



## Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

### Prevention and Wellness Sustainability Committee

DPH Lobby 1 Conference Room

March 31<sup>st</sup>, 2016

### Meeting Minutes

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**Committee Members present:** Jean Zotter (DPH), Maddie Ribble (MPHA), Abigail Armstrong (Sen. Lewis), Zach Crowley (Sen. Lewis), Samantha Pskowski (Rep. Hogan), Jeff Stone (Mass Health Council)

**Guest panelists:** Gail Hirsch (DPH), Terry Mason (independent policy consultant), Alexandra DePalo (Metrowest PWTF), Sam Wong (Metrowest PWTF)

**DPH Staff present:** Susan Svencer, Liz Moniz, Alissa Caron, Laura Coe, Jenna Roberts, Jessica Mitchell

**Others present:** Vaira Harik on phone (Barnstable PWTF), Darlene Blanchett on phone (Berkshires PWTF), Kim Kelly on phone (Berkshires PWTF), Tracy Kennedy on phone (Worcester PWTF), Janice Sullivan (QWWI PWTF), Brenda Weis (New Bedford PWTF), Nicole Rioles (Boston PWTF), Karen Peterson (QWWI PWTF), Jen Anastasias (QWII PWTF), Jennifer Raymond (HCLE), Peter Wilner, Victor Shopov (HCAT), Charles Deutsch (HCAT), Barry Keppard (MAPC)

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### Introductions and Overview of Agenda

Ms. Zotter reviews agenda; asks for input on agenda

Mr. Crowley motion to approve agenda; Mr. Stone seconds; all approved

Mr. Ribble begins process to review minutes from last month's meeting.

Mr. Ribble motion to approve minutes; Mr. Stone second; Ms. Pskowski abstain (not present at last meeting)

### Discussion of Sustainability Committee work thus far

Mr. Ribble describes "3 buckets" of sustainability for purposes of this committee

- local support
- health system/ACO approach
- legislative approach

Mr. Ribble explains that Sustainability Committee (SC) will propose to Prevention and Wellness Advisory Board (PWAB) action in each category for PWTF, presenters will help SC consider health care (Ms. Hirsch, Ms. Mason), local sustainability “buckets” (Ms. DePalo, Mr. Wong)

### **Presentation on sustainability efforts around Community Health Workers (CHWs)**

*(SEE SLIDES from Ms. Hirsch)*

Ms. Hirsch describes Office of Community Health Workers (OCHW) at Department of Public Health (DPH):

- created in response to legislative report asking for state infrastructure to support CHWs
- CHWs became part of PWTF to enhance it
- 3+ staff people in office
- Have collaborated with PWTF through its whole existence

Ms. Hirsch notes that DPH is a leader among states in CHW support; adds that development of the OCHWs work has not always been straightforward (CHWs are a workforce, not a condition).

Discussion of areas of focus used to define the work of OCHWs:

- Enormous support/interest federally and from other states around this work
- Developing workforce surveillance mechanisms
- Assessing the impact of certification of CHWs
- Certification has been slow because it is being done in a very formal way
- Close collaboration with the Division of Health Professions Licensure

Ms. Hirsch notes Communities of Practice (CoP) handout out of date, missing current leadership.

*(SEE SLIDES from Ms. Mason)*

Ms. Mason explains that she has been doing policy research and development around CHWs for almost a decade. .

Ms. Mason posits that timing is good now to be looking at sustainability efforts around CHWs.

- MassHealth is insurer for large proportion of people CHWs most frequently work with, and is influential with other payers.
- MassHealth redesign focuses on providers, then managed care organizations (MCOs), with regard to CHW reimbursement, is very thorough
- MassHealth will release 1115 waiver application to Centers for Medicare/Medicaid Services (CMS) for comment end of April; Waiver will allow federal sanction for state redesign efforts

Ms. Mason describes opportunities that exist for CHWs within the MassHealth redesign

- Global payments can make possible broader coverage for CHWs, more flexibility than fee-for-service;
- Focus on community-based organizations/CBOs as part of ACO's, and the concept of community expertise
- Health Homes – in some other states, CHWs are included; opportunities in Health Homes programs for CHWs, although in MA so far serious mental illness is a requirement for eligibility for services.

- Community-clinical linkages Community of Practice
  - Monthly meetings are held around defining the CHW policy agenda and to learn from each other
    - More people are joining all the time
    - Group of stakeholders
    - Discuss places CoP around CHWs has been taking action
    - CHWs are on the radar screen for providers, Masshealth,
    - Participation of members on stakeholder working groups has been good
    - CHWs are commonly mentioned in those meetings and by the audience in public forums.

Ms. Mason describes comments she and colleagues sent in on Health Policy Commission draft of ACO standards:

- Overall request was that CHWs be included in ACO services/systems via ACO certification requirements
- Advocates are aiming for explicit CHW inclusion language in MassHealth waiver proposal,
  - NY, OR other states have been explicit around CHWs as part of ACOs or other health reform programs (Health Homes), and NM and MI Medicaid Managed care plans are required by state Medicaid offices to include CHWs as part of teams.
  - Question from Mr. Ribble: What is the CMS definition of CHWs and is there an official definition?
    - There are several official definitions, largely overlapping in content: Affordable Care Act, , American Public Health Association, DPH, Department of Labor all have definitions
  - There is much evidence that the kinds of patients and services associated with Health Homes are areas of expertise for CHWs
    - Ms. Zotter notes that earlier understandings were that a state plan amendment, for instance, MassHealth would require provider code for CHWs, along with expectations around training. ...?
      - This does not appear to be an issue with the Waiver proposal and this may be because the ACO systems will not operate under fee-for-service payments.
      - Providers are concerned about what shared risk and shared savings payment systems mean for them, especially small providers; providers are going to need additional resources, including technical assistance, if they are going to offer new kinds of services. .
        - Shared savings, other alternative payments: when payment is moved from fee-for-service, providers are not clear how much money they will receive for services; with global payment, annual budget is calculated based on algorithms, grounded to some extent in previous costs, but goal is to reduce costs; under certain arrangements, coming in under budget for care provided can offer savings to providers

- Upside risk-based arrangements offer providers a portion of below budget services cost savings ; downside risk is when providers take a risk that if expenditures exceed the budget, they will lose some money.
- CoP members are also asking as part of MassHealth's redesign, that technical assistance for providers to integrate CHWs be included along with other technical assistance MassHealth will offer to providers transforming services, systems.
- Members are also asking that some of DSRIP money, if funded, will go to providers to help build in CHW staff to meet quality, health, and cost goals.

Ms. Mason comments that PWTF has devoted significant resources to CHWS

Ms. Mason posits that nothing is guaranteed .

- Providers need education, sources of financing for technical assistance and integration of CHWs.
- Data-gathering capacity is also important to document improvement in quality measures and cost reductions.
- Unclear how much DSRIP money or ACO subcontracts if any will go to small organizations; maybe other public or private funding can fill in some gaps

### **Discussion on Sustainability around CHWs**

Mr. Deutsch notes that discussion grounded in healthcare providers; PWTF focuses on chronic disease management; CHWs play an important role; clinician focus is condition-specific

- Mr. Wong replies that work with community organizations to employ CHWs may be valuable, rather than trying to convince clinicians to hire CHWs
- Ms. Mason adds that now is the time to educate people and explore additional, alternate financing options
- Mr. Ribble notes that this discussion is reminiscent of discussion at last meeting around opportunities to look at healthcare, though cautions around their coverage limitations, notes that there are other financing sources around CHWs (MassHealth, for example)
  - Ms. Mason agrees, notes that MassHealth redesign opportunities for CHWs is a current focus because of its immediacy but there are of course other sources of financing.

Mr. Stone notes importance of discussion on CHWs in State Health Improvement Plan (SHIP).

- Ms. Mason adds that CHWs were mentioned by numerous participants attending MassHealth forums and they do appear to be on the 'radar screen'.
- Ms. Zotter replies that back channels are happening with MassHealth, other stakeholder groups, perhaps partnerships should be part of the conversations through comment.
- Mr. Deutsch adds that the structure of PWTF, the relationships it builds between DPH and grantees, that fact that it is not top-down are what make it a remarkable model.
- Ms. DePalo adds that if DPH encouraged partnerships to get involved in comment period, sets that priority, the partnerships will do it.
- Ms. Roberts inquires about timeline for comment period.
  - Ms. Mason says comments should be ready by late April, when proposal is likely to be released for public review and comment.
  - Mr. Ribble adds that MPHA can make sure proposal is circulated to partnerships.

Ms. DePalo adds that the concept of PWTF linkages should be a part of this conversation.

- Ms. Mason adds there is sense at MassHealth of value of community-based linkages
- Ms. DePalo adds that this goes hand-in-hand with CHW certification, that she wants certification for her CHWs before the end of the Trust as something gained, recognition
- Mr. Keppard states that information sharing, networks, CoPs, are critical points that don't seem to connect, there are supporting structures for information sharing in PWTF

### **Presentation from Metrowest partnership**

(SEE SLIDES)

Ms. DePalo explains that all PWTF partnerships are different; Metrowest partnership consists of:

- Community Health Center
- Physician practice with multiple office sites
- CBO primarily serving Latino, Brazilian populations in Framingham area
- Training providers work with CHWs around professional development
- Getting CHWs into municipal health department has been innovative; Hudson health department never had a CHW, new role dictated in many ways by PWTF presence

Ms. DePalo explains development and activities of Metrowest partnership's advisory council

- Had active advisory council from the beginning
  - Urgency to get word out to stakeholders about grant early because partnership is regional; also wanted to gauge interest in advisory council involvement
  - Started meetings shortly after grant was awarded
  - Targeted recruitment
    - Made short list for committee from kick-off meeting list
    - Though no partners cover behavioral health, wanted someone from behavioral health on board
    - Elected officials have been relatively involved all along
    - Local foundation is supportive, hosts advisory council, rallied membership
- Advisory council meetings
  - Social time is important for advisory council
  - Feedback aspect shown in PWTF model is important, reminder that something is going into patients records for long haul
  - Partner presentations have included:
    - Clinical
    - Community
    - Vary health condition
    - Have always had CHWs as part of presentation
    - Have had 2 clients present, helps elected officials feel their constituents are part of, benefitting from programs
  - DPH, MPHA staff have come
  - Are always open to new people joining in who should be there

Ms. DePalo provides suggestions on local sustainability efforts based on Metrowest experience

- CEOs seeing value may be willing to continue aspects of program, staff, absorb costs
  - Ms. Harik adds that Barnstable partnership is doing similar things

- Mr. Stone asks if CEO engagement and support is present in Barnstable
    - Ms. Harik says Barnstable also has CEOs in advisory committee
    - Ms. Zotter adds that DPH is working with partnerships to think through who needs to be at table. There are organizations (like YMCA) involved throughout PWTF network, need to better understand relationships, valuable in seeking their support
    - Mr. Ribble adds that if stakeholders are onboard, working together, “asks” (like budget proposals, philanthropy, etc) are easier, and aligning asks and not repeating them across the state is important
- Local foundation support
  - Friendly local, want to keep them engaged
    - Want advisory council to keep in touch with this foundation
    - They provide a 10% match to PWTF funds
  - Funder is interested in alignment with other foundations in the state
    - Need to be at the meeting where all the foundations come together
    - Even just one part of RFR where all foundations are aligned could help sustainability efforts
    - How to convene these foundations? Associated Grant Makers might be able to bring everyone together. Explore how to get on their radar. Figure out who local funders are and get in front of them
  - Get to know your funder. Healthcare providers with community benefit programs
    - Ms. Zotter asks if Metrowest partnership has assessed areas of strength
      - Hard to figure out what to sustain while figuring out what works. Thinking of elements that work well for sustainability.
    - Ms. Mason asks what data will be used by legislature to determine that this is something to continue, and adds that knowing that the program is viable is key in this turbulent environment.
      - Mr. Wong replies that certain “stand alone” interventions like tobacco cessation are relatively easy to figure out.
      - Mr. DePalo notes that variety within partnerships, span in work creates data challenges that make it difficult to tell PWTF story. Massachusetts Area Planning Council is helping Metrowest with this with online HIPPA secure system to look at data.

Ms. Depalo remarks that it’s not too late to develop an advisory council.

- Mr. Ribble adds that this committee will make recommendations to PWAB on what state players should do, will use information from today’s presentations to develop those recommendations and recommendations to support partnerships in sustainability efforts

Mr. Stone asks what timetable is to put in asks with YMCA, other associations of CBOs, etc.

- Mr. Ribble replies that they are working with a lot of state organizations; it depends what type of ask; for policy ask, that is something we all have to coordinate on

Ms. Coe thanks Ms. DePalo, Mr. Wong for presentation, notes that partnerships who haven’t started this yet can learn a lot from this. Also asks them to share information about their process.

- Ms. DePalo offers to share slide presentations she has used at advisory council meetings

- Ms. Zotter adds that DPH may create a sustainability communication folder on SharePoint to share these kinds of materials.
- Ms. Coe also notes that Metrowest efforts around data are valuable for other partnerships.
  - Mr. Deutsch adds that Harvard Catalyst can use that data as well
  - Ms. Svencer notes that that data could be helpful to support asks at local level

### **Next steps for the Sustainability Committee**

Mr. Ribble notes local sustainability work is ongoing, MPHA works closely with partnerships

Mr. Ribble reiterates that this committee will make recommendations to the PWAB on sustainability around the 3 “buckets” described above.

Mr. Ribble summarized the next steps of SC.

- Focus has been primarily on local, intervention-specific support, health system work
- He and Ms. Zotter will propose some draft recommendations, present those at April meeting as a launching off point for discussion
- He invites committee members, and anybody, to share ideas before then, but there will be time in April and May to discuss
- May meeting will be to revise, refine recommendations, goal of approving by end of May
- Finalized recommendations will go to PWAB 1<sup>st</sup> week of June
- PWAB can accept or reject recommendations
- Next two months feed into PWAB, which feeds into legislature, so it all starts here
- Ms. Zotter adds that the PWAB may request refinement on recommendation, in which case this committee would need to convene again in June; she also encourages committee members to attend the June PWAB meeting

Mr. Ribble asks committee members if there is anything they want considered as first draft of recommendations is crafted (comments can also be submitted later)

- Mr. Stone suggests giving more consideration to

Mr. Ribble thanks the presenters. Seeks a motion to adjourn.

Ms. Pskowski motion to adjourn. Mr. Stone second. All in favor.