 Measurement

To obtain a copy of your CHART Program unique measure reporting template, please contact your Program Officer.

- [Baseline Data Submission Template](#)
- [Program-specific Measure Specifications](#)

375+
data reports received

CHART Phase 2: The HPC has disbursed \$25.2M to date



Timeline of CHART Phase 2 Evaluation



February 2017 – Hospital Survey Results

March 2017 – Baseline Summary Report

April 2017 – Awardee Memos

July 2017 – Interim Report

April 2018 – Patient Perspective Study Report

May 2018 - Awardee memos 2

October 2018 - Theme Reports

January 2019 – Final summative Report

CHART Investment Priorities

CHART investment priorities are structured to support transformation at the system, hospital, and patient care levels



Programmatic Goals of CHART

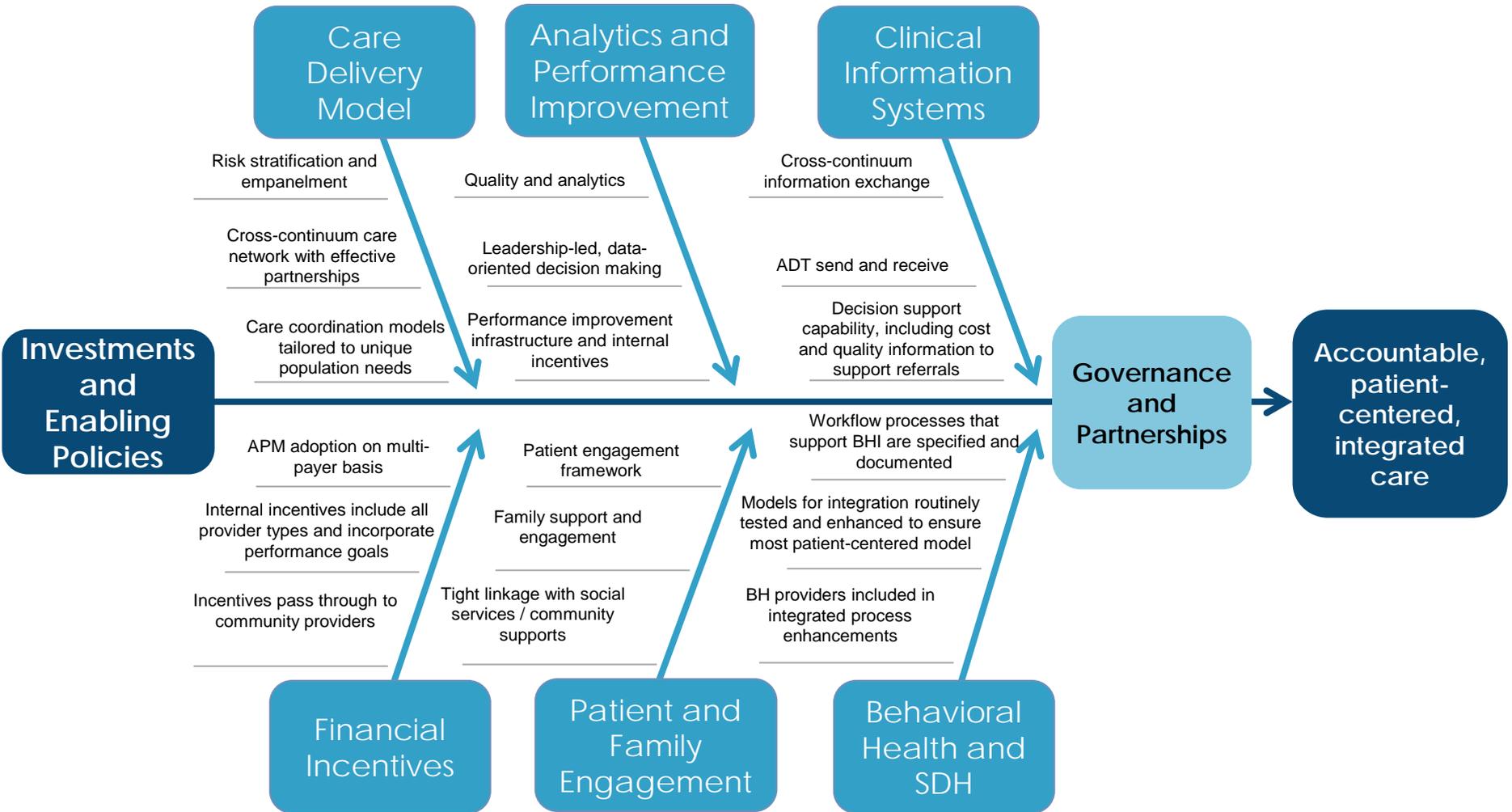
Background

- Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program is a \$120 million reinvestment program funded by an assessment on large health systems and commercial insurers
- Aim of program is to make phased investments for certain Massachusetts community hospitals to successfully engage in health system transformation and to enhance their delivery of efficient, effective care

Overarching Goals of CHART

- **Promote** care coordination, integration, and delivery transformations
- **Advance** electronic health records adoption and information exchange among providers
- **Increase** capacity to perform under alternative payment methods and within accountable care organizations
- **Enhance** patient safety, access to behavioral health services, and coordination between hospitals and community-based providers and organizations

Health System Capabilities Necessary for Accountable Care



Looking from Phase 1 to Phase 2 to Phase 3

2013

QI, Collaboration, and Leadership Engagement
Measurement and Evaluation
Partnership

2018

Phase 1: Foundational Activities to Prime System Transformation \$9.2M

- Modest investment with many eligible hospitals receiving funds
- Short-term, high-need expenditures
- Participation not requisite for receipt of Phase 2 funds nor a guarantee of Phase 2 award
- Identified need to assess capability and capacity of participating institutions
- Opportunity to promote engagement and foster learning

Phase 2: Driving System Transformation \$60M

- Deeper investment in hospitals over a 2-year period of performance
- Focused areas for care transformation
- Data-driven approach
- Outcomes-oriented aims and targets
- Close engagement between awardees and HPC, with substantial technical assistance

Phase 3: Sustaining System Transformation Approx. \$20M

- Support the successful transition to a sustainability model supported by market incentives and alternative payment models, including the MassHealth ACO program
- Continue and enhance the work of promising interventions from Phase 2
- Strengthen relationships with community partners
- In-kind contributions from hospitals/systems
- Alignment with MassHealth's DSRIP funding and programmatic goals

CHART Goals and Investments

CHART Phase 1

Goal → Support capacity building through short term, high-need expenditures

Awards → \$9.2 million awarded to 28 community hospitals in October 2013.

CHART Phase 2

Goal → Incentivize care delivery transformation towards readiness for effective participation in accountable care models through a focus on one or more of the following primary aims:

- Maximize appropriate hospital use (e.g. reduce readmissions/ED utilization)
- Enhance behavioral health care
- Improve hospital-wide (or system-wide) processes to reduce waste and improve quality and safety

Awards → \$60 million awarded to 27 community hospitals in October 2014.

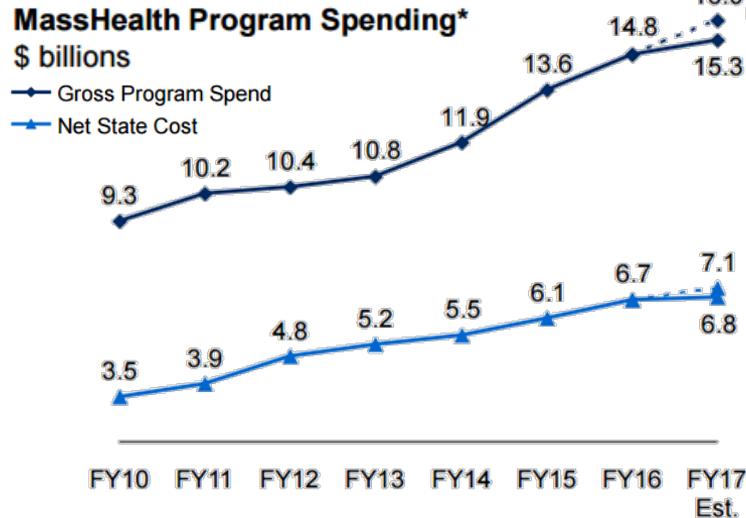
CHART Phase 3

Goal → *Proposed* Support successful transition to payment reform by supporting clinical and financial sustainability of services that reduce avoidable utilization through multi-disciplinary care in collaboration with community partnerships.

Awards → \$20 million available to be awarded in October 2017. *(target date)*

Delivery System Reform Incentive Program (DSRIP) Overview

Current MassHealth FFS system is financially unsustainable



Source: MassHealth Delivery System Restructuring: Overview, April 14, 2016

Key features of program

- **Care delivery and payment reform** to improve population health and care coordination through movement toward ACO model
- **Integration of physical and behavioral health** care by requiring ACOs to form linkages with state-certified BH and LTSS Community Partners (CPs)
- **Ability for ACOs to provide and seek reimbursement for “flexible services”** that address social determinants of health

Pilot ACOs
(Dec 2016-
Nov 2017)

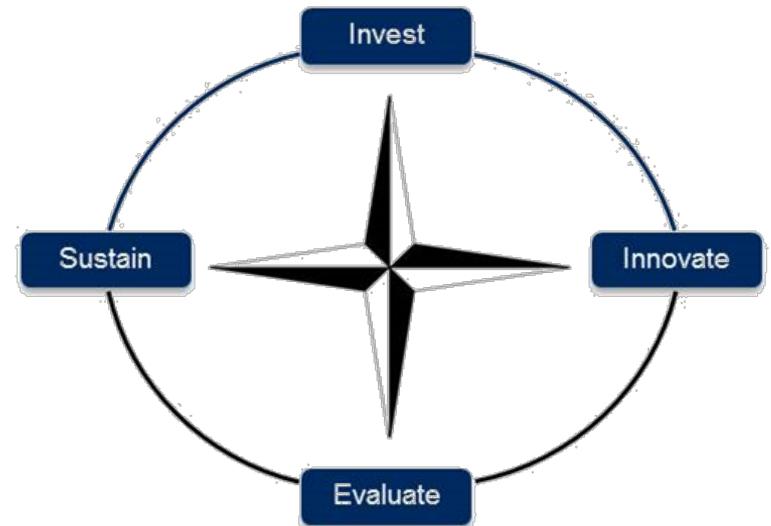
- 6 Pilot ACOs for 12-month period
- ACOs contract with MassHealth to provide care for PCC plan members

Full ACO Program
(Jan 2017 -
Dec 2022)

- 20-25 full program ACOs for 5-year contract period
- 3 types of ACOs, all HPC certified

Key Decision Points for Phase 3

- Size of total opportunity and caps
- Duration of award
- Focus areas
- Performance targets
- Sustainability
- Competitive factors



Decision: Award Size and Duration

HPC Proposal: CHART Phase 3

Total Funding	\$20,000,000
Individual Awards	\$500,000 - \$1,500,000
Duration	12-18 months

CHART Phase 1

Total Funding	\$9,200,000
Individual Awards	\$65,000 - \$500,000
Duration	6 months

CHART Phase 2

Total Funding	\$60,000,000
Individual Awards	\$900,000 - \$8,000,000
Duration	24 months

Decision: Focus Areas and Performance Targets

HPC Proposal: CHART Phase 3

Hardwire promising interventions and strengthen relationships with community partners from Phase 2; ensure successful adoption of alternative payment models; continued focus on reduction in readmissions and avoidable ED use

	Phase 1	Phase 2
Goal	Support capacity building through short term, high-need expenditures	Incentivize care delivery transformation towards readiness for effective participation in accountable care models through a focus on one or more of the following primary aims:
Pathway/ Primary Aim	<ul style="list-style-type: none"> • Implementation of pilot projects to improve quality of care and/or reduce cost • Building capability or capacity that aligns with the goals of better health, better health care, and lower costs • Meaningful operational and business planning activities to yield a strategic vision and plan for system transformation. 	<ul style="list-style-type: none"> • Maximize appropriate hospital use • Enhance behavioral health care • Improve hospital-wide (or system-wide) processes to reduce waste and improve quality and safety
Performance Monitoring	Applicants proposed performance monitoring measures	<p>HPC and Awardee developed performance targets aligned with Primary Aim(s):</p> <ul style="list-style-type: none"> • Reduce readmissions • Reduce ED utilization • Reduce lower acuity adult tertiary transfers • Reduce ED Boarding for long stay BH patients

Decision: Sustainability and HPC Financial Support

HPC Proposal: CHART Phase 3

Require in-kind contributions from hospitals/systems to lessen financial reliance on HPC

Phase 1

The HPC seeks to use Phase 1 of the CHART Investment Program to fund short-term, high-need foundational activities to prime system transformation



Phase 2

- For Awardees that are part of a health system and have a teaching hospital, the System must make a contribution to the Award
- A majority of Awardees have In Kind Contributions from their hospitals
- Opportunity to undertake Strategic Planning, with funding of \$50K from the HPC, to engage in planning, including for sustainability of the CHART Phase 2 initiative(s)

Decision: Competitive Factors

HPC Proposal: CHART Phase 3

- Sustained implementation of promising Phase 2 care models
- Evidence of transformation and community partnerships advancing delivery of efficient and effective care
- Participation in risk contracts with substantive quality measures and/or partnership with a provider organization seeking HPC ACO certification in 2017

Phase 1

- Alignment with needs of the hospital and the community
 - Ability to implement the operational changes proposed
 - Foundational for future transformation activities
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Phase 2

- Measurable community/patient impact
- Alignment with primary aim(s)
- Supports future care delivery transformation activities
- Addresses community/population need
- Presence and strength of community partnerships

CHART 3: Hardwiring community partnerships

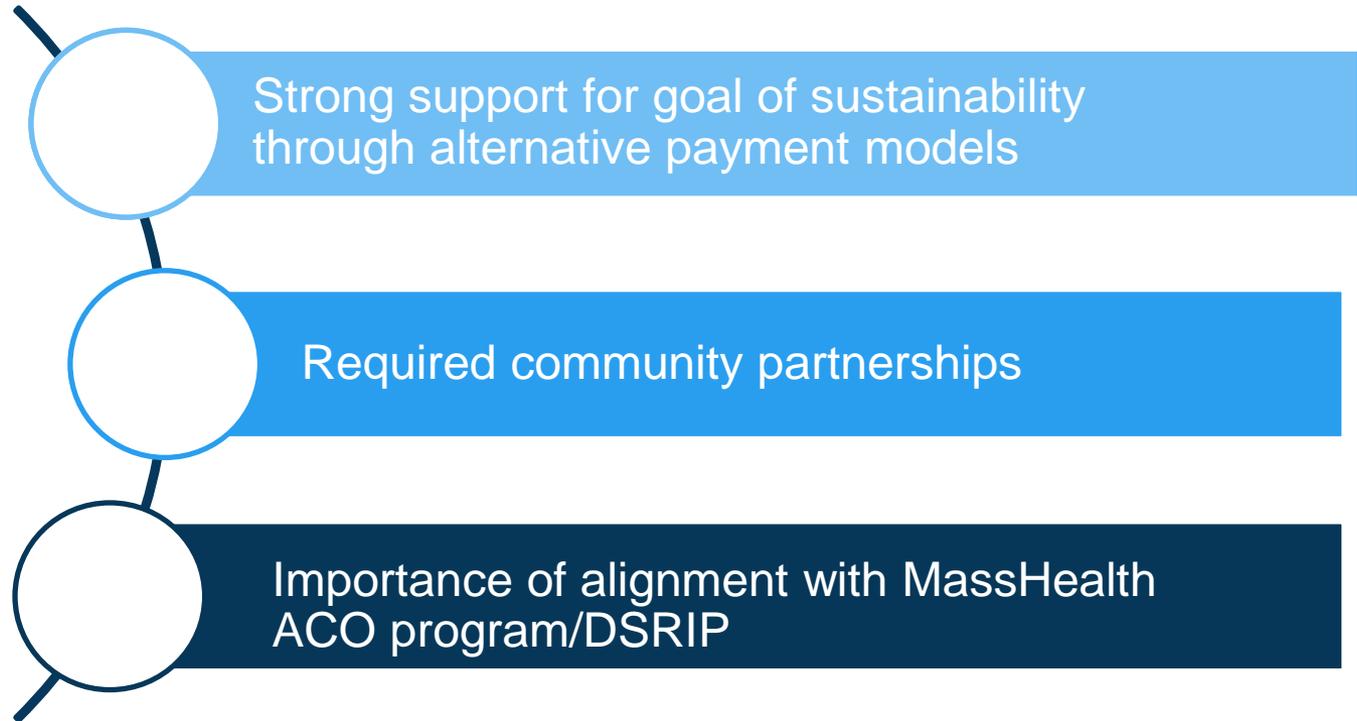
HPC defines community partner as those medical and non-medical community services with whom the hospitals share in the care of patients that they serve.

Community partners can include, but are not limited to:



Stakeholder Input to Date

Input received from current CHART hospitals, other agencies, experts, and community providers



Preliminary Proposal for Structure of CHART Phase 3

THEME

Enhancing and ensuring sustainability of community-focused, collaborative approaches to care delivery transformation and the successful adoption of alternative payment models, including the MassHealth ACO program

FUNDING

Proposed total funding of approximately \$20M

FOCUS AREAS

Two pathways:

1. Limited bridge funding to continue promising interventions from Phase 2.

Awards would be selective and would require hospital financial support, with a continued focus on:

- Addressing whole patient needs with multi-disciplinary care teams
- Identifying and engaging in real time with complex patients
- Addressing social determinants of health
- Increasing post-acute care coordination
- Strengthening community partnerships

2. Funding to support the successful adoption of alternative payment models, including strong alignment with the MassHealth ACO program, through continued capacity-building activities in various areas. For example:

- Analytics/risk stratification expertise
- Data exchange
- Legal support for community partnership contracting
- Business planning

Preliminary Proposal for Structure of CHART Phase 3 (continued)

COMPETITIVE FACTORS

- Solid sustainability plan
- Required in-kind funds from hospitals/systems to promote sustainability
- Supportive, but not duplicative, of DSRIP goals
- Participation in risk contracts with substantive quality measures and/or partnership with a provider organization seeking HPC ACO certification in 2017
- Performance in Phase 2
- Demonstration of understanding of the drivers of utilization
- Collaborative multi-disciplinary team approach to care delivery
- Strong relationships with community partners

OUTCOMES

- Address at least one or all of the HPC's key target areas for reducing unnecessary utilization and improving quality:
 - Reduce all-cause 30-day hospital readmissions
 - Increase the integration of behavioral health into primary care
 - Reduce the rate of discharge to institutional care following hospitalization
 - Reduce the rate of behavioral health related ED utilization

Questions for Discussion

Overall Design

- What is your initial reaction to the preliminary/early design ideas and goals?
- In what circumstances should we continue to fund Phase 2 projects?
- Do you agree with our continued focus on:
 - Reduce all-cause 30-day hospital readmissions
 - Increase the integration of behavioral health
 - Reduce the rate of discharge to institutional care following hospitalization
 - Reduce the rate of behavioral health (BH) related ED utilization
- How can we spread and scale the work of CHART to date through Phase 3?
- Staff recommend requiring participation in a risk contract with substantive quality measures and/or partnership with a provider organization seeking HPC ACO certification in 2017

Competitive Factors

- What additional competitive factors would you like to see?
- How should performance in Phase 2 be assessed?
 - Staff recommend assessing the following:
 - Progress against their primary aim (consider evidence of directional decrease in trend)
 - Operational implementation (consider performance as a contractor by assessing timely submission of deliverables and/or target Population patients identified and served)

Community Partners

- How strong should the alignment with community partners be in Phase 3?
 - Some stakeholders have provided feedback that community partnerships should be meaningful and required
 - Some stakeholders believe that award dollars should be directed to the community partner

Next Steps



HPC to continue developing Phase 3 design, including:

- Comprehensive stakeholder engagement
- Increased specificity of focus areas and targets
- Adapting administrative framework to reflect early lessons learned from Phases 1 and 2
- Review of CHART Phase 2 performance at the one year mark

HPC to continue goal-setting activities, including evaluation framework and performance targets

Present RFR to Board on May 10, 2017, with planned release following Board vote

Proposed CHART PHASE 3 timeline

	Jan. 2017	Feb. 2017	March 2017	April 2017	May 2017	June 2017	July 2017	Aug. 2017	Sept. 2017	Oct. 2017	Nov. 2017	Dec./ Jan. 2018
Design discussion	Advisory Meeting	Board meeting	CHICI meeting									
Stakeholder engagement												
Procurement and evaluation development												
RFR vote and release					Board meeting and RFR release		Responses due					
Board vote on Awardees									Board meeting			
Majority of Phase 2 Awards end										Phase 2 Ending		
Contracting												
Launch												



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Contact Information

For more information about the Health Policy Commission:

Visit us: <http://www.mass.gov/hpc>

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