

VOTE 1: MEETING MINUTES

Date of Meeting: September 13, 2023
 Start Time: 12:00 PM
 End Time: 3:04 PM

	Present?	Vote 1: Approval of Minutes (July 13, 2023)	Vote 2: Release 2023 Health Care Cost Trends Report and Policy
Deborah Devaux*	X	2 nd	M
Barbara Blakeney	X	X	X
Matilde Castiel	X	X	X
Martin Cohen	X	M	2 nd
David Cutler	X	X	X
Timothy Foley	X	A	X
Patty Houpt	X	X	X
Ron Mastrogiovanni	X	ab	X
Alecia McGregor	X	2 nd	X
Secretary Kate Walsh or Karen Tseng (Designee)	X	X	X
Secretary Matthew Gorzkowicz or Martha Kwasnik (Designee)	X	A	X
Summary	11 Members Attended	Approved with 8 votes in the affirmative	Approved with 11 votes in the affirmative

Presented below is a summary of the meeting, including timekeeping, attendance, and votes.

*Chairman

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

Proceedings

A hybrid meeting of the Health Policy Commission (HPC) was held on September 13, 2023, at 12 PM. Commissioners attended both in-person at the HPC office (50 Milk St. 8th Floor) and via Zoom. A recording of the meeting is available on the HPC's [YouTube Channel](#). Meeting materials are available on the HPC's [website](#).

Participating commissioners who attended in-person at the HPC office included: Ms. Deborah Devaux (Chair), Mr. Martin Cohen (Vice Chair), Mr. Timothy Foley, and Dr. Alecia McGregor.

Participating commissioners who attended virtually included: Ms. Barbara Blakeney; Dr. Matilde Castiel; Ms. Patricia Houpt; Mr. Ron Mastrogiovanni; Secretary Kate Walsh, Executive Office of Health and Human Services; Ms. Karen Tseng, designee for Sec. Walsh; and Ms. Martha Kwasnik, designee for Secretary Gorzkowicz, Executive Office of Administration and Finance.

Ms. Devaux 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.

Ms. Devaux introduced Dr. McGregor and welcomed her to the HPC Board as a newly appointed commissioner. Dr. McGregor provided introductory remarks to the Board on her background.

ITEM 1: Approval of Minutes

Ms. Devaux called for a vote to approve the minutes from the July 12, 2023, Board meeting. The vote was by roll call. The motion was approved with 8 votes in the affirmative and 1 abstention.

ITEM 2: Site Neutral Hospital Outpatient Policies

Mr. David Seltz welcomed the Board and introduced the first topic of the meeting, he then introduced Dr. David Auerbach, Senior Director, Research and Cost Trends to present findings on "Payment Differences by Site of Service in Massachusetts." For more information, see slides 6-13.

Mr. Auerbach then introduced the guest speaker, Mr. Loren Adler, Associate Director at the Brookings Schaeffer Initiative on Health Policy. Mr. Adler's presentation focused on Site Neutral Hospital Outpatient Payment Policies. The presentation can be found on slides 15-24. A recording of Mr. Adler's presentation can be found on the HPC's [YouTube Channel](#).

ITEM 3: 2023 Health Care Cost Trends Report and Policy Recommendations

Ms. Devaux introduced the next topic of discussion regarding the 2023 Health Care Cost Trends Report and Policy Recommendations.

Mr. Seltz started the discussion by introducing the framework of the annual health care cost trends report including an outline of the content within the report. Mr. Seltz turned the meeting to Ms. Diana Vascones, Senior Associate, Research and Cost Trends and Mr. Lyden Marcellot, Manager, Research and Cost Trends to provide a demonstration of the Cost Trends Report Interactive Dashboard. Mr. Seltz then provided an overview of the report's first two policy recommendations and solicited commissioner feedback and

questions. For more information, see slides 26-36

Dr. Castiel said that she appreciated the recommendation outlines presented and endorsed the first policy recommendation to establish affordability and equity benchmarks.

Mr. Foley said that this year's policy recommendations were strong, especially the first recommendation. He said that not all health care spending is the same and that the health care cost growth benchmark is helpful at indicating what health systems are having the biggest impact on prices and spending. He said that community health centers have noted that is a health equity issue. He said that community health centers around the Commonwealth tend to receive lower rates, and he would like to see those rates grow to improve the accessibility of health care in underserved areas. He also said that the information brought forward with equity and affordability benchmarks would help to give a better sense of where there is a cost growth issue and where additional investments should be made. He said that an affordability benchmark is needed and would even address health equity issues since the rising costs of health care is clearly placed as a bigger burden on low-income residents of the Commonwealth. He said that this recommendation would give the HPC additional tools to get a more granular sense of where cost growth is happening and where the system is struggling.

Dr. McGregor said that she was pleased to see the recommendations for two new benchmarks: the affordability benchmark and health equity benchmark, especially because the aggregate figures about overall spending growth do not accurately reflect the experience individuals, families, and advocates in their interactions with the health care system. She said the new benchmarks could make cost growth data more interpretable. Dr. McGregor asked how the benchmarks would be calculated and how the affordability benchmark would be determined. She noted that this might be a worthy topic of discussion for the Cost Trends Hearing. Ms. Devaux said that she agreed with Dr. McGregor's statement and said there would be further discussion on how the benchmarks would be developed. Ms. Devaux said she agreed with her fellow commissioners regarding the importance of taking the cost growth benchmark and translating it into its effect on consumers both in terms of affordability and equity. She said it would help the state understand the issues more and uncover why it is happening.

Mr. Cohen said that he agreed with the endorsements of the establishment of the new benchmarks. He noted that much of what was contained in the recommendation are actions that HPC cannot take on its own because of its enabling legislation and that some would require new legislation and others may not. He asked Mr. Seltz if while he was going through the recommendations to possibly identify where the locus of responsibility is and where it is shared so the audience could better understand where things could be getting held up. Mr. Seltz said that the recommendations are a launching pad for the work and engagement for the HPC in the coming year and he expects there to be a lot of discussion around accountability regarding the affordability measure. He said that he looks forward to engaging with leaders in the health care system at the cost trends hearing and discuss the affordability metric and the equity metric. He said that it is hard to think what single metric may be used to measure health equity but that this is a starting point for further discussion. Mr. Seltz said that health equity targets and goals have been a major focus of Secretary Walsh and the Healey-Driscoll administration and that there may need to be a Commonwealth-wide conversation around this topic. He said that he looks forward to further collaboration with other agencies, such as the Center for Health Information and Analysis (CHIA), to determine what data is available and what authority would need to be added to statute.

Dr. Castiel said that she was very happy to see the policy recommendations outlined in the cost trends report. She said that she was pleased to see the final recommendation included a focus on behavioral health and access to treatment for opioid use disorder (OUD).

Dr. Cutler noted that, over the years, there had been mixed reactions to recommendations made by the Board. He asked if there were features that distinguished some policy recommendations that were more successful and whether the HPC could take actions that would ensure all the recommendations get addressed.

Mr. Seltz said that the legislature has made tremendous progress on the number of the areas outlined in the policy recommendations over the last few years, including comprehensive proposals from both the legislature and the governor, noting some crossed the finish line but in some years that has not been the case. He said that both Speaker Mariano and Chair Friedman had been working to put more legislative language around the proposals outlined in the policy recommendations. He noted that, with the HPC coming up on ten to eleven years of recommendations, that moment might be right to establish a new framework for the agency. He said that the agency will continue to put effort into research to create policy proposals that can be brought to the legislature while identifying other areas where the agency can work directly within the health care market. He said the Board can take the policy recommendations and walk through them to get a sense of what actions can be done by the HPC or other partners or what would need legislative intervention in order to start making an impact.

Ms. Devaux echoed Mr. Seltz's point that it would be helpful when planning for next year for the Board to discuss the recommendations to outline what might be within its purview next year and what might require further action from the legislature.

Mr. Foley said he would like to see where progress is being made, especially within the workforce sector and the various investment programs for the health care workforce. He noted that workforce concerns were widespread throughout the health care system. He noted that there are things the industry itself needs to be doing as well to improve conditions for workers. He said that the policy recommendation to strengthen tools regarding market oversight authority for for-profit investment was critical and that it would be valuable to see how much growth there has been in the for-profit sector of the health care market in Massachusetts.

Mr. Cohen said that he was also glad to see the policy recommendation regarding increased market oversight in the for-profit sector. He said that bankruptcies of private equity investments are the highest they have been in 13 years, and the number one sector where the bankruptcies are occurring is the health care sector. He said it was incumbent on the Board to think about that when reviewing mergers and acquisitions. He added that he appreciated the policy recommendations pertaining to behavioral health.

Dr. Castiel said that the sub-recommendations regarding the access to behavioral health services and opioid use treatment should also consider homelessness since those problems often go hand-in-hand.

Mr. Foley asked for further clarification on the role of the Health Equity Data Standards Technical Advisory Group. Mr. Seltz said that the group is a technical group for the Quality Measurement Alignment Taskforce (QMAT) a group that is led by the Executive Office of Health and Human Services. He said that it convenes the HPC and CHIA and other stakeholders to discuss data standards in this area and have put forth some proposals.

Ms. Devaux called for a vote to authorize the issuance of the 2023 Health Care Cost Trends Report and policy recommendations. The vote was taken by roll call. The motion was approved unanimously with 11 votes in the affirmative.

ITEM 4: HPC Health Equity Lens in Action

Mr. Seltz turned the presentation to Ms. Catherine Harrison, Deputy Director, Health Care Transformation and Innovation (HCTI). Ms. Harrison presented on the department's ongoing focus on equity within its workstreams.

For more information, see slides 41–45.

Ms. Houpt asked whether the Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) investment program would continue when funding ran out. Ms. Harrison said that the state was making efforts towards making doula services more accessible, particularly through a pending policy change to cover doula services within the MassHealth program, and that the HPC is always trying to work with awardees to consider sustainable models to continue the work after the investment ends. She said that various awardees have shown their ability to sustain themselves or their health care model after the program ends.

Dr. McGregor asked whether there were specific data points from the Health Equity Data Standards Technical Advisory Group that would allow a better understanding of racial residential segregation impacts patients' ability to access care. She noted that, according to the 2023 Cost Trends Report, commercially-insured patients who reside in low-income zip codes are more likely to have zero spending to access primary care. She said she would like to know the reasons why those individuals are not accessing care and asked if there are plans to get that kind of data. Ms. Harrison said that the Health Equity Data Standards Technical Advisory Group has helped set a standard for what kinds of data are collected by health care providers. She said that, in time, there could be an opportunity to further analyze different data sets that could facilitate inquiries regarding access and utilization of services. She said that data sets by zip code are available but not more granular breakdowns of that information by race, disability or ethnicity. Dr. Sasha Albert, Associate Director, Research and Cost Trends, said that there is some data that the HPC is able to measure at the community level by using zip codes and Census information but there is a lack of residential-level data.

Mr. Foley said that it was important for the HPC to focus on ways to better address challenges and take on an increasing role in the health care investment space by using the investments to address issues of health equity. Mr. Foley asked if there would be a public report about how accountable care organizations (ACOs) are meeting the certification standards. He also asked how the stakeholder engagement process is done given that language access is a health equity issue and how the HPC's information is disseminated to various populations. Ms. Harrison noted that, while detailed information from the ACOs' certification applications may be subject to confidentiality protections, the HPC will be as transparent as possible about what we learn regarding ACOs' health equity capabilities through the 2023 certification applications. She said that language and access were important topics to address and worthy of further discussion.

Ms. Blakeney said that nationally, and in the Commonwealth, there is an emerging issue in the rising migrant population and that this was putting a strain on health care resources. She said that she would encourage the HPC to look into if and how it can get involved in more innovative service models to address the issues facing these populations.

Due to time constraints, Mr. Seltz tabled the presentation on how health system factors perpetuate disparities until the next Board meeting.

Mr. Seltz turned the presentation over to Dr. Albert to present on recent and upcoming research and publications. For more information, see slides 47-48.

ITEM 5: Executive Director Report

Mr. Seltz turned the meeting to Sasha Hayes-Rusnov, Associate Director, Market Oversight and Monitoring, who provided an overview of the recent market changes and transactions the HPC has reviewed and provided an overview of the material change notices currently under review. Mr. Seltz provided an overview of the recently released and upcoming research publications and highlighted the HPC's most recently released report, *Consolidation and Closures in the Massachusetts Pediatric Health Care Market*, which can be found

on the [HPC's website](#) and previewed the HPC's upcoming Annual Health Care Cost Trends Hearing. For more information, see slides 58-64.

Ms. Blakeney asked if the agency had received any feedback on the recently released pediatrics report. Mr. Seltz said there had been some feedback and that the report had received extensive media coverage. He said that that it had been shared with members of the legislature and that the report had been well received.

Ms. Devaux adjourned the meeting at 3:04 PM.