MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Care Delivery Transformation Committee

February 14, 2018

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Committee Chair Appointment
- Approval of Minutes
- Proposed RBPO/ACO Appeals Regulation for Public Comment
- PCMH PRIME Program
- Accountable Care Organization (ACO) Reporting
- Guest Presentation: HPC Neonatal Abstinence Syndrome Investment Awardees Dan Hale and Heather Topp of Lawrence General Hospital
- Spring Care Delivery Event Announcement
- Schedule of Next Meeting (June 13, 2018)

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VOTE: Care Delivery Transformation Committee Chair Appointment

MOTION: That, pursuant to Article 4.1 of the Commission's By-Laws, the Care Delivery Transformation Committee members appoint Martin Cohen as Chairperson of the Committee.

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HEALTH POLICY COMMISSION

VOTE: Approving Minutes

MOTION: That the Committee hereby approves the minutes of the joint CDPST/QIPP Committee meeting held on October 18, 2017, as presented.

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Committee Chair Appointment
- Approval of Minutes
- **Proposed RBPO/ACO Appeals Regulation for Public Comment**
  - Statutory Requirements
  - Overview
  - Considerations in Regulatory Drafting
  - Key Elements of Draft Regulation
  - Timeline
- PCMH PRIME Program
- Accountable Care Organization (ACO) Reporting
- Guest Presentation: HPC Neonatal Abstinence Syndrome Investment Awardees Dan Hale and Heather Topp of Lawrence General Hospital
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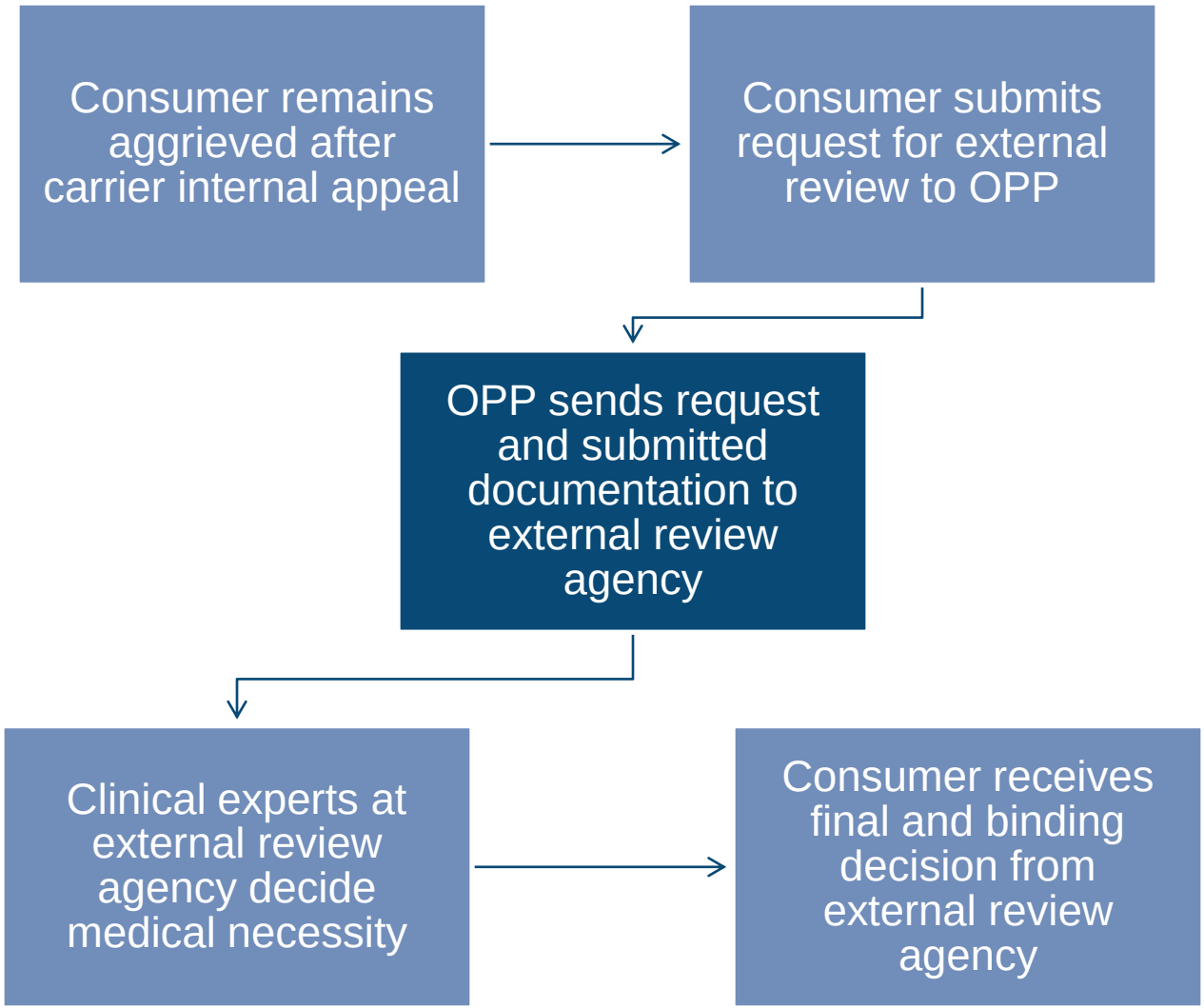
Statutory Requirements

	RBPO	ACO
M.G.L. c. 6D, §15	N/A	(b)(vi) calls for internal appeals plan as required for RBPOs; plan shall be approved by OPP; plan to be included in membership packets
M.G.L. c. 6D, §16	N/A	(a)(8) OPP to establish regs, procedure, rules for appeals re: patient choice, denials of services or quality of care (b) establish external review including expedited review
M.G.L. c. 176O, §24	(a) certified RBPOs shall create internal appeals processes (b) 14 days/3 days for expedited; written decision (b) RBPO shall not prevent patient from seeking outside medical opinion or terminate services while appeal is pending (d) OPP to establish standard and expedited external review process	ACO is to follow M.G.L. c. 176O, §24 when developing internal appeals plan (see M.G.L. c. 6D, §15(b)(vi))

Purpose of RBPO/ACO Appeals Regulation

- The statutory requirements are similar to existing OPP consumer protection rules regarding review of health plan medical necessity determinations but apply to provider decisions about referrals, treatments and access to care
- As providers face changing financial incentives in the context of risk contracts, the same concerns that drove the development of patient protections in managed care arise in the provider context
- An appeals process provides protections to the small set of patients who face challenges accessing appropriate care within provider organizations managing risk
- This process creates limited, but necessary patient protections in a changing health care environment

Current Carrier External Review Process



Differences Between Carrier and RBPO/ACO Appeals Processes

Provider Decisions - Access

Referral Restrictions

Type or intensity of treatment or services

Timely access to treatment or services

RBPO/ACO Appeals Process (M.G.L. c. 176O, § 24)

Carrier Decisions - Coverage

Out of network services

Cost sharing

Medical necessity of treatment or service

Carrier Appeals Process (M.G.L. c. 176O, §§ 13, 14)

HPC

Regulatory Development: Work To-Date, 2015-2016

- Research into applicable models and identifiable patient issues
- Outreach to provider organizations and consumer advocates
- Released Interim Guidance in April 2016
- Held two information sessions for provider organizations in July 2016
- Released FAQ for provider organizations on appeals process
- Disseminated a template for reporting
- RBPOs began implementing the internal appeals process in October 2016
- OPP managed consumer calls on RBPO appeals process

HPC

Regulatory Development: Work To-Date, 2017

- Reviewed submitted reports, provided guidance to RBPOs
- Held listening session for provider organizations in August 2017
- Reviewed compliance of Applicants for ACO certification
- Outreach to 3 contracted external review agencies and the national accrediting body for review agencies, URAC
- Outreach to MassHealth regarding its ACO patient grievance requirements
- Outreach to RBPOs/ACOs
- Continue to manage consumer calls on RBPO appeals process

Reporting Update, October 2016 through December 2017

Office of Patient Protection ACO/RBPO Report	
Submission Element	**Regulation Requirements**
ACO-01	**Name of ACO or RBPO**
ACO-02	**Provider / Practice Name** (if Organization is submitting multiple reports)
ACO-03	**Name and professional title of the general contact person(s) within your organization for patient appeals?**
ACO-03A	**Phone Number**
ACO-03B	**Email Address**
ACO-04	**Copy of Patient Appeals Notice Attached / Sent to OPP (NOTE: The notice need only be submitted once unless it has changed since the previous report.)**
ACO-05	**Total number of appeals received by RBPO**
ACO-05A	**Total number of appeals provided an expedited review for patients with urgent medical need**
ACO-06	**Number of appeals regarding denials or restrictions on referrals to providers not affiliated with the RBPO**
ACO-06A	**Number of appeals in this category resolved in favor of the patient**
ACO-06B	**Number of appeals in this category where the initial provider decision was upheld**
ACO-07	**Number of appeals regarding denials or restrictions on type or intensity of treatment or services**
ACO-07A	**Number of appeals in this category resolved in favor of the patient**
ACO-07B	**Number of appeals in this category where the initial provider decision was upheld**
ACO-08	**Number of appeals regarding denials or restrictions on timely access to treatment or services**
ACO-08A	**Number of appeals in this category resolved in favor of the patient**
ACO-08B	**Number of appeals in this category where the initial provider decision was upheld**
ACO-09	**Number of "Other" appeals and a description of the issues that consumers raised**
ACO-09A	**Number of appeals in this category resolved in favor of the patient**
ACO-09B	**Number of appeals in this category where the initial provider decision was upheld**
ACO-10	**Description of ACO/RBPO Appeals Process, including at what organizational level (i.e., individual practice or provider organization) the appeals process is initiated and the standards or guidelines used to review appeals. (NOTE: The second and any subsequent reports need only state any changes to the process since the previous report.)**
ACO-11	**Professional title, and clinical background of the individual(s) reviewing patient appeals. If multiple reviewers or a team of reviwers are utilized, please describe this operational approach. (NOTE: The second and any subsequent reports need only state any changes to the operational approach since the previous report.)**

- 23 provider organizations reporting
- Approximately 1.5M risk patients eligible for this process out of 4.1M total enrollment in commercial insurance
- 98 total appeals reported
- 83 reported appeals dealt with referral restrictions
- Many provider organizations going above and beyond interim guidance notice requirements
- Provider organization feedback has been positive in implementing the internal appeals process

HPC

Considerations in Regulatory Development

1. Build on existing RBPO/ACO mechanisms for addressing patient concerns
2. Closely track the Interim Guidance - implementation ongoing for over a year and RBPOs/ACOs report that appeals processes have been working well
3. Clarify expectations of both patients and RBPOs/ACOs
4. Create external review process that tracks closely to existing carrier review process, including use of external review agencies and limited OPP role
5. Reduce reporting burden, while maintaining oversight of novel patient protection

Key Elements of Proposed Regulation

Applicability

- All RBPOs who receive a risk certificate from DOI and all ACOs who are certified by the HPC must adhere to the regulations
- Patients eligible for this process are limited to commercial risk patients of the RBPO/ACO, excluding MassHealth and Medicare patients

Issues Subject to Appeal

- A patient may appeal a decision made by the RBPO/ACO or its participants relating to denials, restrictions, or limitations of care regarding: referrals to providers outside the ACO or RBPO; type or intensity of treatment or services, timely access to treatment or services; and other concerns related to provider participation in an APM

Key Elements of Proposed Regulation

Internal Appeals Process

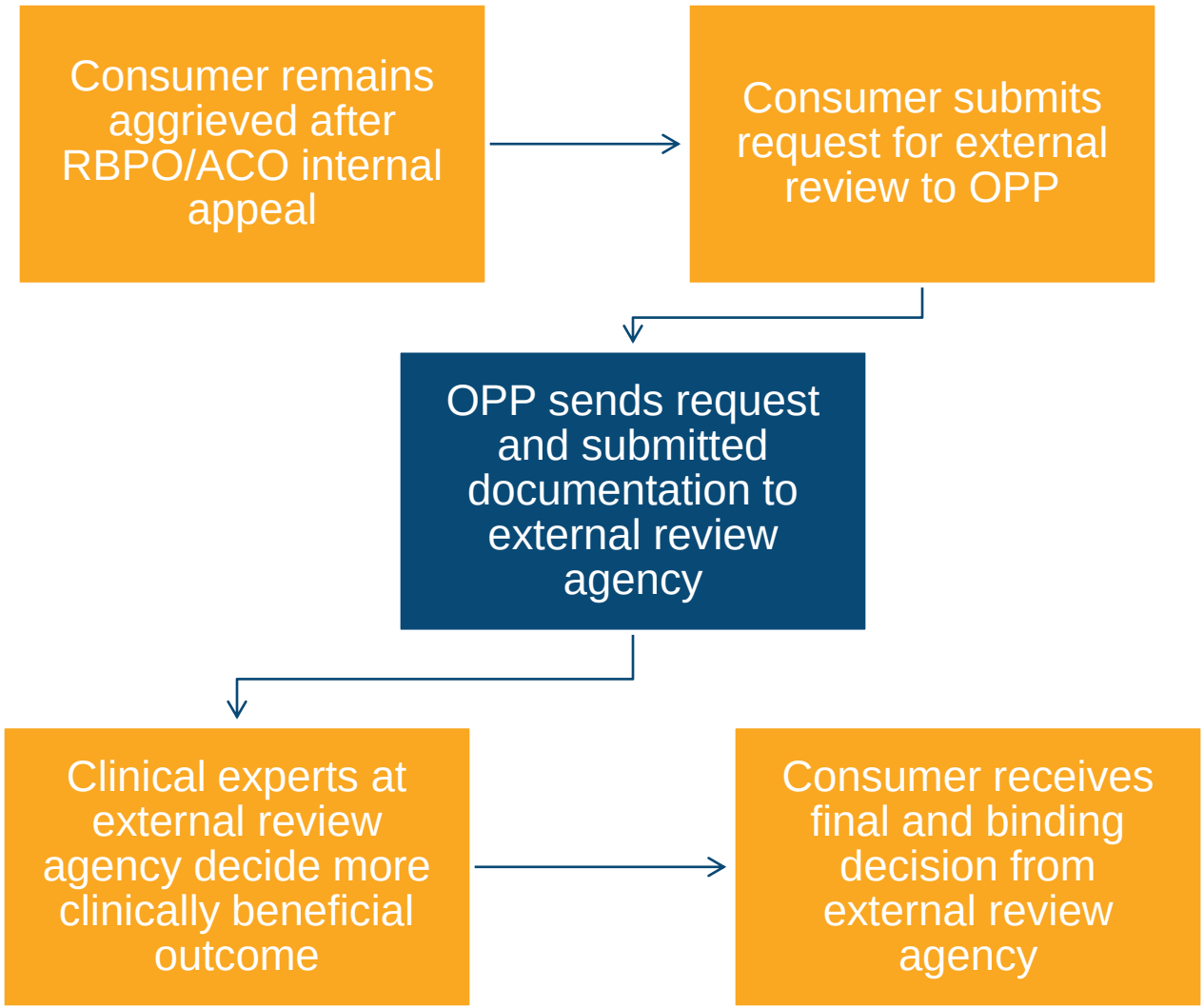
- RBPO/ACO must: provide notice to patients; allow the patient to authorize a representative to act on his or her behalf; ensure review of the appeal by an independent individual with a clinical background; respond to the appeal in writing, with substantive clinical justification, within 14 calendar days or 3 calendar days for appeals concerning an urgent medical need
- RBPO/ACO may not: require the appeal to be in writing; prevent patients from seeking medical opinions outside the RBPO/ACO; or terminate any ongoing medical services provided to the patient during the internal or external appeal, including those services that are the subject of the appeal

Key Elements of Proposed Regulation

External Review Process

- A patient may request an external review from OPP within 30 days of receiving written resolution of the internal appeal
- A patient may request an expedited external review
- OPP will screen all requests for eligibility
- OPP will send out all requests for external review to a contracted external review agency
- OPP will also seek a determination from an external review agency as to whether there is an urgent medical need where an expedited external review is requested
- The external review agency must issue a final decision within 21 days of receiving the assignment from OPP or within 72 hours of assignment for expedited external review
- The involved RBPO or ACO will pay for the external review

Proposed RBPO/ACO External Review Process



Key Elements of Proposed Regulation

Standard of Review

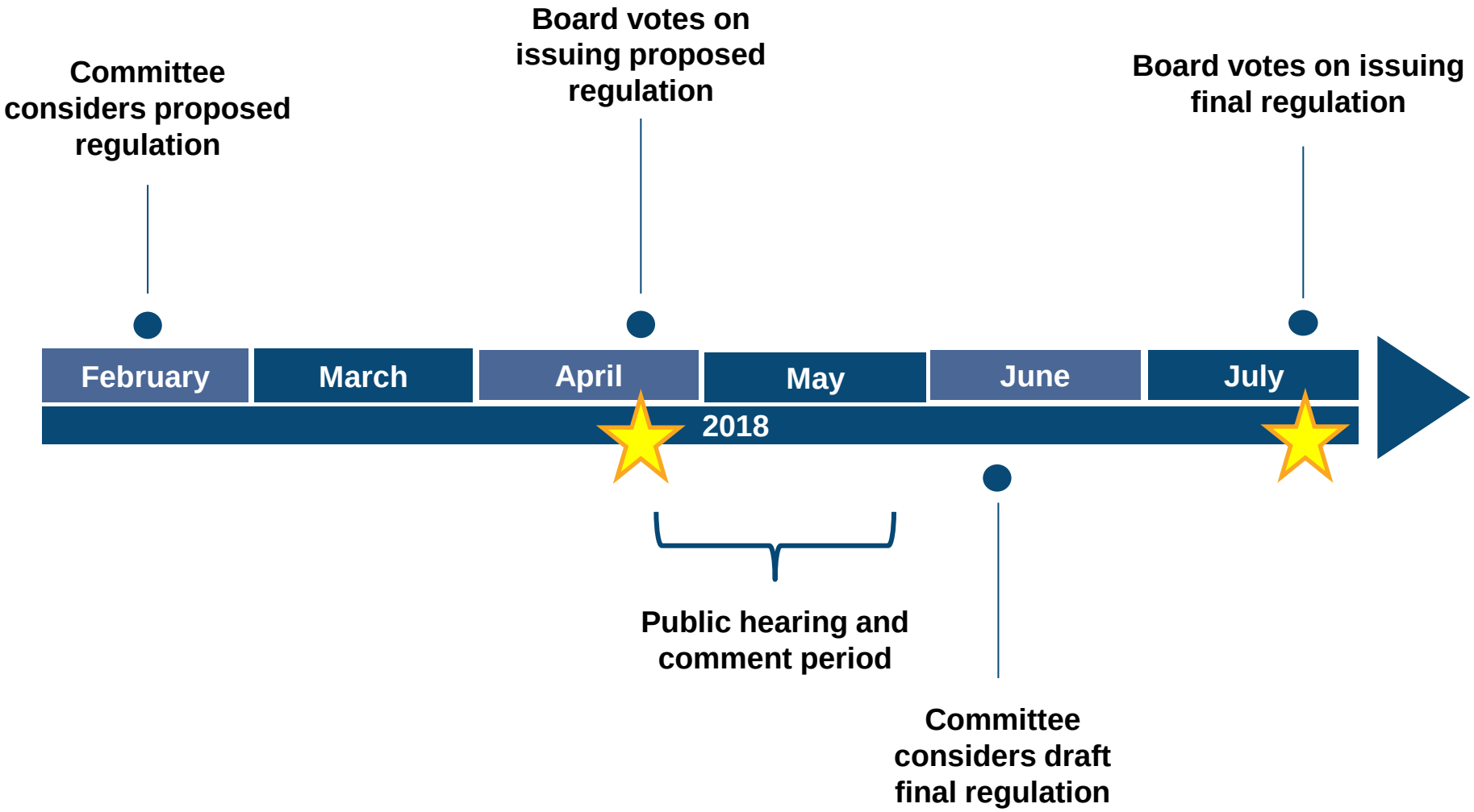
- The external review agency must determine whether the requested referral, treatment or service that is the subject of the review is **likely to produce a more clinically beneficial outcome for the patient** than the referral, treatment or service recommended by the RBPO or ACO
- The external review agency must consider the following factors:
  - the patient's clinical history;
  - the availability, within the RBPO or ACO, of a health care professional with the appropriate training and experience to meet the particular health care needs of the patient;
  - generally accepted principles of medical practice;
  - the efficacy of the requested treatment; and
  - other factors relevant to the patient's ability to access the requested referral, treatment or service

Key Elements of Proposed Regulation

RBPO/ACO Annual Reporting Requirements

- The RBPO/ACO must annually provide:
  - A copy of the patient notice used by the RBPO or ACO
  - Appeals received by the RBPO or ACO classified into: referrals to providers not affiliated with the RBPO or ACO; type or intensity of treatment or services; timely access to treatment or services; and other appeals
  - A description of the RBPO or ACO appeals process to resolve patient appeals, including the title and clinical background of the internal reviewers
  - An example of a written resolution of an appeal upholding the RBPO or ACO decision and an example of a written resolution of an appeal overturning the RBPO or ACO decision

Timeline


Committee considers proposed regulation
Board votes on issuing proposed regulation
Board votes on issuing final regulation
February
March
April
May
June
July
2018
Public hearing and comment period
Committee considers draft final regulation

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  - Program Update
  - Technical Assistance Program Changes
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Practices Participating in PCMH PRIME

Since January 1, 2016 program launch:

78 practices
are PCMH PRIME Certified

Recently certified practices:

Family Medicine North

36 practices
are on the **Pathway to PCMH PRIME**

114 Total Practices Participating

HPC

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PCMH PRIME TA Cohort 1 by the Numbers

20

Practices participated in TA

50% of Pathway to PCMH PRIME cohort 1 participants **achieved PCMH PRIME** after completing TA

54 **Virtual Learning Community users**

115

Hours of practice coaching

23+

Knowledge sharing session participants

"[Practice coach] was instrumental in helping us think about population managing our behavioral health patients and giving us the tools needed to advocate for the resources needed to do so."

"TA helped add to the processes that were in place and also help prioritize what other criteria need to be reviewed to attain PCMH PRIME."

Learning Collaborative attendees

36 LC 1

29 LC 2

1 infographic to share learnings

HPC

Overview of New PCMH PRIME TA Design

HPC is launching a **restructured PCMH PRIME TA program** to support primary care practices in behavioral health integration. The new program was designed to better meet **individual practice needs** and **reduce barriers** to practice participation.

Eligible Entities

Primary care practices; some TA for Pathway or PCMH PRIME Certified practices only

Content

Behavioral health integration: collaborative care model and PCMH PRIME criteria

Structure

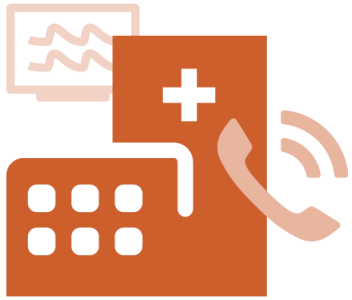
Restructured TA offering

~4 knowledge sharing sessions in 2018	In-person sessions to facilitate peer-to-peer learning on behavioral health integration best practices
~300 hours of practice coaching	HMA practice coaches provide ~300 hours of telephonic or onsite practice coaching. Practices submit a proposal to request up to 20 hours of practice coaching for a BHI project of their choice.
Access to 7 pre-recorded webinars	HMA delivered 7 webinars on BHI topics for Cohort 1 practices. These webinars are made available to all Pathway or PCMH PRIME Certified primary care practices.

Knowledge Sharing Session Topics for 2018

Using Telehealth for BHI

How to take the first steps towards planning and operationalizing a telehealth program to support BHI into primary care



Financing and Sustainability for BHI in a Shifting Payment Landscape

Best practices for financing integrated care, and opportunities and challenges for providing BH services in the context of different payment models

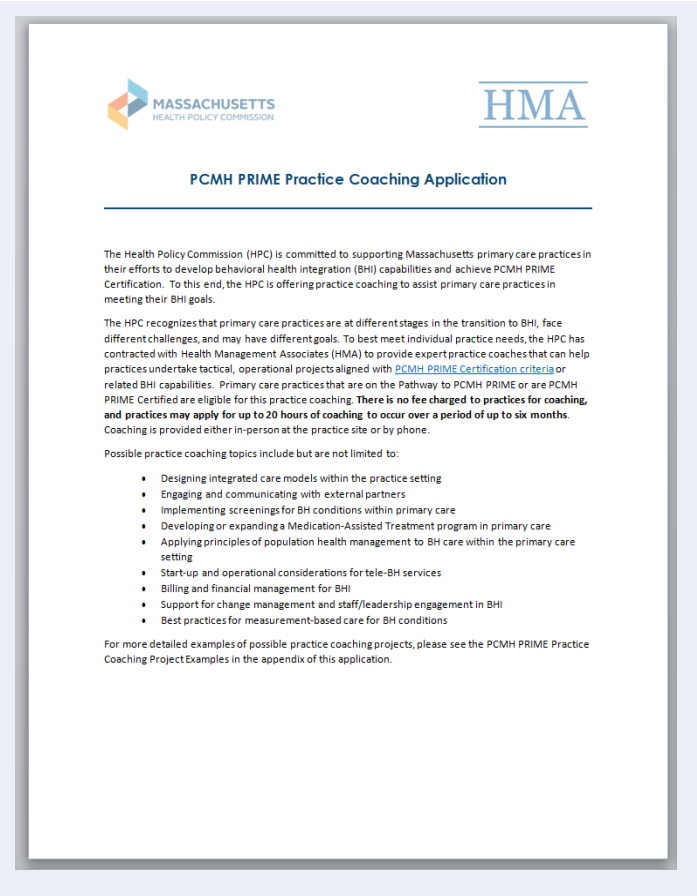
Managing Patients with SMI in Primary Care

Strategies for primary care practices to manage and coordinate care for patients with serious mental illness, including lessons learned from reverse integration models

Using Team-based Care Effectively to Expand Access to BH Care

Examples of innovative models of team-based care to support BHI, and best practices for implementing team-based care

Practices can sign up now for PCMH PRIME TA practice coaching!



MASSACHUSETTS HEALTH POLICY COMMISSION

HMA

PCMH PRIME Practice Coaching Application

The Health Policy Commission (HPC) is committed to supporting Massachusetts primary care practices in their efforts to develop behavioral health integration (BHI) capabilities and achieve PCMH PRIME Certification. To this end, the HPC is offering practice coaching to assist primary care practices in meeting their BHI goals.

The HPC recognizes that primary care practices are at different stages in the transition to BHI, face different challenges, and may have different goals. To best meet individual practice needs, the HPC has contracted with Health Management Associates (HMA) to provide expert practice coaches that can help practices undertake tactical, operational projects aligned with PCMH PRIME Certification criteria or related BHI capabilities. Primary care practices that are on the Pathway to PCMH PRIME or are PCMH PRIME Certified are eligible for this practice coaching. **There is no fee charged to practices for coaching, and practices may apply for up to 20 hours of coaching to occur over a period of up to six months**. Coaching is provided either in-person at the practice site or by phone.

Possible practice coaching topics include but are not limited to:

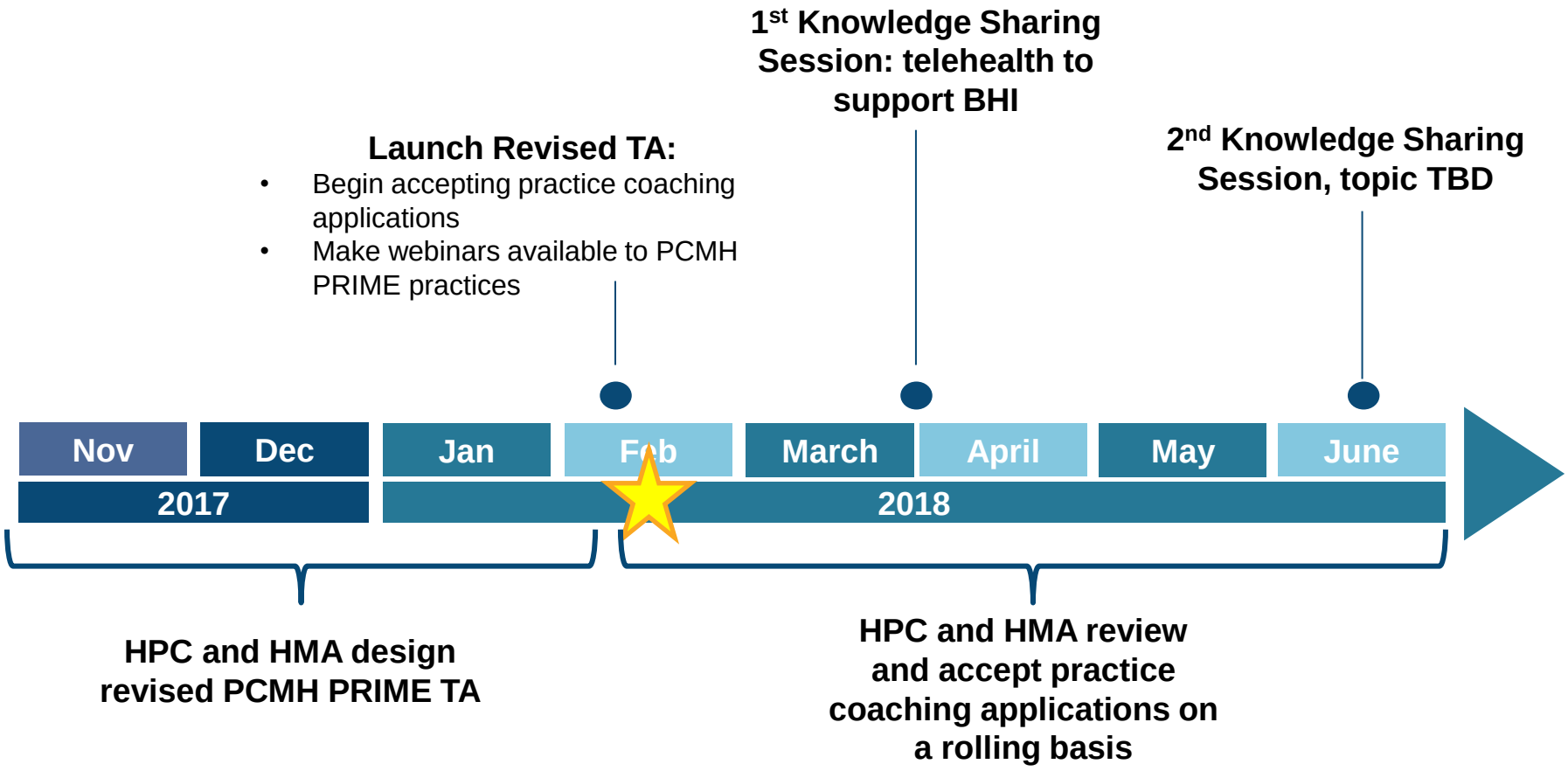
- Designing integrated care models within the practice setting
- Engaging and communicating with external partners
- Implementing screenings for BH conditions within primary care
- Developing or expanding a Medication-Assisted Treatment program in primary care
- Applying principles of population health management to BH care within the primary care setting
- Start-up and operational considerations for tele-BH services
- Billing and financial management for BHI
- Support for change management and staff/leadership engagement in BHI
- Best practices for measurement-based care for BH conditions

For more detailed examples of possible practice coaching projects, please see the PCMH PRIME Practice Coaching Project Examples in the appendix of this application.

- **To obtain practice coaching**, practices must **fill out a short application** describing their practice coaching needs and proposing a behavioral health integration project for practice coaching support
- The PCMH PRIME Practice Coaching Application is available on the HPC website or by emailing HPC-Certification@MassMail.State.MA.US
- Practice coaching applications will be reviewed and accepted on a rolling basis. **Practices wishing to participate in practice coaching during 2018 are encouraged to submit applications to the HPC by June 1, 2018.**

HPC

PCMH PRIME TA Timeline



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- PCMH PRIME Program
- **Accountable Care Organization (ACO) Reporting**
  - Background, Purpose, Scope and Goals
  - Priority Audiences and Key Factors
  - Proposed Approach and Timeline
  - “First Look” Stats on Certified ACOs
- Guest Presentation: HPC Neonatal Abstinence Syndrome Investment Awardees Dan Hale and Heather Topp of Lawrence General Hospital
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HPC ACO Certification Awarded to 17 ACOs

Certified ACOs

- Atrius Health, Inc.
- Baycare Health Partners, Inc.
- Beth Israel Deaconess Care Organization
- Boston Accountable Care Organization, Inc.
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Community Care Cooperative, Inc.
- Lahey Health System, Inc.
- The Mercy Hospital, Inc.
- Partners HealthCare System, Inc.
- Reliant Medical Group, Inc.
- Signature Healthcare
- Southcoast Health System, Inc.
- Steward Health Care Network, Inc.
- Wellforce, Inc.

ACOs with Provisional Certification

- Health Collaborative of the Berkshires, LLC
- Merrimack Valley Accountable Care Organization, LLC

"First Look" at Certified ACOs

An initial summary of application responses from 17 HPC-certified ACOs shows:

9 of 17 ACOs have over 50% of their primary care practices recognized as **NCQA PCMHs**

41% of ACOs have practices working towards **PCMH PRIME** Certification

82% of ACOs have at least one **hospital** as an ACO Participant

5 ACOs described a **CHART program** as an example of a population health management program that addressed SDH/BH

Approximately **1,900,000 MA patients** are served under commercial or Medicare ACO risk contracts*

Risk contracts across the 17 ACOs:

- **66 commercial**
- **11 Medicare ACO**
- **17 MassHealth ACO**

5 of 17 ACOs hold **at least one commercial PPO risk contract**

*Additionally, EOHHS has publicly stated that approximately 800,000-850,000 members are expected to be served in MassHealth ACOs.

ACO Certification collected data on a variety of topics, in narrative and structured formats

1 Assessment Criteria – Narrative Data

6 criteria
Sample documents, narrative descriptions

- ✓ Patient-centered, accountable governance structure
- ✓ Participation in quality-based risk contracts
- ✓ Population health management programs
- ✓ Cross-continuum care: coordination with BH, hospital, specialist, and long-term care services

2 Required Supplemental Information – Structured Data

9 criteria
Narrative or data
Not evaluated by HPC but must respond

- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ Develops community-based health programs
- ✓ Supports patient-centered advanced illness care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption
- ✓ Commits to consumer price transparency

Certification data presents an opportunity for public reporting – within confidentiality parameters.

A key goal of the ACO Certification program is to **bring transparency** to the market regarding what ACOs are, how they operate, and how they provide care for patients

Most ACO Certification application content can be publicly reported by the HPC only **in aggregate** (de-identified)

HPC can publicly report a few data elements for individual ACOs without prior consent

- Basic contact information, e.g., ACO name, street address, and primary contact
- Position of patient/consumer representative(s) within the Governance Structure; description of patient and family advisory committee(s); public narrative demonstrating how the Governance Structure(s) seeks to be responsive to patient population needs
- Names of payer(s) with which Applicant and Component ACOs have quality-based risk contracts

ACO Certification Data Year One Reporting Goals

- **Enhance** transparency in the market regarding ACOs and their operations
- **Contribute** to the evidence base on current ACO operations and approaches
- **Deliver** accurate, relevant, actionable information for stakeholders, including learning opportunities for ACOs, in easy-to-consume formats
- **Highlight** important topics and promising approaches in care delivery transformation work, e.g. integrating BH and SDH, quality improvement, supporting patient-centered care, etc.
- **Inform** the development of future ACO Certification standards and programming
- **Support** the HPC's overall policy agenda and goals in both market performance and care delivery transformation areas

Key External Audiences for HPC ACO Certification Data

Policy Makers (e.g., EOHHS, AGO, DPH, Legislature)

Providers including ACOs, and non-ACO providers

Payers, Purchasers and Employers (e.g., MassHealth, commercial payers, GIC)

Media, Researchers, and Interested Public

MassHealth will address **consumers'** key needs for ACO information via extensive outreach and communications

Potential Interest Areas

- Information on current ACOs and care delivery models
- Policy barriers to further success in ACO models
- How the ACO Certification program can be used to continue adding to the knowledge base and informing policy

- Practical, actionable information on current ACO operations, QI strategies, approaches to patient-centered care, etc.
- Emerging models/variety in ACO approaches

- Insight into ACO operations to inform relationships with providers, risk contract management and strategy, etc.
- Opportunity for collaboration and alignment with HPC to reinforce common value-based care standards in the Commonwealth

- Insight into ACO operations and approaches to inform future research
- How the ACO Certification program and reporting may add to the knowledge base

Key Factors in Determining Year One ACO Reporting Topics and Timing

The ACO Certification data reporting strategy should reflect a balance between four important goals/factors:

Comprehensiveness

Reports should provide a clear and comprehensive description of ACO characteristics and operations, bringing as much useful information to the market as possible

Salience to stakeholder interests

Topics and content should be organized to anticipate stakeholders' key questions and top priorities / address the most salient issues

Timeliness

Reporting should begin soon after ACO Certification decisions are announced and continue on a pace that ensures the information remains fresh and accurate

Quality

Reporting frequency must allow for adequate staff development time and internal reviews to ensure high quality

Proposal for ACO Certification Data Briefs

The HPC will create and release **six briefs**, approximately 2-5 pages, organized by **topic areas most salient to stakeholder interests**. Briefs will be short and digestible, released **~ every 3 months**. Each brief will stand alone, but together they will tell a comprehensive story. Briefs will be **descriptive** on ACO characteristics, but also **analytical**, pointing to policy implications as appropriate

Brief #1: Intro to Accountable Care Orgs in Massachusetts	Brief #2: How do ACOs Manage Population Health, esp. BH and SDH?	Brief #3: How Do ACOs Manage Their Performance Under Risk Contracts?	Brief #4: How are ACOs Governed?	Brief #5: How are ACOs Delivering Patient-Centered Care?	Brief #6: How do ACOs Coordinate Care?
Intro to the ACO Certification program; background, key terms, intro to this series of briefs Certification in context of the Massachusetts ACO landscape ACO profiles, using some other public data such as RPO	What methods do ACOs use for risk stratification? What kinds of BH and SDH programs do ACOs offer? How/do ACOs use Community Health Needs Assessments to inform population health management strategies?	What are the characteristics of ACO risk contracts? How much risk are ACOs taking on? What are ACOs' approaches to quality measurement and performance improvement? What are ACOs' approaches to distributing and/or investing shared savings?	What do the governance structures of ACOs look like? How alike or unique are they? Do governance structures differ between hospital-anchored and physician-led ACOs? How are different ACO Participants represented in leadership roles?	How do ACOs involve patients in their decision-making processes? How do the ACOs assess the needs and preferences of their patient population? What do ACOs do in areas such as patient-centered advanced illness care, community-based programs, etc.?	How do ACOs provide coordinated care across the continuum of services and providers? What technologies do ACOs employ to facilitate information sharing across the continuum? What do non-ACO Participant partnerships look like?

Winter	Spring	Summer	Fall	Winter
2018				2019

HPC

Mapping of Briefs to ACO Certification Responses and Other Potential HPC Data Sources

Brief	Assessment Criteria	Supplemental Information	Potential Other HPC Data
#1: Intro to ACOs in Massachusetts	AC-1: Governance Structure AC-4: Quality-Based Risk Contracts AC-6: Cross-Continuum Care		RPO
#2: How do ACOs Address BH and SDH?	AC-5: Population Health Management Programs	SI-1: Patient-Centered Primary Care SI-2: Needs and Preferences of Population SI-3: Community-Based Health Programs	CHART, HCII
#3: How do ACOs Manage Their Performance Under Risk?	AC-3: Performance Improvement Activities AC-4: Quality-Based Risk Contracts	SI-5: Quality and Financial Analytics SI-6: Patient Experience of Care SI-7: Distribution of Shared Savings or Deficit	RPO
#4: How are ACOs Governed?	AC-1: Governance Structure AC-2: Patient/Consumer Representation AC-3: Performance Improvement Activities		
#5: How are ACOs Delivering Patient-Centered Care?	AC-2: Patient/Consumer Representation AC-4: Quality-based Risk Contracts (patient experience measures)	SI-1: Patient-Centered Primary Care SI-2: Needs and Preferences of Population SI-3: Community-Based Health Programs SI-4: Patient-Centered Advanced Illness Care SI-6: Patient Experience of Care SI-9: Consumer Price Transparency	CHART, HCII, PCMH, RBPO/ACO Appeals
#6: How do ACOs Coordinate Care?	AC-6: Cross-Continuum Care	SI-8: Advanced Health Technology SI-3: Community-based Health Programs	

Additional Reporting Opportunities: Focused, "Spotlight" Briefs or Learning Events

To supplement the six main data briefs, spotlight a specific issue through narrative/graphical snapshot reports, infographics, in-person events and/or webinars featuring ACO speakers

May provide additional opportunities to coordinate with other HPC teams and workstreams, and those of sister agencies

Proposed Timeline

Review and analyze data, link with other sources

January–February 2018 – Internal review and analysis of narrative data

February 14, 2018 – Discuss reporting proposal at CDT meeting

~March 20, 2018 – Brief #1 release: “Intro to ACOs in Massachusetts”

~May 15, 2018 – Brief #2 release: “How do ACOs Manage Population Health?”

August 2018 – Brief #3 release

November 2018 – Brief #4 release

Winter 2019 – Briefs #5 and #6 release

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MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

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- Committee Chair Appointment
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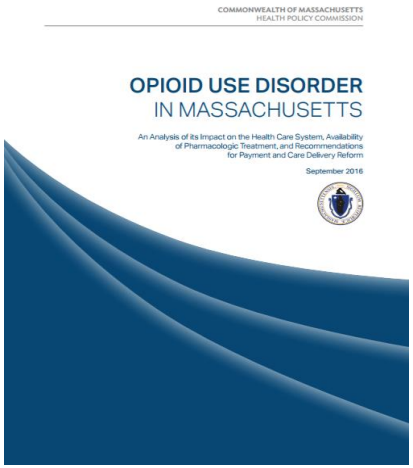
- **Guest Presentation: HPC Neonatal Abstinence Syndrome Investment Awardees Dan Hale, MD and Heather Topp, LCSW of Lawrence General Hospital**
- Spring Care Delivery Event Announcement
- Schedule of Next Meeting (June 13, 2018)

Neonatal Abstinence Syndrome (NAS) Background



- In 2017, EOHHS and AGO launched an interagency taskforce on newborns with NAS, which made recommendations to improve assess to existing services, identify service gaps, and create a cross-system dashboard with goals and data to track progress.
- The HPC's Opioid Use Disorder Report (September 2016) noted that:
  - The opioid epidemic is not only driving demand for opioid use disorder (OUD) treatment for adults, but also for specialized care for infants exposed to opioids while in utero.[1]
  - NAS is particularly prevalent in MA: the rate of NAS in Massachusetts was three times higher than the national average in 2009.
  - In 2014, NAS births were most concentrated in hospitals located in the Metro Boston, Fall River, New Bedford, Berkshires, and Cape and Islands regions.

[1] Health Policy Commission. Opioid Use Disorder in Massachusetts. September 2016. https://www.mass.gov/files/documents/2016/09/vv/opioid-use-disorder-report.pdf

Three Pathways of the Health Care Innovation Investment (HCII) Program

1 Targeted Cost Challenge Investments (TCCI)

- **Goal:** To reduce health care cost growth while improving quality and access
- $7 million total funding available
- Up to $750,000 per award

2 Telemedicine Pilots

- **Goal:** To increase access to behavioral health care using telemedicine for children and adolescents, older adults aging in place, and individuals with substance use disorders residing in the Commonwealth.
- $2 million total funding available
- Up to $500,000 per award

3 Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions

- **Goal:** To develop and/or enhance programs designed to improve care for substance-exposed newborns who may develop Neonatal Abstinence Syndrome (NAS) and for women in treatment for opioid use disorder during and after pregnancy

Two subcategories for funding

- Category A: 15 mo. program
  - $1 million funding available
  - $250,000 per award
- Category B: 27 mo. program
  - $2 million funding available
  - $1 million per award

HPC

Health Care Innovation Investment (HCII) Program: NAS Interventions

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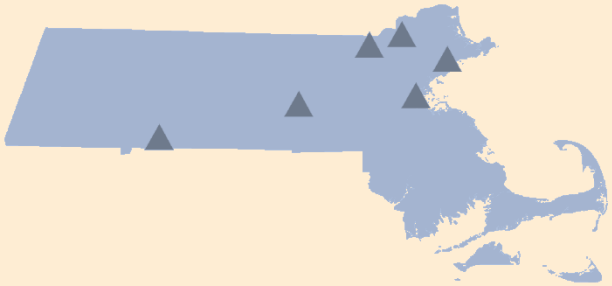
By the Numbers: Mother and Infant-Focused NAS Interventions

6 initiatives
Funded by the HPC

$3 million
HPC funding

59 Organizations
(e.g. hospitals, primary care practices, behavioral health providers) collaborating

Initiatives span the Commonwealth:
From Springfield to Middlesex County



>450 infants with NAS
treated in 2015 by HPC's proposed awardees

100%
initiatives serving patients

HPC

Mother and Infant-Focused NAS Intervention Awardees

Organization	Initiative	Funding
Baystate Medical Center	Inpatient	$249,778
Boston Medical Center	Inpatient	$248,976
Lawrence General Hospital	Inpatient	$250,000
UMass Memorial Medical Center*	Inpatient	$249,992
Lahey Health – Beverly Hospital	Inpatient & Outpatient	$1,000,000
Lowell General Hospital	Inpatient & Outpatient	$999,032
6 awards		**$2,997,778** total HPC Funding

*UMass is also receiving funding through the "Moms Do Care" program, as administered by DPH and funded by SAHMSA. The other "Mom Do Care" sites are Cape Cod Hospital and Falmouth Hospital.

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Partnering to Address the Social Determinants of Health: What Works?

SAVE THE DATE!

May 17, 2018
UMass Club
One Beacon Street
Boston, MA
8:00 AM

Promoting partnerships between health care providers and community organizations to address health-related social needs

AGENDA

FEATURED SPEAKER:

Dr. Alice Chen, Chief Medical Officer, San Francisco Health Network

PANEL 1: Practical approaches from HPC Investment and Certification partners for partnering to address the social determinants of health

PANEL 2: Policy approaches to support partnerships that address the social determinants of health

OBJECTIVES

To **provide a learning opportunity** on innovative partnership models from HPC investment and certification programs

To **convene and facilitate new connections** between providers and the public sector

To identify ways the state, including the HPC, might support stakeholders to **coordinate action through policy change**

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Meetings and Contact Information

Board Meetings

Tuesday, March 13, 2018
Wednesday, April 25, 2018
Wednesday, July 18, 2018
Wednesday, September 12, 2018
Thursday, December 13, 2018

Committee Meetings

Wednesday, June 13, 2018
Wednesday, October 3, 2018
Wednesday, November 28, 2018

Contact Us

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@Mass_HPC

HPC-Info@state.ma.us

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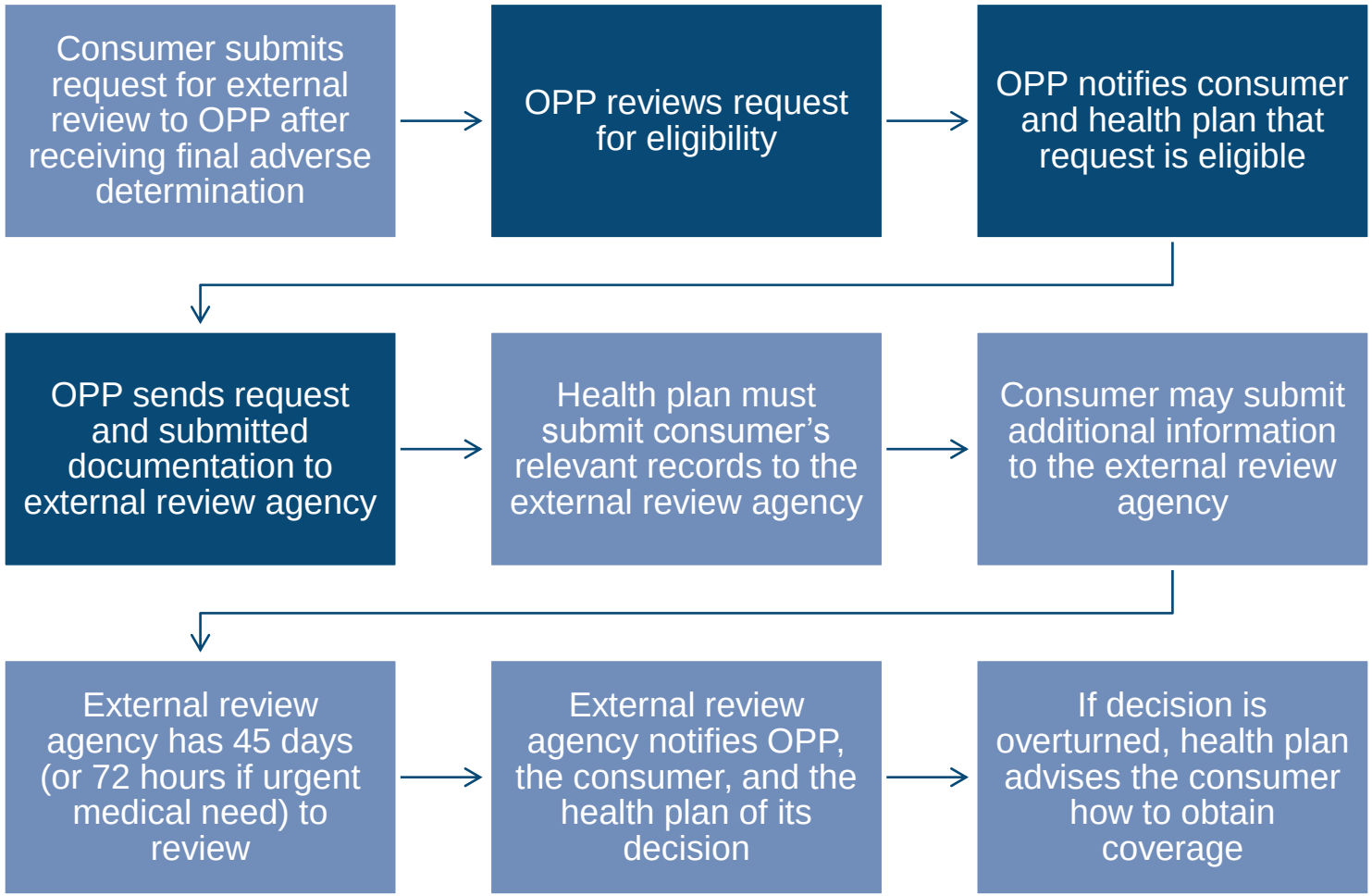
Appendix

Appendix: Detail of Current Carrier External Review Process



Appendix: Detail of Proposed RBPO/ACO External Review Process