

MINUTES OF THE HEALTH POLICY COMMISSION

Meeting of June 8, 2022

MASSACHUSETTS HEALTH POLICY COMMISSION

Date of Meeting: June 8, 2022

Start Time: 12:00 PM

End Time: 1:50 PM

	Present?	ITEM 1: Approval of Minutes (April 13, 2022)
Stuart Altman*	X	X
Don Berwick	X	X
Barbara Blakeney	X	M
Martin Cohen	X	X
David Cutler	X	X
Timothy Foley	A	A
Patty Houpt	X	2 nd
Chris Kryder	A	A
Ron Mastrogiovanni	X	X
Sec. Marylou Sudders	X	X
Sec. Michael Heffernan	X	X
Summary	9 Members Attended	Approved with 9 votes in the affirmative

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

*Chairman

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

Proceedings

A virtual meeting of the Health Policy Commission (HPC) was held on June 8, 2022, at 12 PM. A recording of the meeting is available [here](#). Meeting materials are available on the Board meetings page [here](#).

Participating commissioners included: Dr. Stuart Altman (Chair), Mr. Martin Cohen (Vice Chair); Dr. David Cutler; Ms. Barbara Blakeney; Ms. Patricia Houpt; Mr. Ron Mastrogiovanni; Secretary Marylou Sudders; Ms. Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services; and Ms. Cassandra Roeder, designee for Secretary Michael Heffernan, Executive Office of Administration and Finance.

Dr. Altman 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

Dr. Altman turned the meeting to Ms. Coleen Elstermeyer, Deputy Executive Director, to call for a vote to approve the minutes from the April 13, 2022, Board meeting. Ms. Barbara Blakeney made the motion to approve the minutes. Ms. Patricia Houpt seconded it. The vote was taken by roll call. The motion was approved unanimously.

ITEM 2: 2022 Health Care Cost Trends Report

Dr. Altman turned the meeting back over to Mr. David Seltz, HPC Executive Director, who introduced Dr. David Auerbach to share findings from the HPC's upcoming Health Care Cost Trends Report. For more information, see slides 5-51.

Dr. David Cutler asked if the national data regarding federal payments made to organizations as part of the C.A.R.E.S Act was included in the data the HPC was presenting. Dr. Auerbach said that data was excluded.

Dr. Don Berwick asked if the HPC could display a graph examining the rate of rise in dollars per capita over time in the U.S. versus Massachusetts. Dr. Auerbach said that was possible and would be per commercial enrollee. Dr. Altman noted that given the number of people who weren't working and therefore in commercial coverage fell, the per person rate probably went up. Dr. Altman asked if the data was total commercial spending and Dr. Auerbach noted that it was per capita or per person and the growth is year to year or change in commercial spending per enrollee. Dr. Altman noted that the fact that the number of people in the commercial space is less, the total spending is actually falling further. Dr. Auerbach agreed and noted that total commercial was down 3.6%.

Mr. Mastrogiovanni asked to compare the data on slide 10 to the number of people in high-deductible policies given the increase being seen on an annual basis in these plans and how much it has impacted spending. Dr. Auerbach noted that CHIA tracks this information, and the high-deductible trend continued to grow every year from 2018 to 2020. Dr. Auerbach also noted that this has probably had a small impact on spending and is the same nationally.

Mr. Seltz asked when the HPC would see updated numbers from CMS regarding the ranking of different states on per capita total health care spending. Mr. Seltz noted that the last numbers were from 2015 and Massachusetts ranked 2nd highest in terms of total per capita health care spending. Dr. Auerbach said they expect them soon.

During the presentation on preventable hospital readmissions, Dr. Altman noted, and Secretary Sudders agreed, that the HPC has been focused on this topic for a while without big change. Dr. Berwick asked about the confidence in the preventable admissions measure. Dr. Auerbach noted that the measure is not perfect, but it is tracked by CMS through quality indicators, including a combination of hospital admissions for a number of conditions, diabetes, COPD, asthma, hypertension, etc. Dr. Auerbach also noted that the HPC is working to understand the reasoning behind the Commonwealth's propensity to hospitalize at a higher rate.

Ms. Houpt asked if this was related to hospital care and location as some are remote hospitals and some service areas have multiple hospitals. Dr. Auerbach acknowledged that this could be a factor.

Ms. Blakeney asked what the percentage of patients on slide 22, regarding behavioral health ED boarding rates, was pediatric, young adults. Secretary Sudders said that it was disproportionately kids, and the trend is going up. Secretary Sudders noted that behavioral health providers are the second largest group that doesn't take insurance and that finding resources for kids was difficult, unless you pay privately. Secretary Sudders said that the closure of schools and the impact of the pandemic on kids has created a lot of anxiety and depression in kids as a result of the COVID 19 pandemic. Secretary Sudders also noted that she would get the percentage of adults who have been in a hospital awaiting an inpatient site stay for different metrics.

Vice Chair Martin Cohen noted that the other impact has been on the behavioral health workforce, which has taken beds and resources offline. Secretary Sudders said that Massachusetts probably has sufficient physical capacity but on any given day between 25% and 33% of inpatient psychiatric beds are offline because of staffing challenges.

Dr. Altman noted that the decline in share of stays discharged to institutional care may be a change in practice, to do much more while they're inpatient and therefore they post-acute is not needed. Dr. Altman also noted that accountable care organizations are designed to look hard at the post-acute, because it is a cost-savings to avoid institutional post-acute. Dr. Auerbach indicated he was curious how this differs for hospitals and ACOs.

Dr. Altman noted that the outpatient spending data on slide 29, reflected price and quantity and Dr. Auerbach agreed and indicated the prescription drug data was included. Dr. Cutler noted that the difference between Mass General Brigham and the other organizations is the use of HOPD for services that could be done in a physician's office. Dr. Cutler suggested that this be part of the discussion when talking about the Performance Improvement Plan. Dr. Auerbach noted that are often there are payment differentials. Dr. Altman said that when "the big spenders" like Mass General Brigham bring a physician group in their system, they can be moved to a setting where they get facility fees and extra payments. Dr. Auerbach noted that this was sometimes a reason for vertical integration.

Dr. Auerbach confirmed for Dr. Altman that the presentation was on actual prices within the shown categories and not moving a patient from an outpatient to a hospital-based outpatient department and indicated that this was correct and added that the section was only for commercial. Dr. Altman said that the growth in spending is greater than what was shown because there is actual movement from the office to the HOPD. Dr. Auerbach agreed.

During Dr. Auerbach's presentation on increases in coding severity of inpatient stays, Dr. Berwick asked what the databases was and if it was all commercial. Dr. Auerbach noted that most of the slides in the section were just commercial except slide 41. Dr. Berwick asked if the costs in the "market basket" presentation include professional fees and Dr. Auerbach said they did.

Dr. Cutler summarized the presentation but noting the key presentation points, including very high pharmaceutical prices, hospital outpatient, very high readmission rates, and high and increasing prices. Dr. Cutler asked what the top four or five items to focus on. Dr. Auerbach said Dr. Cutler identified them well and said Massachusetts can improve in many areas. Dr. Berwick asked if there was a way to do scoring on value by institution and what the highest value hospital in Massachusetts was. Dr. Berwick also asked if the Commonwealth was rewarding value among the delivery system and used Atrius as an example. Mr. Cohen noted that it might be beneficial to proactively reach out and work with hospital leadership on issues like low-value care and readmissions. Mr. Mastrogiovanni asked if HPC staff could compare the cost growth in specialty hospitals with larger hospitals like Lahey and Mass General Brigham. Dr. Auerbach noted that staff will try to do that but it's a hard concept to accomplish because of all the other factors involved, including quantities, volume, and care management.

ITEM 3: SHIFT-CARE CHALLENGE INVESTMENT PROGRAM: OPIOID USE DISORDER PATHWAY ALTERNATIVES

Dr. Altman turned the meeting over to Mr. David Seltz who introduced Ms. Kelly Hall, Senior Director, Health Care Transformation and Innovation, and Ms. Tayler Bungo, Associate Director, for an overview of the SHIFT-Care Investment Program track focused on initiating treatment for opioid use disorder (OUD) in the emergency department. For more information, see slide 52-74.

Mr. Cohen asked about dissemination of findings and results from the program and suggested doing more through webinars, face-to-face meetings.

Secretary Sudders noted that the inpatient data may be obscured as Section 35 isn't usually run through hospitals and that patients are not generally hospitalized with substance use disorder. Secretary Sudders said that EOHHS are huge fans of recovery coaches in the emergency departments and have been working to extend that model throughout the Commonwealth.

Dr. Cutler asked if Brandeis, in its evaluation, also looked at whether this was saving the Commonwealth money. Ms. Bungo said that Brandeis did not do a cost analysis, but a Yale study 1 did evaluate similar programs and concluded that initiating medication for addiction treatment in emergency departments is cost-effective as opposed to simply an SBIRT assessment

(Screening, Brief Intervention, and Referral to Treatment) with a connection to community services. Secretary Sudders noted that the HPC pilots are unique because of the opportunity to look at intervention, outcome, and cost effectiveness. Secretary Sudders encouraged the HPC to include an examination of cost benefit and cost effectiveness in future evaluations.

Dr. Berwick noted that the southeastern part of Massachusetts wasn't represented in the initial cohort and the area is facing a big challenge in this area. Dr. Berwick expressed hope that the HPC could extend help and lessons learned in that part of the state. Ms. Bungo agreed and noted that it's a great opportunity for learning and dissemination work to connect to other parts of the state that were awarded.

Mr. Seltz introduced a video on the investment program and highlighting the initiatives.

ITEM 4: Executive Director's Report

Mr. Seltz provided updates on recent market changes and the Mass General Brigham Performance Improvement Plan. For more information, see slides 75-85.

Dr. Altman asked if the Tuft's Medical Center was just the closure or included switching beds to adult clinical side. Mr. Seltz noted that the Determination of Need or essential services program is reviewing the closure of beds and transition of care to Children's Hospital and the HPC expects the MCN to focus on the relationship between Tuft's Medical Center and Children's Hospital. Secretary Sudders noted that conversion of beds was under the purview of Department of Public Health and not the HPC. Mr. Seltz agreed and said the purview of the HPC is around the new clinical relationship.

The meeting adjourned at 1:50 PM.