Joint Meeting of Health Planning Council and Health Planning Advisory Committee
March 26, 2014
250 Washington St., Public Health Council Room
Boston, MA
3:30-5:00 p.m.

Health Planning Council Members Present:
Madeleine Biondolillo representing Cheryl Bartlett, Commissioner, Department of Public Health (DPH); Thomas Concannon, Rand Corporation; Marcia Fowler, Commissioner, Department of Mental Health (DMH); Ann Hartstein, Secretary of Executive Office of Elder Affairs (EOEA); Ann Hwang representing John Polanowicz, Chairperson, Secretary of Executive Office of Health and Human Services (EOHHS); Kara Vidal representing David Seltz, Executive Director, Health Policy Commission (HPC); Kristin Thorn, Director of Medicaid

Health Planning Advisory Committee Members Present:
Dana Bushell, Program Manager, Massachusetts Group Insurance Commission; Anuj Goel, Vice-President of Legal and Regulatory Affairs, Massachusetts Hospital Association; Dr. Myechia Minter-Jordan, President and CEO, The Dimock Center; Sarah Chiaramida representing Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans; Brian Rosman, Research Director, Health Care for All; James Willmuth, Senior Policy Analyst, SEIU 1199; Katherine Wilson, President and CEO, Behavioral Health Network

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Dr. Ann Hwang called the meeting to order at 3:37 p.m. She announced that Secretary Polanowicz would be unable to attend this meeting and she would be chairing the meeting in his place. Dr. Hwang gave the members a few minutes to review the Minutes of the February 11, 2014 meeting. She asked if there were any comments on the Minutes. There were none. She then asked for a motion to approve the Minutes. After a motion made and seconded, the Minutes were approved unanimously.

Dr. Hwang then turned the meeting over to Associate Commissioner Madeleine Biondolillo for the presentation. Dr. Biondolillo reviewed the agenda for the meeting and the timeline for the completion of Deliverable 3 (Level 3 analysis for behavioral health services), which is due in December.

Brian Rosman commented that this morning's news of the closure of North Adams Regional Hospital underscores why health planning is so important. He noted that policy makers will be asked to respond to this closure without a health plan that could answer the question whether the Commonwealth needs a hospital in North Adams. He asked about plans for expanding the work of the Health Planning Council to be able to determine where there is under or over supply of services. James Willmuth agreed with

the comments of Mr. Rosman and asked about fiscal year 2015 funding. Dr. Hwang acknowledged the steadfast support for health planning of both members. Sarah Chiaramida noted that it would be worth going through the estimates and support in the budget at the next meeting.

Dr. Biondolillo acknowledged the team effort and diligent work of staff from the Department of Public Health's (DPH) Bureau of Substance Abuse Services (BSAS) and the Department of Mental Health (DMH). She also announced the selection of DMA Health Strategies, in collaboration with JEN Associates and BD Group, as the consultants who were selected through a competitive bid process to continue to work on the behavioral health analysis. Funding for the consultants is available through the current budget. The DMA Health Strategies team has been working on the project since mid-February.

She introduced Ellen Breslin Davidson and Tony Dreyfus of BD Group, noting that Project Director Richard Dougherty was unable to attend this meeting. She mentioned the extensive experience working on behavioral health issues (including working with MassHealth, CHIA, and CMS) that this expert group brings to our collaborative efforts to develop the plan.

To begin discussion of Deliverable 2: Service Definitions, Dr. Biondolillo drew the group's attention to the handout describing the mental health and substance abuse service groups. She noted the alignment between the two domains and asked for the group's feedback. There was a question about where the note at the bottom of page one applied. It applies to the page of mental health services, under Care Management. There was a question about why emergency departments are not included under substance abuse services.

There was a question about why substance abuse services did not include a "Bundled Services" category. The substance abuse services are represented individually. Dr. Concannon suggested that "bundled services" means a flexible application of resources within a bundle. DMH Assistant Commissioner Brooke Doyle further clarified that the term "bundled services" was intended to refer to a DMH-specific program that does not have a BSAS corollary.

Kara Murray asked if the team would be estimating capacity for each service group. Dr. Biondolillo responded that the methodology for this is still being worked out.

Dr. Minter-Jordan asked, under Mental Health Services - Community and Outpatient Care, why community health centers were not included.

Also under Mental Health Services - Community and Outpatient Care, James Willmuth noted that it appeared that 'or at a patient's home or school' had been dropped on the summary page.

Secretary Hartstein questioned combining Community and Outpatient Care and noted there appeared to be mostly outpatient care represented on the mental health side. As examples of services that were missing, she offered community-based care received at home and adult day health services.

Dr. Concannon asked if residential care is considered part of community care. Commissioner Fowler responded that that was okay with DMH. Secretary Hartstein was not sure that it applied to Elder Affairs. Assistant Commissioner Doyle added that for DMH, residential care means privately operated and licensed by DMH; BSAS still has a residential continuum.

Dr. Biondolillo thanked the members for their feedback and encouraged them to continue to provide it as the team finalizes the definitions.

Dr. Biondolillo then moved to the discussion of framework for the needs analysis and how the team is thinking about defining need, demand and use. She presented prevalence data from the 2011-12 National Survey of Drug Use and Health. Mr. Rosman asked if these were Massachusetts specific estimates. These are Massachusetts data from the national survey. In response to a comment on the reported prevalence of alcohol dependence or abuse, Assistant Commissioner Doyle noted that these data are self-reported and the diagnostic criteria on the mental health side are limited. They are not from diagnoses or claims data, but they are the most valid national source to get to prevalence and set the stage for the framework. Dr. Hwang added that claims data also has its limitations.

In response to a question about the ability to look at smaller geographic areas, Hermik Chase of BSAS responded that the smaller geographic estimates are a few years behind the statewide data.

Dr. Minter-Jordan recommended including disparities in the gap analysis.

Dr. Concannon added that for inventory and capacity, a snapshot in time is helpful, but what is changing over time is what is needed.

Mr. Willmuth noted that there is unmet need that is not captured by "people seeking services and not able to get them". He asked what the demand would be if there were greater capacity? How can the group frame that? It is more than just those who sought a service and did not get it. Ms. Chase noted that for substance abuse, ninety-five percent of those in need may not recognize that they have a problem. Assistant Commissioner Doyle added that the DMA team is very attuned to that issue and want to find a way to reflect that in some way. Ms. Breslin added that when it gets too broad, how do you define it? Using waiting lists or occupancy rates? The team is trying to find a balance. Dr. Biondolillo noted that these comments are emblematic of the challenge.

Commissioner Fowler asked if there were mechanisms to adjust for social determinants of health, e.g., the unemployment rate, poverty. Tony Dreyfus responded that we do not

know what the economy will be like in five years and that these factors aren't included in the model.

Katherine Wilson commented that there are issues, such as a casino coming into a community, that we do know will change the mental health and substance abuse needs of a community. We should look at the impacts of gambling initiatives in Massachusetts. A report has been prepared for Springfield.

Ms. Murray asked if there is a standard for how close we need to aim to get at demand. Dr. Concannon responded that you can do a sensitivity analysis to determine how far off you have to be to be wrong and then make adjustments based on that.

Dr. Biondolillo then updated the group on the status of the data requests, which include a Plan A (includes commercial insurer data as well as data for MassHealth and Medicare through the APCD) and a Plan B (which uses Medicare 5% data, case mix data, and MassHealth data). Ms. Chiaramida asked what the challenges were related to the data requests. Dr. Hwang responded that the request needs to be very specific. She added that the application is close to or has already been submitted. Dr. Biondolillo said there would be more to come regarding the data.

In follow-up to previous work, Dr. Biondolillo stated that four maps have been added to the original twelve in Deliverable 1. The intent is to layer other information, such as population density, over these maps via GIS mapping. Mr. Willmuth asked if there were data that would address the disparity issue. Dr. Biondolillo responded that we are looking at that in the overlapping data.

Ms. Chiaramida asked if there were a plan to update the maps on a regular basis. Dr. Biondolillo responded that this is a baseline; the maps may be updated every three to five years. Dr. Concannon added that there is a way to provide a snapshot which shows how things are trending.

Dr. Biondolillo reminded the group that the Informational Survey was conducted, but more in depth interviews are being conducted by DMA. Trending and issue spotting from these interviews will be factored into the analysis.

Dr. Biondolillo reviewed the six domains that were prioritized by the Health Planning Council to undergo the level 3 analysis. She added that there is a balance between revisiting the behavioral health issues or moving on to another domain.

Dr. Biondolillo then reviewed the immediate next steps, which include collecting inventory data, developing capacity estimation methods for select services, beginning the data analytics, completing the interviews and identifying key future trends.

The next meeting is tentatively scheduled for May 1 at 9:00 a.m. The members will receive an invitation within the week.

Dr. Concannon commented it would be helpful to understand what is happening with the budget process and suggested that a report on the 2015 budget process be built into the meeting agenda in order to plan for achieving goals for 2015. Dr. Hwang responded that perhaps by May the team could provide the group with information about what resources have been used and the sustainability plan, the original estimates of Freedman Healthcare LLC, and an indication of what will expand or contract.

Dr. Biondolillo thanked the Council and Advisory Committee members as well as the BSAS and DMH teams.

The meeting was adjourned at 4:37 p.m.