MEETING MINUTES:

CARE DELIVERY TRANSFORMATION COMMITTEE

Meeting of September 30, 2020

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, September 30, 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. Richard Lord, Mr. Ron Mastrogiovanni, and Ms. Cassandra Roeder, designee for Secretary of Administration and Finance Michael Heffernan, 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 MAY 6, 2020 MEETING
Ms. Blakeney called for a motion to approve the minutes from the CDT Committee meeting held on May 6, 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.

ITEM 2: ACO CERTIFICATION PROGRAM DESIGN
Ms. Blakeney turned the presentation over to Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation (HCTI). Ms. Hall introduced Mr. Michael Stanek, Senior Manager, HCTI, who presented on the new design for the next version of the HPC's accountable care organization (ACO) program. For more information, see slides 7-20.

Dr. Berwick asked whether the assessment criteria included the capacity to assess equity in the delivery of care within an ACO. Mr. Stanek said that the equity component of the assessment criteria focused heavily on the ability to gather and stratify demographic data from the patient population.

Mr. Cohen said that, as an observer of the evolution of the ACO program, the proposed assessment criteria represented the next generation in thinking. He asked whether staff believed these standards could be applied beyond the 17 Medicaid ACOs. Mr. Stanek said that he believed that there might be potential to do so. He noted that the 17 ACOs currently certified represented a large portion of the Commonwealth's delivery system, but that, to the extent that there were other organizations that were interested, the HPC would be eager to help get them to the point at which they could be certified under the new standards.

Dr. Berwick said that he was very pleased with the proposed assessment criteria. Ms. Blakeney said that it was clear that the HPC's approach with this new version of ACO certification was cutting edge.

Dr. Kryder said that he wanted to understand more about how the payment models varied among the 17 certified ACOs. He said it might be helpful to have a more in-depth presentation on the various ACO payment models at a future meeting. Mr. Stanek said that the HPC did collect some information on the payment models being used in risk contracts as background information. He said that the vast majority of the ACOs were using a Medicare-like model of fee-for-service (FFS) with a risk target with upside and downside risk. He said that downside risk was very prevalent in Massachusetts and that the overwhelming majority of contracts had some downside risk component. Generally, however, he said it was still FFS with a budget that the ACO in question was being measured against and that capitation was still fairly rare. Dr. Kryder asked if there was variation. Mr. Stanek said that the parameters varied quite a bit and that much of that information was proprietary and if it were to be summarized would be at a very high level. Mr. David Seltz, Executive Director, added that the HPC had created a brief during the last certification cycle on risk management and payer contracts for Massachusetts ACOs. He noted that that brief stated that there were 85 risk contracts of which 26 were upside only. He said that this new certification cycle might be a good opportunity to revisit some of this information.

Dr. Berwick said that he believed the "learning health system" framework made a great deal of sense as the focus of this cycle of ACO certification. He said that one thing that might be worth looking at was the sharing of knowledge among ACOs so that learning was not happening solely within an organization but across organizations. Mr. Cohen agreed with this and added that community partners should be a part of this cross organizational learning as well.

Ms. Blakeney asked what information there was on the health and status of ACO relationships with community partners. Mr. Stanek said that, at this point, the community partner portion of the equation was mostly on the Medicaid side of the ACOs. He said that he believed that MassHealth had put out some data on this but noted that, beyond asking what partnerships exist, the HPC had not yet been able to delve below the surface of these relationships. Ms. Blakeney said that she would encourage further investigation of these partnerships as the HPC proceeded with this new iteration.

Dr. Berwick noted that there were many programs internationally focused on integrating care and that examining criteria from some of the similar programs around the world might be useful for informing this next cycle of certification. Ms. Blakeney asked if Dr. Berwick had any suggestions as to how bring this information into the HPC's systems. Dr. Berwick said that he could imagine workshops for ACOs that might connect them with global resources that the HPC could help facilitate. Ms. Blakeney said it was a good idea to keep this opportunity in mind and to put some thought in the future into how it might be implemented.

Mr. Cohen asked whether there might be an opportunity to apply the equity lens in the criteria to the practitioner side in addition to the patient population. He said it might be useful to see to what extent the workforces of the ACOs reflected the diversity of their patient populations.

Undersecretary Peters noted that MassHealth was currently also in the process of considering a health equity strategy with respect to ACOs. She said that what the HPC had put forward here seemed very useful and she encouraged coordination with MassHealth as the program moved forward. Mr. Seltz said that a hallmark of the HPC's ACO program was the partnership with MassHealth. He noted that this

initial framework had been presented to MassHealth and the HPC had received a good deal of positive feedback. He said that as the HPC proceeded through the public comment period and looked to finalize the standards, he hoped to work closely with MassHealth to have a highly coordinated strategy around health equity. Ms. Blakeney agreed that this was an excellent opportunity for alignment. She said that she hoped that the population base for which the program was meant to create equity would be engaged in the conversation. Mr. Seltz said that he agreed and that the HPC would take this on as a challenge.

ITEM 3: MATERNAL AND CHILD HEALTH INVESTMENT PROGRAM: STAKEHOLDER FEEDBACK AND PERLIMINARY INVESTMENT DESIGN

Ms. Blakeney turned the presentation over to Ms. Hall, Senior Director, Health Care Transformation and Innovation (HCTI). Ms. Hall, Mr. Seltz, and Ms. Jasmine Bland, Senior Policy Associate, HCTI, presented on the stakeholder feedback on the preliminary design for the maternal and child health investment program. For more information, see slides 22-34.

Dr. Kryder asked how many patients staff anticipated a $250,000 pilot program being able to service. Ms. Bland said that this was a topic staff were still engaged in working on and that both the amount of funding and the number of doulas that could be supported by a given health system would impact how many pregnant people the program could help. Dr. Kryder asked if there were any way to estimate at this point. Ms. Bland said that out-of-pocket doula services could cost anywhere from $500 to $2,000 per pregnant person and that in states that were piloting Medicaid reimbursement for doula services, the number was around $500. Dr. Kryder said that, based on these estimates, the pilot program could theoretically support somewhere in the range of 600 to 1,000 pregnant people. Ms. Bland said yes but reiterated that staff were still working to get a better picture of this.

Dr. Berwick asked how rigid the definition of a doula was in the proposal. He asked what the advantages and disadvantages would be of stipulating doula and doula-like services. Ms. Bland said that there was a wind range of training and certification requirements for doulas based on the organization. She said that there were a lot of ongoing conversations about the doula workforce and the HPC was working to understand and align itself with these discussions.

ITEM 4: AWARDEE PRESENTATION SHIFT-CARE INVESTMENT PROGRAM AND COVID-19 IMPACT – COMMUNITY CARE COOPERATIVE AND NORTH SHORE MEDICAL CENTER

Ms. Hall introduced Ms. Caroline Kinuthia, Senior Program Associate, and Ms. Tayler Bungo, Senior Program Manager, HCTI, who introduced the guest presenters from Community Care Cooperative (CCC) and North Shore Medical Center. For more information, see slides 36-50. The presentation can be viewed here.

ITEM 5: NEW AND UPCOMING PUBLICATIONS: CHART REPORTS AND ACO DATAPOINTS

Mr. Hall previewed new and upcoming HPC publications. For more information, see slide 52. The meeting adjourned at 12:11 PM.