MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Advisory Council

November 15, 2016

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Executive Director Report
- Discussion: Cost Trends Hearing and Annual Report
- Discussion: Open Topic

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- **HPC Program Updates**
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. **Care Delivery Certification Programs**
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

Since January 1, 2016 Program Launch

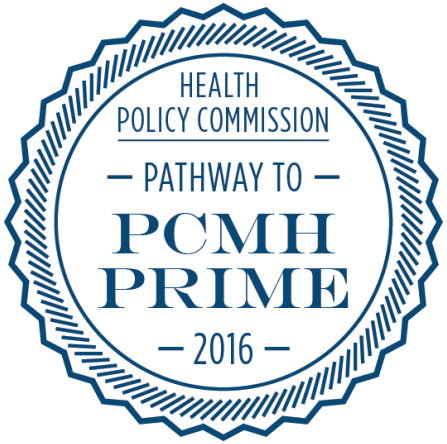
8 practices
are PCMH PRIME Certified

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

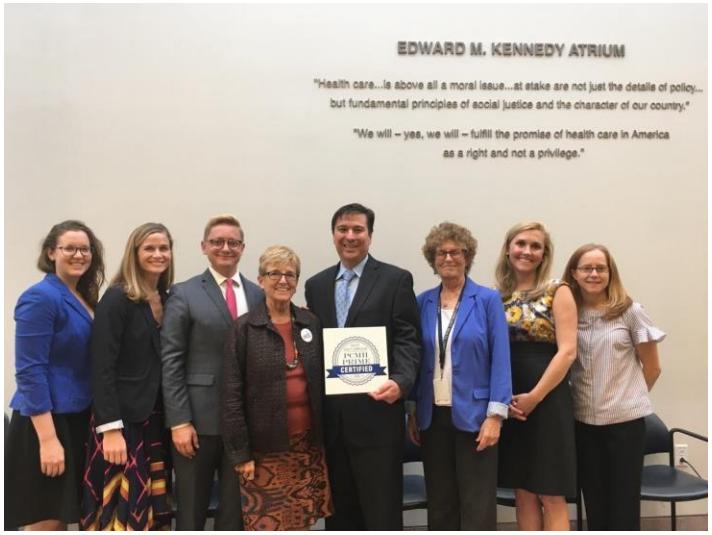
28 practices
are on the **Pathway to PCMH PRIME**



2 practices
are working toward NCQA PCMH Recognition and PCMH PRIME Certification concurrently

HPC

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

HPC

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

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

The case for advancing a coordinated quality strategy

- Quality measurement is fragmented across public and private programs with few similar measures used to assess healthcare performance across all programs.
- Providers do not receive a unified message on quality measurement, diluting the impact and increasing administrative burden.
- Policymakers in the Commonwealth currently rely on a set of mostly process measures (through the Statewide Quality Measure Set) to assess the quality of non-hospital based healthcare in the Commonwealth.
- There is a growing interest in using outcome measures to more meaningfully evaluate quality. At present, outcome measures are burdensome to report for providers and payers alike in the absence of a centralized method for data collection and abstraction.
- More payers and health care organizations are entering into Alternative Payment Models (APMs), which tie financial rewards to performance on quality measures.

Potential Vision:

A coordinated quality strategy that focuses the improvement of healthcare quality for all residents of the Commonwealth and reduces the administrative burden on provider and payer organizations.

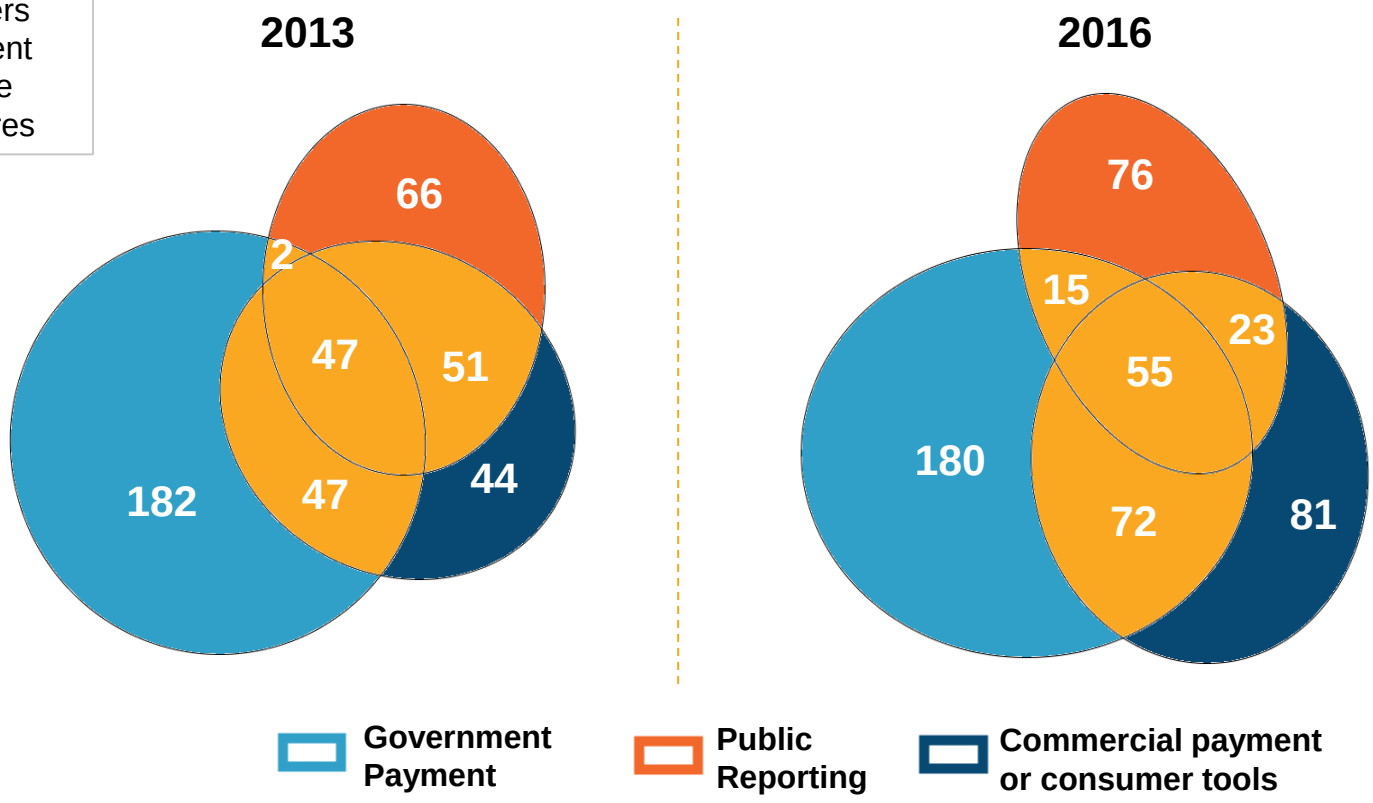
The HPC identified the need for quality alignment in the 2015 Cost Trends Report

RECOMMENDATION #12

The Commonwealth should develop a coordinated quality strategy that is aligned across public agencies and market participants.

Currently quality measurement programs among Massachusetts plans and public reporting programs are not well aligned

Numbers represent unique measures



- Over 500 quality measures are currently used in Massachusetts
- Few quality measures are collected by multiple programs
- Minimal improvements in quality measure alignment noted since 2013

Source: 2016 Massachusetts Quality Measure Catalog as developed and analyzed by Analysis (CHIA).

Quality measures are used to help guide payment in global budget alternative payment models (APMs)

Medicare ACO

- 32 core measures in Shared Savings, Pioneer and Next Gen ACO Programs
- % of shared savings based on performance on quality measures

MassHealth ACO

- 38 proposed measures
- % of shared savings will be based on performance on quality

BCBS

- Alternative Quality Contract
- 64 core measures (32 hospital/32 outpatient)
- % of shared savings awarded based on performance on quality

Tufts Health Plan

- Coordinated Care Model and Provider Engagement Model
- Uses 5 high-priority measures per provider contract on average

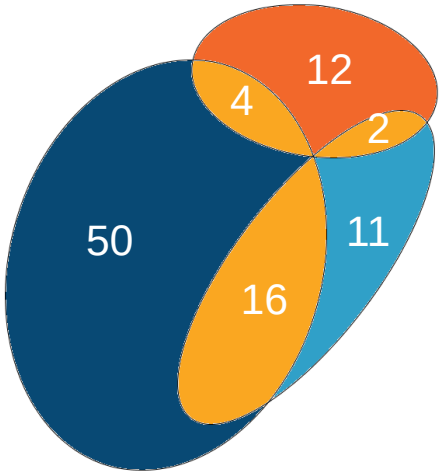
Harvard Pilgrim Health Care

- Quality Advance Contract; Rewards for Excellence
- Performance incentives for achieving quality metrics

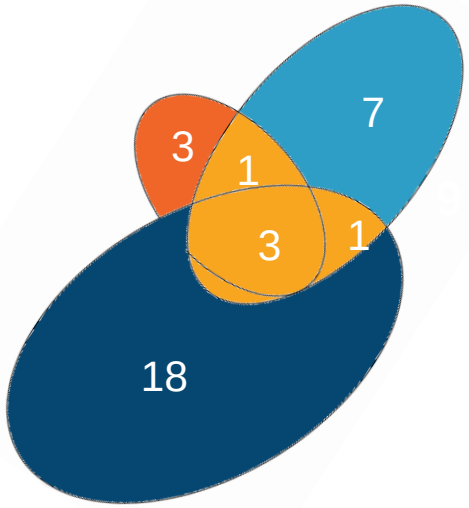
Quality measure sets typically vary by payer-to-provider contract.

Specifically, there are many different quality measures in use by Massachusetts payers in APMs

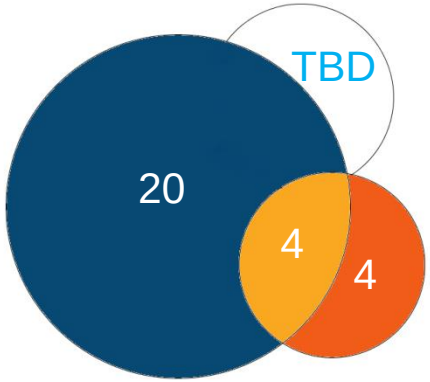
Process



Outcome



Patient Experience



Numbers represent unique measures

Any Commercial Medicaid Medicare

Note: Includes all Claims and Clinical Quality Measures (CQMs) currently in use by population-based payment models in Massachusetts as collected by CHIA as of February 2016. Excludes measures only used for reporting pediatric quality. Commercial represents: Blue Cross Blue Shield of Massachusetts, Tufts Health Plan, and Harvard Pilgrim Health Care.

Benchmarking approaches also vary among payers

BCBS

- Use absolute rather than relative performance, with 5 possible levels of performance ("gates").
- The lowest level (Gate 1) is set at about the network median, and the highest level (Gate 5) is what evidence suggests could be achieved by an optimally performing physician group/hospital.
- Outcome measures are triple weighted in the aggregated quality score, on which the annual payment is based.

Tufts Health Plan

- Use a combination of benchmarks, including 90th percentile (national), THP average (peer comparison), and the provider organization's performance in that measure the previous year.
- Payment is based on meeting the benchmark for a certain percent of measures.

Harvard Pilgrim Health Care

- For process/outcome measures, use a national benchmark (eligible for payment at 75th percentile; full payment if >95th percentile)
- For patient experience measures, use HPHC percentile performance calculation (eligible to share in savings at 50th percentile; full payment if >75th percentile)

Medicare ACO

- Rewards both improvement and absolute performance
- Based on Medicare FFS data
- 30th percentile represents the minimum attainment level and 90th percentile corresponds to the maximum attainment level

MassHealth ACO

- Will reward both improvement and absolute performance
- Pay for reporting for initial years to create benchmark; payment will be tied to performance on some of the quality measures starting in 2019

HPC

Alignment: warranted and unwarranted differences

There are different reasons for why quality measure sets differ among health plans and programs:

Warranted Differences

- Differences in member population may require the use of certain measures to evaluate health services provided to particular demographic groups (e.g., age and life stage, case mix, low SES)
- More mature payer-provider partnerships may have capabilities to innovate and test new measures

Unwarranted Differences

- It is not always clear which measure is “the best”
- Plans may prefer to use certain measures over others
- Measures may use different inclusion and exclusion criteria
- Adjusting for differences in patient illness (risk-adjustment) may be different in different measures

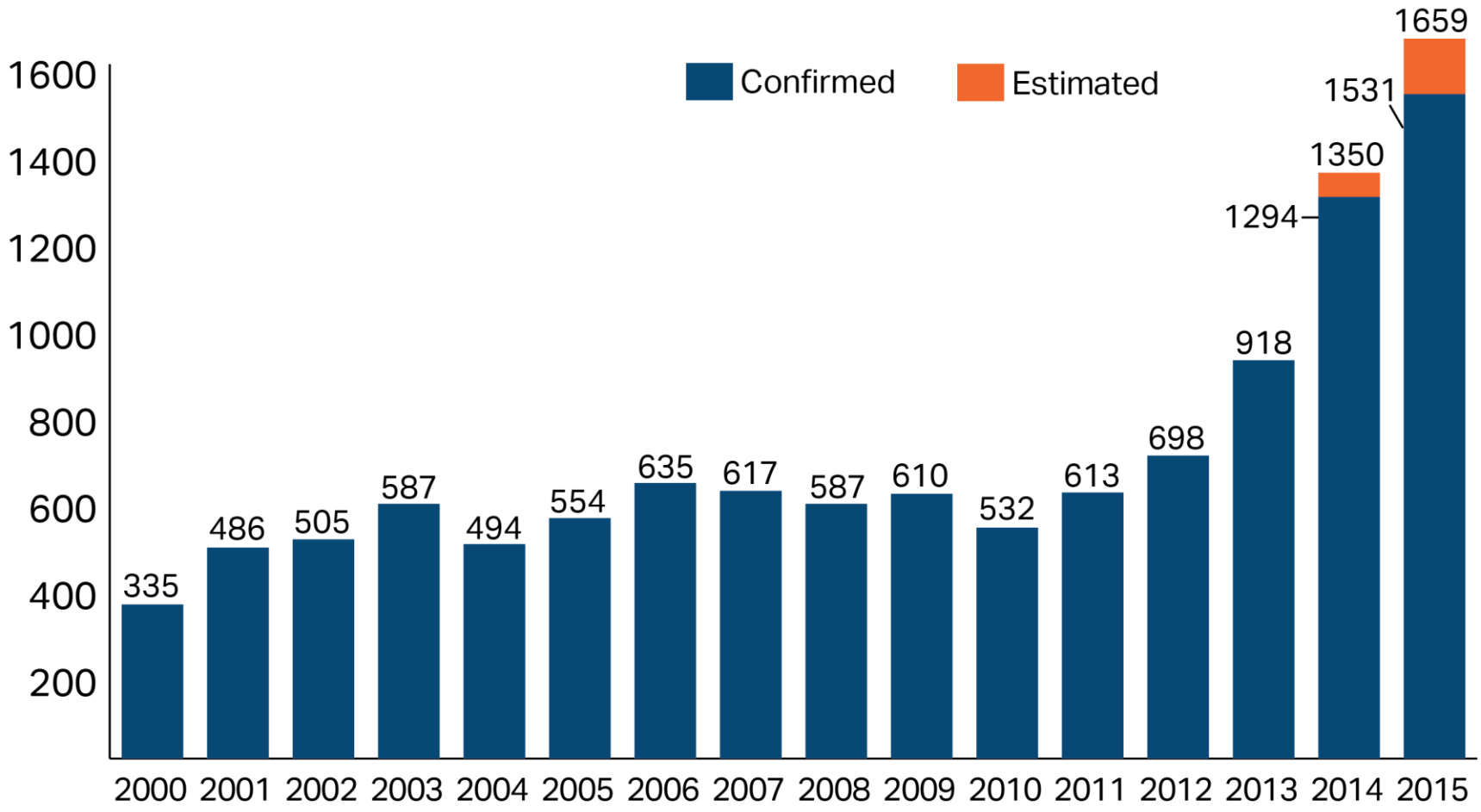
HPC

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

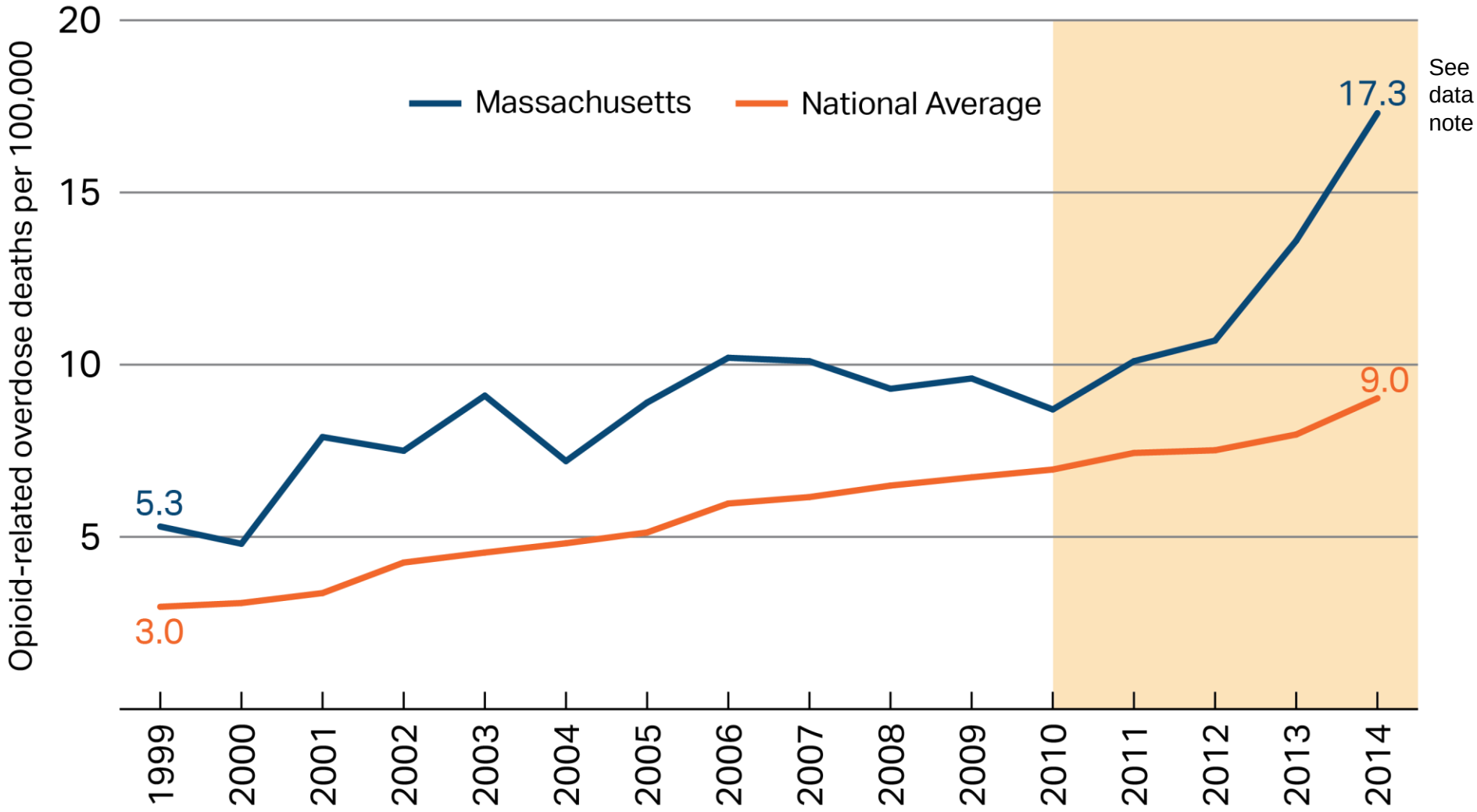
- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

DPH data on opioid-related deaths demonstrate marked increase in opioid use disorder since 2000



Source: Massachusetts Department of Public Health, August 2016
Note: Suicides are excluded from this analysis.

The rate of opioid-related drug overdose deaths in Massachusetts increased more rapidly than nationally (2010-2014)



Source: Multiple Cause of Death data (1999-2014) are produced by the Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS)

Note: **Rates based on NCHS data differ from DPH published rates because DPH uses a statistical file that is closed later than the NCHS file and includes more cases that have a final cause of death assigned.** Massachusetts numbers are not included in the age-adjusted weighted national average. 2015 data are not yet available from the CDC.

HPC

Ch. 258: Legislature tasked HPC to study treatment adequacy for opioid use disorder

In 2014, the Legislature passed a comprehensive health care law, ch. 258 of the Acts of 2014, *An Act to Increase Opportunities for Long-Term Substance Abuse Recovery*.

Recognizing the HPC's unique mission and role in developing and promoting evidence-based health policy that improves the **transparency, accountability, efficacy, and efficiency** of our health care system, **ch.258 charged HPC to put forward recommendations on:**

1. Improving the adequacy of **coverage** by public and private payers where necessary;
2. Improving the **availability of opioid therapy** where inadequate; and
3. **Identifying the need for further analyses**.

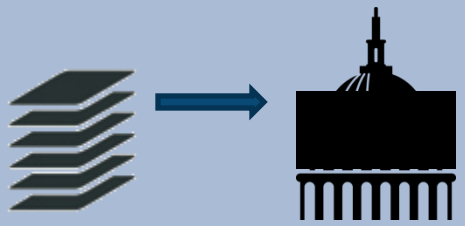
Focus of HPC report is on the impact of opioid-related discharges on the health care system

HPC

HPC used ch. 258 mandate to identify care delivery and payment reform innovations that would contribute to the Commonwealth's effort to address opioid abuse

1

Provide new research and data analyses to support and inform policy on the opioid epidemic in Massachusetts



2

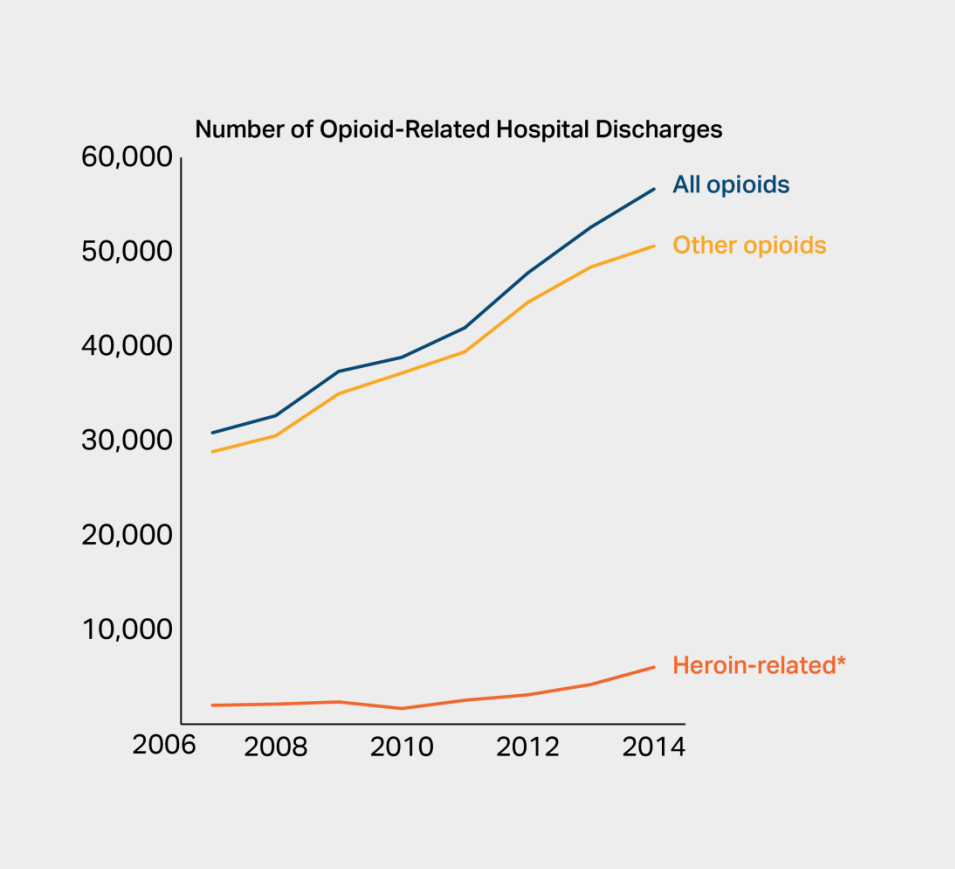
Draw on our experience with investment, certification, and technical assistance programs to inform scaling of emerging best practices

3

Identify strategic policy opportunities to promote innovative care delivery and payment models for opioid use disorder treatment that are likely to result in reduced spending and improved quality and/or access

HPC

HPC analyses show the number of opioid-related hospital discharges increased substantially since 2007, driven by illicit & prescription opioids



Rate of Change of Opioid-Related Hospital Discharges

Years	Heroin-related	Other opioids
2007-2008	6%	6%
2008-2009	11%	15%
2009-2010	-29%	6%
2010-2011	52%	6%
2011-2012	23%	13%
2012-2013	35%	8%
2013-2014	43%	5%

201%

increase in heroin-related hospital discharges between 2007 and 2014

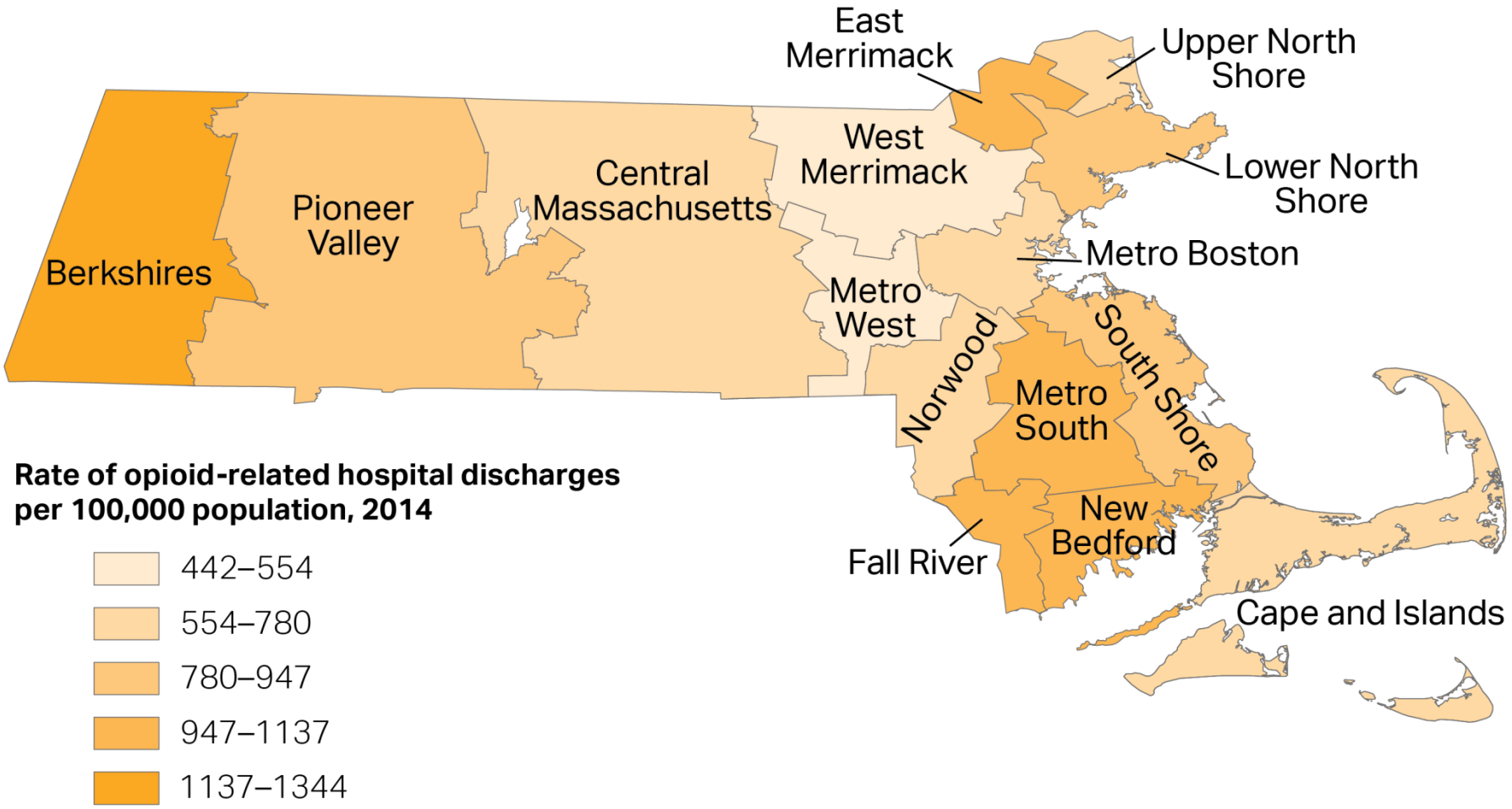
Source: HPC Analysis—CHIA, Hospital Inpatient Discharge Database, Outpatient Observation Database, and Emergency Department Database, 2007-2014

Note: Hospital discharges include ED discharges, inpatient discharges, and observation stay discharges. The remainder of analyses do not include observation stay discharges. Discharges with both a "heroin-related" and "other opioid" discharge code are counted only once in the "all opioids category", as well as in both of the sub-categories. For example, a patient coded with a heroin overdose and a non-heroin overdose would be counted once in the "heroin -related" category and once in the "other opioid" category. However, if a discharge had multiple diagnoses for the same sub-category (e.g., both a heroin overdose and heroin poisoning), the discharge would be counted only once in the heroin-related sub-category.

* This analysis is based on ICD-9 codes and includes discharges with an opioid-related primary or secondary diagnosis. As with all analyses dependent on ICD-9 codes, provider coding may not always fully accurately reflect the patient's clinical condition. In particular, heroin-related codes are considered specific, but not necessarily sensitive. For example, some hospitals may only use heroin-related codes for cases of poisoning/overdose. As result, some heroin abuse/dependence is likely captured in the "other opioids" category. Furthermore, some non-heroin opioid cases are likely captured in the "heroin-related" category.

HPC

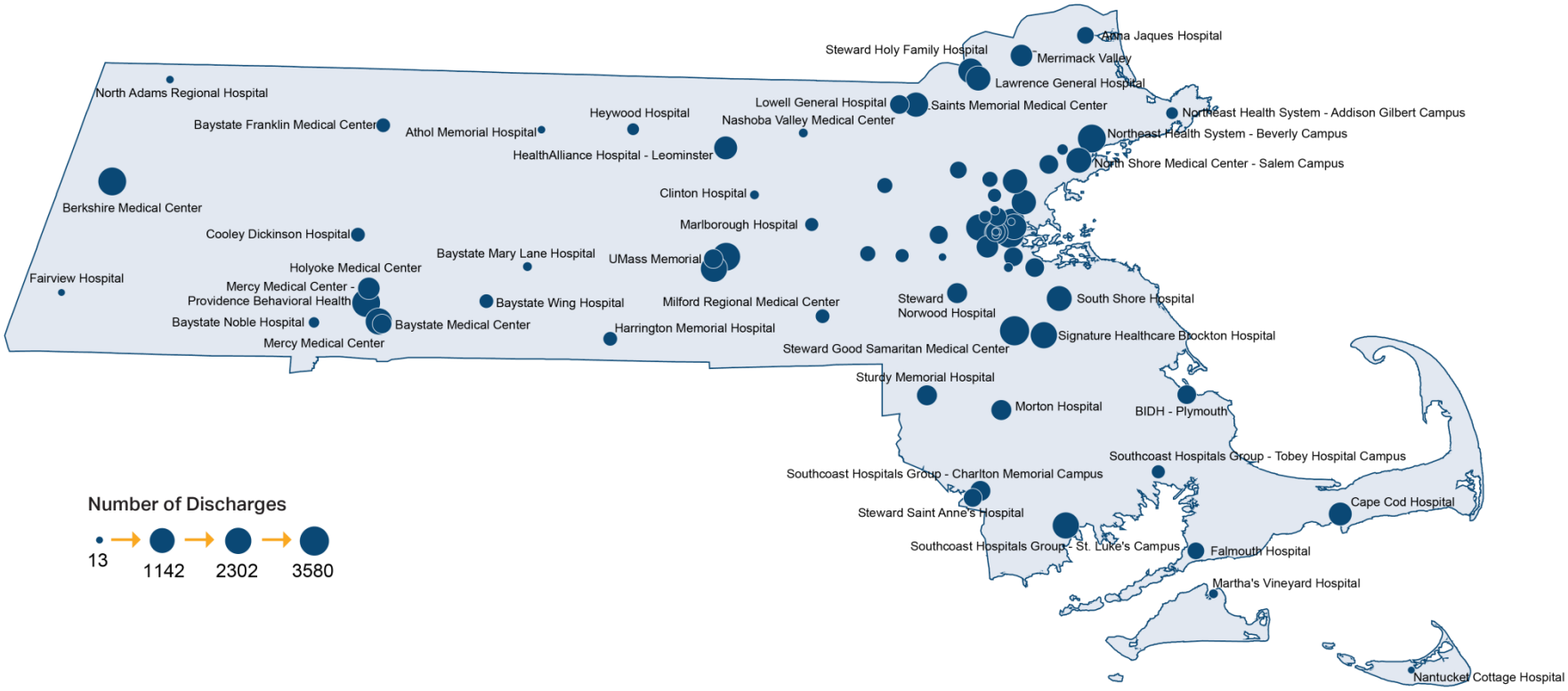
The rate of opioid-related hospital discharges varies significantly across the Commonwealth (mapped by patient's zip code, not site of care)



Source: HPC Analysis—CHIA, Hospital Inpatient Discharge Database and Emergency Department Database, 2014; 2010-2014 American Community Survey 5 year estimates

Note: Hospital discharges include both ED and inpatient discharges, but not observation stays. Rate per 100,000 is comprised of averaged census data between 2010 and 2014.

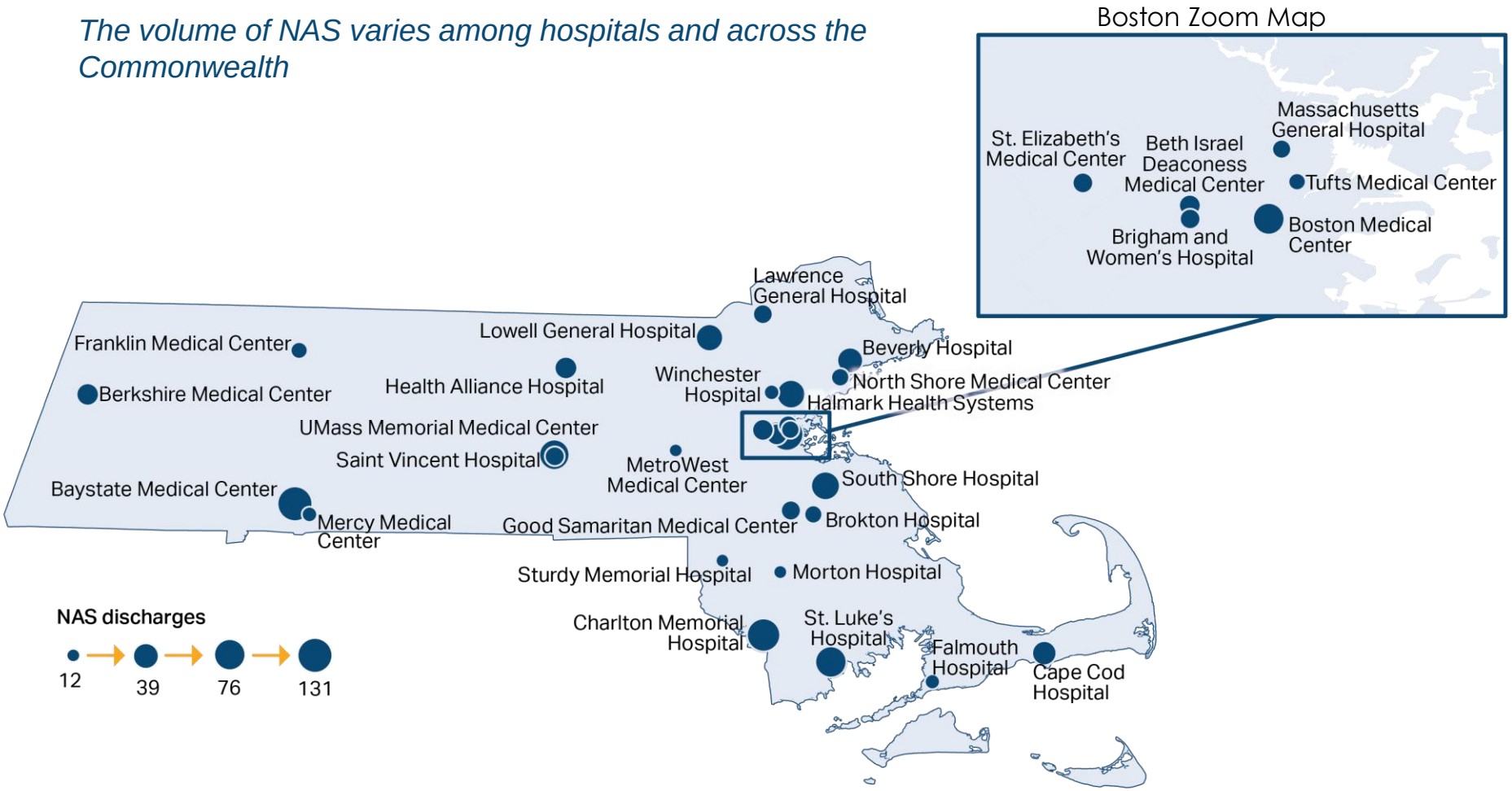
Several hospitals across the Commonwealth treat large numbers of patients for opioid-related illness (mapped by total volume per hospital)



Source: HPC Analysis—CHIA, Hospital Inpatient Discharge Database and Emergency Department Database, 2014
Note: Hospital discharges includes both ED and inpatient discharges, but not observation stays.

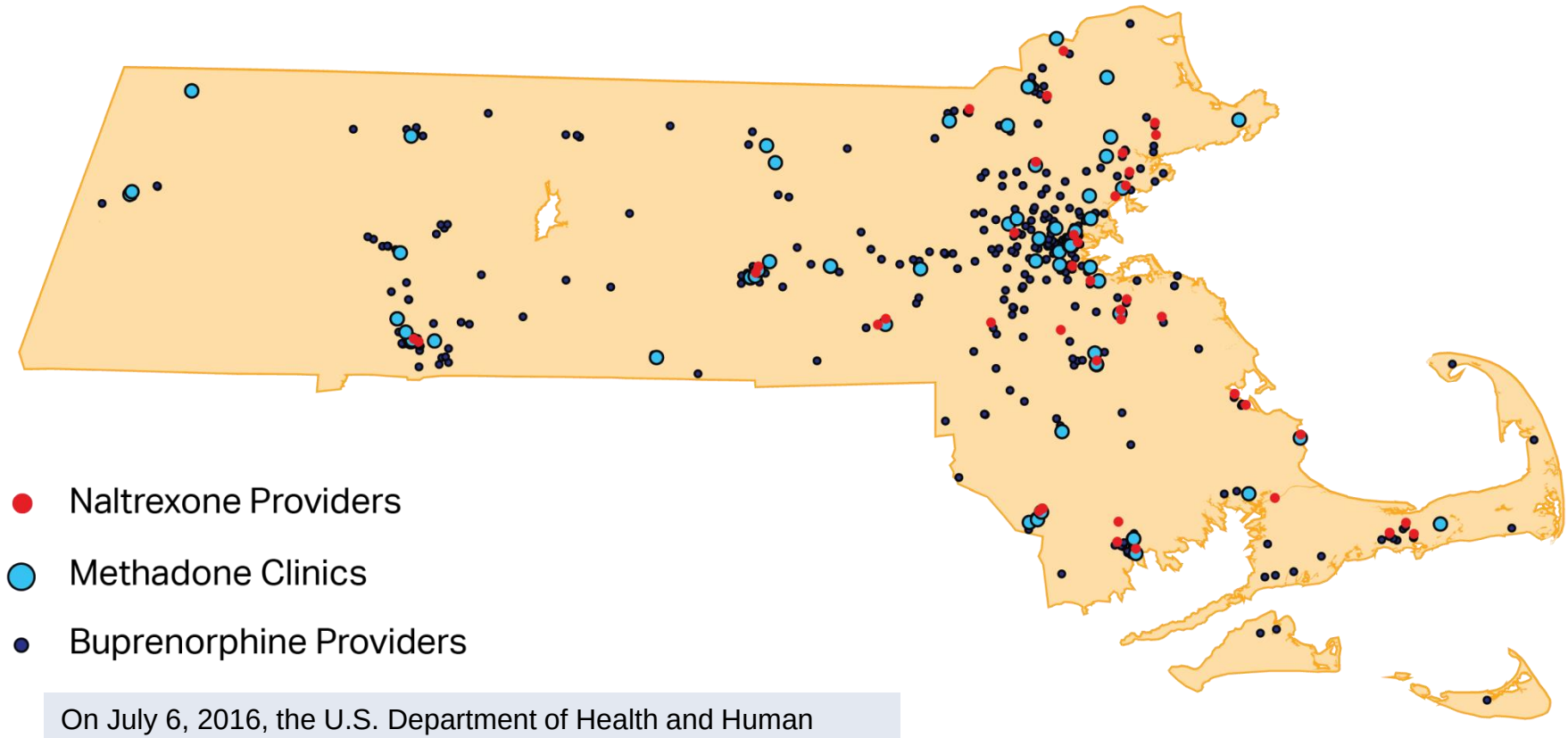
The rate of Neonatal Abstinence Syndrome (NAS) is increasing as the opioid epidemic worsens, due to increased rates of in utero exposure to opioids

The volume of NAS varies among hospitals and across the Commonwealth



Source: HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database, 2014
Note: Only includes hospitals with 12 or more NAS discharges using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn). Data does not include ED discharges or observation stays.

Availability of pharmacologic treatment intervention varies widely by region, with no clear relationship to the burden of the epidemic



On July 6, 2016, the U.S. Department of Health and Human Services **increased the federal buprenorphine patient cap from 100 to 275**

Source:

Methadone: Substance Abuse and Mental Health Services Administration. Opioid Treatment Program Directory (data retrieved from http://dpt2.samhsa.gov/treatment/directory.aspx on 11/20/2015)

Buprenorphine: Substance Abuse and Mental Health Services Administration. Buprenorphine Treatment Physician Locator (data retrieved from http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator on 11/5/2015)

Naltrexone: Prescriber lists provided by Alkermes Pharmaceuticals (data received on 8/20/2015). Naltrexone list include only those who prescribed Vivitrol for 10 or more patients between July 2014 and June 2015

HPC

Recommendations

- **Improved data collection & monitoring:** the Commonwealth should systematically track the impact of the opioid epidemic on the health care system and the availability of evidence-based pharmacologic treatment.
- **Care delivery integration & payment reform :** the Commonwealth should increase access to opioid use disorder treatment by integrating pharmacologic interventions into systems of care.

  Payers should support the **integration** of opioid use disorder treatment into **primary care**, ensure **adequate networks of community-based behavioral health providers** to improve access to community-based care, support **initiation of opioid use disorder treatment in acute care settings** in coordination with accountable, integrated systems that allow for timely access to follow-up care, and **facilitate collaboration** between providers of different levels of care to **minimize loss to follow-up during transitions between settings**.
- **Community-based multi-stakeholder coalitions:** the Commonwealth should support coordinated, multi-stakeholder coalitions to address the impact of the opioid epidemic locally.
- **Testing & scaling innovative care models to improve access to and quality of treatment**: the Commonwealth should test, evaluate, and scale innovative care models for treating opioid use disorder and related conditions (e.g., NAS).

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

HPC's Health Care Innovation Investment Program

The Health Care Innovation Investment Program aims to invest in innovative projects that further the HPC's goal of **better health and better care at a lower cost** across the Commonwealth.

Through a highly competitive process, the HPC sought the most compelling models to deliver on this goal. The HPC received **83** applications across three funding pathways.

The first round of investment, totaling **$11.3 million**, supports **20** initiatives that collectively represent more than **140** organizations from the Berkshires to the Cape. Among the selected proposals, there is a particular focus on treating patient populations with the highest health care needs.

Three Pathways of the Health Care Innovation Investment Program

1 Targeted Cost Challenge Investments

- **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 infants with 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

Timeline

Current Focus

Contract Development

- Determine final scope and budgets with awardees
- Work with partially funded awardees to assess necessary alterations to budgets.
- Finalize award plans
- Develop program reporting requirements
- Key Performance Indicators (KPIs), payment reimbursement periods, other deliverables

Nov/Dec 2016

Overview of Targeted Cost Challenge Investments

10 initiatives
Funded by the HPC

$6,600,000
HPC funding

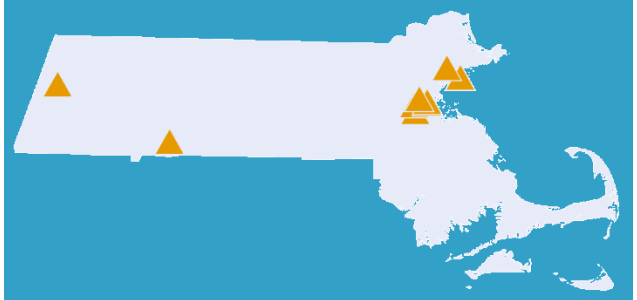
>$40,000,000
estimated impact in health care cost savings

62 Organizations
(hospital, pharmacy, housing) collaborating on projects

5 out of 8
Targeted cost challenge areas funded

>5,500 patients
will be targeted, from children to older adults

Initiatives span the Commonwealth:
From the Berkshires to Boston



>$8,000,000
combined investment with 25% of initiative costs being contributed by the applicants

HPC

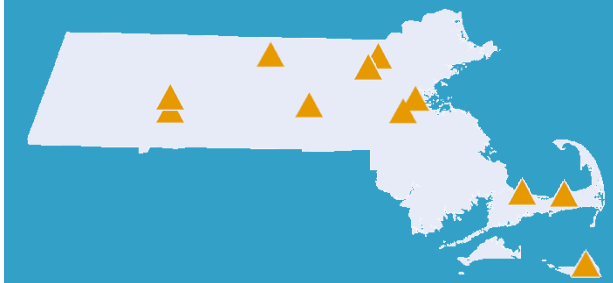
Overview of Telemedicine Pilots

4 initiatives
Funded by the HPC

$1,700,000
HPC funding

21 Organizations
(e.g. hospitals, schools, primary care practices) collaborating

Initiatives span the Commonwealth:
From the Holyoke to Cape Cod



>$2,000,000
combined investment with 20% of initiative costs being contributed by the applicants

HPC

Overview of Mother and Infant-Focused NAS Interventions

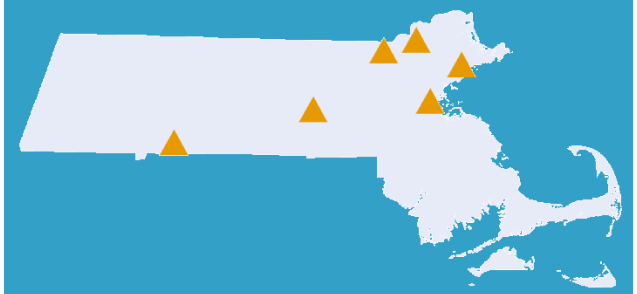
6 initiatives
Funded by the HPC

$3,000,000
HPC funding

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

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

Initiatives span the Commonwealth:
From the Springfield to Middlesex County



>$5,000,000
combined investment with 30% of initiative costs being contributed by the applicants

HPC

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

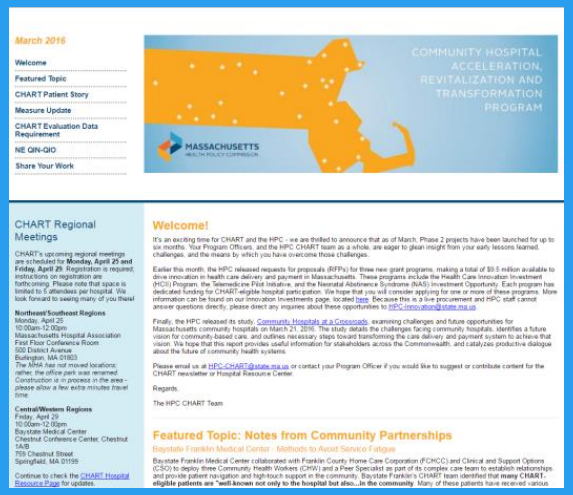
CHART Phase 2: Activities Since Program Launch[1]

9
regional meetings
with
500+
hospital and community provider attendees

135+
technical assistance working meetings

456+
hours of coaching phone calls

11
CHART newsletters


March 2016

Welcome
Featured Topic
CHART Patient Story
Measure Update
CHART Evaluation Data Requirement
NE QIN-QIO
Share Your Work

COMMUNITY HOSPITAL ACCELERATION, REVITALIZATION AND TRANSFORMATION PROGRAM
MASSACHUSETTS

CHART Regional Meetings

Welcome!

Featured Topic: Notes from Community Partnerships

2,406 unique visits to the CHART hospital resource page

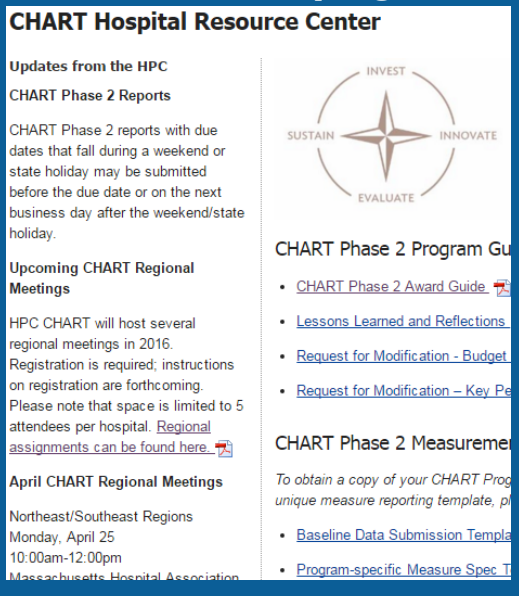


CHART Hospital Resource Center

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

INVEST
SUSTAIN
INNOVATE
EVALUATE

CHART Phase 2 Program Gu

- CHART Phase 2 Award Guide
- Lessons Learned and Reflections
- Request for Modification - Budget
- Request for Modification – Key Pe

CHART Phase 2 Measuremer

To obtain a copy of your CHART Prog unique measure reporting template, pl

- Baseline Data Submission Templa
- Program-specific Measure Spec T

279+
data reports received

[1] Updated through October 31, 2016. Phase 2 hospital programs launched on a rolling basis beginning September 1, 2015.

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

HPC

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**."

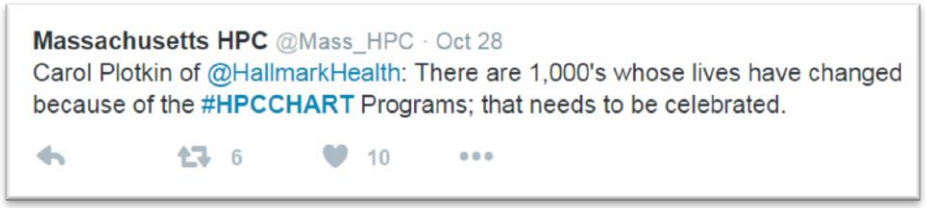
- Annette Szpila, RN, Program Manager, Baystate Franklin Medical Center

"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



HPC

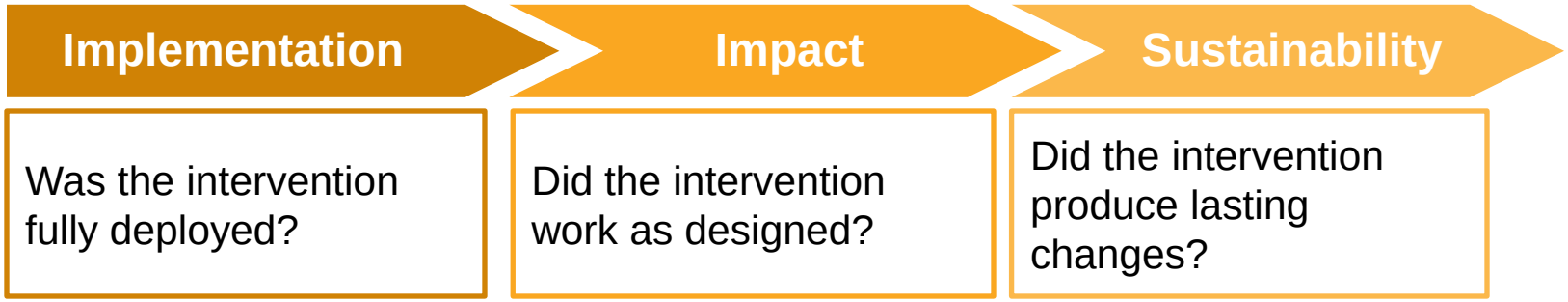
Building insight into care delivery and hospital transformation

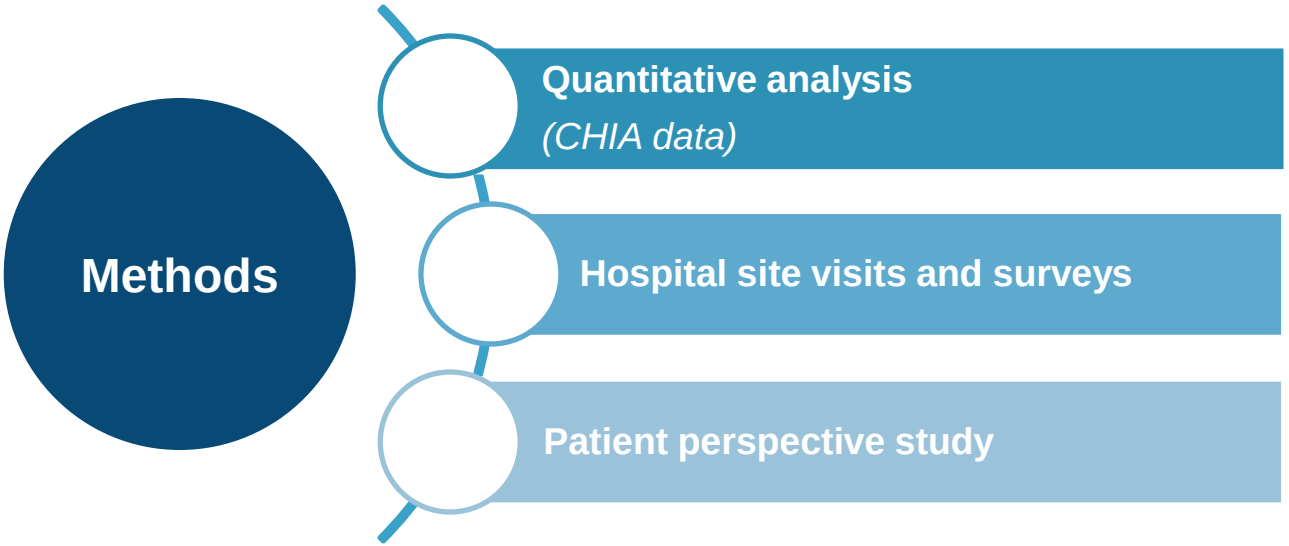
Evaluation goals

in partnership with

BU School of Public Health

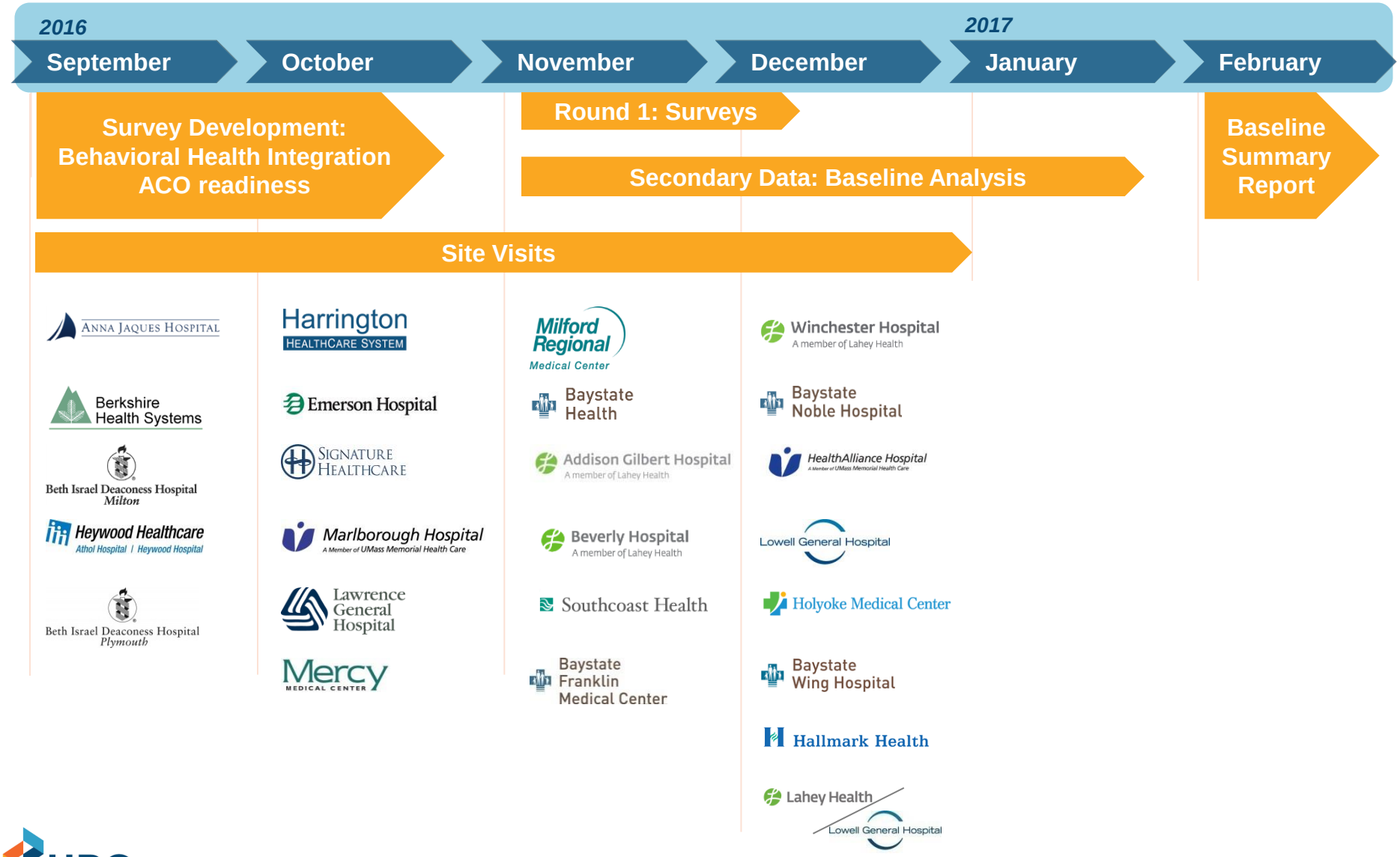
Assessing performance of a forward-looking investment





Framework adapted from Berry SH, Concannon TW, Gonzalez Morganti K, et al. CMS innovation center health care innovation awards: Evaluation plan. RAND Corporation, 2013.

Evaluation Status

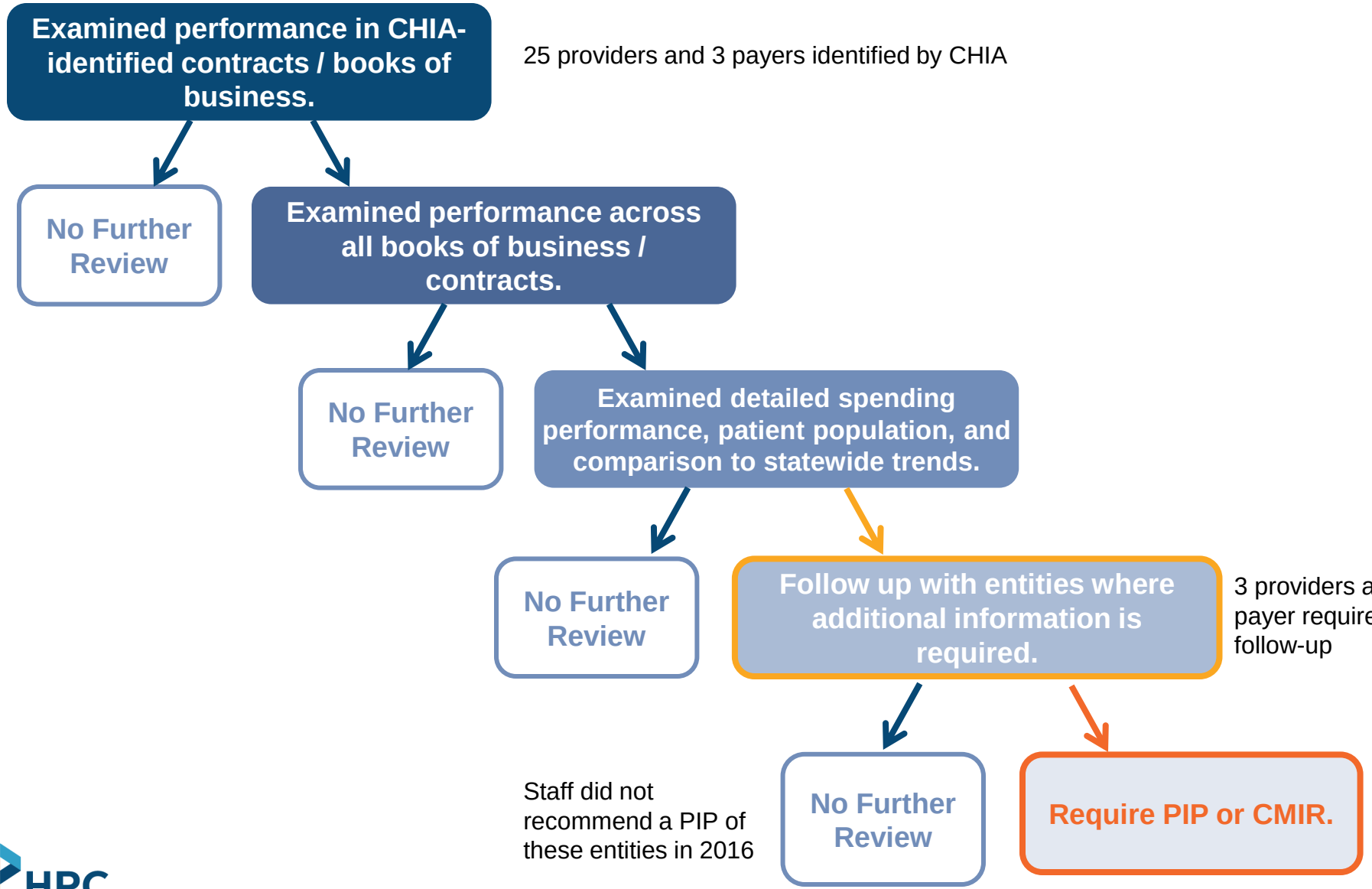


MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

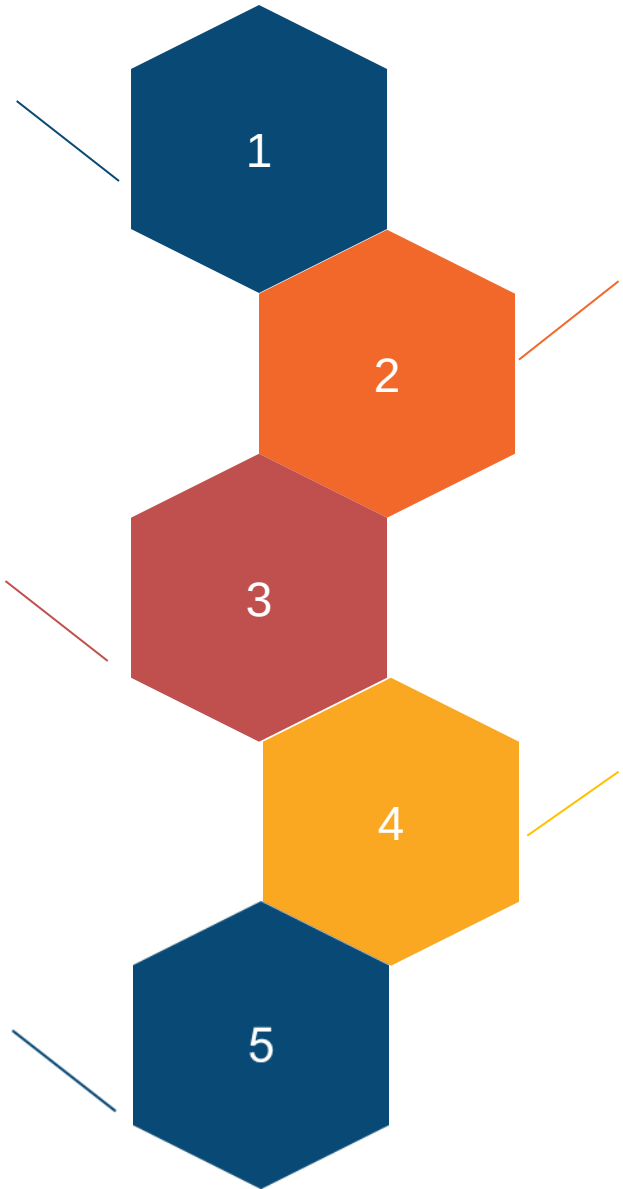
Overview of HPC's 2016 Initial Review Process



Key Themes Reported by the Entities

Preliminary Data

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



Pharmacy

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

High Cost Outliers

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

Risk Adjustment

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

Plans in Place

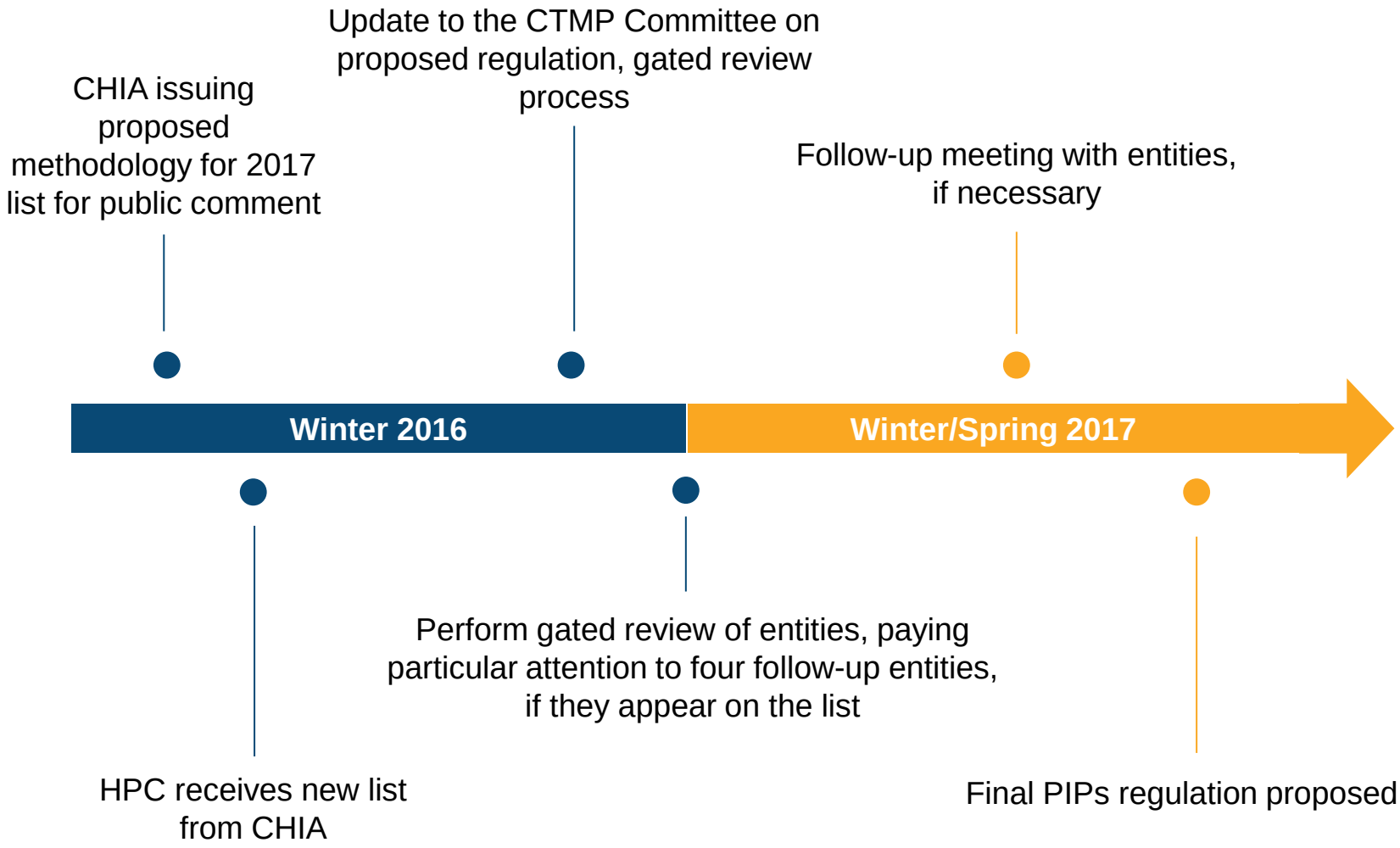
Entities actively working to control their spending and have initiated activities in several domains

HPC

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.
- The HPC plans to discuss these and other possible additions to the gated review process at the next CTMP Committee meeting (December 7, 2016).

Next Steps


CHIA issuing proposed methodology for 2017 list for public comment
Update to the CTMP Committee on proposed regulation, gated review process
Follow-up meeting with entities, if necessary
Winter 2016
Winter/Spring 2017
HPC receives new list from CHIA
Perform gated review of entities, paying particular attention to four follow-up entities, if they appear on the list
Final PIPs regulation proposed

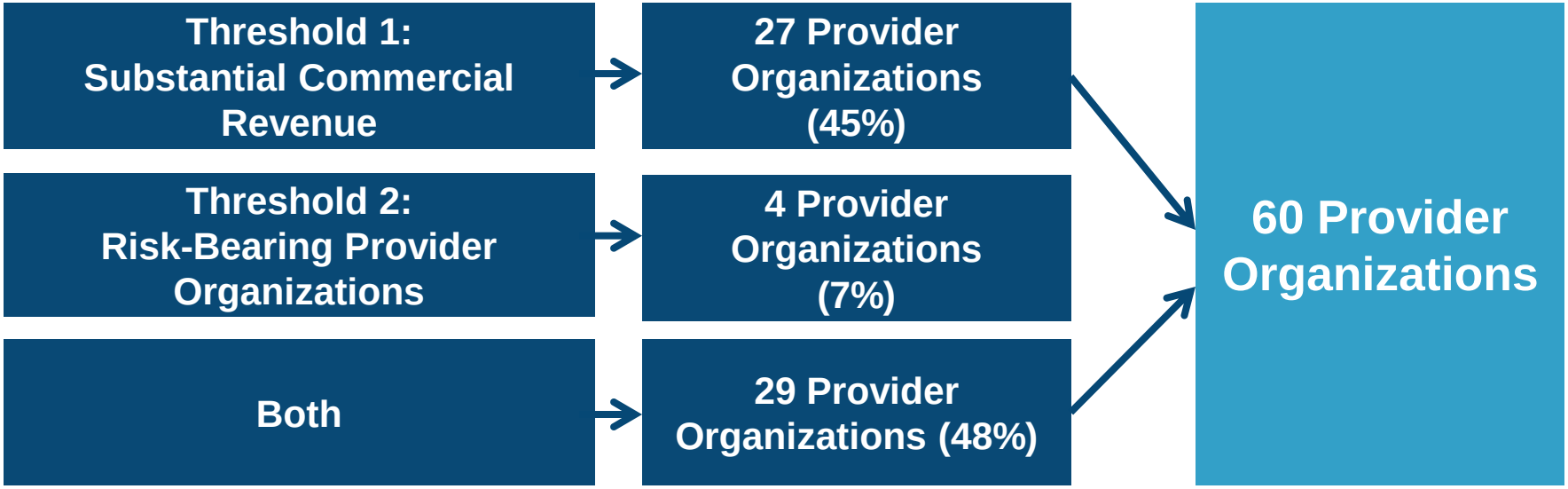
MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
  a. Care Delivery Certification Programs
  b. Quality Alignment and Measurement
  c. HPC Report: Opioid Use Disorder in Massachusetts
  d. Health Care Innovation Investment Program (w/Appendix)
  e. CHART Investment Program
  f. Performance Improvement Plans
  g. Registration of Provider Organizations Program
- Cost Trends Hearing and Annual Report
- Discussion: Open Topic

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.



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

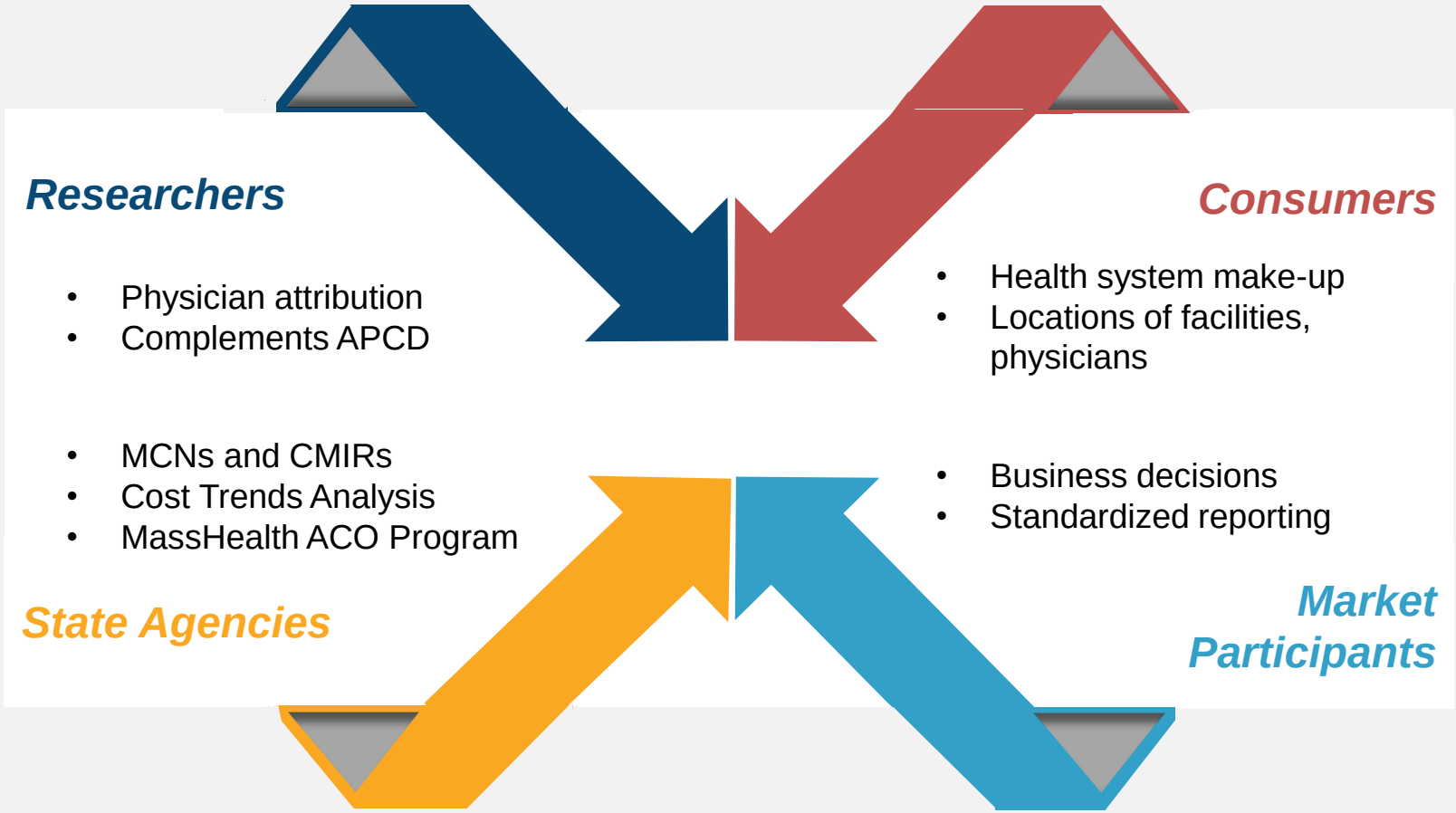
→ **Internal corporate and contracting structure**

- List of the providers on whose behalf the Provider Organization establishes contracts
- Descriptions of key clinical partnerships
- Standardized physician rosters

→ **External contracting and clinical relationships**

HPC

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

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

HPC CHIA

Single-Agency Program Administration

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

HPC

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	Updates to Existing Information
Standardized Financial Statements APM Revenue Provider-to-Provider Discounts	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 is posted on the HPC's website. Please send comments to HPC-RPO@state.ma.us, by Dec. 16, 2016.

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
- **Cost Trends Hearing and Annual Report**
  a. 2016 Cost Trends Report
  b. 2016 Cost Trends Hearing: Review and Reflection on Strategic Priorities for 2017
- Discussion: Open Topic

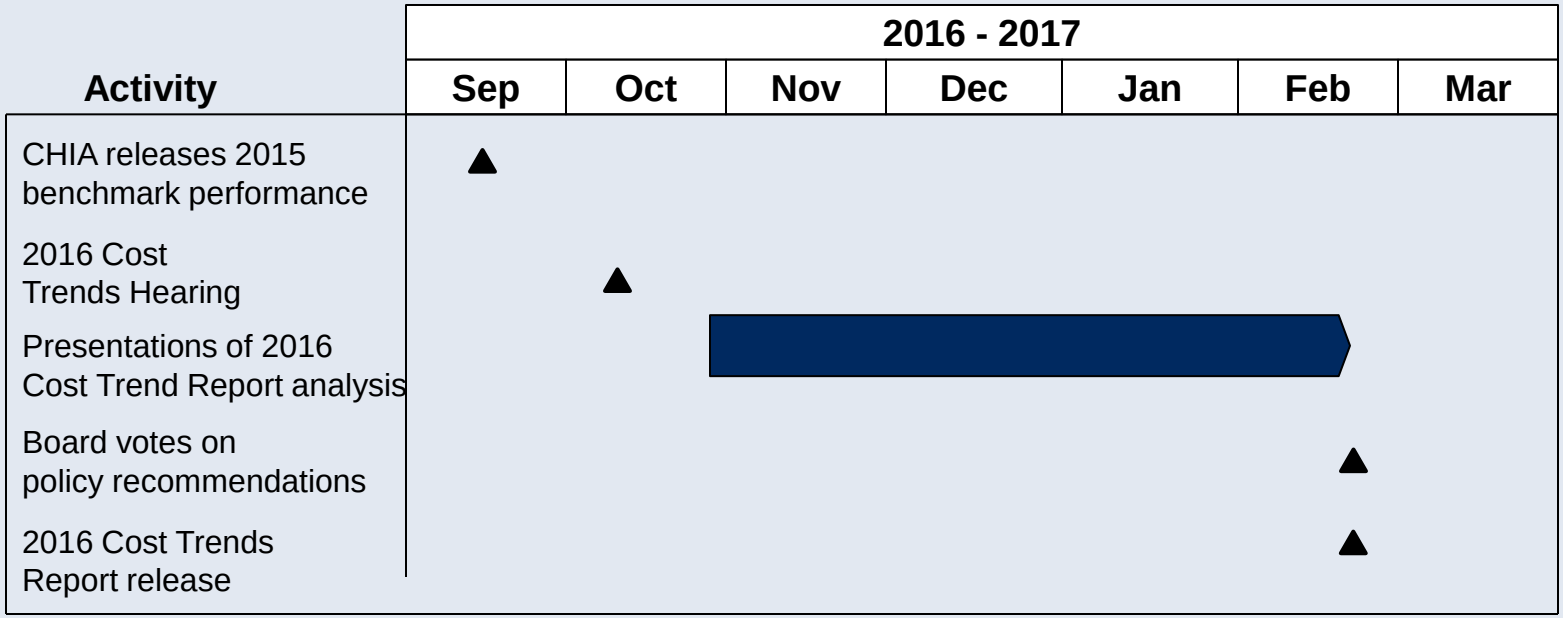
MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
- Cost Trends Hearing and Annual Report
  a. **2016 Cost Trends Report**
  b. 2016 Cost Trends Hearing: Review and Reflection on Strategic Priorities for 2017
- Discussion: Open Topic

2016 Health Care Cost Trends Report

The HPC's fourth Annual Cost Trends Report will include new topic areas as well as progress on ongoing issues



MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
- Cost Trends Hearing and Annual Report
  a. 2016 Cost Trends Report
  b. 2016 Cost Trends Hearing: Review and Reflection on Strategic Priorities for 2017
- Discussion: Open Topic

2016 Health Care Cost Trends Hearing

HPC

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

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

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

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

HPC

What Did YOU Take Away From the Hearing?

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- HPC Program Updates
- Cost Trends Hearing and Annual Report
- **Discussion: Open Topic**

Contact Information

For more information about the Massachusetts Health Policy Commission:

Contact Us:
HPC-INFO@state.ma.us

Visit us:
http://www.mass.gov/hpc

Follow us:
@Mass_HPC

APPENDIX

Funded Targeted Cost Challenge Investments

Applicant	Challenge Area	Funding Cap
Behavioral Health Network	Social Determinants of Health	$750,000
Berkshire Medical Center	Behavioral Health Integration	$741,920
Boston Health Care for the Homeless Program	Social Determinants of Health	$750,000
Boston Medical Center	Social Determinants of Health	$747,289
Brookline Community Mental Health Center	Behavioral Health Integration	$418,583
Care Dimensions	Serious Advancing Illness/End-of-Life Care	$750,000
Commonwealth Care Alliance	Site and Scope of Care	$598,860
Hebrew SeniorLife	Social Determinants of Health	$421,742
Lynn Community Health Center	Site and Scope of Care	$690,000
Spaulding Hospital Cambridge	Post-Acute Care	$746,487
10 Applicants and **52** Partners	**5 of 8** Cost Challenges	**$6,614,880** total in funding

HPC

Targeted Cost Containment Investments Awardee: *Behavioral Health Network*

BEHAVIORAL HEALTH NETWORK, INC

Challenge Area	Approved HPC Funding
Social Determinants of Health	**$750,000**

Partners

- Baystate Health Systems
- Mercy Medical Center ED
- Springfield Office of Housing
- Springfield Housing Authority
- Home City Housing
- HAP Housing
- Western MA Coalition to End Homelessness

Total Initiative Cost	Estimated Savings
$908,531	**$15,180,750**

Primary Aim

Reduce emergency department visits and inpatient days by 25% for 250 homeless or supportively housed adults with untreated mental health and substance use conditions who are responsible for children

Operational Approach

Create a high-touch care coordination program linking behavioral health treatment, primary care, housing supports, and vocational services to provide stability

Evidence Base

10th Decile Project

HPC

Targeted Cost Containment Investments Awardee: *Berkshire Medical Center*

Berkshire Medical Center
BERKSHIRE HEALTH SYSTEMS

Challenge Area	Approved HPC Funding
Behavioral Health Integration	**$741,920**

Partners

- Hillcrest
- Community Health Programs
- Suburban Internal Medicine
- Eastern Mountain Medical Associates

Total Initiative Cost	Estimated Savings
$813,483	**$3,523,800**

Primary Aim

Reduce costs and improve outcomes for 1,000 high-risk primary care patients with primary diagnoses of behavioral health and/or substance use disorder

Operational Approach

Form a care coordination hub to integrate behavioral health care into primary care, and create a safety net for potentially unstable patients to easily access and maintain care located in the community

Evidence Base

- IMPACT
- Hub for Integrative Health

HPC

Targeted Cost Challenge Investment Awardee:
Boston Health Care for the Homeless Program

BOSTON HEALTH CARE *for* *the* HOMELESS PROGRAM

Challenge Area	Approved HPC Funding
Social Determinants of Health	**$750,000**

Partners

- Bay Cove Human Services
- Boston Public Health Commission
- Boston Rescue Mission
- Casa Esperanza
- Massachusetts Housing and Shelter Alliance
- The New England Center and Home for Veterans
- Pine Street Inn
- St. Francis House
- Victory Programs

Primary Aim

Reduce ED visits and admissions by 20% for high cost and high need homeless patients

Operational Approach

Serve as a hub for a team of primary, acute, and specialty medical providers along with shelters, and advocacy organizations to identify patients, track utilization, and provide intensive case coordination for patients whose needs and day-to-day paths span many types of services and providers.

Evidence Base

- Yamhill Community Care Organization's Community Hub, Oregon; 2015
- Veteran's Health Administration's Homeless Patient Aligned Care Team Program, USA; 2016

Total Initiative Cost	Estimated Savings
$919,085	$1,496,000

HPC

Targeted Cost Containment Investments Awardee:
Boston Medical Center

Challenge Area	Approved HPC Funding
Social Determinants of Health	**$747,289**

Partners

Medical Legal Partnership Boston

Total Initiative Cost	Estimated Savings
$747,289	**$4,062,100**

Primary Aim

Reduce total medical expenditure by 20% for 300 high risk, high cost ED patients with low primary care utilization

Operational Approach

Deploy community health workers (CHWs) trained by civil legal aides in the social determinants of health to engage patients with community services and primary care physicians through a place-based, high-touch care coordination and patient navigation model

Evidence Base

- CareOregon Health Resilience Program
- Lancaster General Health Medical Legal Partnership

Targeted Cost Containment Investments Awardee: *Brookline Community Mental Health Center*

Brookline Community Mental Health Center

Challenge Area	Approved HPC Funding
Serious Advancing Illness and Care at the End-Of-Life	**$418,583**

Partners

- Beth Israel Deaconess Care Organization (BIDCO)
- Springwell

Total Initiative Cost	Estimated Savings
$495,367	**$4,630,224**

Primary Aim

Reduce by 15% the total medical expenditure for 1,142 adults with a serious chronic medical condition and a behavioral health comorbidity

Operational Approach

Deploy a mobile multidisciplinary care management team to integrate behavioral health, primary care, and community services

Evidence Base

Healthy Lives Program

Targeted Cost Containment Investments Awardee: *Care Dimensions*

CareDimensions
HOSPICE | PALLIATIVE CARE | SUPPORT SERVICES

Challenge Area	Approved HPC Funding
Serious Advancing Illness and Care at the End-Of-Life	**$750,000**

Partners

North Shore Physicians Group, Inc.

Total Initiative Cost	Estimated Savings
$750,000	**$7,233,600**

Primary Aim

Reduce emergency department and inpatient utilization by 30% for 528 high-risk patients with life-limiting illness

Operational Approach

Integrate palliative care staff into primary care sites to increase early identification of patients requiring those services, and bridge the gap in care that occurs between curative care and end of life care

Evidence Base

In-Home Palliative Care and CLAIM studies

HPC

Targeted Cost Containment Investments Awardee: *Commonwealth Care Alliance*

Commonwealth Care Alliance

Challenge Area	Approved HPC Funding
Behavioral Health Integration	**$598,860**

Partners

- EasCare, LLC
- Boston Medical Center & BU Dept. of Family Medicine
- Harvard School of Dental Medicine
- ACT.md

Total Initiative Cost	Estimated Savings*
$1,191,869	**$2,653,762**

*Total initiative cost and savings may change based on a reduced award scope

Primary Aim

Reduce inpatient utilization by 20% for 980 dual eligible patients

Operational Approach

Deploy a disability-focused ambulatory ICU to provide integrated primary care, behavioral health care, dental care, palliative care, and chronic disease management to fill gaps in health and social services for their high-need population

Evidence Base

- Project ECHO
- KentuckyOne
- MedStar
- Minnesota EMS
- Johns Hopkins HaH
- KP's in-home pall care
- Sutter AIM

HPC

Targeted Cost Containment Investments Awardee: *Hebrew SeniorLife*

Hebrew SeniorLife

Challenge Area	Approved HPC Funding
Social Determinants of Health	**$421,741**

Partners

- WinnCompanies
- Tufts Health Plan
- Blue Cross Blue Shield of Massachusetts
- Springwell ASAP
- Brookline EMS
- Revere EMS
- Randolph EMS

Total Initiative Cost*	Estimated Savings*
~$833,000	**~$633,000**

* Extrapolated given partial funding assumptions

Primary Aim

Reduce transfers to hospitals, emergency departments, and long-term care by 20%. for ~300 older adults living in affordable housing

Operational Approach

Embed a care coordination and wellness team into affordable housing sites to provide a link between housing and health care, regularly assess resident wellbeing, and promote self-care

Evidence Base

SASH (Vermont)

HPC

Targeted Cost Containment Investments Awardee:
Lynn Community Health Center

Lynn COMMUNITY health CENTER

Challenge Area	Approved HPC Funding
Site and Scope of Care	**$690,000**

Partners

- Eaton Apothecary
- Partners Connected Health
- Neighborhood Health Plan
- Massachusetts Behavioral Health Partnership

Total Initiative Cost	Estimated Savings*
$881,843	**$1,400,000**

* Extrapolated given partial funding assumptions

Primary Aim

Reduce total medical expenditures by 15% for 169 adult patients with a serious mental illness who are enrolled in MassHealth's Primary Care Payment Reform (PCPR) initiative

Operational Approach

Provide intensive care coordination program deploying community health workers to remotely monitor medication adherence with the consultation from clinical pharmacy services

Evidence Base

- Meta-analyses of 16 cost-saving CHW demonstrations
- NHP's Here-for-You program pilot ongoing
- NAMI digital tech use amongst SMI population

Targeted Cost Challenge Investment Awardee: *Spaulding Hospital Cambridge*

SPAULDING REHABILITATION HOSPITAL

PARTNERS HEALTHCARE

Challenge Area	Approved HPC Funding
Post-Acute Care	**$750,000**

Partners

- Partners Healthcare at Home
- Care Dimensions
- Fresenius Medical Care
- New England Home Therapies
- Life Care Centers of North Shore and Bridgewater
- Neville Center at Fresh Pond
- Newbridge on the Charles
- Hebrew Rehab Center Recuperative Services Unit
- CareOne at Lexington
- Chelsea Center
- German Centre for Extended Care
- Laurel Ridge Rehabilitation and Skilled Care Center
- The Spaulding Nursing and Therapy Center West Roxbury

Primary Aim

Reduce total medical expenditures by $1,500,000 for 300 chronically critically ill patients.

Operational Approach

Deploy a continuity team of RN case managers and social workers to support patients in reducing their long-term acute care hospital length of stay and transitioning to a lower-acuity care setting as appropriate (e.g. skilled nursing facilities, home or both) for 30 days after the end of a care episode.

Evidence Base

Critical Care Continuity Team Pilot at the Brigham and Women's Hospital and Spaulding Hospital Cambridge

Total Initiative Cost	Estimated Savings
$897,727	$1,500,000

HPC

Telemedicine Pilots

Applicant	Population	Funding Cap
Heywood Hospital	Children and Adolescents	$425,570
Riverside Community Care	Older Adults Aging in Place	$499,860
UMass Memorial Medical Center	Individuals with SUD	$496,184
Pediatric Physician's Organization at Children's Hospital	Children and Adolescents	$341,175
4 Organizations		**$1,762,789**

Telemedicine Pilot Awardee:
Heywood Hospital

Heywood Hospital
Member of the Heywood Healthcare Family

Target Population

Children and Adolescents

Partners

- Athol Hospital
- Clinical and Support Options (CSO)
- Mclean Hospital
- Narragansett Regional High & Middle Schools
- Ralph C. Mahar Regional School
- NE Telehealth Resource Center

Total Initiative Cost	Approved HPC Funding
$514,301	$425,570

Primary Aim

Increased access by 10% (145 students) to behavioral health services by the end of March 2018

Secondary Aims

- Reduce acute care crisis intervention in schools by 10%.Reduction of BH-related ED visits and inpatient admissions 6 months post initial assessment
- Reduce hospital ED admissions for BH by youth and adolescents from target population by 20%.

Operational Approach

School-based behavioral health counseling for middle and high school students.

Provide school-based counseling services via remote video consults for middle and high school children with the support of a co-located care coordinator.

HPC

Telemedicine Pilot Awardee:
Riverside Community Care

Riverside Community Care

Beth Israel Deaconess Medical Center

Target Population

Older Adults Aging in Place

Partners

- Springwell (ASAP)
- HESSCO (ASAP)
- Mystic Valley Elder Services (ASAP)
- Beth Israel Deaconess Medical Center
- MedOptions Connect

Total Initiative Cost	Approved HPC Funding
$641,294	$499,860

Primary Aim

Provide behavioral health assessments and therapeutic counseling for 160 older adults aging in place

Secondary Aims

- Expand knowledge of what tele-BH strategies work best with elders
- Develop more precise predictors of overall demand, psychiatry need and caseload size
- Assess change in depression and use of ED and inpatient acute care

Operational Approach

Home-based video consultations for homebound patients with BH needs

ASAP case managers will identify BH needs of their homebound older adult patients during regularly-scheduled home visits. Once referred for care, the case managers will assist the patient in connecting with a specialist (either an RCC counselor or a MedOptions geriatric psychiatrist) for remote video-based therapy in the home. Partners will share data on care and outcomes to refine telemedicine model.

HPC

Telemedicine Pilot Awardee:
UMass Memorial Medical Center

UMassMemorial Medical Center

Target Population

Individuals with SUD

Partners

- UMass Medical School Systems and Psychosocial Advances and Research
- UMass Memorial Healthcare Office of Clinical Integration
- Community Health Link
- AdCare Hospital
- Spectrum Health Services

Total Initiative Cost	Approved HPC Funding
$574,689	$496,184

Primary Aim

Engage 40% of patients in treatment of their substance use disorder

Secondary Aims

- Decrease on measures of symptom change and increase in functional status
- Reduction of BH-related ED visits and inpatient admissions 6 months post initial assessment
- Decrease in TME for youth who received telepsychiatry evaluation and management services

Innovative Model

Connecting individuals with SUD to treatment resources at their hospital bedside.

Integrate care for substance use disorder into inpatient and ED care at the bedside via video conferencing with an addictions social worker or psychiatrist facilitated by a peer recovery coach.

HPC

Telemedicine Pilot Awardee:
Pediatric Physician's Organization at Children's Hospital

PPOC
Pediatric Physicians' Organization at Children's
A preferred Boston Children's Hospital Community of Care Member

Boston Children's Hospital

Target Population

Children and Adolescents

Partners

- Boston Children's Hospital Department of Psychiatry
- Briarpatch Pediatrics (serves Sandwich, Yarmouthport, and Nantucket)
- Greater Lowell Pediatrics (serves Lowell and Westford)
- Holyoke Pediatric Associates (serves Holyoke and South Hadley)

Total Initiative Cost	Approved HPC Funding
$466,627	$341,175

Primary Aim

Perform initial diagnostic evaluations by a Child and Adolescent Psychiatrist for 75% of youth with complex psychiatric presentations within 15 days, using telepsychiatry

Secondary Aims

- Decrease on measures of symptom change and increase in functional status
- Reduction of BH-related ED visits and inpatient admissions 6 months post initial assessment
- Decrease in TME for youth who received telepsychiatry evaluation and management services

Operational Approach

Practice-based psychiatric consultations for underserved pediatric patients

Build upon an existing organization-wide Behavioral Health Integration program to step up psychiatric care to pediatric patients who live in "behavioral health deserts" with limited access to CAP services. Facilitating a remote video consults from their offices, PCPs will link their patients with a Boston Children's Hospital psychiatrist for diagnostic and follow-up care.

HPC

Mother and Infant-Focused NAS Interventions

Applicant	Category	Funding Cap
Baystate Medical Center	Category A	$249,778
Boston Medical Center	Category A	$248,976
UMass Memorial Medical Center*	Category A	$249,992
Lawrence General Hospital	Category A	$250,000
Lahey Health- Beverly Hospital	Category B	$1,000,000
Lowell General Hospital	Category B	$999,032
6 Organizations		**$2,997,778**

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

Mother and Infant-Focused NAS Interventions Awardee (Category A): *Baystate Medical Center*

Baystate Health

Primary Aim

Increase rooming-in care for eligible maternal-infant dyads by 50%

Target Population

In 2015, Baystate Medical Center treated 112 NAS infants

Secondary Aims

1. Increase adherence to MAT by pregnant women with opioid abuse disorder by 30%
2. Increase breastfeeding and skin to skin care rates by 30% for opioid exposed infants.
3. Increase the number of infants being discharged home to biological families by 30%

Total Initiative Cost	Approved HPC Funding
$400,480	$249,778

Operational Approach

- Allocating and utilizing rooms on the postpartum floor to provide care to the mother-infant dyad during observation as well as treatment phases of NAS.
- Will dedicate 4 rooms on the postpartum floor for eligible parents to stay with their infant 24 hours per day x 7 days per week until discharge.
- A dedicated trained nurse will provide the medical care including monitoring of the Finnegan scores and administering medications as prescribed, and providing daily infant care in cooperation with the parents.
- Nurses caring for infants with NAS are certified in the Finnegan scoring system or FNAST (Finnegan Neonatal Abstinence Scoring Tool)
- Quarterly NAS and opiate treatment updates into regularly scheduled nursing “Brown Bag” conferences

HPC

Mother and Infant-Focused NAS Interventions Awardee (Category A): *Boston Medical Center*

Primary Aim

Decrease length of inpatient stay for infants with NAS by 40%

Target Population

In 2015, BMC served 117 NAS infants with an average LOS of 16.5 days

Secondary Aims

1. Reduce pharmacotherapy by 30%
2. Improve breastfeeding initiation rates by 15%
3. Improve maternal presence at the bedside by 20%
4. Institute bedside psychotherapy for mothers

Operational Approach

- Increasing parental presence at bedside
- Implementing peer support to introduce the benefits of breastfeeding and rooming-in
- Optimizing NAS pharmacologic treatment with methadone as a first-line therapy instead of morphine
- Improved approaches to NAS symptom scoring
- Ensuring timely access to wrap-around outpatient services for woman and infant
- Implementation of prenatal care curriculum that includes brief individual obstetric evaluation, group discussion, education, peer support, and relapse prevention.

Total Initiative Cost	Approved HPC Funding
$349,879	$248,976

Mother and Infant-Focused NAS Interventions Awardee (Category A): *UMass Memorial Medical Center*

UMassMemorial Medical Center

Primary Aim

Reduce inpatient length of stay for patients exposed to NAS by 30%

Target Population

In 2015, UMass Memorial treated 110 NAS infants

Secondary Aim

Reduce readmission rates for NAS within 30 days of discharge by 25%.

Operational Approach

- Multidisciplinary, coordinated approach that integrates prenatal and postnatal management.
- Organizational Commitment - The Divisions of OB/GYN and Neonatology at UMass have made NAS care a priority (involved in NeoQIC & DPH grant).
- The UMass Memorial NICU has developed a standing NAS QI committee to maintain and further improve outcomes for infants with NAS.

Total Initiative Cost	Approved HPC Funding
$354,204	$249,992

HPC

Mother and Infant-Focused NAS Interventions Awardee (Category A): *Lawrence General Hospital*

Lawrence General Hospital

Partners

- Floating Hospital for Children
- Greater Lawrence Family Health Center
- Andover Obstetrics-Gynecology
- Habit OPCO
- South Bay Mental Health
- Home Health Foundation
- New Beginnings Peer Recovery
- Massachusetts DCF

Primary Aim

Reduce the cost per episode for at least 50 pregnant women with opioid use disorder by 10%

Target Population

- During FY15, 45 mothers delivered infants with NAS with an average LOS of 21 days.
- This program will enroll a minimum of 25 pregnant women per year.

Operational Approach

Will deploy a well-trained inpatient team to implement an evidence-based, integrated treatment plan to promote earlier hospital discharge.

Total Initiative Cost	Approved HPC Funding
$1,267,070	$250,000

HPC

Mother and Infant-Focused NAS Interventions Awardee (Category B): *Beverly Hospital*

Beverly Hospital
A member of Lahey Health

Partners

- DCF North Regional Office
- Northeast ARC EI
- Cape Ann EI
- North Shore YMCA
- Catholic Charities

Target Population

During FY15, 67 mothers delivered 68 infants with NAS with an average LOS of approximately 23 days

Primary Aim

Reduce median length of stay for infants admitted with NAS by 30%

Operational Approach

Will establish a support system for women during pregnancy and for 1 year postpartum. Integrated supports include counseling along with pharmacological treatment, psychiatric services, case management, and peer support.

Total Initiative Cost	Approved HPC Funding
$1,323,042	$1,000,000

HPC

Mother and Infant-Focused NAS Interventions Awardee (Category B): *Lowell General Hospital*

Partners

- WomanHealth (OB/GYN practice)
- Lowell Community Health Center
- OB/GYN Associates of Merrimack Valley
- Clean Slate (buprenorphine provider)
- Habit Opco (methadone provider)
- South Bay Lowell Mental Health Clinic (Behavioral Health services)
- South Bay Lowell Early Childhood Services (Early Intervention provider)
- Thom Anne Sullivan Center (Early Intervention provider)
- MA WIC Nutrition Program

Primary Aim

Develop and implement a *NAS Family Support Program* that leverages and builds upon existing hospital and community resources to accomplish a 20% increase in MAT for pregnant women with an opioid use disorder.

Target Population

- During FY15, 45 mothers delivered infants with NAS with an average LOS of 21 days.
- This program will enroll a minimum of 25 pregnant women per year.

Operational Approach

- Identify pregnant women with opioid use disorder early in their pregnancies, guide them in accessing pharmacotherapy, and support families through pregnancy, delivery, and six months postpartum
- Participate in DPH's "Moms Do Care" program, including technical assistance and evaluation

Total Initiative Cost	Approved HPC Funding
$1,425,693	$999,032

HPC