

**MINUTES OF THE HEALTH POLICY COMMISSION**

**Meeting of December 16, 2015**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**Date of Meeting:** Wednesday, December 16, 2015  
**Start Time:** 12:06 PM  
**End Time:** 2:37 PM

	<b>Present</b>	<b>ITEM 1: Minutes from November 18, 2015</b>	<b>ITEM 2: Approval of Cost and Market Impact Review #1</b>	<b>ITEM 3: Approval of Cost and Market Impact Review #2</b>	<b>ITEM 4: Approval of Proposed NAS Pilot Program Design and RFP Release</b>	<b>ITEM 5: Approval of CHART Technical Assistance Contract Extension</b>
Carole Allen	Yes	Yes	Yes	2 <sup>nd</sup>	Yes	Yes
Stuart Altman*	Yes	Yes	Yes	Yes	M	2 <sup>nd</sup>
Martin Cohen	Yes	Yes	Yes	Yes	Yes	Yes
David Cutler	Yes	Yes	Yes	Yes	Yes	Yes
Wendy Everett	Yes	Yes	Yes	Yes	2 <sup>nd</sup>	Yes
Paul Hattis	Yes	2 <sup>nd</sup>	M	Yes	Yes	Yes
Rick Lord	Yes	Yes	Yes	Yes	Yes	Yes
Ron Mastrogiovanni	Yes	Yes	Yes	Yes	Yes	Yes
Marylou Sudders	Yes	A	Yes	Yes	Yes	Yes
Kristen Lepore	Yes	Yes	Yes	yes	Yes	Yes
Veronica Turner	Yes	M	2 <sup>nd</sup>	M	Yes	M
<b>Summary</b>	<b>11 Members Attended</b>	<b>Approved with 11 votes in the affirmative</b>	<b>Approved with 11 votes in the affirmative</b>	<b>Approved with 11 votes in the affirmative</b>	<b>Approved with 11 votes in the affirmative</b>	<b>Approved with 11 votes in the affirmative</b>

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

\*Chair

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

## **PROCEEDINGS**

A regular meeting of the Massachusetts Health Policy Commission was held on Wednesday, December 16, 2015 at 12:00 PM.

Commissioners present included Dr. Stuart Altman (Chair); Dr. Wendy Everett (Vice Chair); Dr. Carole Allen; Dr. David Cutler; Dr. Paul Hattis; Mr. Martin Cohen; Mr. Rick Lord; Mr. Ron Mastrogiovanni; Ms. Veronica Turner; Ms. Lauren Peters, Designee for Secretary Kristen

Lepore, Executive Office of Administration and Finance; and Secretary Marylou Sudders, Executive Office of Health and Human Services.

Chair Altman called the meeting to order at 12:06 PM and reviewed the agenda.

### **ITEM 1: Approval of Minutes from November 18, 2015**

Chair Altman solicited comments on the minutes from November 18, 2015. Seeing none, he called for a motion to approve the minutes, as presented. **Ms. Turner** made a motion to approve the minutes. After consideration upon motion made and duly seconded by **Dr. Hattis**, the Board voted unanimously to approve the minutes from November 18, 2015. Voting in the affirmative were the ten members present. There were no abstentions and no votes in opposition.

### **ITEM 2: Executive Director's Report**

Mr. David Seltz, HPC Executive Director, recognized that this is the HPC's third Annual Board Meeting. He reviewed HPC progress and statistics from the agency's first three years.

Mr. Seltz stressed the importance of public engagement in the HPC's work. He stated that the HPC held 127 public meetings and has been featured in 374 articles since January 2013. He added that many stakeholders also interact with the agency through its website and Twitter account.

Mr. Seltz reviewed programmatic progress over the past three years. He stated that the HPC has disbursed \$17 million and committed \$55 million for investments in Massachusetts community hospitals through the CHART Investment Program. He highlighted the HPC's work analyzing data in the APCD, reviewing 52 material change notices, and publishing 15 reports.

Mr. Seltz reviewed the HPC's work in 2015. He stated that the HPC analyzed 23 notices of material change in 2015, an increase from previous years. He noted that the agency released five reports, approved four regulations, and initiated two cost and market impact reviews. He added that 59 provider organizations have registered with the Registration and Provider Organization Program. He also mentioned progress in the patient-centered medical home and accountable care organization certification programs.

Mr. Seltz reviewed the HPC's investment activities in 2015. He noted that the HPC completed 71 site visits to CHART hospitals throughout the 2015 implementation planning period for CHART Phase 2. He also discussed legislative appropriations in the FY16 state budget that allow the HPC to work with providers on innovative ways to address health care challenges in the Commonwealth. He highlighted pilots addressing telemedicine and neonatal abstinence syndrome.

*Secretary Sudders arrived at the meeting.*

In 2015, Mr. Seltz said the Office of Patient Protection (OPP) received over 3,015 calls and emails from consumers seeking information on health insurance open enrollment and appeals to denied insurance claims. He added that OPP reviewed 325 external review cases, which is

consistent with previous years. He said the high volume of calls was likely related to open enrollment issues with MassHealth and the Health Connector.

Mr. Seltz reviewed 2015 public meetings, noting that the HPC held over 40 throughout the year with over 1,600 in attendance. Mr. Seltz stated that the 2015 Cost Trends Hearing was well attended with over 500 people in-person and 4,000 watching online. He added that the staff held approximately 500 meetings with over 100 stakeholders throughout the year. He added that, in 2015, the HPC also completed its Conference Center, which has served as a resource for numerous state agencies and Executive Departments.

Mr. Seltz asked Ms. Coleen Elstermeyer, HPC Chief of Staff and Director of External Affairs, to provide an operational update. Ms. Elstermeyer noted that the HPC is divided into six teams - four policy teams and two executive teams. She added that there is a staff directory on the HPC's website.

Ms. Elstermeyer said that, after three years, the HPC is now 90% staffed. She noted that there are currently 54 members of staff, with five additional employees starting in 2016. Ms. Elstermeyer highlighted that the HPC is proud to have met Massachusetts' equal opportunity and diversity hiring requirements.

Ms. Elstermeyer stated that the HPC has hired over 50 unpaid interns, seven of whom were hired as full-time employees. She added that 2015 was the first year of the HPC's Summer Fellowship Program, which hires graduate-level or above students to complete a ten week project with the agency. She stated that the 2015 Summer Fellow Report details the projects and can be found on the HPC's website.

Ms. Elstermeyer said that the HPC continues to update and refine its HR policies to ensure that the agency is following best practices. In 2014, the HPC designed and conducted an employee performance review process.

Ms. Elstermeyer said that public service is an important value of the HPC. To that end, the HPC staff volunteered three times in 2015, and over 12 times since its inception in 2013.

Ms. Elstermeyer provided an update on the HPC's office space. She noted that the agency moved into 50 Milk Street in December 2014. She stated that the final phase of construction, the HPC's Conference Center, was completed in November 2015 and added that this room has served as a resource for many other state agencies. Ms. Elstermeyer stated that the HPC is awaiting the installation of WiFi and video conferencing.

Mr. Seltz reviewed the day's agenda, noting that the Board will be asked to approve the initiation of two cost and market impact reviews. He said that reviewing these two transactions is in the public's interest and consistent with the HPC's mission.

Mr. Seltz stated that the bulk of the meetings would focus on preliminary findings from the 2015 Cost Trends Report. He said the goal of this conversation is to glean feedback from the Board on recommendations that should be included in the report.

Dr. Altman provided a brief update, noting that Dr. Cutler and Mr. Lord were both reappointed to the HPC for a term of five years. He added that this would be Dr. Hattis' last meeting, commending him for his hard work over the past three years.

Dr. Hattis offered comments to the board.

### **ITEM 3: Cost Trends and Market Performance (CTMP)**

Dr. Cutler said that Dr. Hattis' contributions to the CTMP committee were invaluable. He said that this committee update will include information on the HPC's market performance duties as well as the preliminary findings from the 2015 Cost Trends Report. He added that this is an opportunity for the Board to digest the findings, discuss what they mean, and determine recommendations.

#### **ITEM 3a: Update on Material Change Notices**

Ms. Megan Wulff, Senior Manager for Cost and Market Impact Reviews, said that the HPC has received notices of material change (MCN) for over 50 transactions since 2013. She noted that changes involving physician groups and clinical affiliations continue to be the most frequent.

Ms. Wulff said that the HPC has received two new MCNs since the last Board meeting. The first is a clinical affiliation between Atrius Health and the Massachusetts Eye and Ear Infirmary. The second is a joint venture between Shields Health Care Group and Partners HealthCare System to operate a PET/CT diagnostic imaging clinic at Cooley Dickinson Hospital.

Ms. Wulff stated that, since the last Board meeting, the HPC elected not to proceed to a cost and market impact review (CMIR) for one transaction, a joint venture between Shields Health Care Group and Anna Jaques Hospital.

#### **ITEM 3b: Approval of Cost and Market Impact Reviews**

Ms. Kate Scarborough Mills, Policy Director for Market Performance, stated that the HPC has elected to proceed with CMIRs on two proposed transactions.

Ms. Mills reviewed the CMIR process. She stated that providers are required to provide notice to the HPC for transactions that constitute material changes to their operational or governance structure. She said the notice includes a public filing as well as a confidential filing of the underlying agreement governing the transaction and any additional material. Ms. Mills noted that after the parties have provided necessary information and the notice is deemed complete, the HPC has 30 days to conduct an initial analysis to determine whether a transaction raises the potential for impacts on costs or market functioning that warrant additional review. She said that during this review, the HPC examines a range of factors informed by statute, including potential changes to prices, total medical expenses, and market share.

Ms. Mills said that if the transaction raises the potential for impacts to costs or market functions that warrant additional review, the HPC provides notice to the parties that it is initiating a CMIR. The Commission then votes on whether to continue the CMIR at its next Board meeting. She said that of the 48 MCNs completed to date, only four proceeded to a CMIR.

Ms. Mills reviewed the two transactions that the staff has moved to a CMIR. The first was a proposed contracting affiliation between Beth Israel Deaconess Care Organization (BIDCO), New England Baptist Hospital (NEBH), and its affiliated physicians. Ms. Mills stated that, under this transaction, NEBH and its affiliated physicians would become members of BIDCO and join BIDCO's commercial and public payer contracts.

The second transaction was a proposed contracting affiliation between BIDCO and MetroWest Medical Center (MWMC). Ms. Mills stated that, under this transaction, MWMC would become a member of BIDCO and join BIDCO's commercial contracts. She noted that, according to the parties, MWMC already participates in BIDCO's Pioneer ACO.

Ms. Mills said that BIDCO has a network of approximately 2,400 physicians and seven hospitals, with a total of more than 1,400 beds. She said that BIDCO is the second largest provider network in the state, accounting for about 11% of statewide discharges. She noted that much of the BIDCO contracting network is not under common corporate ownership, but affiliated through the BIDCO contracting network for joint contracting and clinical alignment.

Ms. Mills said that NEBH is the state's only orthopedic specialty hospital. She noted that it is already clinically affiliated with Beth Israel Deaconess Medical Center (a member of BIDCO) and Harvard Medical Faculty Physicians, as well as other providers in the state.

Ms. Mills said MWMC is a community hospital with campuses in Framingham and Natick. She explained that it is owned by Tenet Healthcare, a national organization which also owns St. Vincent Hospital in Worcester. She added that neither St. Vincent nor the MWMC physicians are part of the proposed transaction. She added that MWMC has clinical affiliations with Tufts Medical Center for adult tertiary services and Tufts Floating Hospital for pediatrics.

Ms. Mills said BIDCO has only existed in its current form for about three years and has grown rapidly. She noted that the HPC has received a total of seven contracting affiliations with the BIDCO network, involving six hospitals and five physician groups.

Ms. Mills said the HPC initiated CMIRs for both transactions because they raise the potential of cost and market impacts that warrant further review, including the potential for spending increases from price and referral pattern changes, market impacts from increased market concentration, and exclusive contracting for the state's only specialty orthopedic hospital. She said the parties have described plans to enhance care delivery and integrate clinical practices, which they indicate will improve quality and lower costs. She said conducting these reviews will allow the HPC to examine all aspects of the transactions and enhance public transparency around these market changes.

Ms. Mills said the factors for review include impacts on costs and market functioning (including changes in market share, price, total medical expenses, patient care referral patterns, competing options for care delivery), physician dynamics, factors related to quality (including the parties plans for changes to patient care management), and access to health care services, including the parties' role in providing low- or negative-margin services. She said in order to complete this analysis, the HPC requests data from the parties involved, and also uses data from other market participants, and from sources such as the Center for Health Information and Analysis and the

Registration of Provider Organizations Program. She stated that the HPC will also be working with care delivery experts, actuaries, economists, and accountants.

Ms. Mills said that the CMIR process will result in a public report that includes feedback from the parties involved as well as other market participants. She said that the parties can move forward with the transaction 30 days after the HPC's final report is released.

Ms. Mills reviewed the timeline for the CMIR process. She stated that the entire process will take approximately 185 days, assuming that the parties meet the deadlines for data submission. She said in the past parties have requested extensions, which would affect the HPC's timeline for review.

Ms. Mills said that the HPC hopes to coordinate the two BIDCO reviews to minimize the burden on the parties and to issue findings on both transactions in one report, assuming the timelines continue to align.

Dr. Everett asked whether BIDCO is expecting MWMC's clinical affiliation with Tufts Medical Center to shift to BIDCO. Ms. Mills responded that there was the potential for changes in referral patterns and that the HPC will examine affiliates and referral patterns as part of the review.

Dr. Altman asked for clarification on BIDCO's role as a contracting network. Ms. Mills responded that BIDCO is different from other provider systems because it has grown through contracting affiliations rather than acquisitions. She said research has shown that growth through acquisitions can lead to market concerns and higher prices. Dr. Altman asked Ms. Mills to describe contracting affiliations. Ms. Mills said joint contracting is when entities not necessarily corporately integrated come together to jointly negotiate for risk contracts and to negotiate for non-risk contracts using the so-called messenger model.

Dr. Hattis said that consideration should be given to the question of whether competition may be greater when smaller systems have more resources to compete with the largest system. Dr. Cutler said he asked Dr. Leemore Dafny about this question at the 2015 Cost Trends Hearing and she said that the answer will depend on the specific facts and circumstances.

Dr. Cutler clarified that voting to proceed with the CMIRs does not mean that the HPC is making a finding on the proposed transaction. Ms. Mills confirmed this. She stated that all CMIR reports are public and that the HPC does not have the ability to block a transaction, but that the parties have to put the transaction on hold until the completion of the CMIR.

Mr. Lord asked whether the CMIR process will examine past BIDCO MCNs for which the HPC did not initiate a CMIR. Ms. Mills responded that they would look at past transactions and their impacts as part of the baseline analysis.

Dr. Everett said it would be interesting to examine the baseline quality measures that BIDCO, MWMC, and other parties believe need to be improved. She said the parties should lay out what their baseline quality measures are and what they plan to accomplish in terms of improving quality. Mr. Seltz said while the focus of these CMIRs is on the present transactions and not previous BIDCO MCNs, the HPC will look at the past transactions involving BIDCO to see the

clinical integration activities they have undertaken, how quality has improved, and what benefits they claimed as part of their material change notices.

Dr. Allen said quality is important, but we must look at the impact on the population because there could be shifts in how care is provided and how patients are transferred between providers. She added that the HPC should look at what the community wants or needs.

Dr. Hattis moved to authorize continuation of the first CMIR related to BIDCO, NEBH, and its affiliated physicians. Ms. Turner seconded the motion. The motion passed unanimously.

**Ms. Turner** moved to authorize continuation of the second CMIR related to BIDCO and MWMC. **Dr. Allen** seconded the motion. The motion passed unanimously.

### **ITEM 3c: Discussion of Preliminary Findings from the 2015 Cost Trends Report**

Dr. Cutler, Chair of the Cost Trends and Market Performance Committee, noted the extraordinary effort in developing the 2015 Cost Trends Report.

Dr. Marian Wrobel, Director for Research and Cost Trends, presented an overview of the report, noting the legislative mandate for the publication. She introduced Dr. David Auerbach, Deputy Director for Research and Cost Trends, to provide background on health care cost growth in the Commonwealth. Dr. Auerbach reviewed key themes in the report and potential areas for recommendations.

Dr. Auerbach stated that government health care spending crowds out other taxpayers-funded priorities. He explained that there was a 58% increase in spending for the GIC, MassHealth, and other healthcare between 2006 and 2016. He noted that all other areas experienced a combined 2% decrease in funding.

Secretary Sudders asked whether the slide was showing budget or spending. Dr. Auerbach responded that it showed budgeted amounts for 2016. Secretary Sudders noted that the slide does not account for the rate of uninsured people from 2006 to 2016.

Dr. Auerbach stated that median family income grew from \$71,000 to \$88,000 (23% increase) between 2005 and 2014. He stated that during this period, health care premiums grew by 55%.

Dr. Auerbach presented HPC findings on health care spending growth in 2014. He noted that the Commonwealth's health care spending per resident grew by 4.8% growth, 1.2% over the Commonwealth's cost growth benchmark. Dr. Auerbach stated that two-thirds of the growth from 2013-2014 can be explained by MassHealth. He explained that the commercial market performed under the benchmark with 2.5% health care cost growth. Dr. Auerbach noted that uninsured individuals are not included in the 4.8%.

Dr. Wrobel stated the difficulty in comparing growth across years, highlighting the implementation of the ACA and difficulties with MassHealth as outlying events. Secretary Sudders added that the HPC could complete a true apples-to-apples comparison by removing the data on MassHealth long-term services. Dr. Wrobel responded that the HPC will use the all-



payer claims database (APCD) to examine data relative to MassHealth. Dr. Wrobel stated that there was a significant increase in the MassHealth population in 2014.

Mr. Lord inquired about a recent report by the Center for Health Information and Analysis (CHIA). In this report, CHIA found that the Commonwealth is still insuring approximately the same amount of residents and that the uninsured rate did not decrease. Mr. Lord asked about the origin of the increased MassHealth population. Dr. Wrobel responded that the HPC has not been able to account, to the team's satisfaction, for the full increase in the MassHealth population. Dr. Wrobel noted auto-enrollment was a factor.

Secretary Sudders asked about the decrease in commercial coverage and increase in MassHealth. She also noted that the MassHealth population is tremendously important, especially regarding crowding-out.

Dr. Auerbach stated that commercial spending growth remained low in each category of spending with the exception of prescription drugs. He stated that the Commonwealth's annual spending growth per member for all commercial spending was similar to that of the US. Dr. Auerbach stated commercial spending on prescription drugs jumped in 2014.

Dr. Auerbach reported that slow commercial spending has resulted in a decreased gap between national health care premiums and Massachusetts premiums. Dr. Auerbach cited CHIA's finding that even with slower premium growth, affordability remains a problem for Massachusetts residents. Dr. Hattis noted that this data does not include cost-sharing.

Dr. Altman noted that the entire health care sector, both public and private, should share the credit for Massachusetts' success in slowing the growth of commercial spending and narrowing the premium gap.

Secretary Sudders stated that the headlines can be misleading and reiterated her desire to have the HPC's charts demonstrate the importance of MassHealth. She emphasized that the comparisons between MassHealth and the commercial market need to be accurate.

Dr. Hattis reflected on the affordability of the health care system, noting that many individuals are experiencing increasing out-of-pocket costs. He highlighted that this dynamic needs to be explored.

Ms. Sara Sadownik, Senior Manager for Research and Cost Trends, presented the HPC's findings relative to prescription drug spending. She noted that this area of spending increased by 13% per capita in 2014 after a decade of relatively low growth. She highlighted that the growth trends in the Commonwealth mirror those nationally. She noted that rebates were not included in this data.

Ms. Sadownik highlighted the three important factors that contributed to prescription drug growth: (1) the entry of new high-cost drugs to the market; (2) large increases in drug prices; and (3) the low rate of patent expirations.

Ms. Sadownik stated that many factors led to the national increase in drug spending. She highlighted a 577% increase in non-HIV antivirals as a key area of concern.

Dr. Everett noted that she was particularly surprised by the 138% price increase for insulin drugs and the 120% increase for anti-arthritis. She asked if the HPC had any data as to why these drug classes experienced such price growth. Ms. Sadownik responded that there was some evidence of shadow pricing. Dr. Cutler stated that these drugs may have large rebates. He noted that the HPC's data only shows the growth in the list price, which is only being paid by those without access to insurance and/or those with a high-deductible health plan. Dr. Everett asked the staff to further investigate the role of rebates.

Dr. Allen asked whether the data also included medical devices. Ms. Sadownik noted that it did not.

Ms. Sadownik stated that the HPC does not anticipate drug prices to drop in the near future. Dr. Cutler noted the implications of this finding.

Dr. Allen asked whether the Commonwealth can make recommendations to the federal government or federal delegation on ways in which drug prices can be addressed nationally. Dr. Cutler noted that nothing prohibits the HPC from making such recommendations. Secretary Sudders added that the Commonwealth's two Senators are examining this as well. Ms. Sadownik noted that there is also proposed legislation in Massachusetts that would address group purchasing and increased transparency.

Ms. Sadownik reviewed the HPC's findings relative to hospital outpatient spending, noting that this area has one of the fastest annual growth rates. She added that growth has remained high in this area, with 6% growth from 2010 to 2014 in Medicare and 3% in the commercial market.

Dr. Hattis asked for clarification on the different growth rates between the two markets. He hypothesized that the slower growth rate in the commercial market can be attributed to negotiations on facility fees. Ms. Sadownik stated that evidence from HPC pre-filed testimony indicates this may be true.

Ms. Sadownik stated that outpatient surgery spending contributed to more than half of the spending growth for outpatient care in 2014. She reviewed findings on site of care, noting that procedures are shifting from hospital inpatient to hospital outpatient care, where prices are typically higher than in community settings.

Ms. Sadownik reviewed findings relative to variation in price and spending among providers. She stated that higher-priced hospitals in the Commonwealth receive a disproportionately high share of inpatient admissions and revenue. She reviewed episode-based findings that demonstrated this trend.

Dr. Everett stated that HPC's findings on price differences from changes in site of care demonstrate the importance of the HPC's cost and market impact review process. Mr. Lord added that also shows the importance of consumer information and education.

Dr. Everett asked whether price variation was being examined for public payers. Dr. Wrobel responded that she is not aware of such work but would look into it.

Ms. Sadownik concluded that these trends emphasize the need for vigilance and monitoring.

Dr. Wrobel reviewed topics of consistent interest, including avoidable hospital use and post-acute care, noting that the utilization is high in the Commonwealth and may be an area of opportunity. Dr. Wrobel noted that 78% of hospitals in Massachusetts will be penalized in the upcoming year for high readmission rates, compared to 44% nationwide.

Dr. Wrobel presented findings relative to emergency department utilization. She noted that, while the rate of avoidable visits has decreased, there has been a spike in visits related to behavioral health. She added that New Bedford and Fall River experienced the sharpest increase in behavioral health-related emergency department visits.

Mr. Cohen stated that the substance abuse patients seems low. Dr. Wrobel responded that the data is based on the primary diagnosis. Mr. Cohen clarified that, with this data, a motor vehicle accident with intoxication would be treated as a broken leg and not substance abuse. Dr. Wrobel responded in the affirmative.

Secretary Sudders asked whether the data can be broken down by payer. Dr. Wrobel responded in the affirmative.

Dr. Wrobel reviewed findings relative to post-acute care. The HPC found that the overall rate of use of institutional post-acute care has been constant from 2010 to 2014. Massachusetts has a higher rate than the nation, 20% to 17% respectively. Additionally, the general pattern has potential to vary within diagnosis.

Dr. Wrobel highlighted that 49 of 57 hospitals have reduced their use of institutional post-acute care, identifying a system-wide change.

Dr. Auerbach presented findings relative to primary care. He noted that, with better access, consumers use the system more efficiently and have better outcomes. As part of its analysis, the HPC examined regional access to primary care and found wide variation in the number of providers.

Dr. Auerbach noted that the HPC investigated ways to improve access, highlighting expanding the role of nurse practitioners as one key method. Dr. Auerbach noted that the Commonwealth is one of the most restrictive states in the nation for nurse practitioners, specifically compared to New England neighbors. Dr. Everett noted that the HPC could make recommendations to the legislature to expand the scope of practice for nurse practitioners.

Dr. Wrobel presented HPC findings relative to alternative payment methodologies. She stated that there has been modest progress in the commercial market, a jump in Medicare adaptation, and a jump in MassHealth adaptation.

Dr. Cutler reviewed the potential themes and recommendations for the 2015 Cost Trends Report.

Dr. Allen commented on Dr. Everett's suggestion on increasing the role of nurse practitioners. She stated that the Commonwealth needs to increase the workforce, but not at the cost of proper training.

Secretary Sudders noted that nurse practitioners are more open than current physicians in treating patients with addictions.

Dr. Everett noted that it may be easier now to pass a bill because 39 other states have laws that provide patient protections and enables access.

Dr. Cutler suggested that the HPC identify areas for recommendations.

Dr. Altman commended Dr. Wrobel and her team for their work, especially around the data collection and analysis.

#### **ITEM 4: Quality Improvement and Patient Protection**

Mr. Cohen, Chair of the Quality Improvement and Patient Protection Committee, provided an update on developments since the last Board meeting.

#### **ITEM 4a: Discussion of Program Design for HPC's Pilot on Neonatal Abstinence Syndrome**

Mr. Cohen said that the QIPP committee met on December 9 to discuss program design for the HPC's pilot addressing Neonatal Abstinence Syndrome (NAS). He reminded Board members that the state's FY16 budget included a \$500,000 appropriation for the HPC to run this pilot. He commended the staff for their collaboration with the Department of Public Health on this matter.

Mr. Seltz explained the frequency of NAS cases in the Commonwealth as well as the financial burden of the treatment. He stated that an infant with NAS can incur hospital charges over 26 times as much as uncomplicated term infants. Mr. Seltz added that many NAS patients are Medicaid patients. He stated that there are best practices to be put in place to reduce pharmacological intervention and length of stay, which reduces total cost of care.

Mr. Seltz stated that the HPC will propose a program design for the NAS pilot today. He said that he hopes to be back before the Board in spring 2016 with proposed awardees.

Mr. Seltz stated that there are two parts to the pilot: (1) quality improvement inpatient initiatives and (2) investments in interventions designed to increase retention in addiction treatment for pregnant and post-partum women.

Mr. Seltz reviewed the quality improvement inpatient initiatives. He stated that this pilot will be funded through the \$500,000 appropriation. Mr. Seltz stated that these initiatives would focus on care from delivery to discharge. He added that awards would be granted to up to two candidates through a competitive application process.

Mr. Seltz noted that the second part of the pilot would be funded through the CHART Investment Program. He stated that the impetus for this project was the ongoing SAMHSA grants to DPH that provide addiction treatment to pregnant and post-partum women. Mr. Seltz stated that DPH is conducting their NAS pilot, "Moms Do Care," at the two Cape Cod Hospitals as well as UMass Memorial. He said the HPC's CHART dollars would expand the "Moms Do Care" program to three additional hospitals.

Mr. Seltz said that he will be back before the Board to discuss an evaluation plan in the spring. He noted that continued work with DPH and DCF will aid the HPC in spreading NAS best practices throughout the state.

Mr. Seltz stated that QIPP Committee endorsed the proposed program design.

Mr. Cohen asked for a motion to approve the proposed pilot program design and RFP release for the HPC's NAS pilot. **Dr. Altman** made the motion. **Dr. Everett** seconded. The motion passed unanimously.

## **ITEM 5: Care Delivery and Payment System Transformation**

Dr. Allen, Chair of CDPST, thanked Dr. Hattis for his input and mutual interest in social determinants of health. Dr. Hattis said Dr. Berwick will be a very productive partner.

### **ITEM 5a: Update on the Patient-Centered Medical Home Certification Program**

Dr. Allen stated that CDPST endorsed the proposed criteria for the HPC's Patient-Centered Medical Home (PCMH) Certification Program at the December 9 meeting. She thanked Secretary Sudders for her suggestion to expand a provision to include practices that are doing other medication assisted treatments besides buprenorphine. She said NCQA will change this language in March 2016.

Mr. Seltz added that PCMH PRIME will go live on January 1, 2016. He noted that the HPC is working with various stakeholders to disseminate information on the program.

Dr. Allen stated that the HPC released draft certification criteria for ACOs for public comment. She noted that comment is due on January 29, 2016.

## **ITEM 6: Community Health Care Investment and Consumer Involvement**

Dr. Hattis said that it was a joy to work on various aspects of the CHICI committee.

### **ITEM 6a: Update on CHART Investment Program**

Mr. Seltz stated that two CHART projects have launched since the November 18 Board meeting. He said that both of these programs focus on expanding behavioral health services, reducing unnecessary behavioral health ED visits, and using a multi-discipline teams with nurses, social workers, and community health workers.

### **ITEM 6b: Approval of CHART Technical Assistance Contract Extension**

Dr. Hattis said that the HPC's bylaws require a Board vote to extend a consultant contract above \$200,000. He noted that the Board would be asked to vote to extend the HPC's contract with Collaborative Healthcare Strategies (CHS), a consultant for the CHART Investment Program. Dr. Hattis stated that CHS provides direct technical assistance and clinical expertise to CHART hospitals.

Mr. Seltz reiterated that this is an administrative matter as the bylaws require Board approval for the extension of rolling contracts. Dr. Altman stated that this policy allows for self-reflection as to whether the HPC is getting the type of value they are expecting from contractors. He said that it is prudent to move forward with this extension.

Mr. Seltz noted that the money is already included in the budget for FY16.

Mr. Mastrogiovanni asked how much the HPC has spent on Collaborative Healthcare Strategies. Mr. Seltz said the HPC is required to seek the commission's approval after expending \$200,000.

Mr. Cohen asked that in the future, the commissioners receive updates on the deliverables from the contractor.

**Ms. Turner** motioned to approve the contract. **Dr. Altman** seconded the motion. The motion passed unanimously.

### **ITEM 7: Schedule of Next Meeting (January 20, 2015)**

Members of the public offered a comment.

Dr. Altman concluded the formal agenda. He stated that the next Board meeting will take place on January 20, 2016 at the Health Policy Commission's offices. He adjourned the meeting at 2:42PM.