



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

November 9, 2016



AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
- Administration and Finance
- Schedule of Next Board Meeting



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VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on September 27, 2016, as presented.



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 - Notices of Material Change
 - Performance Improvement Plans
 - *Gobeille v. Liberty Mutual Insurance*/NASHP DOL Comment (VOTE)
 - 2016 Cost Trends Hearing
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Types of Transactions Noticed

April 2013 to Present

Type of Transaction	Number of Transactions	Frequency
Physician group merger, acquisition, or network affiliation	17	25%
Clinical affiliation	16	23%
Acute hospital merger, acquisition, or network affiliation	14	20%
Formation of a contracting entity	10	14%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	6	9%
Change in ownership or merger of corporately affiliated entities	5	7%
Affiliation between a provider and a carrier	1	1%

Elected Not to Proceed

Proposed clinical affiliation between **Boston Children's Hospital** and **South Shore Medical Center** (SSMC), a private practice owned by South Shore Health System with more than 100 providers in Norwell, under which Children's would become the preferred pediatric academic medical center for SSMC patients, and Children's would provide a discount on services provided to SSMC risk members.

- HPC staff analysis indicated that referral patterns for SSMC patients were not expected to shift significantly, and thus that there was limited scope for changes to health care spending.
- The HPC did not find evidence suggesting negative impacts on quality or access to care.

Proposed contracting affiliation between the **Pediatric Physicians' Organization at Children's, LLC** (PPOC), partially owned by Children's Hospital Corporation with 295 primary care pediatricians, and **Child Health Associates** (CHA), a 12-physician pediatric primary care group in Auburn and Shrewsbury, under which CHA would join PPOC payer contracts.

- HPC staff analysis using claims data in the All Payer Claims Database indicated that PPOC and CHA primary care pediatricians received similar rates for primary care services.
- The HPC found that referral patterns were not expected to shift significantly, and thus that there was limited scope for changes to health care spending.
- The HPC did not find evidence suggesting negative impacts on quality or access to care.

Elected Not to Proceed

- Proposed acquisition by **Partners HealthCare System of Wentworth-Douglass Health System**, which serves the Seacoast Region of New Hampshire and includes an acute care hospital, Wentworth-Douglass Hospital, as well as physicians and other health professionals.
 - HPC staff analysis indicated that Wentworth-Douglass provides few services to Massachusetts patients, and will largely continue to conduct its own payer contracting with New Hampshire licensed health plans. The HPC also found that any change in referral patterns is likely to increase referrals from New Hampshire patients to Massachusetts.
 - Thus, the HPC anticipates limited scope for negative impact on spending in Massachusetts or on the competitive market for health care in Massachusetts. The HPC did not find evidence suggesting negative impacts on quality or access to care in Massachusetts.
 - The HPC understands the transaction is still undergoing review by other agencies, e.g., the New Hampshire Attorney General's Office.

Elected Not to Proceed

Received Since 9/27

Proposal by **Southcoast Health System** to cease participation in NEQCA payer contracts and create a new contracting entity, Southcoast Health Network, which would establish risk contracts on behalf of Southcoast Physicians Network (approximately 425 employed and affiliated physicians) and the Southcoast Hospitals Group (Saint Luke's Hospital, Tobey Hospital, and Charlton Memorial Hospital).

- HPC staff analysis indicated that Southcoast physician rates and referral patterns were not expected to change significantly, and thus that there was limited scope for changes to health care spending.
- The HPC did not find evidence suggesting negative impacts on quality or access to care.

Notices Still Under Review

Received Since 9/27

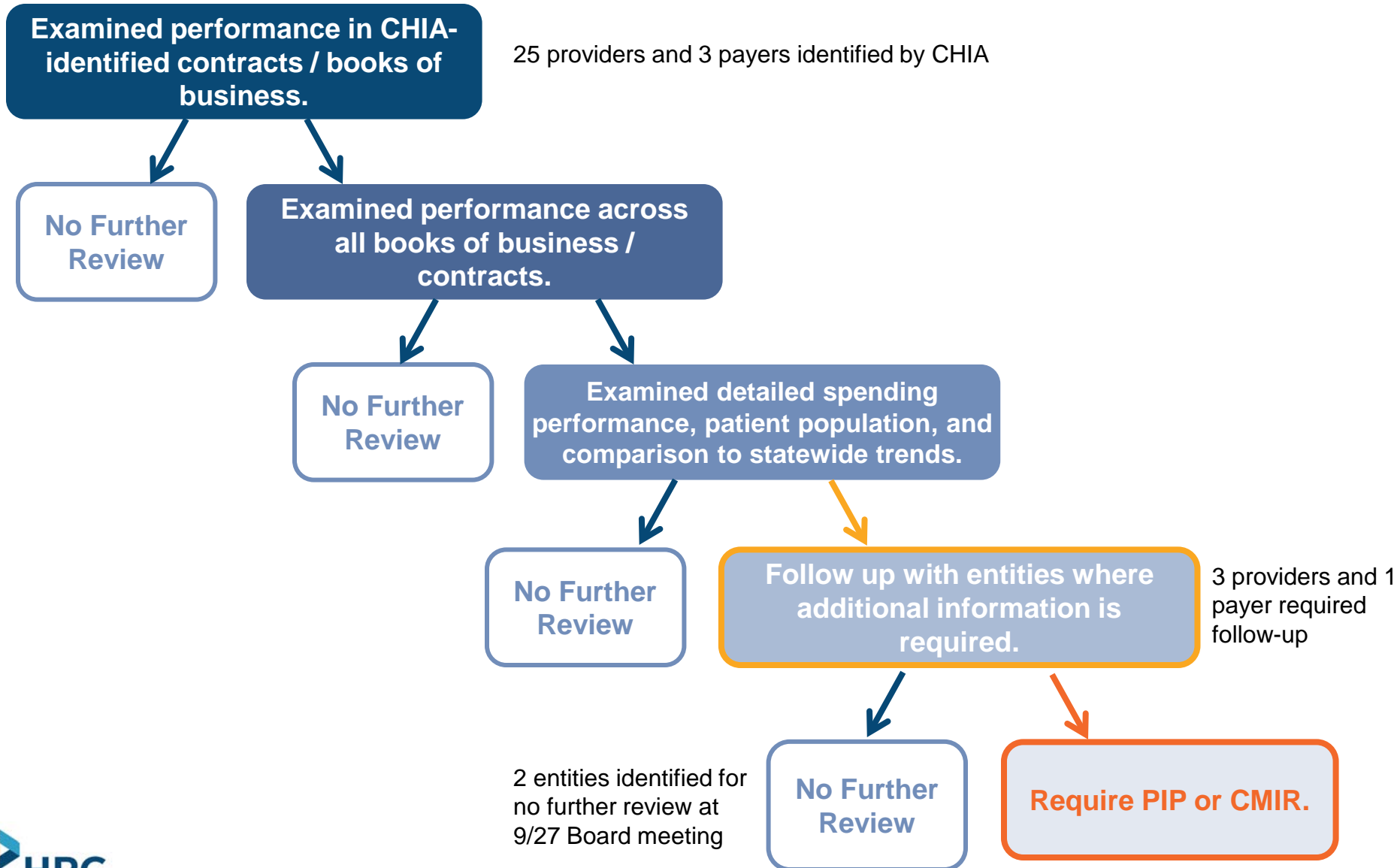
- Proposed merger of two general acute care hospitals owned by UMass Memorial Health Care, **HealthAlliance Hospital** (HAH) and **Clinton Hospital** (Clinton), under which Clinton would become a satellite location under HAH's hospital license. The parties state that HAH and Clinton would continue to provide their current services.
- Proposed acquisition of **Central Massachusetts Independent Physician Association** (CMIPA), a 200-physician independent practice association in Worcester County and Springfield, by **Steward Health Care Network** (Steward). Under the proposed transaction, Steward would purchase substantially all assets of CMIPA and take over certain CMIPA contracts.



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Overview of HPC's 2016 Initial Review Process



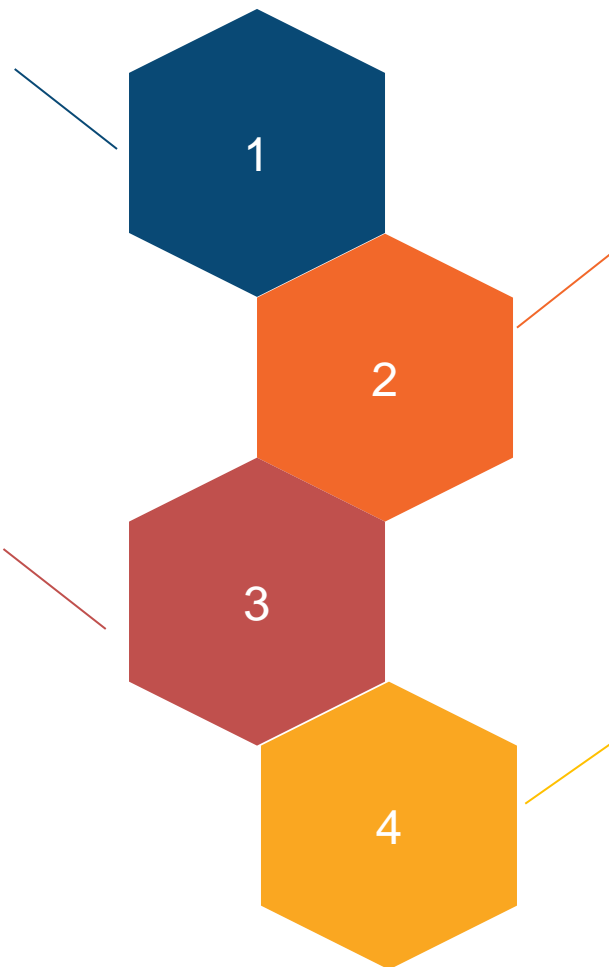
Key Themes Reported by the Entities

Preliminary Data

The entities pointed to changes in the final 2014 data versus the preliminary 2014 data

High Cost Outliers

Some entities provided data indicating that a few high cost patients had significant impact on their spending performance



Pharmacy

Entities pointed to growing pharmaceutical costs as a significant driver of spending that was largely outside their control

Risk Adjustment

Entities raised questions about the ability of risk adjustment tools to capture risk for specific sub-populations

Considerations and Recommendations

September 27, 2016: Staff recommended no further review for two of the four entities.

Both remaining entities have met with the HPC and provided the requested follow-up information.

The HPC has reviewed the information submitted by such entities and has no further questions at this time.

These entities have identified their cost growth drivers and are implementing activities to control costs and increase efficiency.

CHIA will provide a new list that includes final 2014 and preliminary 2015 data this fall.

With additional data, the HPC will continue to assess performance over time for these entities.



Staff recommend
against
Performance
Improvement Plans
for the two
remaining entities.

Future Monitoring and Review of the 2016 List

- Entities appearing again on CHIA's list will receive particular attention and will be required to demonstrate a strong commitment to cost control in order to avoid a PIP.
- Consistently high year-over-year cost growth will be particularly concerning, especially when occurring in large member-month contracts.
- The HPC expects to look at whether mergers, affiliations, or other transactions that included claims of increased efficiency have led to decreased TME.
- HPC staff look forward to discussing these and other possible additions to the gated review process at the next CTMP Committee meeting (December 7, 2016).

Regulation Development

Proposed Regulation 958 CMR 10.00

- The HPC released Interim Guidance in March.
- The HPC is developing a draft regulation, based on the Interim Guidance, which will be released for public comment this winter.
- Promulgation of a final regulation is anticipated in Spring 2017.

958 CMR: HEALTH POLICY COMMISSION

958 CMR 10.00: PERFORMANCE IMPROVEMENT PLANS

Section

- 10.01: General Provisions
- 10.02: Definitions
- 10.03: Notice of Identification by the Center
- 10.04: Notice of Requirement to File a Performance Improvement Plan
- 10.05: Timing for Submission of a Performance Improvement Plan or Request for a Waiver or Extension
- 10.06: Request for Waiver
- 10.07: Request for Extension
- 10.08: Performance Improvement Plan Proposal
- 10.09: Approval or Disapproval of a Proposed Performance Improvement Plan
- 10.10: Implementation, Reporting and Monitoring
- 10.11: Amendments during Implementation
- 10.12: Conclusion of Implementation Period
- 10.13: Confidentiality
- 10.14: Penalties
- 10.15: Notice of a Cost and Market Impact Review
- 10.16: Cost and Market Impact Review Process for CHIA-Identified Provider Organizations
- 10.17: Severability

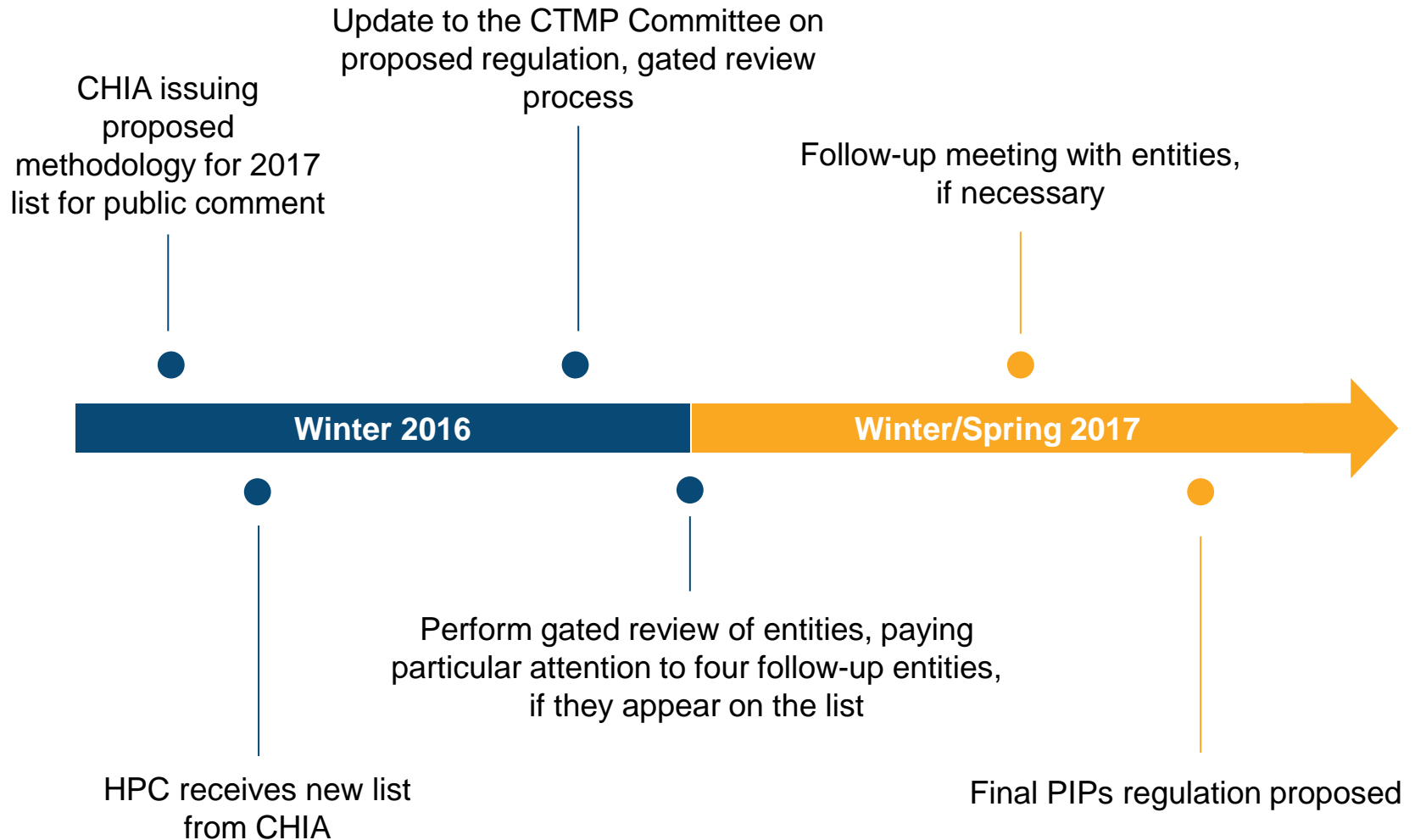
10.01: General Provisions.

Scope and Purpose. 958 CMR 10.00 governs the process and criteria used to require Performance Improvement Plans as authorized in M.G.L. c. 6D, § 10. 958 CMR 10.00 specifies the process for submission, approval, and amendment of Performance Improvement Plans pursuant to M.G.L. c. 6D, § 10, as well as the process for conducting Cost and Market Impact Reviews of Provider Organizations pursuant to M.G.L. c. 6D, § 13(b).

10.02: Definitions.

All defined terms in 958 CMR 10.00 are capitalized. As used in 958 CMR 10.00, these terms have the following meaning:

Next Steps





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HPC Letter in Support of NASHP Comments to the DOL Regarding *Gobeille*

- U.S. Department of Labor (DOL) requested public comments on the annual reporting requirements for group health benefit plans in light of *Gobeille*.
- The National Academy for State Health Policy (NASHP), in collaboration with the National Association of Health Data Organizations and the APCD Council, submitted detailed comments to the DOL advocating for enhanced federal reporting by self-insured health plans.
- CHIA endorsed the NASHP comments in furtherance of its participation in a national working group of states with APCDs to develop strategies to sustain access to robust health care data for Massachusetts and other states.
- Commissioners expressed interest in submitting an HPC letter to the DOL endorsing the NASHP comments.

National Academy for State Health Policy (NASHP) Comments to the DOL

NASHP –September 20, 2016



Comments on Department of Labor Notice of Proposed Rulemaking

Docket # EBSA-2016-0010; RIN 1210-AB63

Submitted by the National Academy for State Health Policy (NASHP), in collaboration with National Association of Health Data Organizations (NAHDO), and the APCD Council

On July 21, 2016, the Department of Labor (DOL) and coordinating agencies published a Notice of Proposed Rulemaking¹ and a Notice of Proposed Revision of Annual Information Return/Reports² proposing changes to the Form 5500 annual report for employee benefit plans. We are responding to DOL's request for public comments on "those conforming amendments and the proposed annual reporting requirements for plans that provide group health benefits, including the new Schedule J, in light of the Supreme Court's recent decision in *Gobeille v. Liberty Mutual Insurance Co.*, 136 S. Ct. 936 (2016)."³

These comments are submitted by the National Academy for State Health Policy (NASHP), in collaboration with The National Association of Health Data Organizations (NAHDO), and the APCD Council, reflecting the views of States that have enacted laws establishing all-payer claims database reporting laws. All-payer claims databases (APCDs) are large-scale, State-run databases that collect health care claims data and provider data from all types of payers in the State, including private insurers, public payers, dental insurers, prescription drug plans, State employee health plans, and others. APCDs gather data for each patient encounter that can be used to better understand health care payments, quality, and utilization. Eighteen states have or are in the process of establishing APCDs, which are critical tools for regulators and researchers to oversee health care costs and quality,⁴ and are recognized in the Affordable



Vote: Letter in Support of NASHP Comments to the DOL

Motion: That the Commission hereby authorizes the submission of the attached letter in support of the comments of the National Academy for State Health Policy to the U.S. Department of Labor regarding proposed annual reporting requirements for self-insured group health plans.



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Annual Health Care
Cost Trends Hearing

CTH
2016

Most Attended Hearing in HPC History

AUDIENCE



- Nearly **400** individuals in-person
- Over **2,700** individuals watching online
- Viewers came from the **US, Germany, the Philippines, the UK, and Australia**

WEBSITE



- **5,330** unique website visits
- **6.6%** of all traffic to the Mass.Gov website
- The majority of people navigated to the **Cost Trends Hearing** agenda and materials

TWITTER



- **143** Official HPC Tweets
- **69,800** impressions
(potential views by unique Twitter users)
- **32%** outside of Massachusetts
with **4%** outside of the US
- **304** Retweets → **175** Likes → **50** Replies

MEDIA



- **25** unique articles across **14** major news outlets

Key Takeaways: Identified Ongoing Challenges

Growing health insurance premiums are a significant burden for businesses and consumers



Provider price variation continues to be a major concern



Pharmaceutical price increases and a lack of pricing transparency are primary concerns for payers and providers



Acquisitions of physicians, including acquisitions under MCN thresholds, are driving consolidation of care into large, hospital-based systems. Providers believe that consolidation creates efficiencies but they lack data demonstrating resulting cost savings.

MA continues to have significantly higher rates of hospital readmissions and ED utilization than the rest of the country



Key Takeaways: Forward-Looking Strategies



Aligned quality measurement and reporting is critical to enhance the effectiveness of APMs and reduce administrative burden

Community-based care has the potential to improve outcomes and reduce costs, as local resources often best identify gaps in care



Improving price transparency, especially for physicians at the time of referral, can promote high-value care



Properly addressing social determinants of health requires investment but has the potential to produce long-term cost savings and increase overall wellness

Patient involvement and engagement are key to cost containment and transformation efforts



Telemedicine has the potential to enable cost-effective care and is growing in use, but reimbursement policies and other barriers keep it from being used widely



What Did YOU Take Away From the Hearing?





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OPP Regulatory Amendment (958 CMR 3.000)

- Recent opioid law included a provision to add new **carrier reporting requirements detailing aggregate data on claims and claims denials** submitted annually to OPP (*Chapter 52 of the Acts of 2016 & M.G.L. c. 176O, sec. 7*).
 - **OPP's Health Insurance Consumer Protection regulation** must be amended to incorporate the new statutory requirements.

- The new reporting requirements:
 - **Provide greater transparency** regarding the total “universe” of fully insured claims/requests for services submitted and denied, with further specificity about the reasons for which claims are denied.
 - **Broaden the data currently reported to OPP** which is limited to data on internal grievances and external reviews of adverse determinations for medical necessity.
 - **Supplement information submitted to DOI** pursuant to DOI's mental health parity authority, which is limited to information about services that require prior authorization (comparing medical/surgical and mental health/substance use disorder) and excludes pharmacy claims.
 - **Captures** post-service denials and claims regarding treatments/services that do not require prior authorization (e.g, out-of-network provider, service not covered, administrative denials, such as duplicate/incomplete claims, coding errors).

Regulatory Development: Stakeholder Engagement/Feedback

- Since previewing the regulatory revisions with the QIPP Committee, HPC staff have conducted significant **stakeholder outreach** with carriers (MAHP, BCBS) to get input in developing the proposed regulation
- HPC staff have been working closely with the **Division of Insurance** (DOI), given DOI's authority regarding parity certification and the related reporting requirements
- HPC staff have conducted preliminary outreach to **other states** (VT, CT, MD) that have similar carrier reporting requirements

Regulatory Development: Key Considerations

- HPC staff seek to **minimize administrative burden** for carriers to the extent possible in implementing the new requirements
- HPC staff are developing a proposed **reporting template** to guide submissions, on which staff is soliciting feedback from carriers and DOI; staff encourage comments on the reporting template during the public comment period
- The new required information would be **first reported to OPP in 2018** (reporting on 2017 data)
- Stakeholders will have additional opportunities to provide feedback on 958 CMR 3.00 during the upcoming **public comment period**, including during a public hearing

Update on Proposed Timeline



May 18, 2016 – *Previewed regulatory revision with the QIPP Committee*

June 1, 2016 – *Previewed regulatory revision to full Board*

November 2, 2016 – *QIPP Committee voted to advance proposed regulation*

November 9, 2016 – Full Board to review and vote to release proposed regulation

November 30, 2016 – Public hearing on proposed regulation; deadline to submit comments (5:00PM)

December 7, 2016 – QIPP Committee to review final regulation

December 14, 2016 – Full Board to review final regulation

**Dates may be subject to change.*



Vote: Office of Patient Protection Regulation

Motion: That the Commission hereby approves the issuance of the PROPOSED updates to Office of Patient Protection regulation, 958 CMR 3.00, *Health Insurance Consumer Protection*, as advanced by the Quality Improvement and Patient Protection Committee and attached hereto, for public comment.



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- **Care Delivery and Payment System Transformation**
 - Registration of Provider Organizations (RPO) Program
 - Care Delivery Certification Programs
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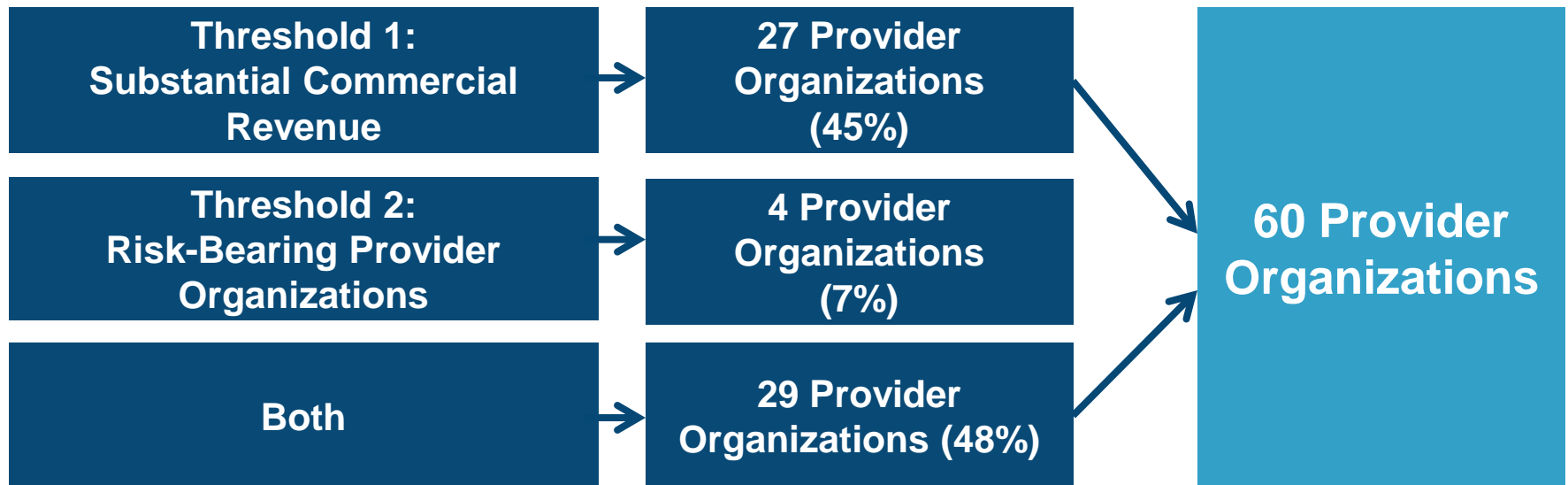


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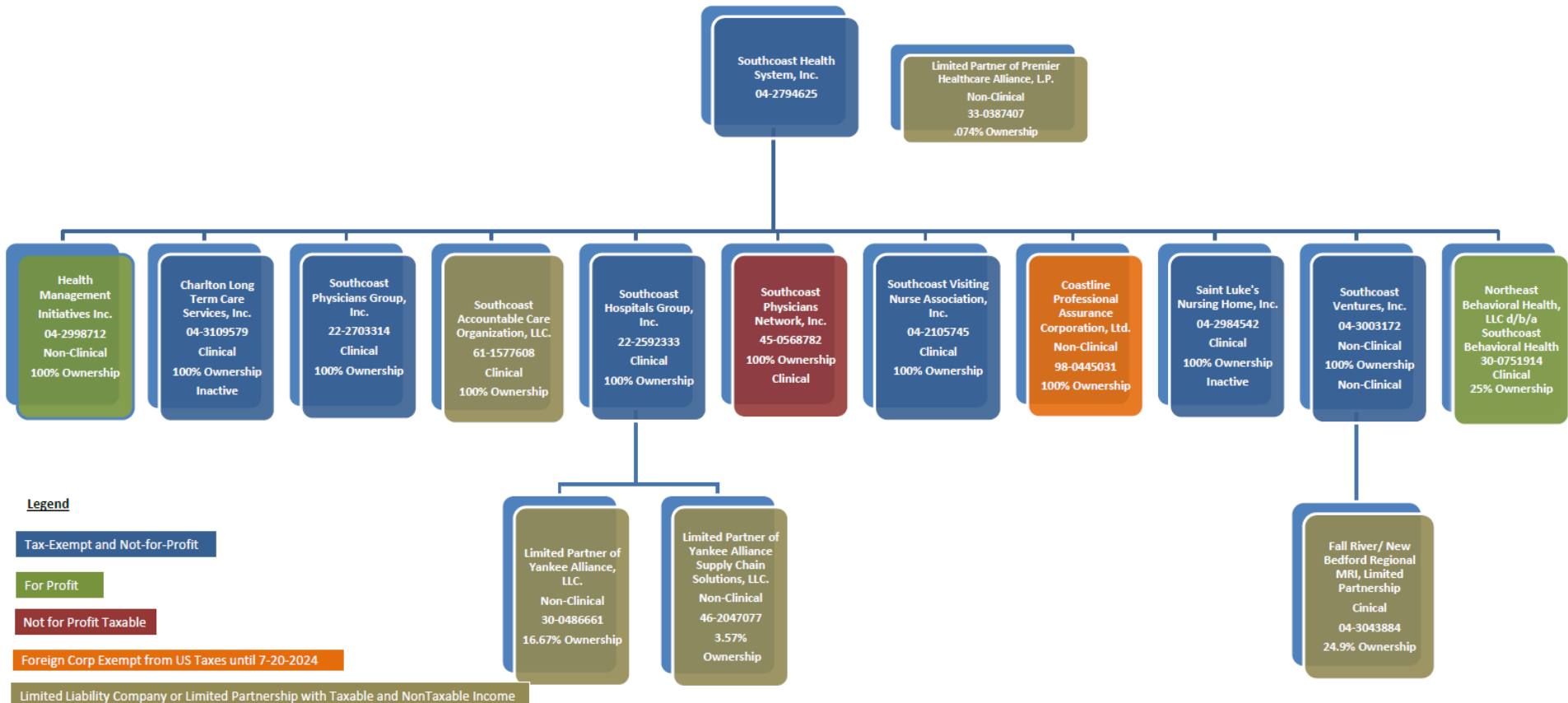
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Overview of the MA-RPO Program

The Massachusetts Registration of Provider Organizations (MA-RPO) Program is a first-in-the-nation initiative through which the largest Massachusetts health systems submit information about their corporate, contracting, and clinical relationships.



Sample Provider Organization: Southcoast Health System



Initial Registration Data

For each Provider Organization, the dataset includes:

List of the entities that the organization owns or controls

Corporate organizational charts

List of owned, licensed facilities

Information on contracting practices

List of the providers on whose behalf the Provider Organization establishes contracts

Descriptions of key clinical partnerships

Standardized physician rosters

**Internal
corporate and
contracting
structure**

**External
contracting and
clinical
relationships**

The RPO dataset can provide value to a wide variety of end users



Data Release Format

Available Immediately

- Individual files for each Provider Organization, including org chart and physician roster
- Master file that includes all 60 Provider Organizations

Future Options

- Interactive features and maps
- Report builders and search tools

The RPO dataset is a robust source of information on the Massachusetts acute hospital and physician markets

All general acute care hospitals (57) and four specialty hospitals located in Massachusetts are accounted for in the data.

21,678

Total MA-based
physicians captured

85.5%

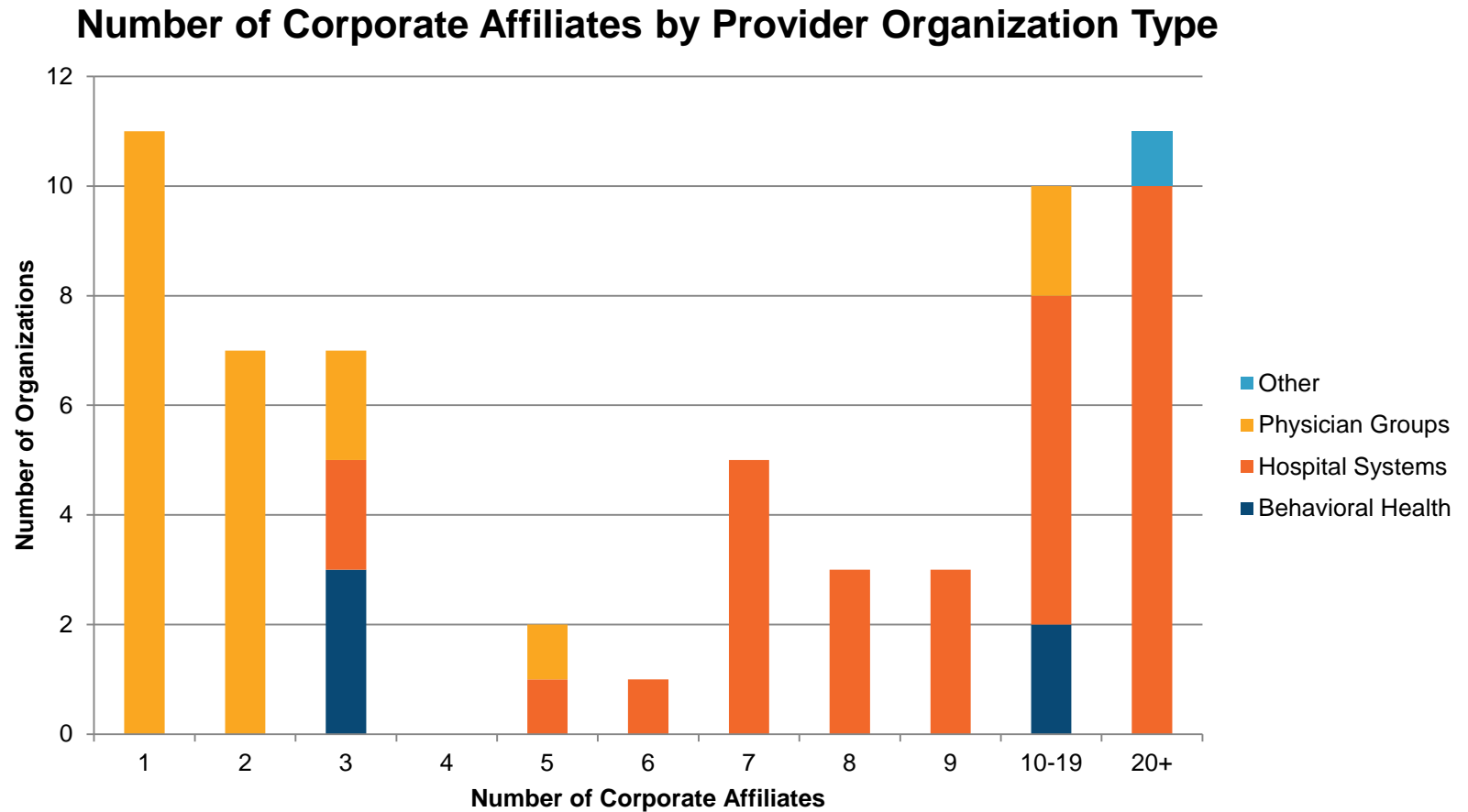
Percent of all MA-
licensed physicians

91.9 & 105.1%

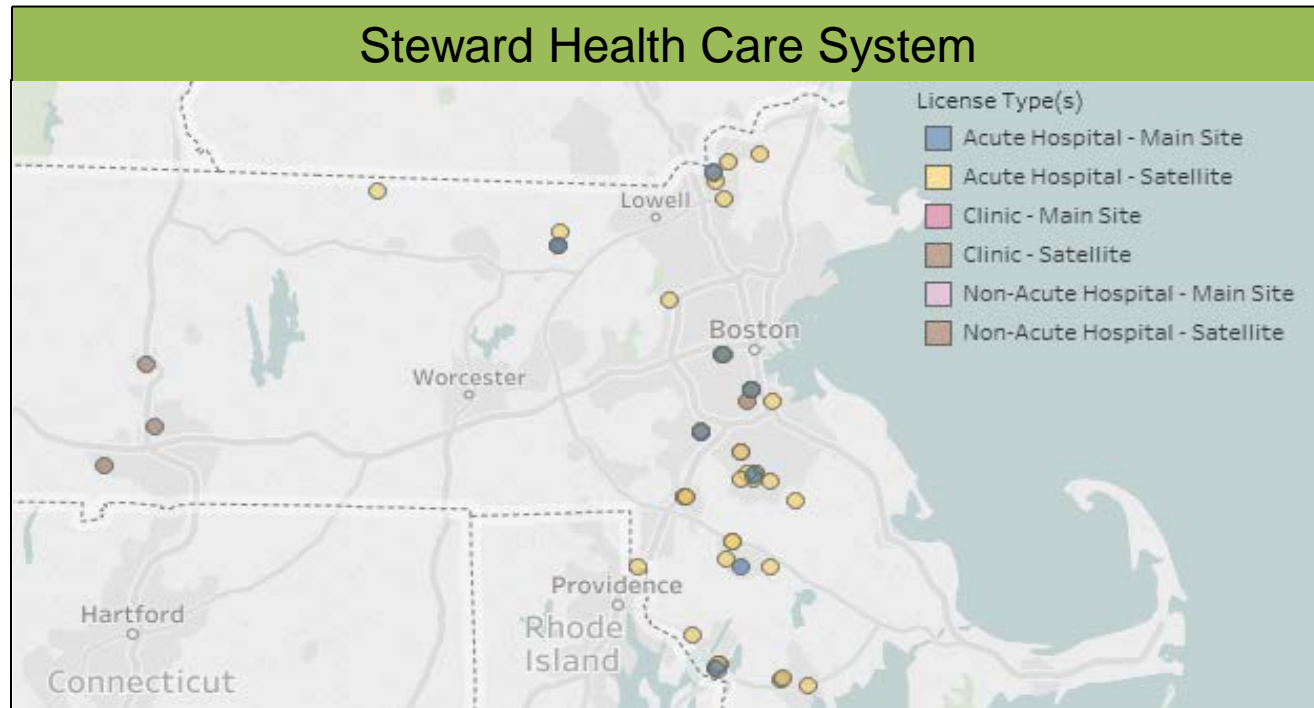
Physician overlap between RPO dataset and
similar commercial datasets

Because the statutory threshold for registration is based on commercial NPSR, providers that typically have a high public payer mix may not be captured. For example, the RPO dataset includes few exclusively behavioral health providers and long term care providers.

Provider Organizations vary in size and complexity

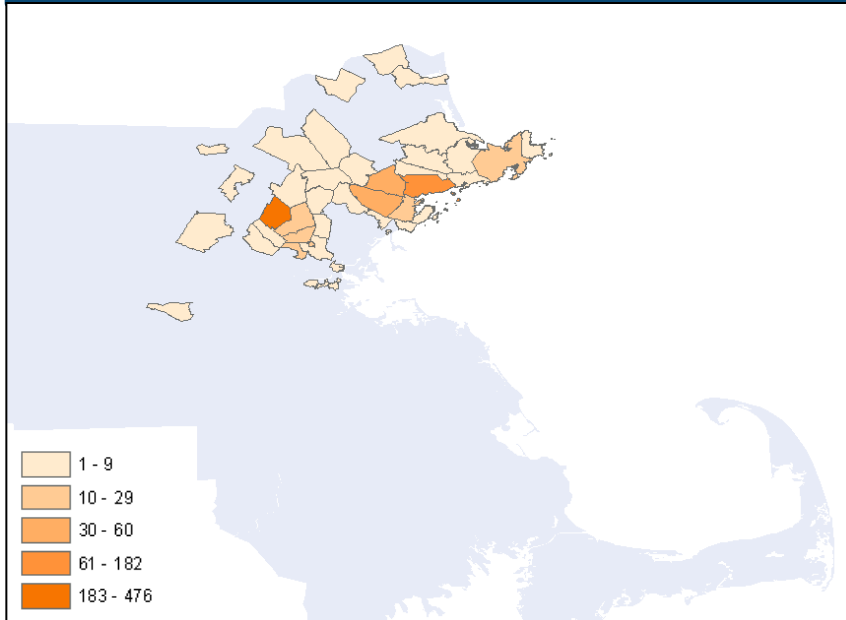


The RPO dataset can identify the types of licensed facilities – and their system affiliation – within a given geographic region

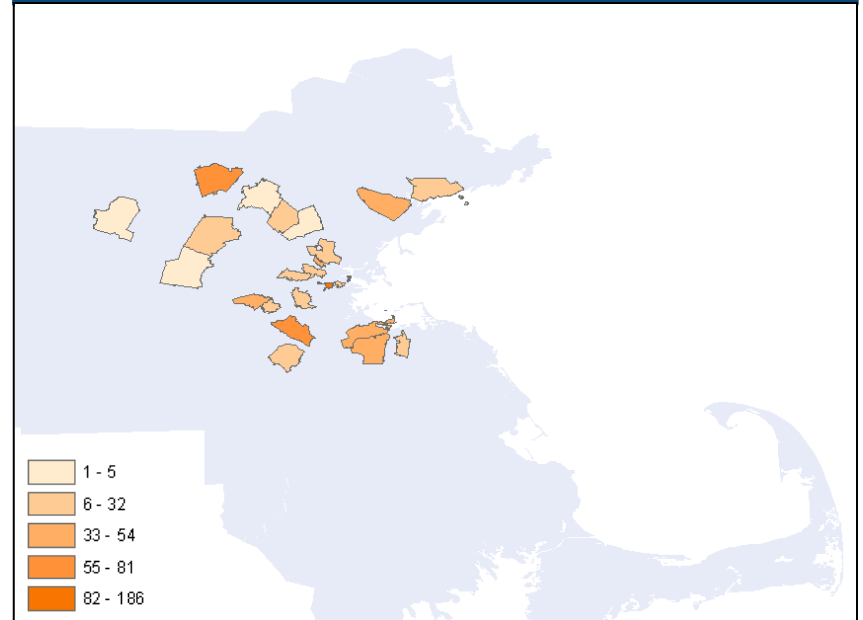


The RPO dataset can show the geographic spread of physicians affiliated with a given system

Lahey Health System



Atrius Health



But don't take our word for it...

“The RPO dataset, coupled with the APCD, could make Massachusetts an early leader and the best understood state health system in the country.”

- Researcher, Harvard T. H. Chan School of Public Health

Approach to MA-RPO Program Development and Administration

Massachusetts RPO Program

Collaborative Program Development

Agencies jointly define and prioritize data elements and design the online submission platform



Single-Agency Program Administration

HPC administers the program by holding training sessions, serving as the Provider Organizations' point of contact, and reviewing submitted files



Benefits

- Reduces potential confusion and administrative burden
- One annual filing to a single program satisfies all reporting requirements for both HPC and CHIA
- One point of contact for Provider Organizations
- No off-cycle updates

2017 Filing Overview

Data submitted in Initial Registration **will be prepopulated** in the online submission platform. Provider Organizations will **review and update** this information.

New Information

Standardized Financial Statements

APM Revenue

Provider-to-Provider Discounts

Updates to Existing Information

Minor updates to existing files
based on Provider Organization
feedback and data user needs

Anticipated Timeline

Anticipated 2017 Annual Filing Timeline					
	Summer 2016	Fall 2016	Winter 2017	Spring 2017	Summer 2017
Stakeholder Meetings					
Initial Registration data release					
Public Comment on the Draft DSM					
Updates to DSM and online submission platform					
Release Final DSM and any filing templates					
Online submission platform open					
Annual filing materials due					
*Dates are approximate.					

The proposed DSM will be posted on the HPC's website and e-mailed to everyone on the program's listserv. Please send comments to HPC-RPO@state.ma.us.



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 - **Care Delivery Certification Programs**
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Since January 1, 2016 Program Launch

8 practices are PCMH PRIME Certified

Boston Health Care for the Homeless Program
(BHCHP) (3 sites)

East Boston Neighborhood Health Center
Family Doctors, LLC
Fenway South End
Lynn Community Health Center
Whittier Street Health Center



19 practices

have applications under review for PCMH PRIME
Certification

28 practices

are on the **Pathway to PCMH PRIME**



2 practices

are working toward NCQA PCMH Recognition and
PCMH PRIME Certification concurrently

Celebratory Events at Fenway South End and Lynn CHCs



The Boston Globe

The Boston Globe

[Lynn health center joins innovative program](#)

Sept. 29, 2016



The Daily Item

Itemlive.com

The Lynn Daily Item

[Help for body and mind in downtown Lynn](#)

Sept. 30, 2016

Successful Series of PCMH PRIME Trainings

In conjunction with NCQA, the HPC has held a variety of trainings on criteria, documentation requirements, and application processes.



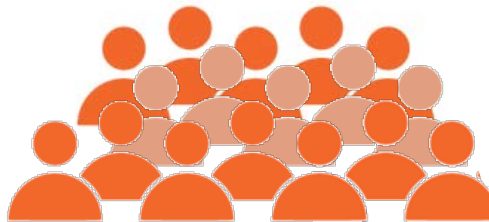
4
webinars



~100
**primary care
practice
attendees**

83%
**Attendees
found training
effective**

2
**in-person
trainings**



65
**primary care
practice
attendees**

88%
**Attendees
found training
effective**

Key Next Steps

PCMH PRIME Certification

- Complete technical assistance program design activities and implement TA in early winter 2017
- Continue discussions with NCQA regarding 2017 PCMH program redesign and implications for PCMH PRIME
- Determine schedule of program communications and trainings for 2017

ACO Certification

- Engage with Mass IT to design and build online submission platform
- Finalize detailed submission requirements for ACOs
- Develop training materials / platform instructions for ACOs



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 - CHART Investment Program Update
 - CHART Phase 2 Evaluation
 - CHART Phase 2 Financial Monitoring
- Administration and Finance
- Schedule of Next Board Meeting



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 - **CHART Investment Program Update**
 - CHART Phase 2 Evaluation
 - CHART Phase 2 Financial Monitoring
- Administration and Finance
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CHART Phase 2: Activities Since Program Launch¹

9
regional meetings

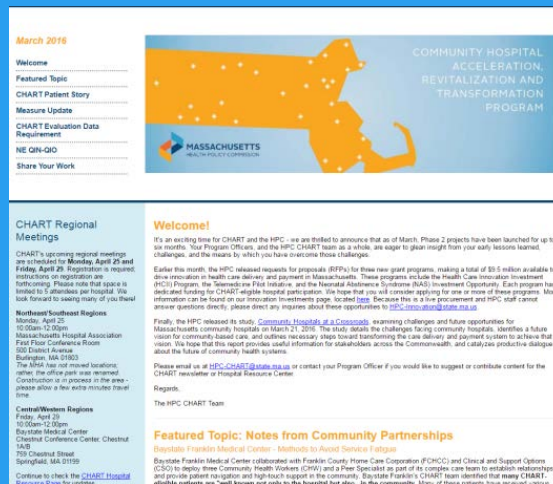
with

500+
hospital and
community provider
attendees

135+
technical assistance
working meetings

456+
hours of coaching phone
calls

11
CHART newsletters



2,406 unique visits
to the CHART hospital
resource page

CHART Hospital Resource Center

Updates from the HPC

CHART Phase 2 Reports

CHART Phase 2 reports with due dates that fall during a weekend or state holiday may be submitted before the due date or on the next business day after the weekend/state holiday.

Upcoming CHART Regional Meetings

HPC CHART will host several regional meetings in 2016. Registration is required; instructions on registration are forthcoming. Please note that space is limited to 5 attendees per hospital. [Regional assignments can be found here.](#)

April CHART Regional Meetings

Northeast/Southeast Regions
Monday, April 25
10:00am-12:00pm
[Massachusetts Hospital Association](#)



CHART Phase 2 Program Guide

- [CHART Phase 2 Award Guide](#)
- [Lessons Learned and Reflections](#)
- [Request for Modification - Budget](#)
- [Request for Modification - Key Performance Indicators](#)

CHART Phase 2 Measurement

To obtain a copy of your CHART Program unique measure reporting template, please contact your CHART Program Manager.

- [Baseline Data Submission Template](#)
- [Program-specific Measure Specification Template](#)

279+
data reports received

HPC Hosts First CHART Phase 2 Statewide Convening



**UMass
Medical
School,
Worcester
Oct 28,
2016**

**115 hospital
and partner
attendees**

Four panels:

1. Readmission reduction programs
2. ED or inpatient high utilization programs
3. ED *and* inpatient high utilization programs
4. ED behavioral health programs

Several key themes emerged from the CHART teams

**Engaging and
persisting**



**Providing
appropriate and
efficient clinical care**



**Mobilizing
resources**



**Optimizing and
streamlining
program operations**



**Working with
community partners**



CHART teams are passionate about their work and excited to sustain their programs over time

“We engage patients as people...[who] need a connection. We ask, ‘how are you doing? How can we help?’”

- Tracey Weeden, LICSW, Director of Assessment Services, Harrington Memorial Hospital

“It’s not easy to move from a ‘patient-’ to a ‘person-centered’ approach, but **that’s what our patients need from us.”**

- Annette Szpila, RN, Program Manager, Baystate Franklin Medical Center

 **Massachusetts HPC** @Mass_HPC · Oct 28
How do **#HPCCHART** teams engage patients they can't find? "We FIND them!" says @SignatureHlth Brockton's Deborah Jean Parsons **#WhateverItTakes**

“Your encouragement and support made me keep going, and you connected me to the program that I’m now on my way to. Thank you for making this possible.”

- Heywood/Athol Joint Award patient

“We build a bridge between services.”

- Yajaira Ramos, Community Health Worker, Behavioral Health Network

 **Massachusetts HPC** @Mass_HPC 
.@BIDMilton reports proper management of pts w/BH needs means reduced stigma: “This [CHART] grant has humanized these patients” **#HPCCHART**

Massachusetts HPC @Mass_HPC · Oct 28
Carol Plotkin of @HallmarkHealth: There are 1,000's whose lives have changed because of the **#HPCCHART** Programs; that needs to be celebrated.

  6  10 



AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
 - CHART Investment Program
 - **CHART Phase 2 Evaluation**
 - CHART Phase 2 Financial Monitoring
- Administration and Finance
- Schedule of Next Board Meeting

Building insight into care delivery and hospital transformation

Evaluation goals

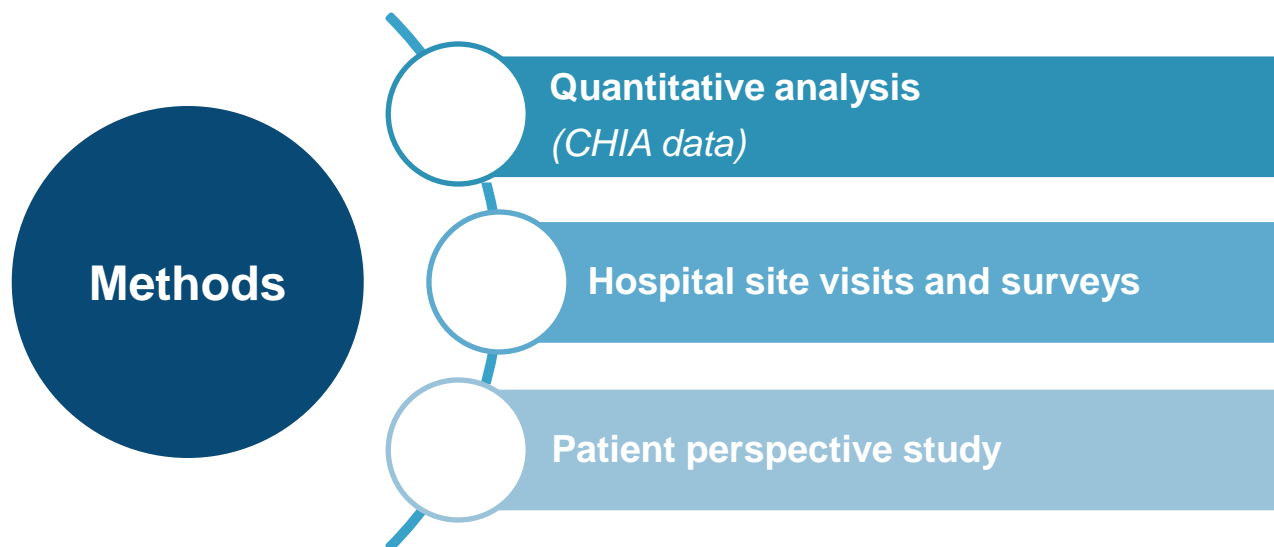
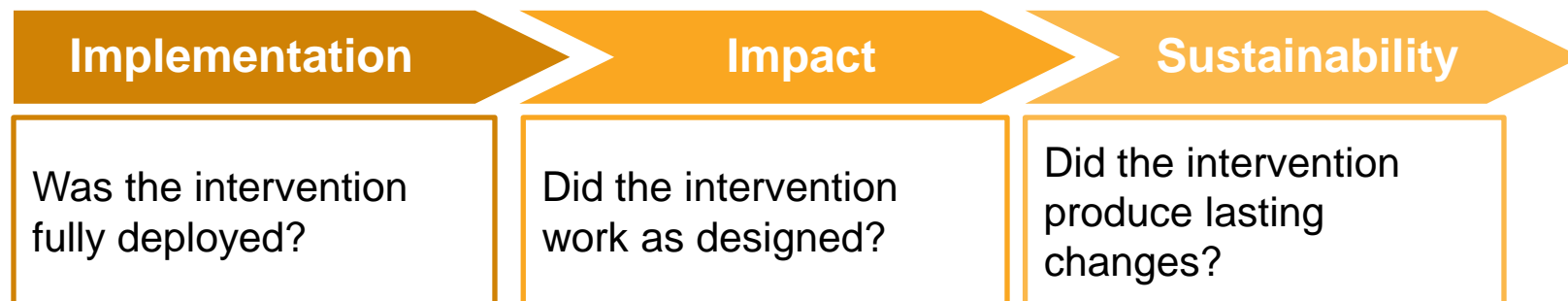


in partnership with

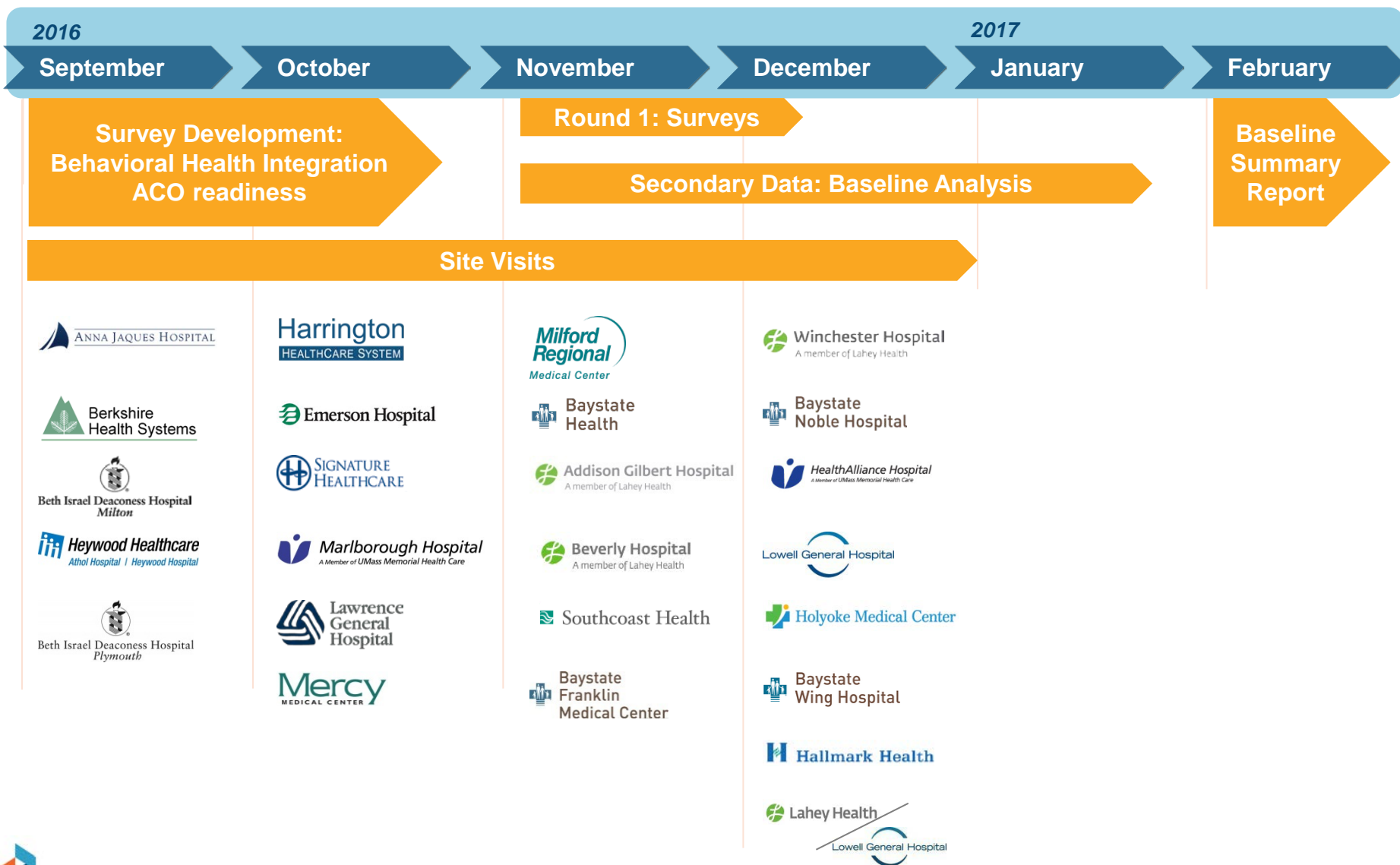


School of Public Health

Assessing performance of a forward-looking investment



Evaluation Status





AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
 - CHART Investment Program
 - CHART Phase 2 Evaluation
 - **CHART Phase 2 Financial Monitoring**
- Administration and Finance
- Schedule of Next Board Meeting

CHART Phase 2 Financial Monitoring Program

- The HPC developed a **Financial Monitoring Program for CHART Phase 2** to complement programmatic oversight of CHART awards
- **Purpose of program** is to:
 - 1) Provide a framework for identifying, assessing, monitoring, investigating, and responding to risks related to the expenditure of CHART Phase 2 funds
 - 2) Assist CHART hospitals in meeting compliance requirements
- Includes risk assessment process and **financial site visits** at CHART hospitals



CHART Phase 2 Financial Sites Visits



August 2016: The HPC engaged Ernst and Young to conduct financial site visits at some CHART hospitals during FY17



October 2016: The HPC notified all CHART hospitals that they might be selected for a financial site visit from Ernst and Young



November 2016: Financial site visits will begin



Ernst and Young will perform financial site visits for approximately six CHART Phase 2 Awards during FY17



AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
- **Administration and Finance**
 - Professional Services Contract Amendment (VOTE)
- Schedule of Next Board Meeting



AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
- Administration and Finance
 - **Professional Services Contract Amendment (VOTE)**
- Schedule of Next Board Meeting

Accenture Support of the HPC

To date, Accenture has...

- 1 Provided project management planning and support for the care delivery certification programs, including design for an ACO IT platform
- 2 Conducted “after action” efficacy assessments of recent projects, including investment awards
- 3 Assisted with operational planning and internal process improvement

Moving forward, Accenture will...

- 1 Continue to provide project management planning and support to the certification and investment programs
- 2 Continue with operational planning and internal process improvement, including development of a grant-making “playbook” for administering investment programs
- 3 Assist with internal strategic planning efforts



Vote: Professional Services Contract Amendment

Motion: That, pursuant to Section 6.2 of the Health Policy Commission's By-Laws, the Executive Director is hereby authorized to amend the Commission's contract with Accenture, LLP, for an additional amount of up to \$225,000 through June 30, 2017 for project management support, subject to further agreement on terms deemed advisable by the Executive Director.



AGENDA

- Approval of Minutes from the September 27, 2016 Meeting
- Cost Trends and Market Performance
- Quality Improvement and Patient Protection
- Care Delivery and Payment System Transformation
- Community Health Care Investment and Consumer Involvement
- Administration and Finance
- **Schedule of Next Board Meeting (December 14, 2016)**

Contact Information

**For more information about the
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Visit us:

<http://www.mass.gov/hpc>

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