

**MEETING MINUTES:
MARKET OVERSIGHT AND TRANSPARENCY COMMITTEE**

Meeting of June 2, 2021

MASSACHUSETTS HEALTH POLICY COMMISSION

Market Oversight and Transparency Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, June 2, 2021, 9:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Market Oversight and Transparency (MOAT) Committee held a virtual meeting on Wednesday, February 10, 2021, at 9:30 AM.

Members attending remotely included Dr. David Cutler (Chair); Ms. Patricia Houpt; Mr. Ron Mastrogiovanni; and Ms. Cassandra Roeder, designee for Secretary of Administration and Finance Michael Heffernan.

Mr. Martin Cohen (HPC Vice Chair), Dr. Donald Berwick, and Ms. Barbara Blakeney 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](#).

Dr. Cutler called the committee to order and turned the presentation over to Mr. David Seltz, Executive Director, who provided a brief introduction to the meeting.

ITEM 1: APPROVAL OF MINUTES FROM THE FEBRUARY 10, 2020 MEETING

Dr. Cutler called for a motion to approve the minutes from the February 10, 2020, meeting. Ms. Houpt motioned to approve the minutes. Ms. Roeder seconded the motion. The vote was taken by roll call. The minutes were approved with three votes in the affirmative.

ITEM 2: REGISTRATION OF PROVIDER ORGANIZATIONS

Mr. Seltz introduced the presentation on the DataPoints entry on high out-of-pocket (OOP) spending. He turned the presentation over to Ms. Elizabeth Reidy, Senior Manager, Market Oversight and Transparency (MOAT), who provided an update on the Registration of Providers (RPO) Program. For more information, see slides 6-11. The RPO portion of the meeting can be viewed [here](#).

Dr. Cutler asked whether any of the RPO data might help the HPC understand which providers might be considering mergers, closures, or other material changes. Ms. Reidy said that the financial information could potentially provide some insight but that data was more helpful in understanding prior transactions.

Dr. Berwick asked what percentage of the information in the forms could be prepopulated. Ms. Reidy noted that most of the files involved information that did not change much year-over-year and were prepopulated.

Dr. Cutler asked whether the data contained observable trends on the number of physicians in different sized organizations. Ms. Reidy said that the data did show these trends and they were outlined in the [seventeenth issue](#) of the HPC's [DataPoints](#) series.

Mr. Cohen asked whether there was 100 percent participation in the RPO program from providers. Ms. Reidy noted that there were a couple of organizations that had not fully submitted the requirements for the RPO program. Mr. Seltz added that there had been strong compliance with the RPO program over the course of its existence.

ITEM 3: 2020 HEALTH CARE COST TRENDS REPORT: CHARTPACK HIGHLIGHTS

Mr. Seltz introduced the presentation on the 2020 Health Care Cost Trends Report Chartpack. He turned the presentation over to Dr. David Auerbach, Director, Research and Cost Trends, who presented on highlights from the chartpack. For more information, see slides 13-47. The presentation on the chartpack highlights can be viewed [here](#).

Regarding the chart on slide 18, Dr. Cutler said that the continued drop in emergency department (ED) visits was notable considering the ongoing opioid epidemic in Massachusetts. Dr. Auerbach agreed and said that opioid-related ED visits had been relatively flat year-over-year. Dr. Laura Nasuti, Associate Director, Research and Cost Trends, added, however, that low-income communities and communities of color represented a growing proportion of opioid-related visits.

Dr. Berwick asked if there had been a change in the number of community hospital beds in the Commonwealth and whether supply issues might be impacting community hospital usage. Dr. Auerbach said that the HPC had not tracked bed numbers specifically but that it did not appear to be a supply issue so much as a case of community hospitals receiving more public payer stays and fewer newborn stays.

Dr. Cutler asked whether it would be helpful to directly share the graphic on slide 33 with organizations that performed large proportions of low-value-care (LVC) services to give them a sense of how they were performing. Dr. Auerbach said that these conversations with providers had been helpful in the past and that there were best practices that could be learned from some of the organizations closer to the left side of the chart. He said staff could consider ways to restart these conversations.

Regarding slide 27, Dr. Berwick said that it would be interesting to see a similar graphic showing adjusted total medical expenditure (TME) growth for each organization. Dr. Auerbach said that that data existed and that graphic could be created. He noted that the unadjusted trends made it a bit easier to combine across payers because using the risk-adjusted data requires making assumptions about the various risk adjustments. Mr. Seltz noted that the health-status-adjusted (HSA) TME was what would determine whether an organization was referred for the performance improvement plan (PIP) review process. He said that the findings presented, particularly in the LVC area, were an excellent example of how the HPC was able to combine data sources from the all-payer claims database (APCD) and RPO program and hopefully give organizations a better picture of how they were doing on these metrics compared to others in the market.

Ms. Houpt asked to what degree use of urgent care centers (UCCs) might be off-setting ED usage. Dr. Auerbach said that a number of early studies seemed to suggest that the prevalence of UCCs tend to reduce ED visits by a small amount but does not appear to significantly move the needle in this area. He noted that there were many factors to examine in this area and there was more research to be done.

Ms. Houpt said that it would be helpful to find a way to share this data, particularly on LVC procedures and ED visits, with employers to help them understand how their claims dollars were being used. Mr. Seltz said that the HPC had used this data to have conversations with employers in the past about

employee engagement on these topics, particularly through initiatives such as the [Massachusetts Employer Health Coalition](#) on avoidable ED use. He agreed that it was important to remember that this information was actionable not only for policymakers, but for market participants and employers as well.

Ms. Blakeney said that this presentation reinforced the importance of the HPC having a robust discussion around the issue of upcoding. Dr. Auerbach noted that there was work underway to build on prior analyses and to present additional detail on coding variation by provider groups.

Dr. Berwick noted that waiting for the annual cost trends hearing as an opportunity to engage providers on this data was a relatively slow process and said that it would be helpful to find an opportunity for engagement between commissioners and these organizations outside of that event. Mr. Seltz said that there could definitely be opportunities for that.

Dr. Culter and Dr. Berwick closed the meeting by reemphasizing the importance of ongoing dialogue on the findings presented.

ITEM 4: ADJOURNMENT

Dr. Cutler adjourned the meeting at 10:37 AM.