MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Care Delivery Transformation Committee

October 12, 2022

Agenda

> ## CALL TO ORDER

Approval of Minutes **(VOTE)**

Guest Presentation: C4SEN Awardee South Shore Hospital

Quality Measure Alignment Taskforce (QMAT) Health Equity Technical Advisory Group (TAG) Recommendations

Evolution of Patient Experience Measurement in HPC Investment Programs

Schedule of Upcoming Meetings

Agenda

HPC

Call to Order

APPROVAL OF MINUTES (VOTE)

Guest Presentation: C4SEN Awardee South Shore Hospital

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VOTE

Approval of Minutes

HPC

MOTION

That the Members hereby approve the minutes of the Committee meeting held on **May 11, 2022**, as presented.

Agenda

HPC

Call to Order

Approval of Minutes **(VOTE)**

GUEST PRESENTATION: C4SEN AWARDEE SOUTH SHORE HOSPITAL

Quality Measure Alignment Taskforce (QMAT) Health Equity Technical Advisory Group (TAG) Recommendations

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C4SEN Investment Program Overview

HPC

EXTEND IMPACT OF PREVIOUS HPC INVESTMENT PROGRAMS

Previous HPC awards focused on perinatal care and support of parenting individuals up to 6 months postpartum.

Recent published work and stakeholder engagement identified the need for support between 7-12 months postpartum.

$1.46M, 24 PROGRAM MONTHS

The HPC awarded five grants up to $300,000 to support 3 months of Planning Period, 21 months of Implementation, 6 months of Evaluation

5 HOSPITAL AWARDEES

> Baystate Franklin Medical Center

> Berkshire Medical Center

> Mercy Medical Center

> South Shore Hospitals

> Southcoast Health

C4SEN Core Components

HPC

1 Provide program support for one year postpartum

2 Coordinate medical and behavioral health care, including treatment, such as medication for opioid use disorder (MOUD)
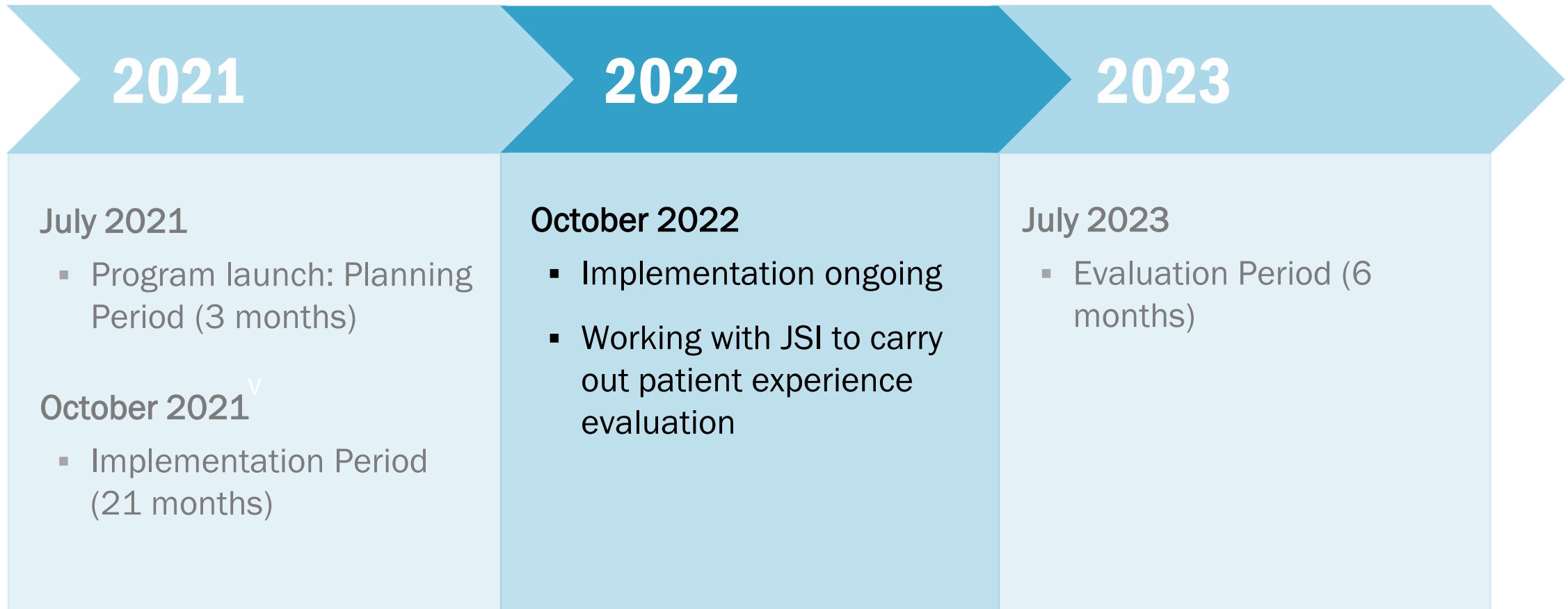
3 Provide care that is free from stigma and bias

4 Support caregivers and infants with health-related social needs

5 Ensure connection to Early Intervention

C4SEN Timeline

2021

July 2021
- Program launch: Planning Period (3 months)

October 2021
- Implementation Period (21 months)

2022

October 2022
- Implementation ongoing
- Working with JSI to carry out patient experience evaluation

2023

July 2023
- Evaluation Period (6 months)

Transforming Care
Perinatal Behavioral Health Program/SHORE @ South Shore Health

Julie Paul, Director and Ameer Reyad, Program Manager

South Shore
Health Foundation

Perinatal Behavioral Health Program

Transforming Care for our Most Vulnerable Populations

Behavioral Health   *SHORE*

(Supporting~ Hope~Opportunity~Resilience~Empowerment)

Neonatal Abstinence Syndrome (NAS) in MA

South Shore Health

Rate per 1,000

2018

Legend:
- Western Region
- Central Region
- Northeast Region
- Metro West Region
- Southeast Region
- Boston Region
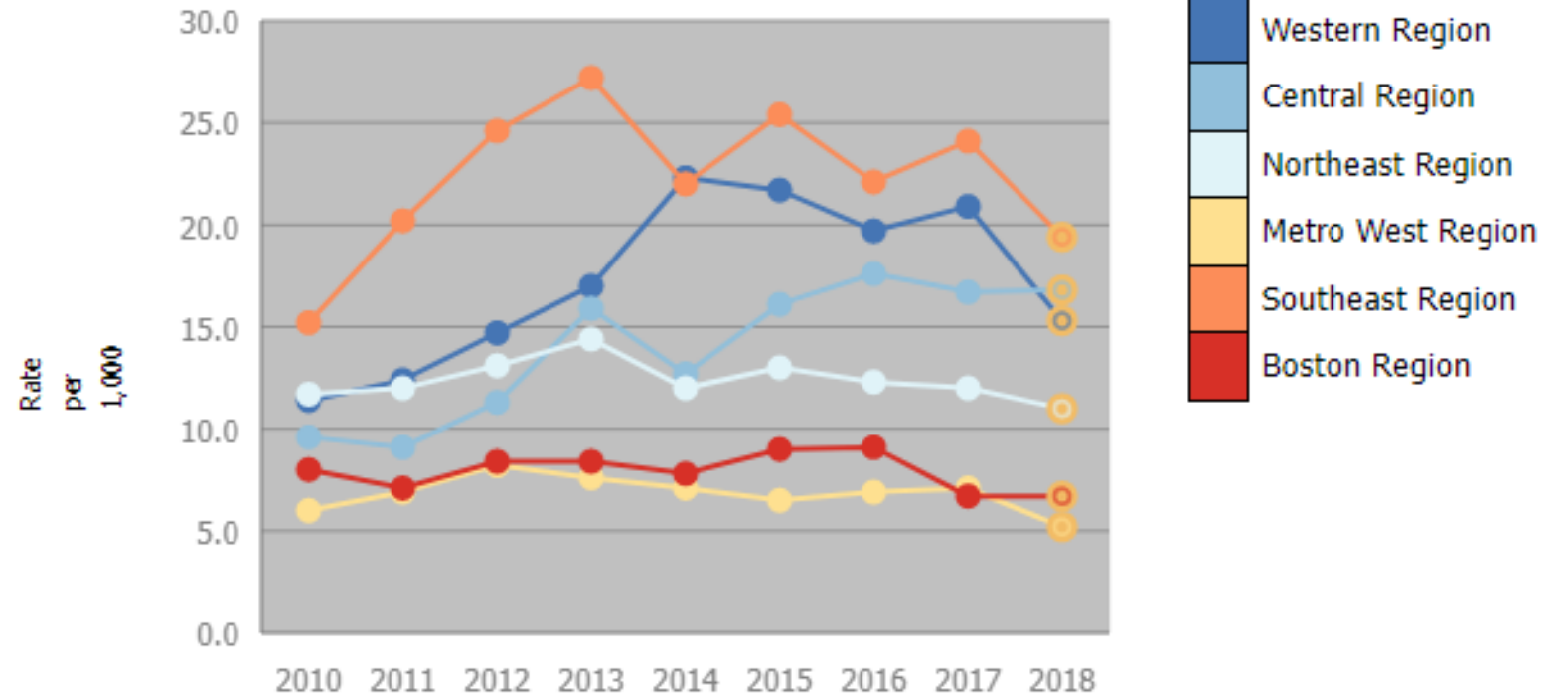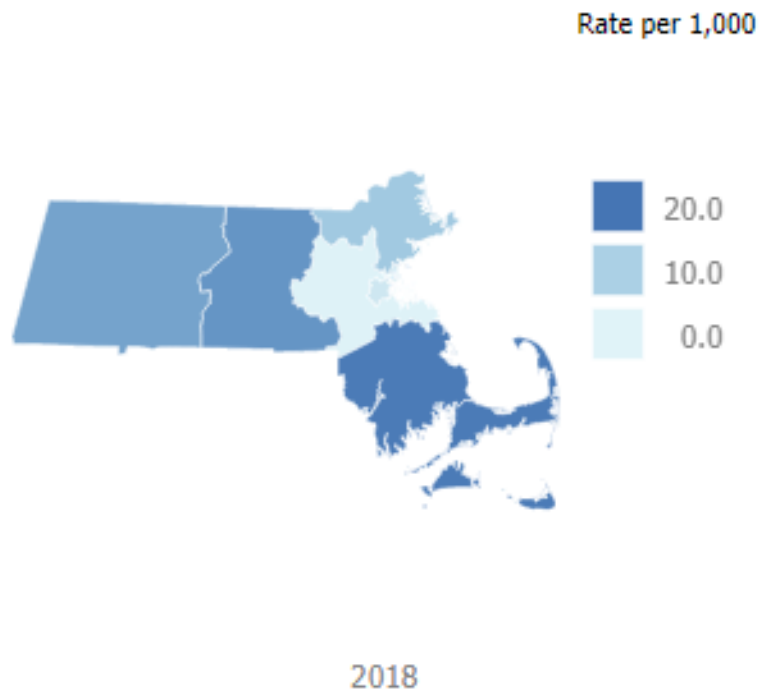
Problem

- 1 in 7 childbearing individuals will develop a postpartum mood or anxiety disorder(Department of Health (2018)

- Pregnant individuals with substance use disorders experience significant barriers to prenatal care (SAMSHA, 2018)

- Southeast MA has the highest Neonatal Abstinence Syndrome (NAS) in the State(Department of Health, 2018)

Barriers to Care

- Access to care

- Transportation

- Bias/stigma

- Insurance
  - Ability to pay

- Co-morbidities

- Pregnancy/lactation

- Legal problems (SAMSHA, 2018)

PBHP/SHORE: Goals and Objectives

South Shore Health

Improve access to psychiatric and substance use disorder treatment for individuals who are pregnant, postpartum, and parenting (up to 3 years)

Provide evidence-based treatments for mental health and substance use disorder that have been shown to improve maternal and neonatal health

Improvement in function and quality of life for clients and their families

Assist patients in understanding American Academy of Pediatrics best practices for child safety

To comply with all federal, state and local mandated reporting, confidentiality, and privacy laws and regulations.

SHORE Curriculum

- Psychopharmacology
- Care Coordination
- Case Management
- Individual Counseling
- Relapse Prevention group
- Peer Support
- Doula Run Support Group
  - Lactation
  - Parenting
  - Pregnancy

SHORE Successes

South Shore Health

Grayken Center for Addiction funding recipient

HPC C4SEN grant recipient

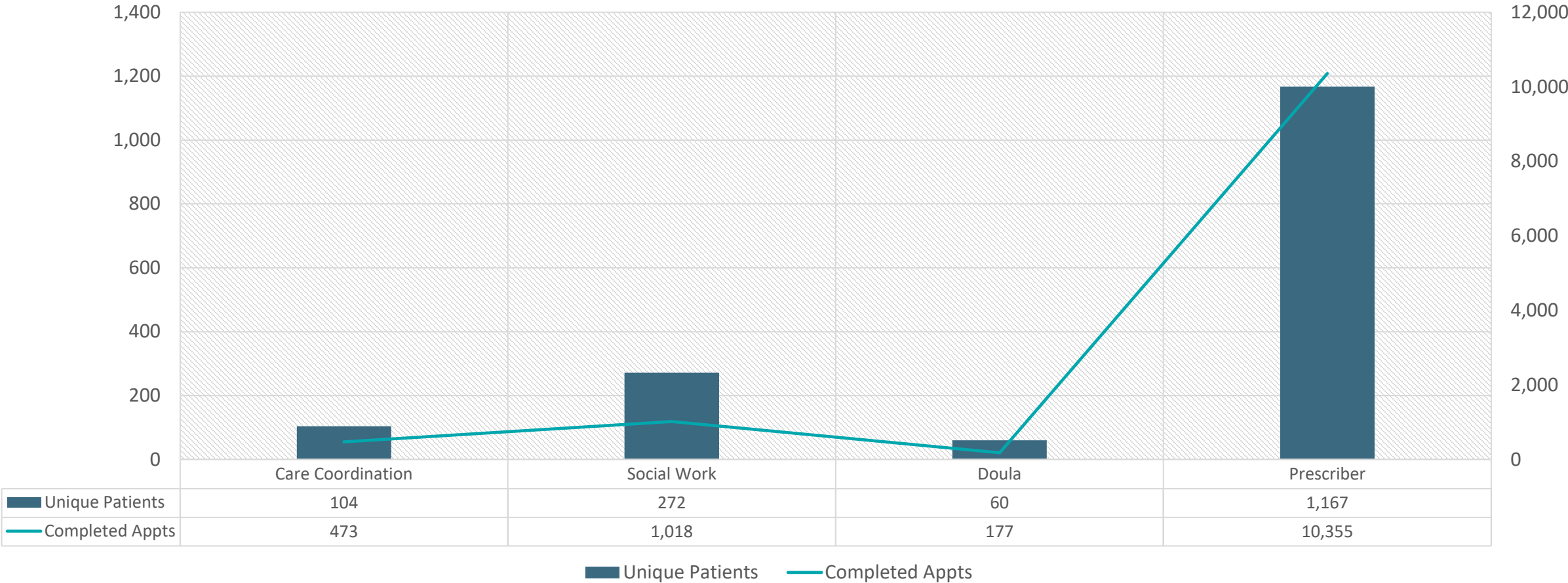Harold Brooks Grant Recipient

Interprofessional team support

BSAS Licensure

Community Relationships

Perinatal Behavioral Health Program Volume Since Inception (10/2018)

South Shore Health

Perinatal Behavioral Health Volume Since Inception (10/2018)

	Care Coordination	Social Work	Doula	Prescriber
Unique Patients	104	272	60	1,167
Completed Appts	473	1,018	177	10,355

Unique Patients   Completed Appts

C4SEN Grant

South Shore Health

Case Management

OB Care Coordinator
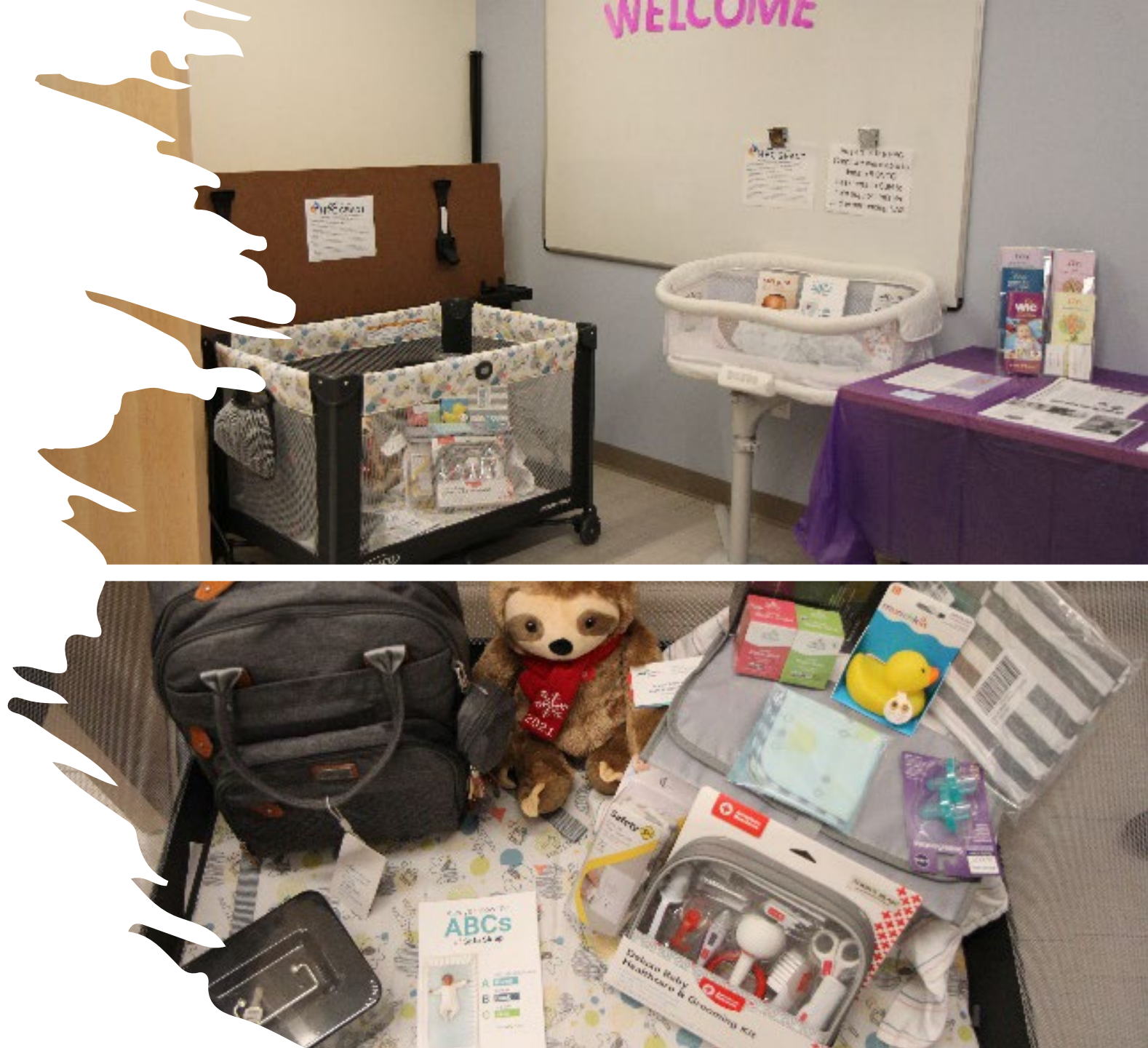
Doula labor Support

Groups
- Pregnancy education
- Lactation support
- Parenting support

Data Collection

C4SEN Grant

- Education for staff
  - EMDR
  - Motivational Interviewing
  - Perinatal Loss
  - Lactation support
- Lending library
- Supplies for SHORE clients
- Transportation for clients to and from appointments

Thinking Beyond C4SEN

- Improved collaboration with OB providers
  - Seamless access to perinatal care
  - Expanded grant opportunities
  - Education for hospital staff and OB offices
  - Expanded screening
- Community
- Organizational awareness
- Sustainability

Ongoing Needs

- Reducing stigma/bias/discrimination
  - Improve awareness
  - Reduce barriers

- Community-based Structure
  - Address multidisciplinary needs

- Reimbursement
  - Insurance contracts
  - Virtual visits

- Advocacy
  - Ongoing efforts to promote safe care

References

- Department of Health (2018) Massachusetts Neonatal Abstinence Syndrome Dashboard: https://urldefense.proofpoint.com/v2/url?u=https-3A__www.mass.gov_guides_neonatal-2Dabstinence-2Dsyndrome-2Ddashboard-23-2Dresources-2D&d=DwIFAg&c=tPWy-wiPUH3IPQUjXvembg&r=gUyDfYvA6QFVqdPahjugn3y5IqdNBU46MJOi0ku-DZ8&m=0p3wDh5gVNYR2S9HIYWj9mLLi6Pc40iP5oUI5ogLgcsc3iSePMfIewDEaMeW3jud&s=pnckfWyvztmk_mBd-qjcytC5iXpGAcAQr-wiYAfJe6M&e

- Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Guest Presentation: C4SEN Awardee South Shore Hospital

> **QUALITY MEASURE ALIGNMENT TASKFORCE (QMAT) HEALTH EQUITY TECHNICAL ADVISORY GROUP (TAG) RECOMMENDATIONS**

Evolution of Patient Experience Measurement in HPC Investment Programs

Schedule of Upcoming Meetings

Quality Measure Alignment Taskforce Background and Overview

> Massachusetts has been engaged in a voluntary process of aligning quality measures to reduce administrative burden on providers and payers and to focus quality improvement efforts.

> In the spring of 2017, EOHHS convened the Quality Measure Alignment Taskforce ("Taskforce") with representatives from the provider, payer, consumer, advocate and academic communities with expertise in health care quality measurement.

> Through a consensus process, the Taskforce has developed the Massachusetts Aligned Measure Set for **voluntary adoption** by Massachusetts payers and providers in their global budget-based risk contracts.

> The HPC has funded the external facilitation of the Taskforce by Bailit Health Inc., and also plays a role as a co-convener, Taskforce participant, and member of the core team.

Adherence to the Aligned Measure Set

HPC

The **overall trend in adherence** to the Massachusetts Aligned Measure Set from 2019 to 2022 **is positive,** but payer adherence is variable and there continue to be multiple measure sets used in global budget-based risk contracts.

Adherence rate is defined as the proportion of measures used in contracts that are endorsed.

$$\frac{\text{Sum of instances endorsed measures were used by a given payer in their global budget-based risk contracts}}{\text{Sum of instances measures (endorsed or unendorsed) were used by a given payer in their global budget-based risk contracts}}$$

Overall	MassHealth	BCBSMA	HPHC*	THP*	AllWays	HNE	BMC HealthNet	United Healthcare
2019: 65%	100%	47%	45%	61%	N/A	35%	59%	N/A
2020: 72%	100%	62%	53%	56%	N/A	42%	57%	N/A
2021: 83%	100%	81%	85%	60%	N/A	38%	67%	N/A
2022: 85%	100%	84%	81%	75%	78%	70%	57%	39%

The Taskforce's Goals Pertaining to Advancing Health Equity

QUALITY MEASURE ALIGNMENT TASKFORCE GOALS

1 Advise EOHHS on the definition and maintenance of an aligned measure set for voluntary use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts.

2 Identify strategic priority areas for measure development where measure gaps exist.

New 2021 **3** Advise EOHHS on the measurement and reporting of health and health care inequities and accountability for reducing such inequities.

EOHHS convened Health Equity Technical Advisory Groups to advance health equity data collection and accountability.

The Health Equity Technical Advisory Group (HE TAG) consisted of three subgroups:

(1) Data Standards Group

(2) Measurement Group (the Taskforce served in this role)

(3) Accountability Group

Both HE TAGs included representatives from payer, provider, research, and consumer advocacy organizations with expertise in:

The HE TAGs were jointly staffed and funded by MassHealth, CHIA, and the HPC.

The charge of the HE TAGs was to recommend an aligned approach to:

> **standardizing data collection** related to social risk factors including (but not limited to) race, ethnicity, language, disability (RELD), sexual orientation, and gender identity, and sex (SOGIS);

> **promoting and assuring completeness and integrity** of RELD and SOGIS data;

> **measuring and reporting** on health and health care inequities;

> **introducing accountability** for reducing inequities; and

> **ensuring** providers serving populations with disproportionate social risk, and the healthcare consumers attributed to them, are **not unfairly disadvantaged** by the introduction of accountability for reducing inequities.

Health Equity Data Standards TAG Overview of Recommendations

HPC

> The HE Data Standards TAG developed recommended standards for the collection of RELD and SOGIS data

> Principles for Considerations of Standards

- Data standards should align with an existing state and/or federal standard.

- Data standards should reflect current terminology and best practices for collecting RELD and SOGIS, while recognizing that terminology and best practices will evolve.

- Data standards should be implemented in order to allow the State, payers, and provider organizations to better identify and intervene on health inequities.

Data Standard	Standard Source(s)
Race	Office of Management and Budget
Ethnicity	Office of Management and Budget
Granular Ethnicity	Massachusetts Superset
Language	American Hospital Association Institute for Diversity and Health Equity; American Community Survey data for languages spoken by at least 0.5% of the Massachusetts population
Disability	Oregon Health Authority
Sexual Orientation	Centers for Disease Control and Prevention
Gender Identity	Oregon Health Authority
Sex	Oregon Health Authority

Source: EOHHS Quality Measure Alignment Taskforce | Mass.gov "Data Standards Group DRAFT Recommendations"

Health Equity Accountability TAG Overview of Recommendations

> The HE Accountability TAG developed a recommended approach for introducing accountability for health equity measures into global budget-based risk contracts.

> Principles for Health Equity Accountability (examples)

- Accountability can be introduced for multiple types of health equity measures simultaneously. Measures should be implemented in a stepwise fashion.

- ACOs should only be held accountable for actions that are reasonable for them to take, and for which performance can be measured, to reduce or eliminate identified equity barriers associated with social risk factors and health-related social needs (HRSN).*

RECOMMENDED ACCOUNTABILITY FRAMEWORK

Category 1: **Measures that Assess the Collection of Health Equity Data** *Example: Percentage of patients for which an ACO has complete health equity data*	**Category 2:** **Measures that Stratify Performance Using Health Equity Data** *Example: Gap (inequity) reduction for a specific minoritized population(s)*
Category 3: **Population-level Measures Focused on Known Inequities** *Example: Prenatal care visits for Black women*	**Category 4:** **Measures that Assess Removal of Barriers to Equity** *Example: Percentage of patients with complete health-related social needs screening*

Health Equity TAGs Timeline and Process

HPC

Fall

- EOHHS issued Notice of Intent to procure for HE TAG members (October)

OCT-NOV 2021

DEC 2021-FEB 2022

Winter

- Announced selection (January)
- Held kick off meetings for HE TAGs (February)

Spring

- Held 7 HE Data Standards TAG meetings
- Held 7 HE Accountability TAG meetings

MAR-MAY 2022

JUNE-AUG 2022

Summer

- Presented HE TAG recommendations to Taskforce (June)
- Posted recommendations for public comment
- MHQP conducted 20 interviews to support with recommended wording of questions

Conclusion

- Presented public comment to Taskforce
- Finalize recommendations
- Convene HE Measurement Subgroup

SEPT-DEC 2022

Next Steps and Areas of Opportunity

> **Implementation considerations and possible opportunities for providing support (from HE TAGs):**

- Provision of technical assistance for staff training and consumer education around importance and use of social risk factor data

- Provision of technical assistance on data standards implementation into data systems

- Explore methods to centralize/facilitate data sharing between payers and providers to avoid unnecessary re-screening of members/patients

- Convene group to update the Massachusetts Superset to measure granular ethnicity

- Convene peer learning sessions with providers and payers to share implementation challenges and best practices

> **Questions for commissioners:**

- How could the HPC use its levers to support adoption of the HE TAG recommendations?

- Is there a role for the HPC as a convener to support providers with sharing of best practices, as well as with training and technical assistance around implementation of the data standards?

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Quality Measure Alignment Taskforce (QMAT) Health Equity Technical Advisory Group (TAG) Recommendations

> **EVOLUTION OF PATIENT EXPERIENCE MEASUREMENT IN HPC INVESTMENT PROGRAMS**

Schedule of Upcoming Meetings

HPC Investment Program Evaluation

MISSON

HPC Evaluation Mission: To determine whether, how, and why HPC investment programs achieved their goals and for whom, and to effectively communicate findings to inform ongoing care transformation efforts.

MIXED METHODS

HPC Investment Program Evaluations employ both quantitative and qualitative data in a mixed methods design to assess program outcomes and impact
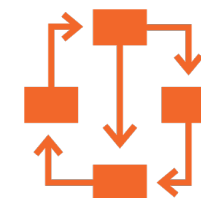
FRAMEWORK

Implementation
Was the intervention fully deployed?
Impact
Did the target population benefit?
Did the program achieve its aims?
Sustainability
Did the intervention produce lasting changes?

Patient Experience in Evaluation

HPC

The HPC recognizes the importance of incorporating patient experience in its investment program evaluation framework.

1 Patient experience plays a role in answering several key questions in the HPC's evaluation framework.

2 Positive patient experience is an essential goal of care delivery transformation and can drive engagement and improvement in other outcomes.

3 HPC investment programs represent opportunities to collect insightful patient experience data in a standardized fashion.

4 This work aligns with the agency's efforts to embed health equity into all work and to elevate patient voices.

5 Two new programs with greater focus on patient experience and health equity served as opportunities to evolve HPC's approach to patient experience evaluation.

Current Approach to Incorporating Patient Experience

> Capturing breadth and depth of patient experience through the administration of both surveys and interviews.

> Standardized questions and protocol for administration based on key evaluation questions.

> Focus on experiences with the programs as well as experiences of discrimination.

> Supported by an external contractor engaged through a procurement process.

- Contractor administers interviews; surveys are electronic

Patient Experience Approach for Cost Effective Care for Caregivers and their Substance Exposed Newborns (C4SEN) Investment Program

PROGRAM OVERVIEW

- **Program Aim:** Improve the quality, efficiency, and access to care for substance exposed newborns (SEN) and their caregivers.

- **Program Goal Related to Patient Experience:** Provide care that is free of stigma and bias

- **Five Awardees:** Berkshire Medical Center, Baystate Franklin Medical Center, Mercy Medical Center, South Shore Hospital, Southcoast Health

- 21-month implementation period

PATIENT EXPERIENCE QUESTIONS

- Did awardees provide a positive patient experience that was free of stigma, bias, and discrimination?

- Did the services awardees provided to participants create impacts with the potential to improve long-term outcomes for SEN, caregivers, and families?

Patient Experience Approach for Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Investment Program

HPC

PROGRAM OVERVIEW

- **Program Aim:** Address inequities in maternal health outcomes and improve the care and patient experience of Black birthing people by increasing access to and use of doula services

- **Two Awardees:** Boston Medical Center and Baystate Medical Center

- 21-month implementation period

PATIENT EXPERIENCE QUESTIONS

- To what degree did patients in the BESIDE program trust, and feel comfortable and respected by their health care team?

- To what extent did patients in the BESIDE program report a sense of safety and agency in decision-making across the perinatal period?

- In what ways did working with a BESIDE racially concordant doula impact patient experiences broadly, and specifically in relationship to a patient's health care team?

Patient Experience Approach for BESIDE: Patient Experience Committee

PARTICIPANTS: Doulas from both awardees and past patients in the Birth Sisters' Program at BMC

FACILITATOR: Staff member from contractor with racial concordance with participants

DURATION: Meeting 3-4 times over the course of the project implementation

SCOPE: Provide input into design of interview guide, interpretation and contextualization of findings

COMPENSATION: Provided for committee participants

BACKGROUND: Concept comes from the participatory research framework, which directly involves those with lived experience of the research topic

> Helps to address equity in research process

Patient Experience Timeline

C4SEN

Feb. 2022

May 2022

June - Oct. 2022

July 2023

June 2024

BESIDE

May 2022 — Contractor engaged

Oct. 2022 — Patient experience evaluation design completed

Sep. - Nov. 2022 — IRB submission and approval

June 2023 — End of data collection

Dec. 2024 — End of contract/final evaluation due

Reflections on Approach to Date

> **Starting Early**
> - Planning, approval processes took time and required input and participation from busy awardee staff

> **Ensuring Inclusivity**
> - Translation and interpretation considerations; reading level considerations
> - Awareness of sensitivity around the topics being discussed

> **Procurement Process**
> - Found two great teams committed to equity and concordance
> - Importance of finding credible/trusted contractors for patient experience work

> **Working with Hospital IRBs**
> - Multiple IRBs with different policies/procedures
> - Uncommon project configuration

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SCHEDULE OF UPCOMING MEETINGS

Schedule of Upcoming Meetings

BOARD

December 14

COMMITTEE

No meetings remaining for 2022

ADVISORY COUNCIL

December 7

SPECIAL EVENTS

November 2
Cost Trends Hearing

Mass.gov/HPC

HPC-info@mass.gov

@Mass_HPC

tinyurl.com/hpc-linkedin

2023 Public Meeting Calendar

HPC

– JANUARY –

S	M	T	W	T	F	S
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– FEBRUARY –

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– MARCH –

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– APRIL –

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– MAY –

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– JUNE –

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– JULY –

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– AUGUST –

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– SEPTEMBER –

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– OCTOBER –

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– NOVEMBER –

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– DECEMBER –

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BOARD MEETINGS
Wednesday, January 25
Wednesday, March 15 – Benchmark Hearing
Wednesday, April 12
Wednesday, June 7
Wednesday, July 12
Wednesday, September 13
Wednesday, December 13

COMMITTEE MEETINGS
Wednesday, February 15
Wednesday, May 10
Monday, July 10 (Administration & Finance)
Wednesday, October 4

ADVISORY COUNCIL
Wednesday, February 8
Wednesday, May 24
Wednesday, September 20
Wednesday, December 6

COST TRENDS HEARING
Wednesday, November 1

All meetings will be held virtually unless otherwise noted. This schedule is subject to change, and additional meetings and hearings may be added.