

# VOTE 1: MEETING MINUTES

Date of Meeting: July 12, 2023  
 Start Time: 12:00 PM  
 End Time: 2:05 PM

	Present?	Vote 1: Approval of Minutes (June 7, 2023)	Vote 2: HPC FY 2024 Operating Budget	Vote 3: Enter Executive Session
Deborah Devaux*	X	X	M	M
Barbara Blakeney	X	X	X	X
Matilde Castiel	X	2 <sup>nd</sup>	X	ab
Martin Cohen	X	M	X	X
David Cutler	A	A	A	A
Timothy Foley	A	A	A	A
Patty Houpt	X	X	X	X
Ron Mastrogiovanni	X	X	X	X
Secretary Kate Walsh or Karen Tseng (Designee)	X	X	X	X
Secretary Matthew Gorzkowicz or Martha Kwasnik (Designee)	X	ab	2 <sup>nd</sup>	X
<b>Summary</b>	<b>8 Members Attended</b>	<b>Approved with 7 votes in the affirmative</b>	<b>Approved with 8 votes in the affirmative</b>	<b>Approved with 7 votes in the affirmative</b>

Presented below is a summary of the meeting, including timekeeping, attendance, and votes.

\*Chairman

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

## Proceedings

A hybrid meeting of the Health Policy Commission (HPC) was held on July 12, 2023, at 12 PM. Commissioners attended both in-person at the HPC office (50 Milk St. 8<sup>th</sup> Floor) and via Zoom. A recording of the meeting is available [here](#). Meeting materials are available on the Board meetings page [here](#).

Participating commissioners who attended in-person at the HPC office included: Ms. Deborah Devaux (Chair) and Ms. Patricia Houpt.

Participating commissioners who attended virtually included: Mr. Martin Cohen (Vice Chair); Ms. Barbara Blakeney; Dr. Matilde Castiel; Mr. Ron Mastrogiovanni; Secretary Kate Walsh, Executive Office of Health and Human Services; Ms. Karen Tseng, designee for Sec. Walsh; and Ms. Martha Kwasnik, designee for Secretary Gorzkowicz, Executive Office of Administration and Finance.

Ms. Devaux began the meeting at 12 PM and welcomed the commissioners, staff, and members of the public viewing the meeting live on the HPC's YouTube channel.

### ITEM 1: Approval of Minutes

Ms. Devaux called for a vote to approve the minutes from the June 7, 2023, Board meeting. Mr. Cohen made the motion to approve the minutes and Dr. Castiel seconded it. The vote was by roll call. The motion was approved with 7 votes in the affirmative.

### ITEM 2: Report on Trends in the Pediatric Market in Massachusetts

Ms. Devaux turned the meeting over to Mr. David Seltz who welcomed the Board and introduced the first topic of the meeting, a forthcoming report on trends in the pediatric market in Massachusetts.

Mr. Seltz introduced Mr. Sasha Hayes-Rusnov, Associate Director, Market Oversight and Monitoring to present a summary of the key findings and policy recommendations from the pediatric report. For more information, see slides 6-13.

Sec. Walsh noted that Massachusetts ranked among the lowest states in terms of utilization of ambulatory surgical centers (ASCs). She asked if that factored into issues of access to pediatric care, since such a large proportion of pediatric care is provided on an ambulatory basis. She added that she agreed that the report's focus on beds was appropriate but said that there are various kinds of care that do not involve a hospital bed but often require receiving services from hospital-based professionals particularly different kinds of pediatric neuropsychiatric screenings for which the waitlists are extremely long and access for non-English speakers is very poor. Mr. Hayes-Rusnov said that utilization of and access to beds are among the easiest metrics to track and that the other services Sec. Walsh mentioned tend to be concentrated around hospitals but do not necessarily require a hospital setting. He said that the hope is that the access solutions being contemplated would apply to those kinds of services as well but noted that other constraints, such as workforce issues, present challenges. Sec. Walsh said that developmental pediatric fellowships within hospitals are some of the hardest positions to fill and that the kinds of patients they care for tend to need to be in the hospital a lot, making it challenging to provide these services outside of an academic medical center (AMC). She added that technology and novel care team structures may help alleviate these issues over time. Mr. Seltz confirmed that past HPC research had found that Massachusetts had lower per-capita utilization of ASCs than much of the rest of the country and that the HPC would be continuing its research on

ASCs and their place in the Commonwealth's health care landscape. He added that the HPC had issued a report in 2022 on children with medical complexity and said that findings from that report could be tied into this pediatrics report.

Mr. Cohen said that the first policy consideration listed, *"Define and build consensus around a set of lower-acuity pediatric care that be available in community settings"* may be the most impactful for families and caregivers. He asked if the HPC had any knowledge of what other states are doing in terms of maintaining a minimum capacity of pediatric services across geographies. Mr. Hayes-Rusnov said that the HPC had not yet done extensive research into what other states are doing in terms of policy solutions to address this issue. He noted that would be a great next step to take with the research.

Dr. Castiel said that, with respect to the issue of regionalization, her main concern was the families that had to drive long distances to receive care. She noted that people of color are disproportionately impacted by these barriers to care.

Ms. Houpt said that, according to Mass Health Quality Partners, the number of pediatricians in the state has been declining and that this did not appear to be addressed in the report. She said this has a snowball effect on families that may not be able to access a provider in that children may be prevented from getting routine check-ups or vaccinations required for things like daycare enrollment. She also noted that pediatricians face a number of financial issues including that many independent physicians were seeing a high percentage of their patients covered by Medicaid where reimbursement rates are not comparable to their expenses and that treatment of children with behavioral health (BH) conditions is far more time-intensive than other routine care without comparably higher reimbursement. She said that the cracks in the Commonwealth's pediatric health care system had been exposed by on the "medical trifecta" of RSV, flu, and COVID convergence last winter, during which capacity issues forced the diversion of care to other locations or states for Massachusetts families. She said that access to pediatric care is an equity issue and that the Board needs to consider how to make the recommendations actionable in the near term. Mr. Hayes-Rusnov said that staff would see if there were data on the decline in pediatricians that could be included in the report and that the question of how to ensure the ability to stand up surge capacity for events such as the increase in respiratory infections over the winter was an important one. Mr. Seltz added the barriers to pediatric primary care confronting residents of the Commonwealth at this moment were an important part of the picture and should be acknowledged in the report. He noted that the HPC was beginning a project examining the primary care market in Massachusetts which would include pediatric primary care.

Ms. Blakeney said it was important to have a sense of what was happening at the community level such as examining neighborhood health centers that have pediatric practices and encouraging the development of pediatric practices in health centers currently without them. She said that it might be possible to look to other venues where children gather, such as schools or places of worship, that might offer opportunities as venues to conduct specialty pediatric evaluations.

Mr. Cohen said that the HPC should look at the impact of consolidation on the training of new pediatricians.

Ms. Devaux noted that there appeared to be consensus among the Board regarding the second recommendation and that the Board should be specific about what enhancements to propose around data collection.

Ms. Houpt asked whether the HPC would be conducting a special study on pediatric mental health and access. Mr. Seltz said that the HPC had started a broad scope report on primary care including pediatric mental health.

### **ITEM 3: 2023 Health Care Cost Trends Report**

Mr. Seltz introduced and Ms. Yue Huang, Manager, Research and Cost Trends (RCT), who presented on the 2023 Cost Trends Report (CTR) performance dashboard. For more information, see slides 16-19.

Sec. Walsh asked where the performance dashboard could be found. Ms. Huang said that it would be included at the end of the 2023 Cost Trends Report. Sec. Walsh asked if the dashboard would be accessible to the public. Ms. Huang said that it would be public and that much of the data in the dashboard was shown in more detail in other parts of the report.

Ms. Devaux asked whether the data showing individuals reporting high out-of-pocket spending on slide 16 was self-reported. Ms. Huang said that it was based on U.S. census data. She added that the out-of-pocket expenses are all expenses paid outside of the health insurance premium.

Dr. Castiel asked what requirements could be placed on hospitals and providers to incentivize them to help reduce health care disparities in Massachusetts. Ms. Huang said that staff had been evaluating data regarding disparities by race and ethnicity. She noted that this would be discussed in greater detail in the policy recommendations. Mr. Seltz added some of the data shown in the presentation had contributed to the motivation behind the Health Equity Compact and Health Equity Summit. He noted that staff were able to cut only some of the data presented by race and ethnicity due to data availability. Ms. Huang said that the lack of data on race and ethnicity was one of the main challenges to conducting this research. She said that in order to have useful national comparison data, researchers would require data from all states by race and ethnicity, which is not currently available.

Mr. Seltz presented on the policy recommendations in the 2023 CTR. For more information, see slides 21-26.

Sec. Walsh asked whether the HPC had a specific perspective on service closures, as discussed in the pediatric report presentation. She added the economic health the health care sector, had a part to play both in its impact on hospital finances and closures. She noted that there were other areas beyond pharmaceuticals that the HPC could consider examining such care long-term care and other care outside the hospital setting. Ms. Devaux asked whether Sec. Walsh was asking for the HPC to provide a report on the economic health of the health care system. Sec. Walsh noted that the Center for Health Information and Analysis (CHIA) already tracks that data. She said that she anticipated the losses to the system being greater than \$500 million and noted that that figure did not include entities such as nursing homes and long-term care facilities. She said that the economic picture should inform the HPC's perspective on the health care cost growth benchmark. Mr. Seltz said that there was an opportunity here for the HPC to better understand the distribution of resources within the health care system and to be more proactive in identifying areas that are at-risk and the implications of market changes for cost, quality, access, and equity. He said that the HPC could think more upstream about hospital closures and design policies in ways that incentivize needed expansions, such as behavioral health care and primary care.

Mr. Cohen said that he agreed with Sec. Walsh's point that it was important to consider the overall health of the various components of the health care system. He noted that the HPC may want to identify at-risk sectors where failures might have the potential to damage the system. He said that addressing the workforce crisis should be included in the policy recommendations since that is the biggest ongoing stress in the health care industry and that more needed to be done to create pipelines for health-related careers. He added that over the course of his time on the Board he had not seen CTR recommendations work their way into the legislative action. He asked if there was more that could be done to move the recommendations

forward into policy. Mr. Seltz said that this year's recommendations should include one stand-alone recommendation focused on the health care workforce drawing from the workforce report released at the beginning of the year. He noted that legislative action would be unpredictable and that it may be helpful to include a work plan focused on what can be done by the HPC independent of additional policy changes. Ms. Devaux said that there is more that the HPC can do to be clearer on the CTR recommendations and the course of action to be taken. She said that the recommendations should be specific about which would require legislative change and indicate what can be done by the HPC.

Mr. Mastrogiovanni said the HPC should develop a specific game plan with a timeline that could be reviewed at subsequent Board meeting evaluate progress on implementing these recommendations. Dr. Castiel emphasized the importance of centering equity in the HPC's work and evaluating whether the actions taken to reduce the cost of health care translate into improving inequities. She said that factoring in the cost aspect of social determinants of health, homelessness, and the opioid epidemic, was important and that these interrelated issues take a toll on the health care system. Mr. Seltz said that it was important that the HPC hold itself accountable to making progress on the recommendations and underscored Dr. Castiel's points on the importance of the health equity aspect of all these issues. He said there was a potential to weave these topics more clearly into the recommendations.

Ms. Devaux said that it might be beneficial for the HPC to create an affordability index taking that would take into account different aspects of affordability for health care services. Sec. Walsh agreed that an affordability index would make the data more accessible and suggested it be based on a basket of services that people purchase.

Ms. Blakeney likewise endorsed the idea of an affordability index and said that any point that can be made to drive home the impact of health care affordability issues on individuals would be powerful.

Mr. Seltz added that prior authorization and automation represented an additional potential area for a policy recommendation.

## **ITEM 4: Mass General Brigham Performance Improvement Plan**

Mr. Seltz turned the presentation over to Ms. Kara Vidal, Director, Health System Planning and Performance, to provide an update on Mass General Brigham's (MGB) progress to date and the next steps on its performance improvement plan (PIP). For more information, see slides 28-34.

Mr. Mastrogiovanni asked how the HPC is verifying the numbers that MGB has provided. Ms. Vidal said that the HPC has more detailed information including the methodologies used to perform the calculations. She said that the HPC has reviewed this data with MGB and discussed questions regarding it. She also noted that the HPC engages consultants who assist with the evaluation process, including accounting experts, care delivery experts, actuaries, and economic consultants. She added that the data in the presentation is only from the first six months of the PIP. Mr. Seltz added that the HPC will be conducting its own validation and evaluation of the savings targets to aid in the assessment of whether or not the PIP was successful.

Ms. Devaux noted that more detailed information will be provided to the Board at future meetings. Mr. Seltz said that the tone of the conversations with MGB had been very constructive and positive.

## **ITEM 5: Executive Director Report**

### **FY 2024 HPC Operating Budget (VOTE)**

Mr. Seltz reviewed the HPC's 2023 estimated spending and FY 2024 operating budget for Commissioners. For more information, see slides 37-46

Ms. Devaux noted that the Administration and Finance (ANF) Committee had met days prior to the Board meeting to discuss and ask questions on the construction of the HPC's operating budget for the coming year. Ms. Houpt added that the ANF committee felt comfortable with the presentation given.

Ms. Devaux called for a vote to approve the FY 2024 Operating Budget. Ms. Devaux made the motion to approve the operating budget and Ms. Kwasnik seconded it. The vote was taken by roll call. The motion was approved with 8 votes in the affirmative.

### **Update on Notices of Material Change**

Mr. Seltz introduced Mr. Hayes-Rusnov to present on the HPC's Material Change Notices and the HPC's election not to proceed on three different market transactions. For more information, see slides 49-50.

### **HPC Health Equity Lens**

Mr. Seltz noted the limited time left in the public meeting and tabled the health equity presentation for a future meeting.

### **Mental Health and Substance Use Disorder Standard Release Form**

Mr. Seltz introduced Ms. Lois Johson, General Counsel, to provide a brief update on the Mental Health and Substance Use Disorder Standard Release Form. For more information, see slide 58.

### **AcademyHealth 2023 Annual Research Meeting**

Mr. Seltz recapped the AcademyHealth 2023 Annual Research Meeting (ARM) that occurred from June 24-27, 2023. For more information, see slide 60.

## **ITEM 6: Executive Session**

Ms. Devaux called for a motion to enter into a closed executive session in order to confidentially discuss whether to require performance improvement plans by entities identified by CHIA. Ms. Houpt made the motion. Ms. Blakeney seconded it. The vote was taken by roll call.

Ms. Devaux – Aye

Mr. Cohen – Aye

Ms. Blakeney – Aye

Ms. Houpt – Aye

Mr. Mastrogiovanni – Aye

Ms. Kwasnick – Aye

Ms. Tseng - Aye

The public session of the meeting adjourned at 2:05 PM.