MEETING MINUTES:

CARE DELIVERY TRANSFORMATION COMMITTEE

Meeting of October 6, 2021

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, October 6, 2021, 11:00 AM

PROCEEDINGS
The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a virtual meeting on Wednesday, October 6, 2021.

Members present remotely included Ms. Barbara Blakeney (Chair), Mr. Marty Cohen (HPC Vice Chair), Dr. John Christian "Chris" Kryder, and Undersecretary Lauren Peters designee for Secretary of Health and Human Services Marylou Sudders.

Dr. Stuart Altman and Ms. Patricia Houpt were also in attendance remotely.

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 JUNE 2, 2021 MEETING
Ms. Blakeney called for a motion to approve the minutes from the June 2, 2021, CDT Committee meeting. Dr. Kryder made the motion. Mr. Cohen seconded it. The vote was taken by roll call and the minutes were approved unanimously

ITEM 2: ACCOUNTABLE CARE ORGANIZATION (ACO) DISTINCTION PROGRAM
Ms. Blakeney turned the presentation over to Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation (HCTI). Ms. Hall introduced Mr. Mike Stanek, Senior Manager, HCTI, who presented on the ACO distinction program. For more information, see slides 6-17. The ACO distinction portion of the meeting can be viewed here.

Dr. Altman noted that there was a great deal of research on the measurement of outcomes from ACOs on a national level. He suggested that, before moving forward with this program, staff get a sense of how those analyses on a national level might fit into the construction of the program. Mr. Stanek agreed and said that part of the goal of the program was to align with what was happening in the ACO landscape both in Massachusetts and nationally. Dr. Altman said that it would be important investigate what could be learned from the national data before proceeding.

Dr. Berwick said that there was a risk, once metrics were established, of ACOs using their energies to match those metrics rather than improve care comprehensively. He suggested adding an additional category for evaluation that allowed ACOs to self-report positive advances they were making outside the five enumerated categories. He added that he felt the equity component should be front-loaded in the program and pushed very hard from the outset.

Mr. Cohen said that it would be important for the program to be aligned with MassHealth and to make sure the incentives correspond to where they believe the system needs to move. He added that the Blue Cross Blue Shield Foundation of Massachusetts (BCBSFMA) recently put out a policy brief on value-based payments and how they relate to children's health and wellness that included some recommendations on data collection that might be worth examining.

Dr. Kryder agreed with Dr. Altman that there were important things that could be learned from national data and said that is was clear from national data that physician-led ACOs were far more successful than hospital-centric ACOs. He agreed with Dr. Berwick on the importance of not creating metrics that were overly granular and said he supported the idea of the self-reported data category. He said that the most important metrics for ACOs were hospitalizations, re-hospitalizations, and emergency department (ED) utilization.

ITEM 3: TARGETTED COST CHALLENGE INVESTMENTS (TCCI) EVALUATION

Ms. Hall and Ms. Catherine MacLean, Senior Program Associate, HCTI, presented on the TCCI evaluation. For more information, see slides 19-25. The TCCI evaluation portion of the meeting can be viewed here.

Mr. Cohen noted that many of these models were funded by alternate sources such as other state agencies and local philanthropies. He said that there was an opportunity to take what was learned from these models and get the message out on what worked to a larger set of stakeholders and give them the opportunity to fund those models from other sources. Ms. Hall said that many of the awardees had tried to seek alternate sources of funding and agreed that they would be better positioned to do that if they had solid information about the efficacy of specific models.

Dr. Berwick said that it would be important to underscore the degree to which alternative payment methods (APMs) support this kind of innovation compared to fee-for-service (FFS) models. Ms. Hall agreed and said that the lack of an aligned payment model was often cited as a problem in these evaluations.

Dr. Altman noted that many of the services captured here were not traditionally defined as health care and that, while he had concerns about over-medicalizing social services, it may make sense to redefine health care to include some of these services. He said that a major justification for APMs is that incorporating these services would create lower spending over time. He added that some of these services were geared more to improving quality than generating savings and, as Mr. Cohen had noted, would require alternate sources of funding. Ms. Hall agreed that this was an evolving landscape and that it was important to be flexible and creative moving forward.

ITEM 4: REPORT FINDINGS: *CERTIFIED NURSE MIDWIVES AND MATERNITY CARE IN MASSACHUSETTS*

Ms. Hall introduced Dr. Sasha Albert, Senior Researcher, Research and Cost Trends (RCT), who presented on the findings of the report on certified midwives and maternity care in Massachusetts. For more information, see slides 27-62. The CDT portion of the meeting on the report findings can be viewed here.

Dr. Altman said that the numbers outlined on slide 33 were dramatic and asked what the difference between the U.S. and a country like Germany was that could account for such a disparity in the number of midwives per live births. He asked if it was a cultural issue or due to the incentives set by the system. Dr. Albert said this was worthy of further investigation but noted that from her research it appeared

that the National Health System in the UK involved midwives in all births to some degree) and that this level of integration may be present in other countries with higher rates of midwifery care. Dr. Altman recommended checking to see if the Commonwealth Fund had useful data on this.

Dr. Berwick noted that comparing outcomes from hospitals with higher rates of midwifery care to those with lower rates may be slightly problematic without understanding differences in inpatient risk between institutions. Dr. Albert said that this was an important consideration when exploring the relationship between midwifery and intervention rates. She noted that this was further complicated by the fact that the midwifery model is designed to avoid interventions and said that this work was not intended to draw any sort of clinical conclusions. She said the data suggested that there was a greater number of patients who could benefit from midwifery care than were currently receiving it. Dr. David Auerbach, Senior Director, RCT, added that while these factors could never be perfectly accounted for, the analysis did control for a number of hospital and patient level factors related to risk and that he had a high degree of confidence in the results presented.

Dr. Kryder said that the conclusions listed here did have significant clinical implications. He said that including data on perinatal morbidity rates for high-risk cases would be helpful for the analysis.

Mr. Cohen said he was struck by the differences in the rates of midwifery care across hospitals in Massachusetts.

Ms. Blakeney asked if there was data on the number of hospitals in the Commonwealth that required certified nurse midwives to admit through a physician's privileges. Dr. Albert said that there had not been a true census of hospital bylaws but, to her knowledge, it was almost all the hospitals in the state, though some had mentioned in stakeholder meetings that they were investigating changing that. Ms. Blakeney said it would be interesting to further explore the role of advanced practice nurses in admitting here as well. Dr. Albert said that this could be further investigated but she believed that it was less a distinction among types of nurses and more about hospital rules regarding all types of advanced practice nurses, who, if not included on the hospital's medical staff, per hospital bylaws would not be permitted to admit their own patients.

Ms. Blakeney asked what the next steps for the report would be. Dr. Albert said that presentation today had been highlights of the findings and that the plan was to incorporate commissioner feedback and publish the full findings in a chart pack later in the fall.

Ms. Blakeney turned the meeting over to Mr. David Seltz, Executive Director, who thanked the commissioners.

ITEM 5: ADJOURNMENT

Ms. Blakeney adjourned the meeting at 12:31 PM.