

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of May 6, 2020

MASSACHUSETTS HEALTH POLICY COMMISSION

Care Delivery Transformation Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, May 6, 2020, 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a virtual meeting on Wednesday, May 6, 2020.

Members present included Ms. Barbara Blakeney (Chair), Dr. Don Berwick, Dr. John Christian "Chris" Kryder, and Mr. Timothy Foley.

Dr. Stuart Altman, HPC Chair, Mr. Marty Cohen, HPC Vice Chair, Dr. David Cutler, Mr. Ron Mastrogiovanni, and Ms. Cassandra Roeder, designee for Secretary of Administration and Finance Michael Heffernan, were also in attendance virtually.

The meeting notice and agenda can be found [here](#).
The presentation from the meeting can be found [here](#).
A video of the meeting can be seen [here](#).

Ms. Blakeney welcomed commissioners and the viewing public.

ITEM 1: APPROVAL OF MINUTES FROM THE JANUARY 14, 2020 MEETING

Ms. Blakeney called for a motion to approve the minutes from the CDT Committee meeting held on January 14, 2020. Mr. Cohen made a motion to approve the minutes. Dr. Berwick seconded the motion. The vote was taken by roll call. Committee members voted unanimously to approve the minutes.

Mr. David Seltz, Executive Director, provided a brief overview of the day's agenda.

ITEM 2: MOVING MASSACHUSETTS UPSTREAM (MASSUP) INVESTMENT PROGRAM

Mr. Seltz turned the presentation over to Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation (HCTI), who presented on the MassUp Investment program. For more information, see slides 36-43.

Dr. Berwick thanked Ms. Hall for her presentation. Regarding slide 44, he asked why there were six months built into the timeline between program launch and implementation. Ms. Hall said that this was an excellent question. She noted that many of the programs required organizations work together in unfamiliar ways and that this window was built in to allow for additional planning before launch. She added that doing the work of community engagement to get feedback on program design could also be a time-intensive process. She said that it was not required that programs take six months before implementation, but that most of the applications reviewed would likely be using the full window.

Mr. Cohen asked whether staff had considered choosing a variety of different kinds of organizations to conduct a natural experiment regarding how these entities might implement programs. Ms. Hall said that staff had been very open minded and that there were a number of experiments that were likely to come out of the process. She said that the programs under consideration represented different kinds

partnerships between providers and community-based organizations (CBOs) and also different focus areas. She said that these considerations were all components being taken into consideration while coming to the final recommendations.

Ms. Blakeney thanked Ms. Hall for her presentation.

ITEM 3: EVALUATION RESULTS FROM THE HPC'S TELEMEDICINE PILOT PROGRAM

Mr. Seltz presented on the expansion of telehealth in Massachusetts during the COVID-19 pandemic. For more information, see slides 45-46.

Ms. Hall presented on the top-line evaluation results of the HPC's telemedicine pilot program. For more information, see slides 47-49.

Ms. Blakeney thanked Ms. Hall for her presentation and noted the importance of telehealth in the current environment.

ITEM 4: HPC POLICY BRIEF

Mr. Seltz introduced the presentation on the HPC's policy brief on the nurse practitioner (NP) workforce in Massachusetts. Dr. Auerbach presented on the brief. For more information, see slides 51-59. The full policy brief can be found [here](#).

Ms. Blakeney noted that NPs and advanced-practice nurses were likely the most studied portion of the health care workforce. She said that there were thousands of studies demonstrating what the previous presentation had underscored. She said the quality of care delivered by these individuals was superb and in certain settings even exceeded physician care. She said that she greatly appreciated the HPC's work on this topic.

Dr. Altman echoed Ms. Blakeney's point. He said that expanding scope of practice for NPs would benefit both lower and higher-income communities.

Dr. Berwick said that both the expansion of telemedicine and removal of certain restrictions on NPs were positive developments. He added that it would be important for the HPC to pay attention and continue to monitor quality metrics to aid in the analysis of these changes over time. He said that the decision to reimburse telemedicine at the same rate as in-person visits was sensible in the short term to encourage adoption but that further analysis should be done to look at what pricing of telemedicine might look like in the future.

Dr. Kryder said that he endorsed the idea of NPs having fewer restrictions. He asked whether it would be possible for the HPC to examine NP prescribing trends and compare that to physician prescribing trends. Dr. Auerbach said that staff had done some of this analysis and could share it. Mr. Seltz said that this was a great point by Dr. Kryder and noted that some of this was observable in claims data. Dr. Kryder said that he believed that telemedicine was here to stay and that much of the force behind its expansion would be consumer-driven.

ITEM 5: ADJOURNMENT

Mr. Seltz thanked the Committee and the staff. Dr. Altman thanked the staff and said that the presentation had included a good deal of information delivered in a concise way. The meeting adjourned at 12:05 PM.