MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission
Board Meeting

July 26, 2017

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from the March 29, 2017 Meeting
- Cost Trends and Market Performance
- Strategic Direction Discussion
- Administration and Finance
- Executive Director’s Report
- Schedule of Next Board Meeting (September 13, 2017)

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MASSACHUSETTS
HEALTH POLICY COMMISSION

VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on March 29, 2017 as presented.

MASSACHUSETTS
HEALTH POLICY COMMISSION

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- Call to Order
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- **Cost Trends and Market Performance**
  - Update on Notices of Material Change
  - Performance Improvement Plans
  - Continuation of Cost and Market Impact Review – Partners HealthCare System's Acquisition of the Foundation of the Massachusetts Eye and Ear Infirmary (VOTE)
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Types of Transactions Noticed

April 2013 to Present

Type of Transaction	Number of Transactions	Frequency
Clinical affiliation	19	23%
Physician group merger, acquisition, or network affiliation	19	23%
Acute hospital merger, acquisition, or network affiliation	17	21%
Formation of a contracting entity	14	17%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	7	9%
Change in ownership or merger of corporately affiliated entities	5	6%
Affiliation between a provider and a carrier	1	1%

Notices Still Under Review

Received Since 3/29

- Proposed acquisition of the non-hospital-based diagnostic laboratory business of **Cape Cod Healthcare** by **Quest Diagnostics Massachusetts,** a subsidiary of a national diagnostic testing provider

- Proposed acquisition of the non-clinical assets of **Reliant Medical Group** by the **OptumCare business of Collaborative Care Holdings**, a subsidiary of UnitedHealth Group, whose OptumCare business provides data, technology, and business solutions to health care providers.

- Proposed merger of **CareGroup**, **Lahey Health System**, and **Seacoast Regional Health Systems**, the related acquisition of the **Beth Israel Deaconess Care Organization** by the merged entity, and the contracting affiliation between the merged entity and **Mount Auburn Cambridge Independent Practice Association**.

Elected Not to Proceed

Received Since 3/29

- Proposed formation of a joint venture by **UMass Memorial Health Ventures**, a subsidiary of UMass Memorial Health Care, and **Team Behavioral Health**, a company that develops and operates psychiatric hospitals. The joint venture, Worcester Behavioral Innovations, would build and operate a new 120-bed psychiatric hospital in Worcester.
  - Our analysis suggested limited scope for changes in health care spending, based on an examination of prices for psychiatric services in central Massachusetts.
  - UMass Memorial does not intend to charge a facility fee for any outpatient psychiatric services it may provide at the new joint venture facility.
  - We did not review evidence suggesting negative impacts on quality or access.

- Proposed clinical affiliation between **Atrius Health** and **Lowell General Hospital**, under which Lowell General will become a preferred hospital provider for Atrius patients.
  - Our analysis suggested limited scope for changes in health care spending, given the parties' long-standing relationship and current hospital utilization patterns for Atrius patients.
  - We did not review evidence suggesting negative impacts on quality or access.

Elected to Proceed with a Cost and Market Impact Review (CMIR)

Received Since 3/29

- Proposed acquisition of the Foundation for the Massachusetts Eye and Ear Infirmary (MEE) and its subsidiaries, including the **Massachusetts Eye and Ear Infirmary (MEEI)** and **Massachusetts Eye and Ear Associates (MEEA)** by **Partners HealthCare System**.

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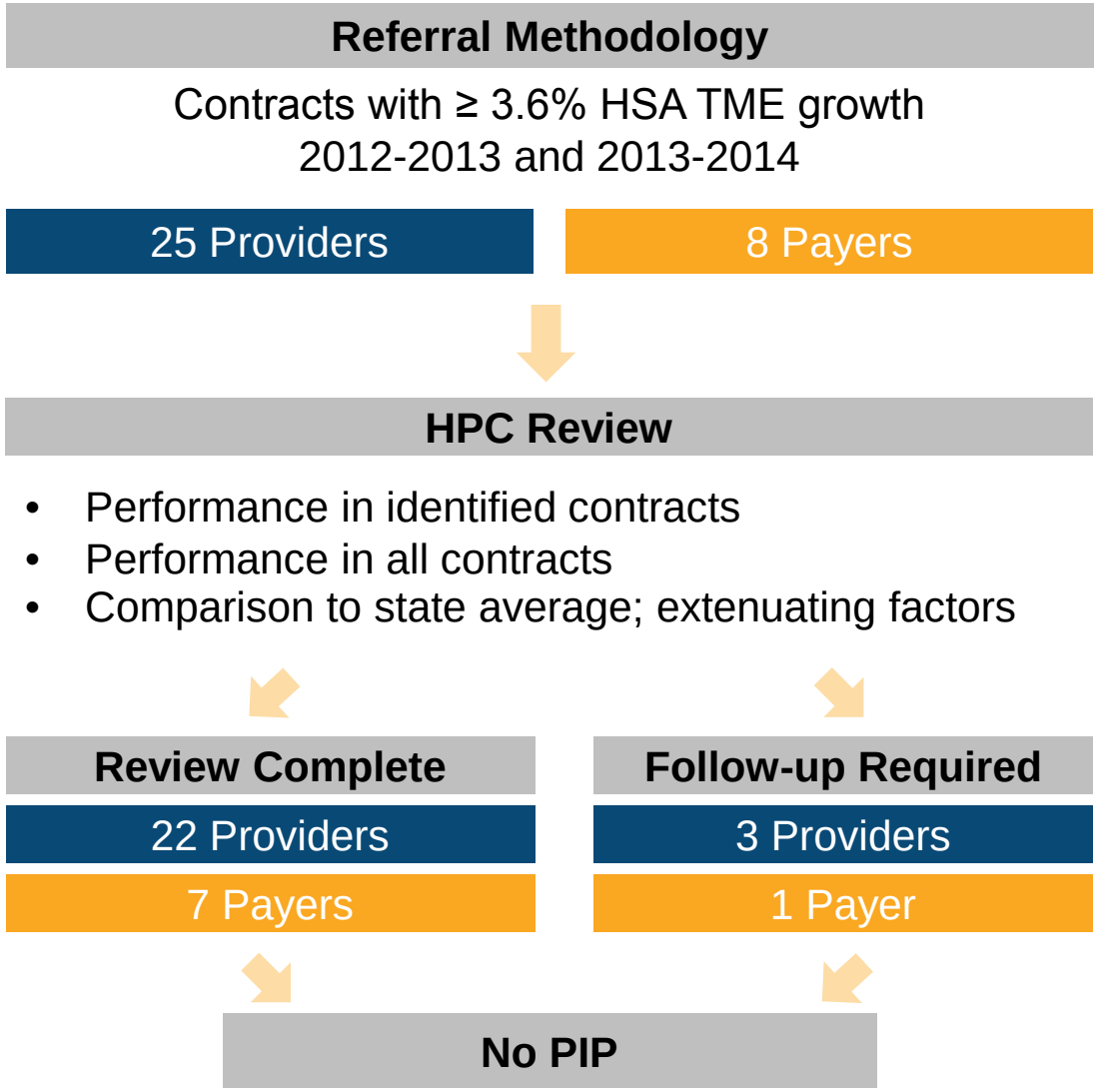
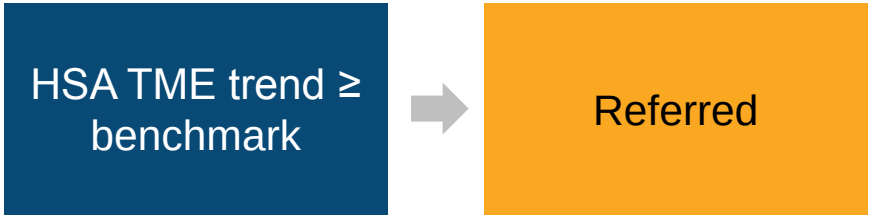
Recap of 2016 PIPs Review Process

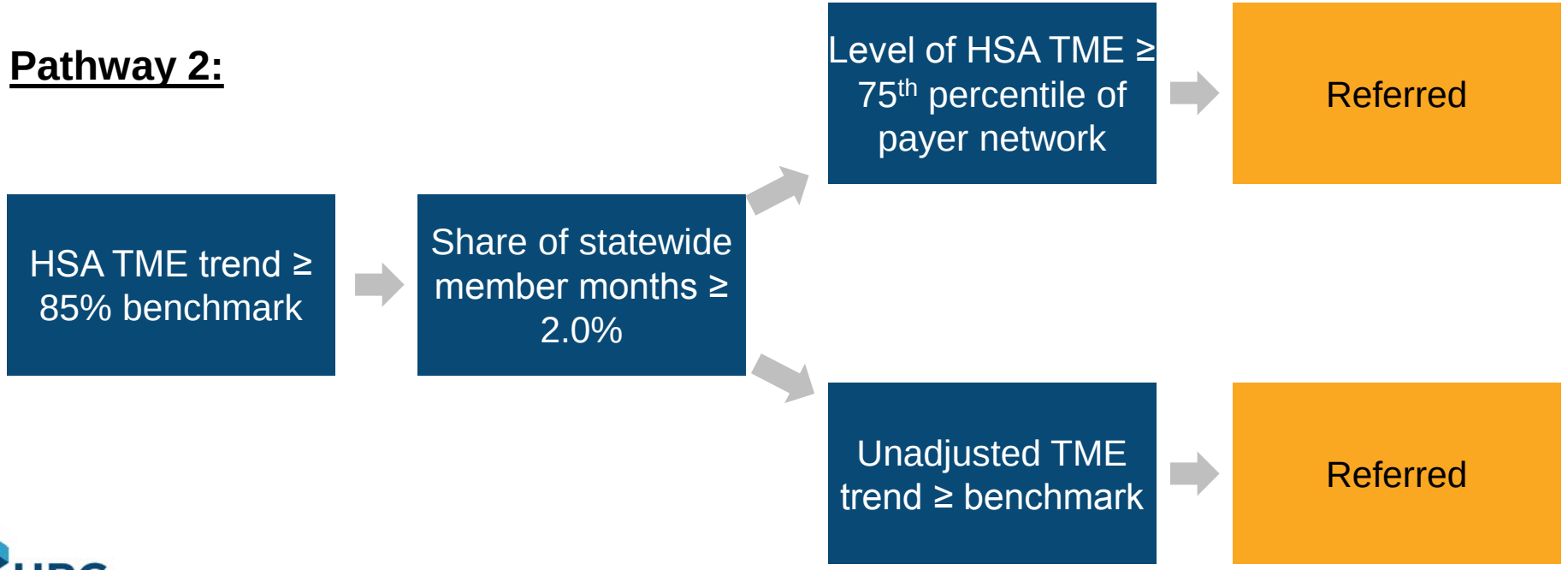


CHIA's Updated Referral Methodology: Providers

Pathway 1:

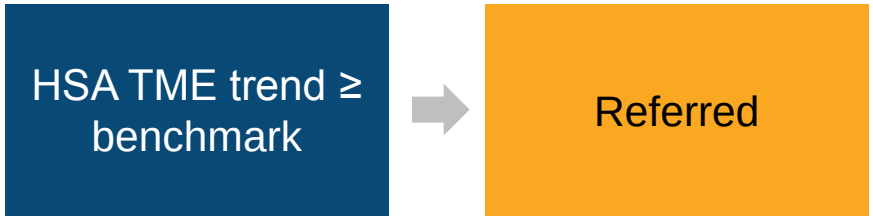


Pathway 2:

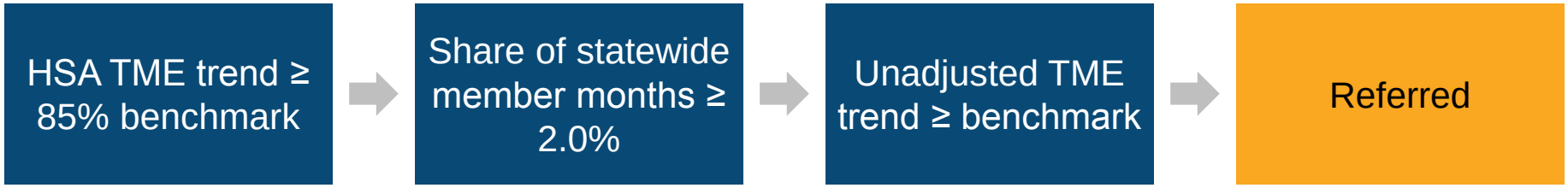


CHIA's Updated Referral Methodology: Payers

Pathway 1:



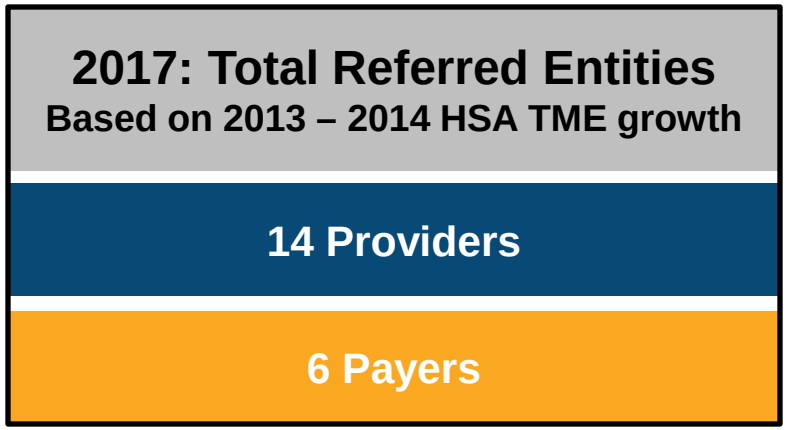
Pathway 2:



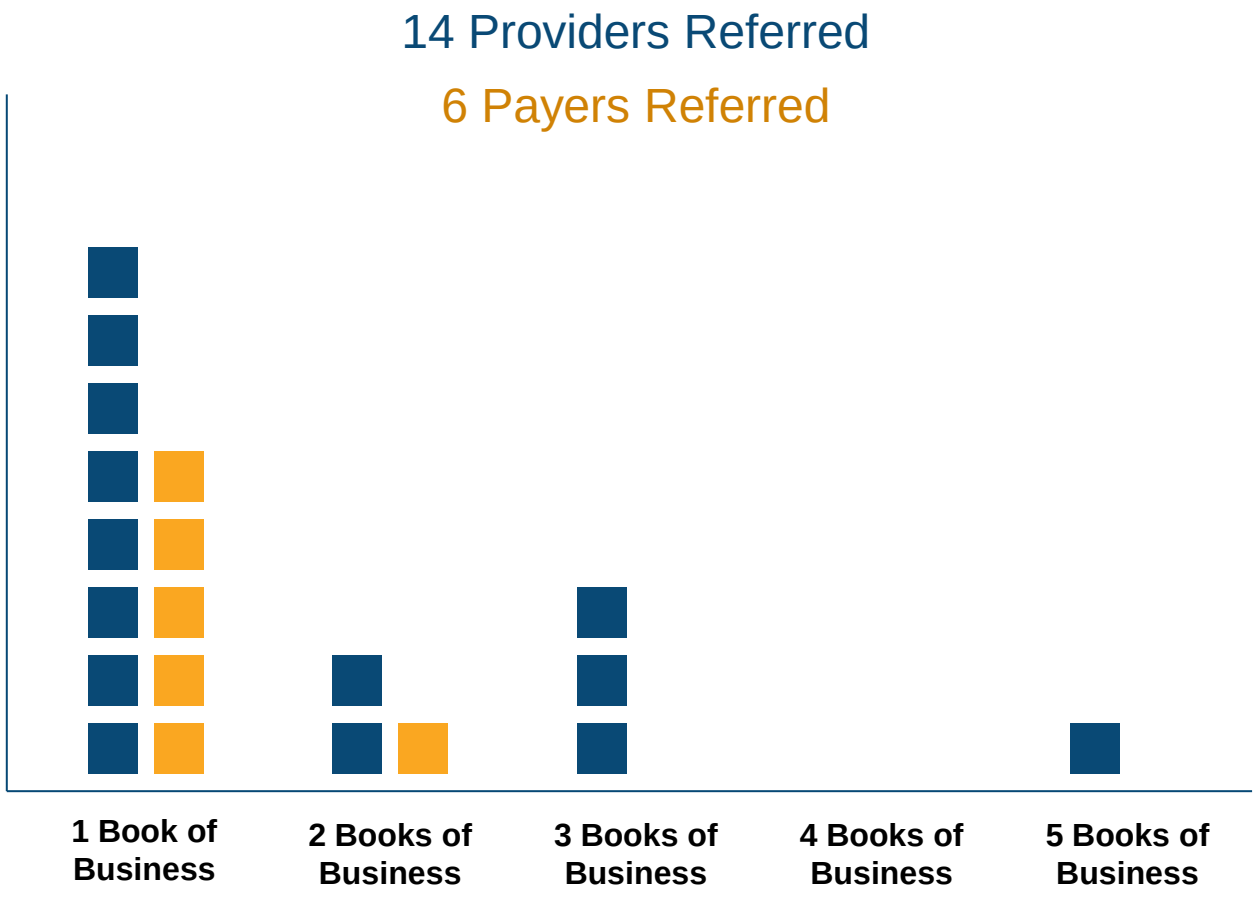
Overview of 2017 Named Entity List

Basis of Referral

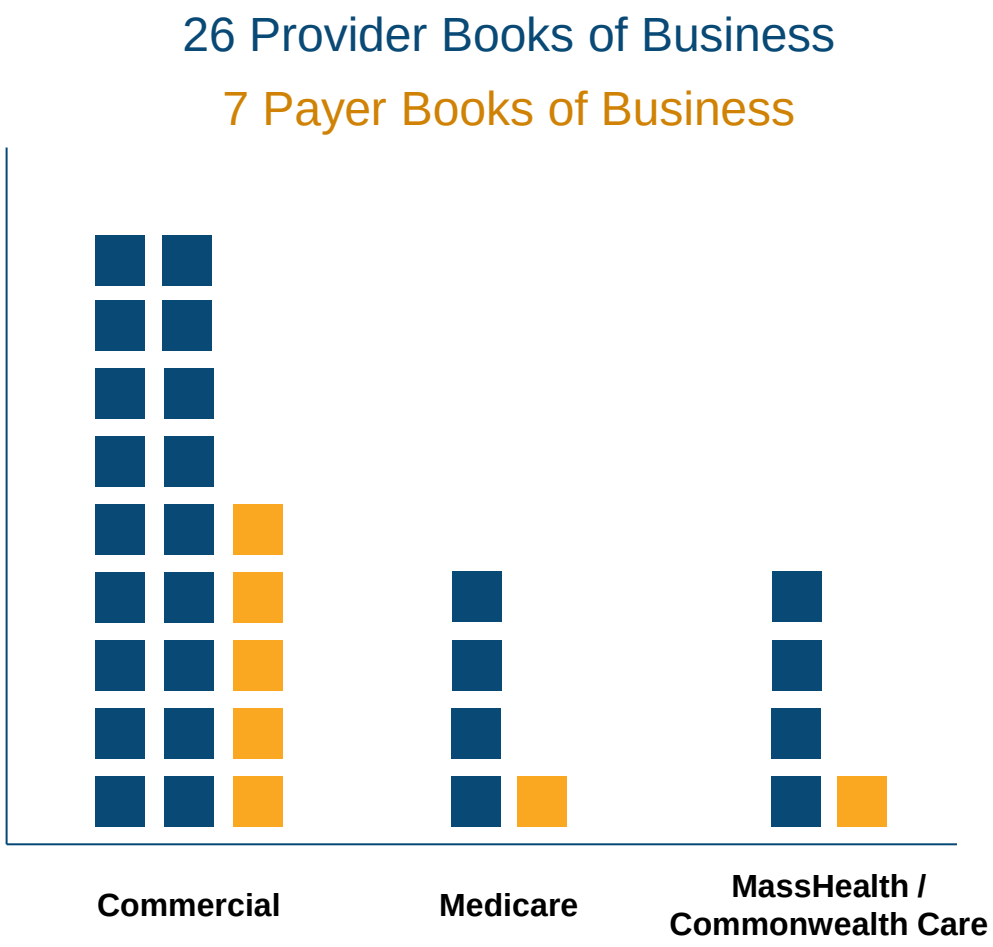
- Per its new methodology, CHIA only refers payers and providers based on their final TME data; this year's list is based on entities' **2013 – 2014 trend**.
- There are approximately 50% fewer providers on the CHIA list this year; this is likely due to the fact that the list is based on only one year of trend, rather than two.



The majority of providers and payers were referred for their performance in a single book of business.



Providers and payers were referred most frequently for their commercial spending growth.

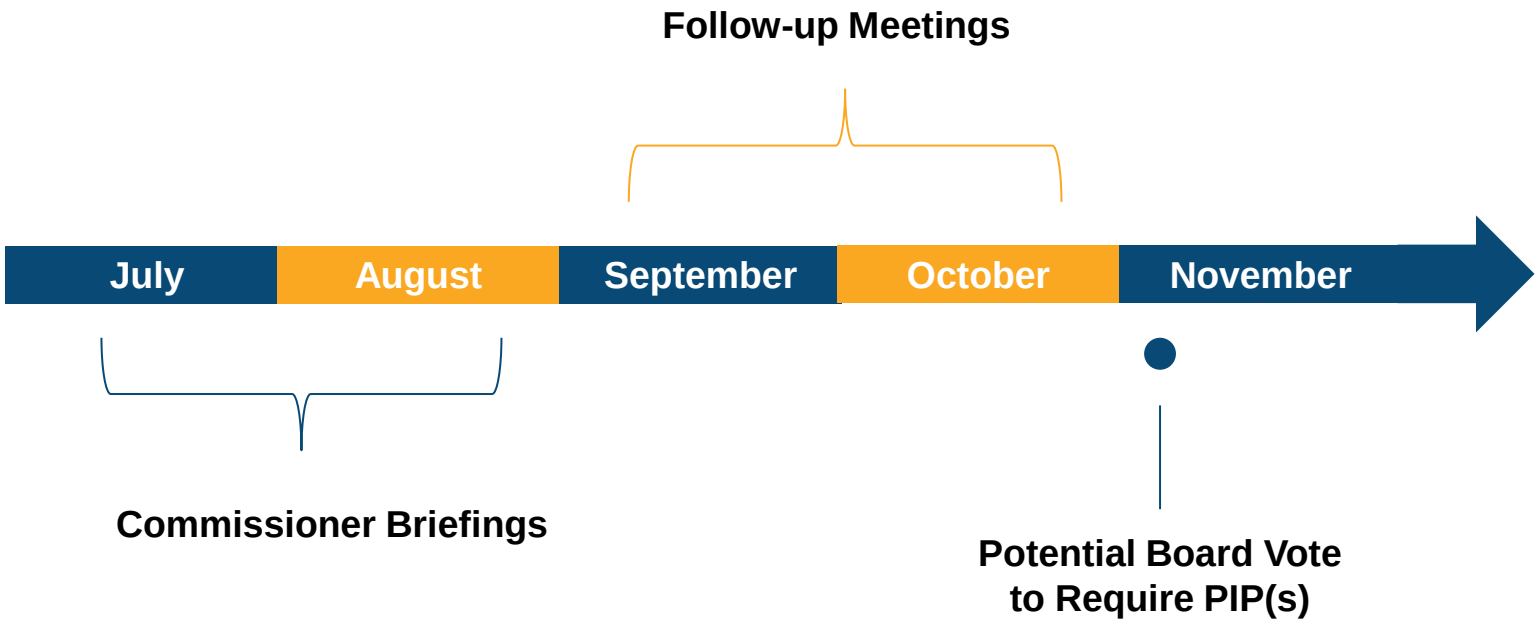


Next Steps in 2017 Review Process

HPC staff perform gated review	▪ Staff share results with Commissioners ▪ Commissioners provide feedback/recommendations
Follow-up meetings with select entities	▪ HPC meets with entities to discuss their performance ▪ Staff share findings with Commissioners ▪ Commissioners provide feedback/recommendations
Potential Board vote to require PIP(s)	▪ Commissioners deliberate and vote in an Executive Session on whether to require PIP(s)

PIPs Timeline

Commissioner Engagement Throughout



All dates are approximate

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Overview of Material Change Notice Review Process

Initial Review

- When the HPC receives a Notice, staff conduct a brief review and request any additional information required to complete the Notice.
- Once parties have responded and Notice is deemed complete, the HPC has 30 days to review the proposed transaction and inform the parties whether it merits further review.
- This 30-day review focuses on statutory factors for evaluating cost and market impact (e.g., changes to prices, total medical expenses and market share), to determine whether a proposed material change raises the potential for impacts to costs and market functioning that warrant examination and public consideration.

Proceeding to a CMIR

- If the HPC finds that the proposed transaction warrants further review, it provides notice to the parties that it is initiating a CMIR. The Commission then votes on whether to continue the CMIR at its next regular meeting.
- Of the 78 transactions for which the HPC has completed review, the HPC has conducted seven CMIRs; it is proposing to continue one new CMIR today.

Background on the Parties: Partners HealthCare System

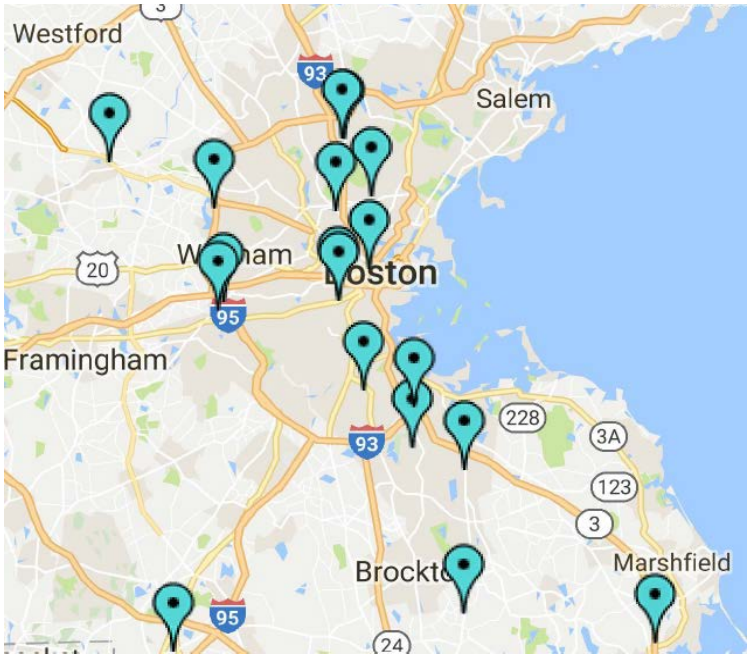
- Largest health system in Massachusetts, with $11.7B in operating revenue in FY15.
- Includes:
  - 8 general acute care hospitals in Mass. with 2,928 staffed beds in FY15
  - A specialty psychiatric hospital (McLean)
  - A rehabilitation network (Spaulding)
  - A home health agency
  - An insurance carrier
  - A physician group, PCPO, contracting on behalf of more than 6,700 physicians
- Partners' hospitals and physician groups are among the highest priced in the Commonwealth
- Partners hospitals do not participate in a number of limited network products and Medicaid MCO networks, and are often in the highest-priced tier of tiered network products

Background on the Parties: Mass. Eye and Ear

Massachusetts Eye and Ear®
sense life. experience life.

- Acute care hospital specializing in ophthalmology and otolaryngology
- 18 locations in Massachusetts, including the main campus in Boston with 41 beds (21 adult, 20 pediatric), and 7 hospital satellites
- Approximately $163M in net patient service revenue; 90% of patient revenue is from outpatient services
- Medical group, Mass. Eye and Ear Associates (MEEA), includes approximately 200 employed specialists who already contract through the Partners network with the three largest commercial payers
- MEEA physicians have dual appointments at MEEI and MGH and serve as MGH's ophthalmology and otolaryngology departments
- MEEI is generally significantly lower priced than Partners' hospitals and is frequently in the most efficient tier of tiered network products

MEE Hospital and Physician Practice Sites



HPC

About the Transaction

The parties have identified several goals of this acquisition:

- For MEE to become the system-wide ophthalmology and otolaryngology resource for Partners.
- For MEE to utilize existing Partners facilities to provide its services in more locations with substantially less capital investment than would be required to invest in its own new facilities.
- For MEE to achieve operating cost savings by utilizing Partners corporate services.

The parties have also noted that:

- MEE plans to continue its existing clinical relationships with non-Partners providers.
- The parties expect to achieve market competitive rates for MEEI and MEEA physicians in contracts not already negotiated by Partners.

Basis and Goals for Review

Our preliminary review of this transaction raises concerns about potential impacts on cost and market function, including:

- **Hospital spending increases** as MEEI begins contracting through Partners, and MEEI's hospital prices increase over time to the levels of other Partners hospitals;
- **Additional physician spending increases** as MEEA physicians begin contracting through Partners with all commercial payers; and
- Impacts to MEEI's status as an efficient provider of specialty ophthalmology and otolaryngology services, with **implications for payer networks** and continued **access to MEEI's services**.

Given that the parties are already closely clinically aligned, it is unclear why corporate affiliation is necessary to improve patient care. At the same time, the parties have suggested that the proposed transaction may result in **operational efficiencies that could improve the cost and quality of care.**

A CMIR allows us to objectively examine all aspects of the proposed transaction to better understand these potential impacts on costs and market functioning.

Factors for Review

The HPC will assess the potential impacts of the transaction based on a range of statutory factors

A. The impact of the proposed transactions, considered in light of concurrent market developments, on **costs and market functioning** in Massachusetts, including:
   - Prices (e.g., for hospitals, physicians, and other providers, including fee-for-service, capitated, and other prices)
   - Total medical expenses ("TME")
   - Patient care referral patterns
   - Competing options for care delivery
   - Quality of and access to health care services

B. **Clinician dynamics**, including any plans related to physician recruitment

C. The Parties' **size and market position**, including market shares for relevant services

D. The Parties' **role in serving at-risk, underserved, and government payer populations**

E. The Parties' **plans for patient care management** and the potential **impact of those plans on quality, costs, and market dynamics**

F. The impact of the proposed material change in light of **other prior and proposed health care transactions**

G. Other factors concerning cost and market impact as the HPC may identify

Process for Cost and Market Impact Reviews

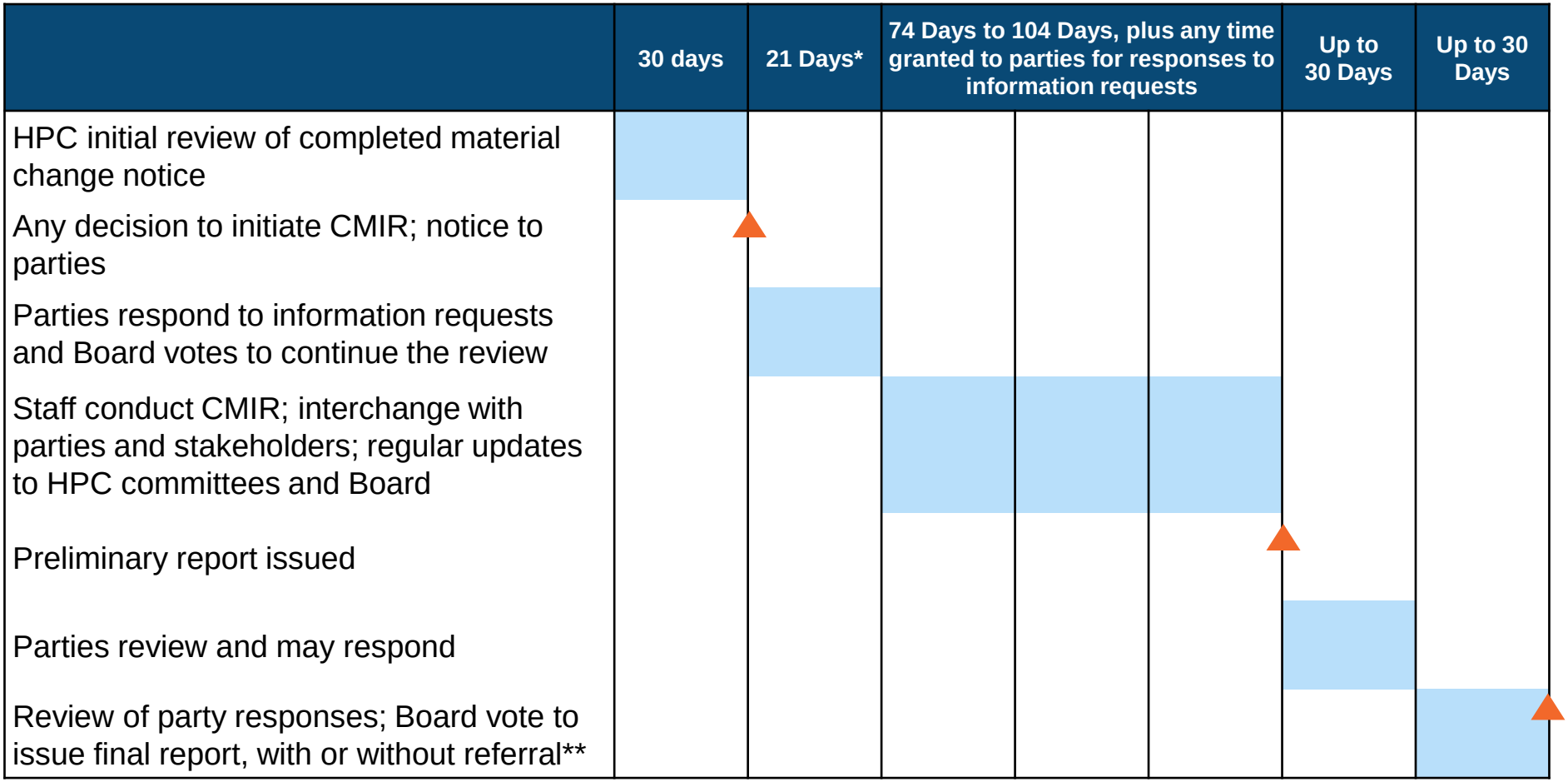
Inputs

- Data and documents:
  - Parties' production
  - Publicly available information
  - Data from payers, providers, and other market stakeholders
- Support from expert consultants
- Feedback from Commissioners
- Information gathered is exempted from public records law, but the HPC may engage in a balancing test and disclose information in a CMIR report

Outputs

- Issuance of a preliminary report with factual findings
- Feedback from parties and other market participants
- Final report issued 30 or more days after preliminary report
- Proposed change may be completed 30 or more days after issuance of final report
- Potential referral to Massachusetts Attorney General's Office

CMIR Process Timeline



*The parties may request extensions to this timeline which may likewise affect the timing of the report
**The parties must wait 30 days following the issuance of the final report to close the transaction

MASSACHUSETTS
HEALTH POLICY COMMISSION

VOTE: Continuation of Cost and Market Impact Review

MOTION: That the Commission hereby authorizes the continuation of the cost and market impact review of the proposed material change to Partners HealthCare System and the Foundation of the Massachusetts Eye and Ear Infirmary, pursuant to section 13 of chapter 6D of the Massachusetts General Laws and 958 CMR 7.00 et seq.

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Chapter 224 of the Acts of 2012 established the HPC and a target for reducing health care spending growth in Massachusetts.

Chapter 224 of the Acts of 2012

An Act **Improving the Quality** of Health Care and **Reducing Costs** through Increased **Transparency**, **Efficiency**, and **Innovation.**

GOAL

Reduce total health care spending growth to meet the **Health Care Cost Growth Benchmark**, which is set by the HPC and tied to the state's overall economic growth.

VISION

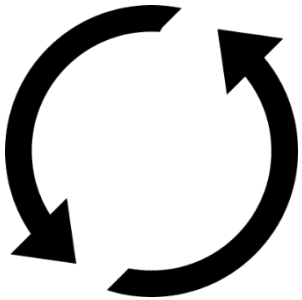
A **transparent** and **innovative** healthcare system that is **accountable** for producing **better health** and **better care** at a **lower cost** for the people of the Commonwealth.

HPC

The HPC, in collaboration with others, promotes and monitors priority policy outcomes that contribute to the goal and vision of Chapter 224.

Strengthen market functioning and system transparency

in which payers and providers openly compete, providers are supported and equitably rewarded for providing high-quality and affordable services, and health system performance is transparent in order to implement reforms and evaluate performance over time.



The two policy priorities reinforce each other toward the ultimate goal of reducing spending growth

Promoting an efficient, high-quality system with aligned incentives

that reduces spending and improves health by delivering coordinated, patient-centered and efficient health care that accounts for patients' behavioral, social, and medical needs through the support of aligned incentives between providers, employers and consumers.

The HPC employs four core strategies to advance its policy priorities.

RESEARCH AND REPORT

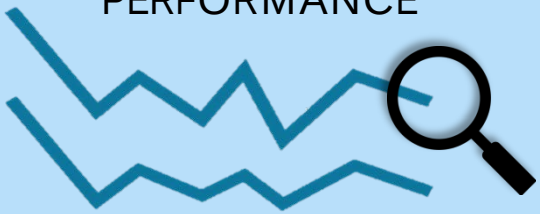
INVESTIGATE, ANALYZE, AND REPORT TRENDS AND INSIGHTS

CONVENE

BRING TOGETHER STAKEHOLDER COMMUNITY TO INFLUENCE THEIR ACTIONS ON A TOPIC OR PROBLEM

WATCHDOG

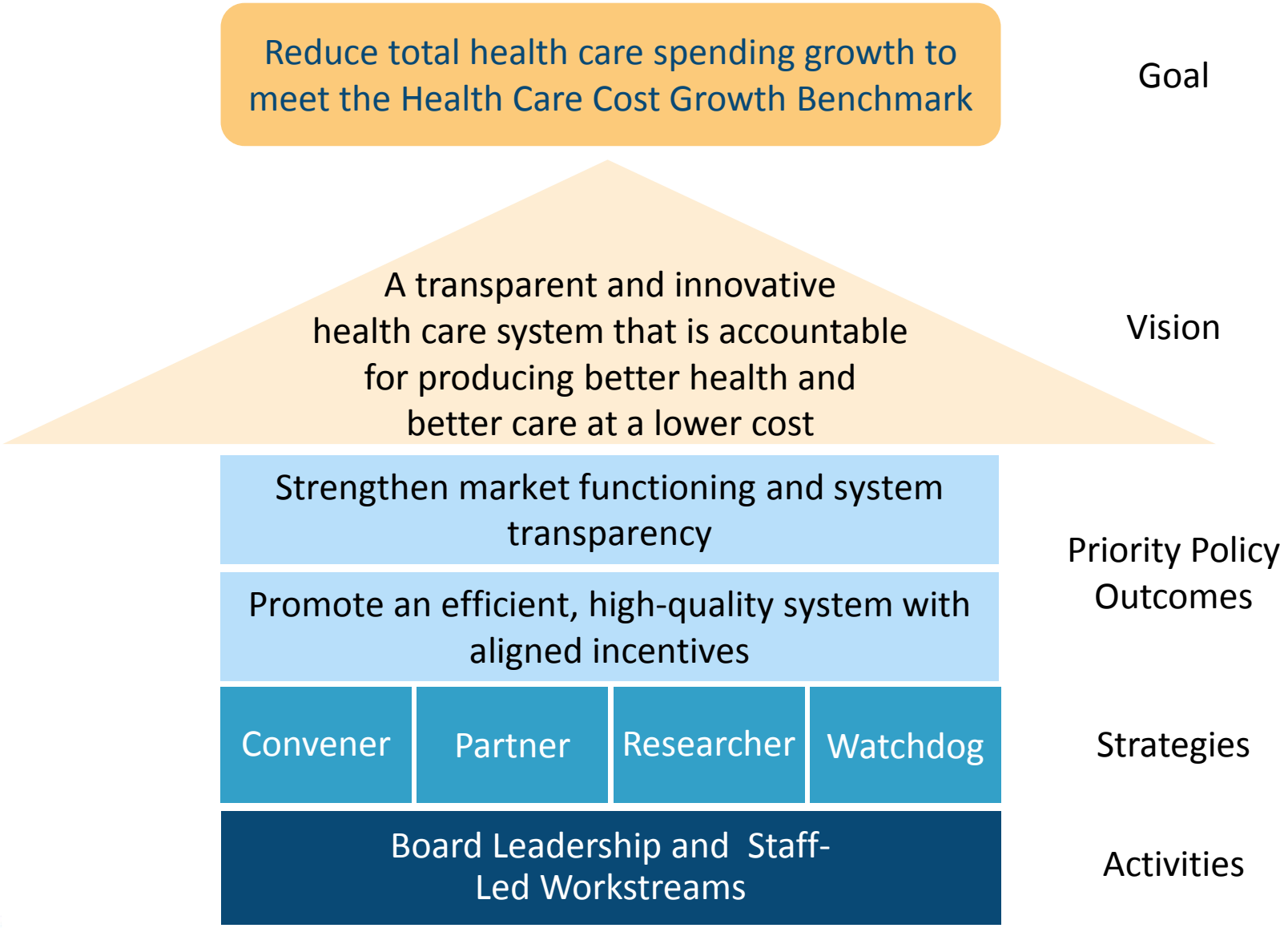
MONITOR AND INTERVENE WHEN NECESSARY TO ASSURE MARKET PERFORMANCE



PARTNER

ENGAGE WITH INDIVIDUALS, GROUPS, AND ORGANIZATIONS TO ACHIEVE MUTUAL GOALS

Conceptual framework for how the HPC's policy priorities and strategies lead toward the vision and goal of Chapter 224.



For Discussion: HPC Focus Areas for 2017-2018

To promote the Priority Policy Outcomes in 2017-2018, the proposal for discussion would align and focus HPC activities around two areas:

1 Promote Right Care, Right Place, Right Time

- *A health care system that promotes "right care, right place, right time" **reduces total health care spending growth** by delivering the highest quality health care in the most cost-effective and timely setting.*

2 Improve Health Care Affordability for Consumers and Employers through Transparent Market Monitoring and Accountability

- *A health care market that is transparent and held publicly accountable for the affordability of care **reduces total health care spending growth** by promoting high-value health plans, providers, products, and services.*

Focus #1: Right Care, Right Place, Right Time

A health care system that promotes "right care, right place, right time" ***reduces total health care spending growth*** *by delivering the highest quality health care in the most cost-effective and timely setting.*

Key Policy Aims

1. Reduce avoidable hospital utilization (ED visits, ED Boarding, admissions, readmissions)
2. Redirect community-appropriate inpatient (and outpatient) care from high-cost settings to high-value community settings, including through the greater adoption of telemedicine
3. Increase the adoption of aligned and effective alternative payment models (APMs) that support the delivery of high quality, lower cost care
4. Promote coordinated, primary care-based health care that accounts for patients' medical, behavioral, and social needs, including as provided by patient-centered medical homes (PCMH) and accountable care organizations (ACOs)
5. Reduce inappropriate utilization of institutional post-acute care settings
6. Reduce provider practice variation of unnecessary or medically inappropriate tests, services, procedures (e.g. low-value care)

Focus #1: Right Care, Right Place, Right Time

Key HPC Activities 2017-2018

1. Ongoing administration of the HPC's investment programs and related activities, including the CHART (Phase 2 and 3) investment program and the Health Care Innovation Investment program (HCII)

2. Ongoing administration of the HPC's certification programs and related activities, including the PCMH certification program the ACO certification program

3. Implement a learning and dissemination strategy to share promising practices and lessons learned from the certification and investment programs

4. Ongoing research and data analytics, including examinations of:
   - Avoidable hospital utilization (ED visits, ED Boarding, admissions, readmissions)
   - Provider practice variation, including referrals to varying types of post-acute care
   - Trends in inpatient community-appropriate care
   - Cost and quality performance of PCMH and ACO-certified practices

5. Support collaborative, inter-agency state efforts on:
   - Promoting alternative payment methodologies and ACOs
   - Quality measure alignment and improvement
   - HIT interoperability and real-time exchange of information

Focus #1: Right Care, Right Place, Right Time

This aim of "right care, right place, right time" promotes a health care system that delivers the highest quality health care in a patient-centered and efficient manner.

Key Metrics to Track Progress

- Rates of avoidable hospital utilization, including ED visits, ED Boarding, admissions, readmissions
- Rate of institutional post-acute care utilization
- Number of patients receiving care at certified PCMHs or ACOs
- Adoption of alternative payment models (APMs) that include cost accountability (i.e. downside risk) and adoption of aligned quality measures within APM contracts
- Percentage of community appropriate discharges from AMCs and,
- Quality performance and health care outcomes, including patient experience survey results

Focus #2: Transparent Market Monitoring and Public Accountability

A health care market that is transparent and held publicly accountable for the affordability of care ***reduces total health care spending*** *by promoting high-value health plans, providers, products, and services.*

Key Policy Aims

1. Enhance accountability and transparency of health care market transactions that impact cost, market competition, quality, and patient access
2. Promote out-of-network billing transparency and protections to implement safeguards on behalf of consumers and enhance the development of tiered/limited network products
3. Reduce unwarranted variation in provider prices
4. Engage employers and consumers with transparent cost and quality information to enable high-value choices
5. Reduce inappropriate “facility fee” billing at hospital outpatient settings
6. Enhance the transparency of - and accountability for- key contributors to spending drivers in Massachusetts (e.g. pharmaceutical and medical device manufacturers)

Focus #2: Transparent Market Monitoring and Public Accountability

Key HPC Activities 2017-2018

1. Ongoing review and public transparency on changes to the health care market in Massachusetts

2. Review the confidential list of providers and payers that are excessively contributing to health care cost growth and potentially require the implementation of a Performance Improvement Plan (PIP)

3. Implement second-round of provider organization information collection through the Registration of Provider Organization program

4. Ongoing research and data analytics, including examinations of:
   - Out-of-network and "surprise billing" claims by setting of care and potential cost to consumers
   - Post-transaction impact analysis of significant market changes
   - Pharmaceutical price and utilization trends

5. Support collaborative, inter-agency state efforts on:
   - Developing and promoting a state-administered consumer/employer cost and quality transparency website
   - Enhancing the public availability of healthcare system data and information to support providers, payers, and digital health innovators
   - Cross-agency data linkage and administrative simplification

Focus #2: Transparent Market Monitoring and Public Accountability

Key Metrics to Track Progress

- Total cost of care impacts of market transactions, including prices, referrals, site of care, and utilization rates
- Rates of out-of-network claims in settings in which consumers may not have had advance notice or a choice of provider (e.g. emergency department)
- Enrollment in tiered and limited network products
- Rates of hospital outpatient utilization at sites that bill for an additional “facility fee”
- Rate of pharmaceutical price increases and utilization by brand, specialty, and generic subcategories
- Degree of unwarranted hospital and physician statewide relative price variation

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Save the Date

OCTOBER 2 & 3, 2017

THE HEALTH POLICY COMMISSION'S 5TH ANNUAL
HEALTH CARE COST TRENDS HEARING

The annual health care cost trends hearing is a public event at which policymakers and researchers convene to address challenges and discuss opportunities for improving care and reducing costs in the Commonwealth's health care sector. The prominent, two-day hearing features live testimony from top health care executives, industry leaders, and government officials. Questions are posed from Massachusetts and national health care experts about the state's performance under the Health Care Cost Growth Benchmark, the drivers of health care costs, and other health care reform efforts.

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Reserve your seat: tinyurl.com/HPCCTH17

FEATURING

State Leadership and Elected Officials

Expert Speakers Offering National Perspectives

Reports on Key Findings and Data

Top Industry Stakeholders and Health Care Executives

Opportunity for Public Testimony

OCTOBER 2 & 3 2017 • 9AM

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FIRST FLOOR FUNCTION ROOM
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Health Care Cost Trends Hearing

VISIT US AT MASS.GOV/HPC. TWEET US @MASS_HPC #CTH17

2017 Health Care Cost Trends Hearing – Discussion of Potential Modifications and Themes

PURPOSE

- **Enhance** the public transparency of health care spending trends
- **Engage** state government leaders, national experts, market participants, and the public to identify opportunities to reduce spending growth while improving quality
- **Evaluate** the efforts of health care market participants to meet the goals of chapter 224
- **Establish** a fact-base through written and oral testimony on the priorities and plans of health care market participants to reduce spending
- **Enable** broad public engagement in the work of the HPC

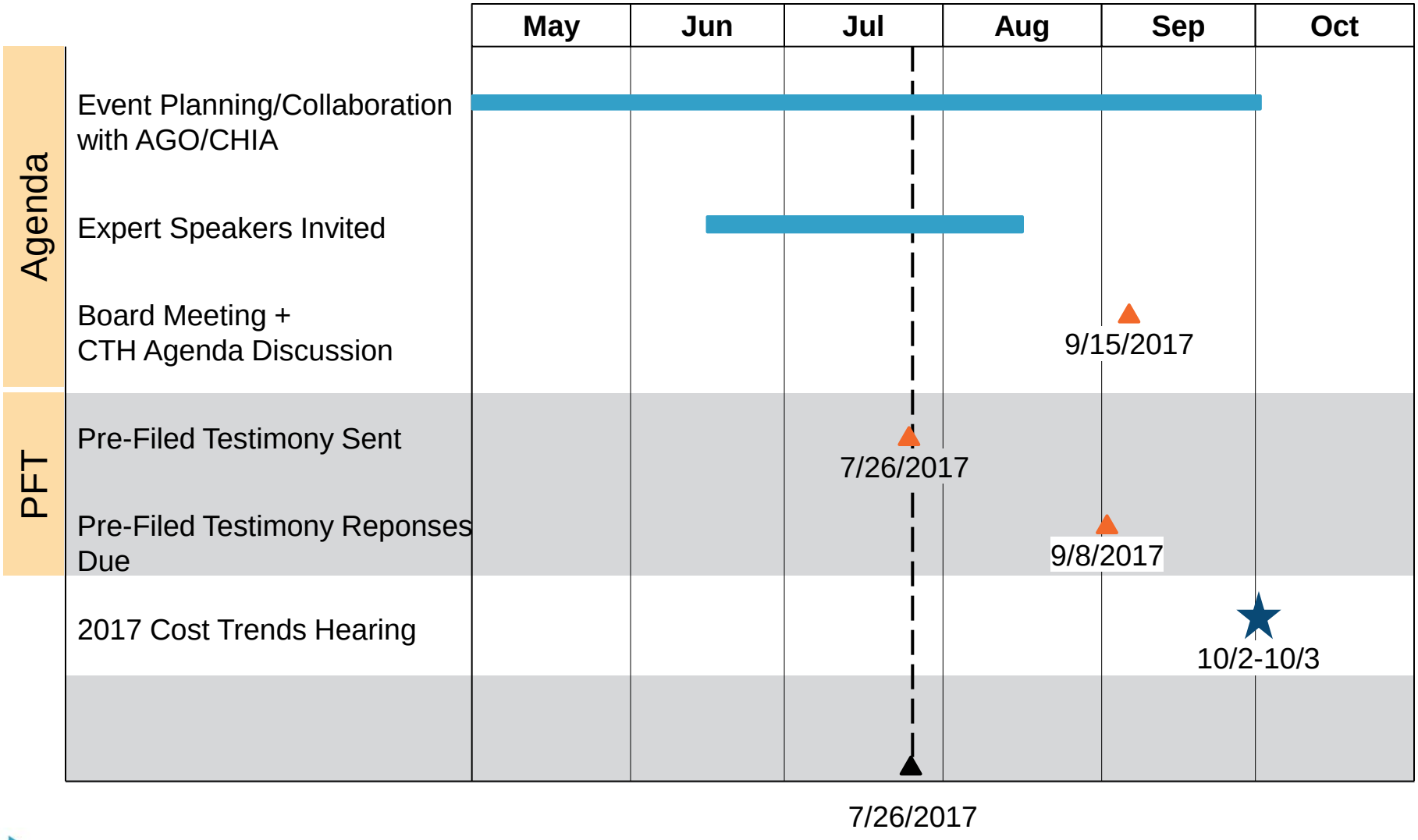
POTENTIAL MODIFICATIONS

- Streamline the Hearing to 1.5 days, with approx. 4 witness panels
- Invite one expert speaker to provide a national perspective
- Reduce the number of witnesses on each panel to allow for more in-depth examination

POTENTIAL THEMES

- Meeting the 3.1% benchmark: progress on the identified opportunities to reduce spending growth as presented at the benchmark hearing
- Reducing avoidable institutional care (e.g. avoidable ED visits, readmissions, institutional post-acute care)
- Shifting community-appropriate care from high-priced settings to high-*value* settings, including community hospitals
- Evaluating the impact of past market transactions on spending, quality and access
- Advancing value-based payment reform
- HPC Advisory Council members also suggested panels on pharmaceutical spending, health care innovation (e.g. telemedicine), social determinants of health, and serious illness care

2017 Cost Trends Hearing



MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
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  - FY2018 Operating Budget (VOTE)
- Executive Director's Report
- Schedule of Next Board Meeting (September 13, 2017)

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State Fiscal Year 2018 Budget

Line-Items
1450-1200: *For the operation of the Health Policy Commission*... $8,479,800

Outside Sections

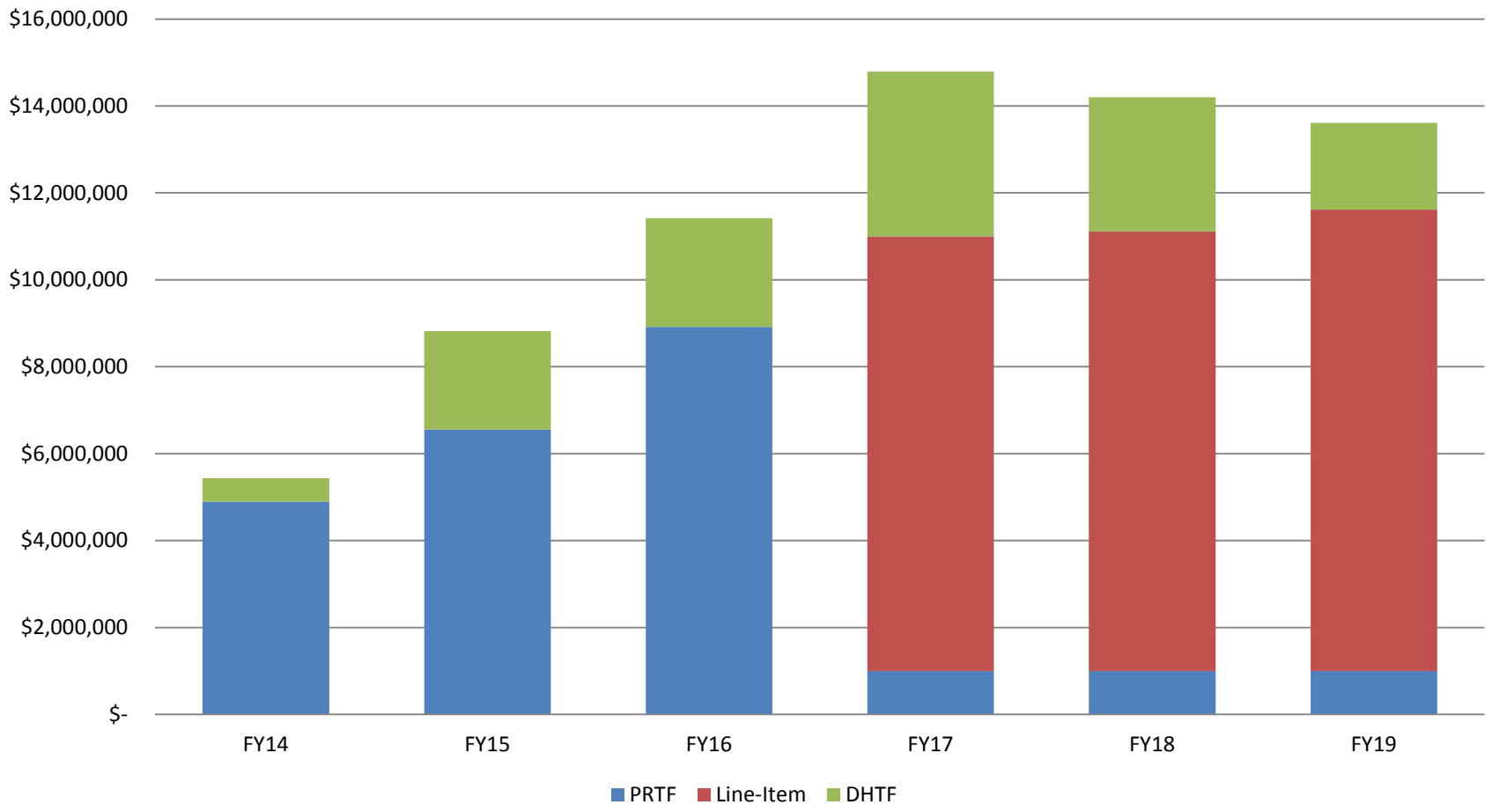
HPC Study of Rx Dispensing Practices

SECTION 130. The health policy commission, in consultation with the department of public health and the division of insurance, shall study and analyze health insurance payer practices that require certain categories of drugs, including those that are administered by injection or infusion, to be dispensed by a third-party specialty pharmacy directly to a patient or to a health care provider with the designation that such drugs shall be used for a specific patient and not for the general use of the provider. The commission shall submit a report of its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect, by filing the same with the house and senate committees on ways and means, the joint committee on health care financing and the joint committee on public health not later than July 1, 2018.

Budget Overview: Summary of FY18 Recommendations

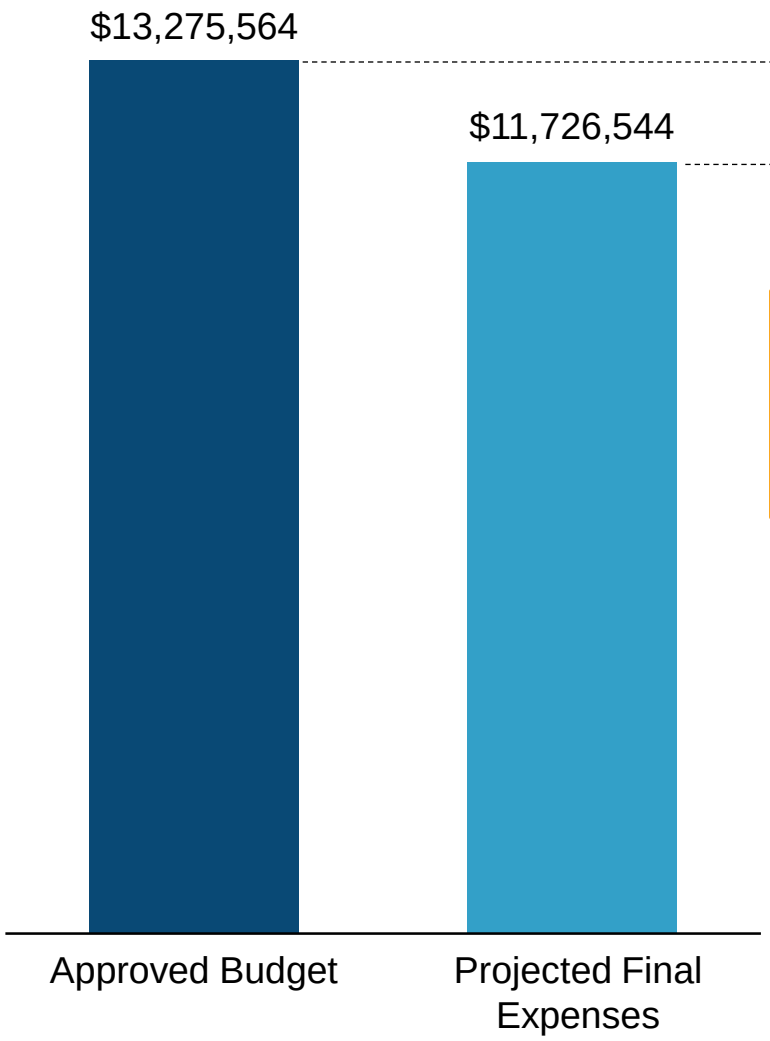
Source of Funds	1 Line Item	2 Distressed Hospital Trust Fund	3 Payment Reform Trust Fund
Recommendation	$8,479,800	$3,092,994	$1,000,000
Use	General operating expenses	Operating expenses related to DHTF-supported grant programs	Direct technical assistance and investments (no payroll)
Summary	**Level-funding** to the FY17 Board-approved budget	**23% reduction** to the FY17 Board-approved budget	**Level-funding** to the FY17 Board-approved budget

Combined Spending: FY2014 – FY2018



*Note: FY14-FY16 reflects actual spending. FY17 is the combined budget as approved by the Board. FY18-FY19 are projections.

FY17 Budget: Projected Final Combined Operating Expenses



$1,549,020
Below Budget

Lower than anticipated spending is primarily due to the HPC's deliberate approach to hiring, professional services contracting, and overall program development.

FY17 State Appropriations

Line-Item	Purpose	Amount Appropriated	Amount Remaining	Status
1599-1450	$500,000 for hospital grant program to address substance exposed newborns	$500,000	$250,000	$250K will be distributed to HPC-approved grantees in FY18
1599-1450	$100,000 for a technical assistance program to train PCPs on Narcan	$100,000	$0	Fully expended through an ISA to DPH. DPH used these funds to distribute 2,600 doses of naloxone to CHCs.
1599-2004	$250,000 for a pilot program to implement paramedicine in the Greater Quincy Area	$250,000	$85,000	The full amount was transferred to DPH through an ISA to support the development of paramedicine oversight regulations. $85K remains available to DPH for FY18.
1599-2012	$250,000 for technical assistance for HPC-certified PCMHs to enhance behavioral health integration	$250,000	$0	Fully expended by the HPC to provide TA to PCMH PRIME certified practices.

FY18 Line Item Appropriation

FY17-FY18 Crosswalk for General Operating Expenses

Category	Approved FY17 Spending	Proposed FY18 Spending	Difference (FY18 minus FY17)
Payroll	$4,725,800	$4,796,050	$70,250
Rent/Utilities	$607,750	$620,500	$12,750
Professional Services and ISAs	$2,700,000	$2,600,000	-$100,000.00
Admin/IT Support	$446,250	$463,250	$17,000
Line Item Total	**$8,479,800.00**	**$8,479,800.00**	
Employee Fringe Assessment	$1,515,878	$1,627,571	$111,693
Totals	**$9,995,678**	**$10,107,371**	**$111,693**

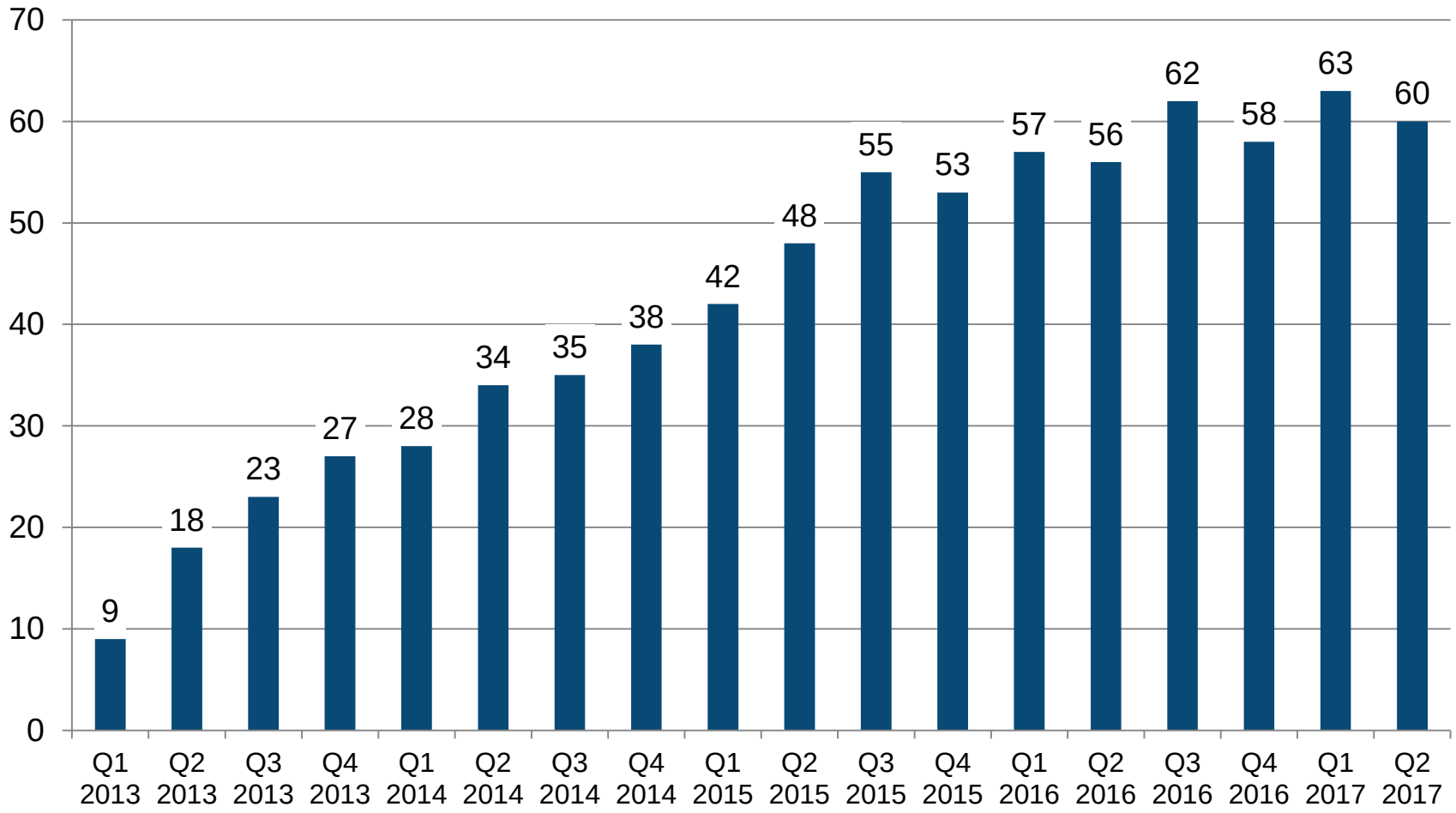
*Note: The FY18 Employee Fringe Assessment is included in the annual assessment on health plans, hospitals, and ambulatory surgery centers, but is *not* included in the line item appropriation. The difference between FY17 and FY18 is driven by an increase in the fringe rate, from 33.5% to 34.86%.

FY18 Distressed Hospital Trust Fund

FY17-FY18 Operating Expenses from the Distressed Hospital Trust Fund

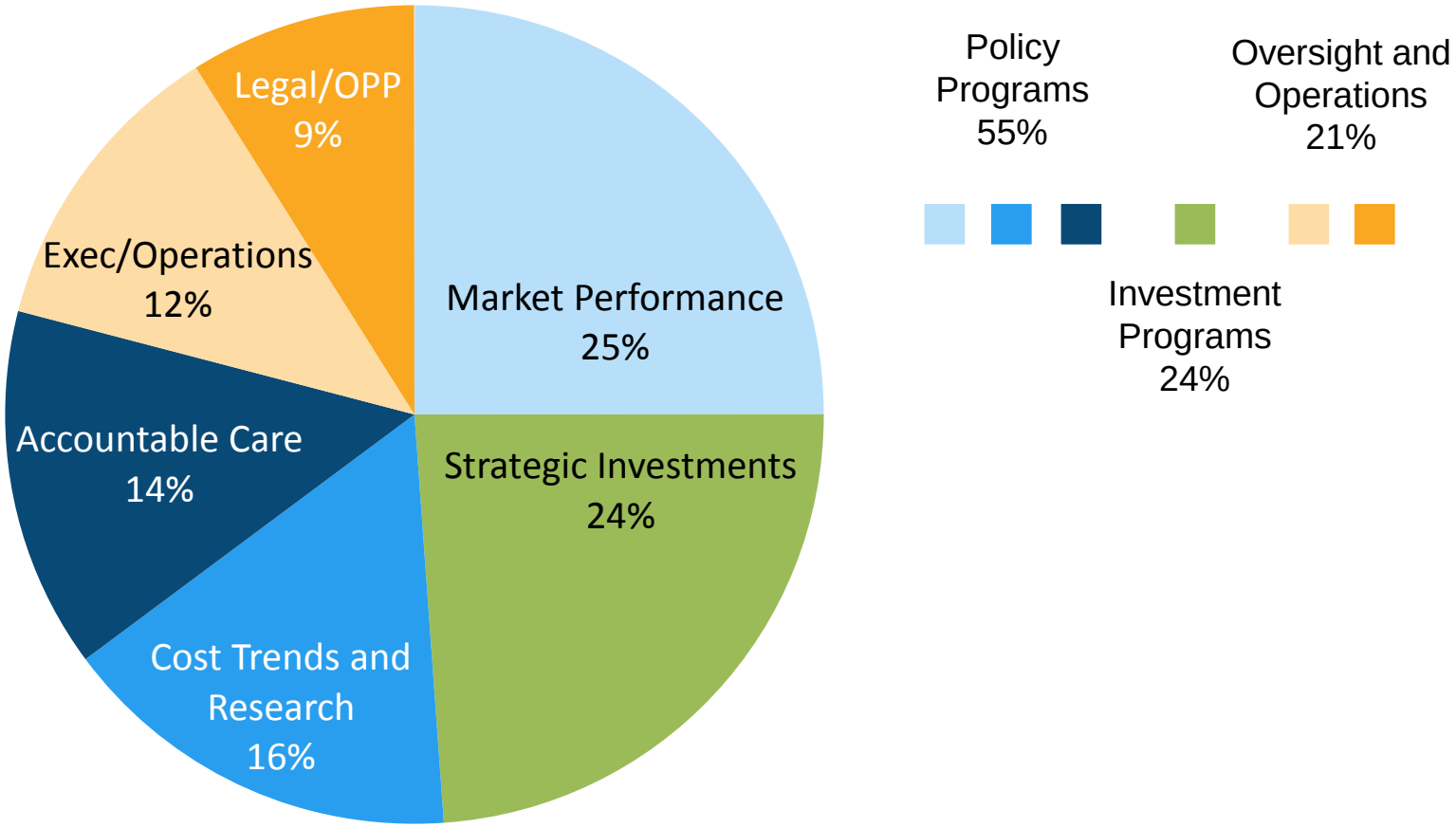
Category	Approved FY17 Spending	Proposed FY18 Spending	Difference (FY18 minus FY17)
Payroll	$1,144,214	$820,765	-$323,449
Rent/Utilities	$107,250	$109,500	$2,250
Professional Services and ISAs	$1,798,709	$1,600,000	-$198,709
Admin/IT Support	$78,750	$81,750	$3,000
State Comptroller Assessment	$264,421	$202,076	-$62,345
Employee Fringe Assessment	$402,420	$278,853	-$123,567
Totals	**$3,795,764**	**$3,092,944**	-$702,820

Staff Levels: 2013-2017



FY18 Overview: Total Proposed Spending by Program Area

Payroll and Contracted Services by Program Category (FY18)



FY18 Overview: Summary of Combined Spending

Summary of Combined FY18 Spending			
	1450-1200	PRFT	DHTF
Expenditures			
Payroll	$4,796,050	$ -	$820,765
Rent/Utilities	$620,500	$ -	$109,500
Professional Services/ISAs	$2,600,000	$ -	$1,100,000
Administration/IT Support	$463,250	$ -	$81,750
Total Expenditures	**$8,479,800**	**$ -**	**$2,112,015**
State Levies			
State Comptroller Assessment	$ -	$90,000	$202,076
Total Levies	**$ -**	**$90,000**	**$202,076**
Investments			
Provider Supports	$ -	$910,000	$500,000
Total Investments	**$ -**	**$910,000**	**$500,000**
SUBTOTAL	**$8,479,800**	**$1,000,000**	**$2,814,091**
Employee Fringe Assessment			
Fringe Benefit Assessment	$1,515,878	-	$278,853
Total Fringe	**$1,515,878**	**-**	**$278,853**
TOTAL	**$10,107,371**	**$1,000,000**	**$3,092,944**

*Does not include direct investments authorized by the Board.

MASSACHUSETTS
HEALTH POLICY COMMISSION

VOTE: FY2018 Operating Budget

MOTION: That the Commission hereby accepts and approves the HPC's total operating budget for fiscal year 2018, as recommended by the Commission's Administration and Finance Committee and as presented and attached hereto, and authorizes the Executive Director to expend these budgeted funds.

MASSACHUSETTS
HEALTH POLICY COMMISSION

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HPC by the Numbers: Activities Since March 29 Board Meeting

5 Public Meetings
4 Joint Committees
1 Special Event

↑ Market Oversight
6 new MCNs
1 CMIR initiated

13 Summer Fellows
10 weeks working for the HPC

6 Certified Orgs
4 PCMH PRIME Practices
2 ACOs

4 New DataPoints
HPC research blog launched in March

11 TA and Trainings
3 on ACO Application
3 on RPO Registration
2 with NCQA on PCMH
2 for PCMH PRIME TA
1 on ACO Certification

18 Grants Launched
Under the Innovation Investment Program

$11,150,800
Level Funding in FY18 State Budget

3.5 Months

2017 HPC Fellowship Program

>200 Applicants
12 HPC Fellows
10 Weeks

Accountable Care
Jacqueline Goldbach, Yale School of Public Health, MPH Candidate
Megha Kamra, Boston University School of Public Health, MBA, MPH Candidate
Yvonne Chow, Tufts University School of Medicine, MPH Candidate

Market Performance
Philip Taberner, Vanderbilt University, MBA Candidate
Maggie Mcintee, Yale School of Public Health, MPH Candidate

Research and Cost Trends
Stephen Gamboa, Columbia Mailman School of Public Health, MPH Candidate
Lauren Coakley, University of Massachusetts Amherst, MPP Candidate

Strategic Investment
Daniel Feldman, Boston University, MPH Candidate
Fran Hodgins, Brandeis University, MPH, MBA Candidate
Wendy Nicolas, Boston University, MPH Candidate

Office of the Chief of Staff
Shahd Husein, Tufts University School of Medicine, MPH Candidate

Office of the Chief of Staff/ Office of the General Counsel Shared Fellow
Kendahl Melvin, Boston University School of Law, JD Candidate

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New Research Website: HPC DataPoints

The HPC is pleased to introduce **HPC DataPoints,** a series of online briefs that will spotlight new research and data findings relevant to the HPC's mission to drive down the cost of health care.

HPC DataPoints will showcase brief overviews and interactive graphics on relevant health policy topics.

Issue 1: Update on preventable oral health ED visits in MA

- The HPC identified 33,467 oral health ED visits in Massachusetts in 2015.
- The HPC found a five-fold regional variation in the number of oral health ED visits per population.

Issue 2: Avoidable Emergency Department Use in Massachusetts

- 42% of all ED visits in Massachusetts in 2015 were avoidable with fairly consistent rates throughout the Commonwealth in 2015.

Issue 3: The ACA's Preventative Coverage Mandate and MA

- Average out-of-pocket spending by women for prescription drugs declined **14.2%** from 2011-2014.

15%↑

Increase in the number of oral health ED visits among children and seniors from 2013-15

69.2%

of avoidable ED visits in 2015 took place between the hours of 8am and 8pm.

81%↓

Reduction in average cost sharing for women obtaining and inserting an IUD from 2011-14

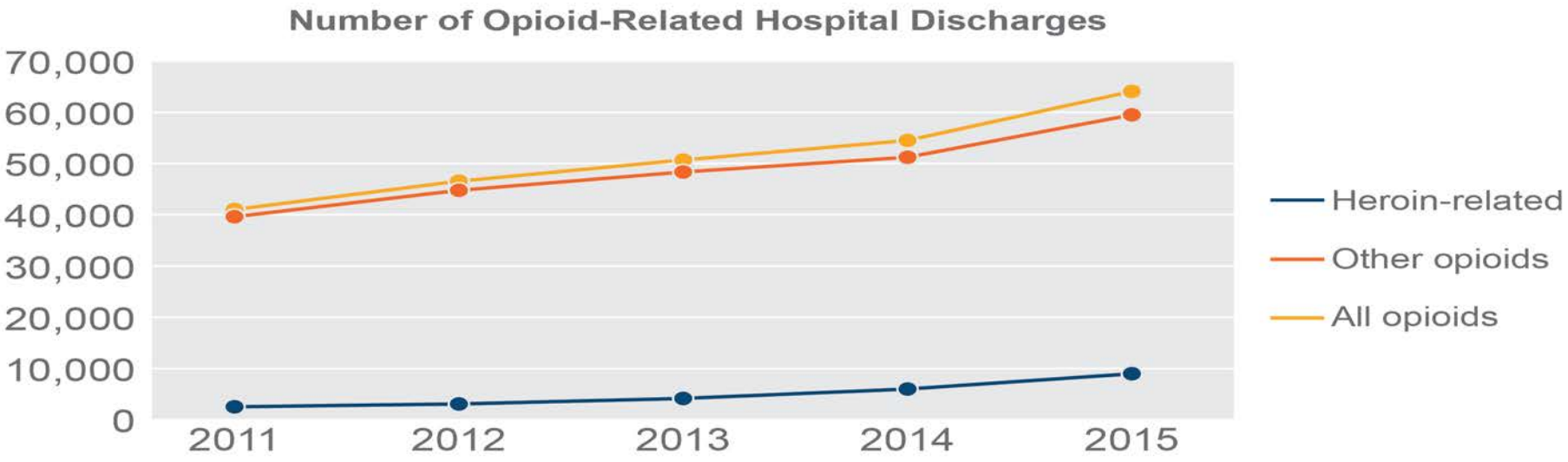
DataPoints #4: The growing opioid epidemic in Massachusetts hospitals

- Massachusetts is facing a growing epidemic of opioid addiction and overdose deaths.
  - From 2000 to 2015, the opioid-related death rate in Massachusetts quadrupled, and by 2015 it was more than twice the national average (23 opioid-related deaths per 100,000 population in Massachusetts versus 9.7 in the U.S.).

- In previous publications (opioid use disorder and cost trends reports), HPC has shown how this epidemic significantly impacts the health care system.
  - In 2014, Massachusetts had the highest rate of opioid-related emergency department (ED) visits in the U.S. and the second highest rate of opioid-related inpatient stays.

- In this issue, HPC expanded our analysis to better understand the impact of the epidemic on the health care system from 2011 to 2015. Key findings include:
  - Between 2014 and 2015, the number of opioid-related hospital (ED and inpatient) discharges grew drastically, by 18%
  - New, interactive map displays the rate of opioid-related hospital discharges by zip code and provides new insights into the disproportionate impact of the opioid epidemic on certain residents, communities, and hospitals
  - Young adults especially experienced the sharpest increase, 192% from 2011 to 2015

From 2011 to 2015, the number of opioid-related hospital discharges (inpatient and ED) in Massachusetts increased substantially

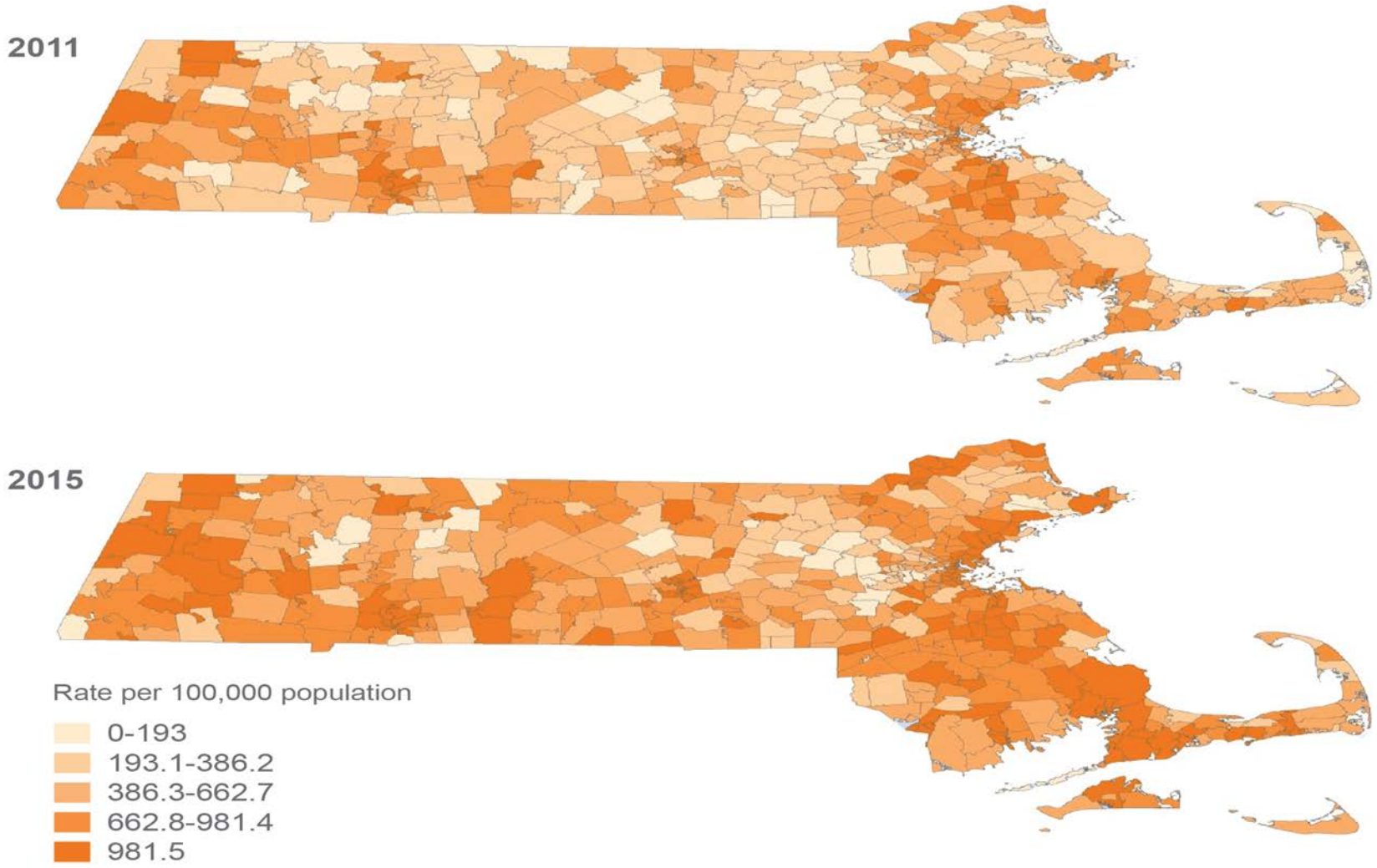


Rate of Change in Opioid-Related Hospital Discharges

Growth	Years	Heroin-related	Other opioids	All opioid-related
	2011-2012	22%	13%	14%
	2012-2013	35%	8%	9%
	2013-2014	44%	6%	8%
	2014-2015	50%	16%	18%
	2011-2015	**256%**	**50%**	**56%**

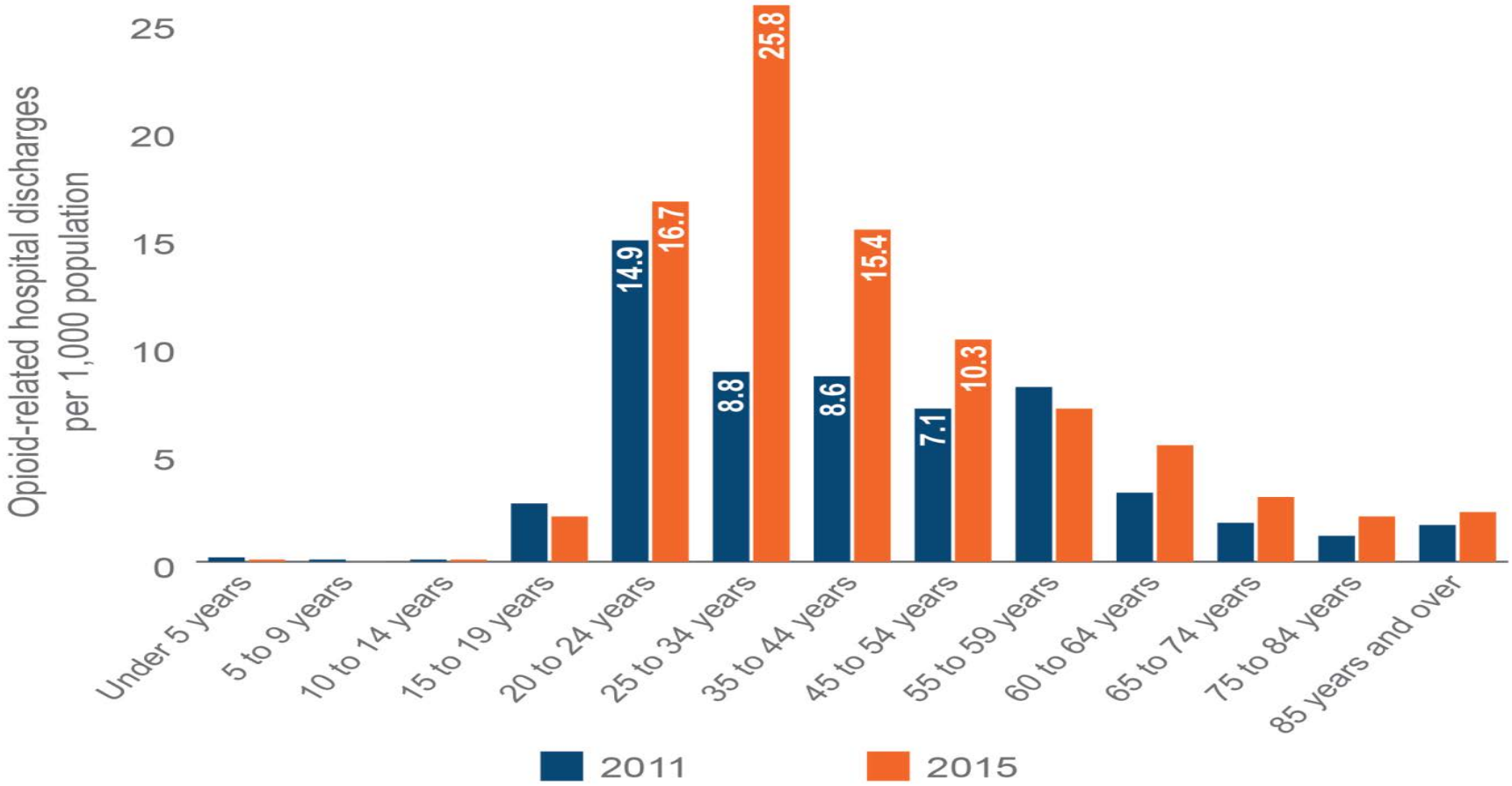
Source: HPC analysis of the Center for Health Information and Analysis (CHIA), Hospital Inpatient Discharge and Emergency Department Databases, 2011 and 2015

From 2011 to 2015, the rate of opioid-related hospital discharges grew in almost every zip code



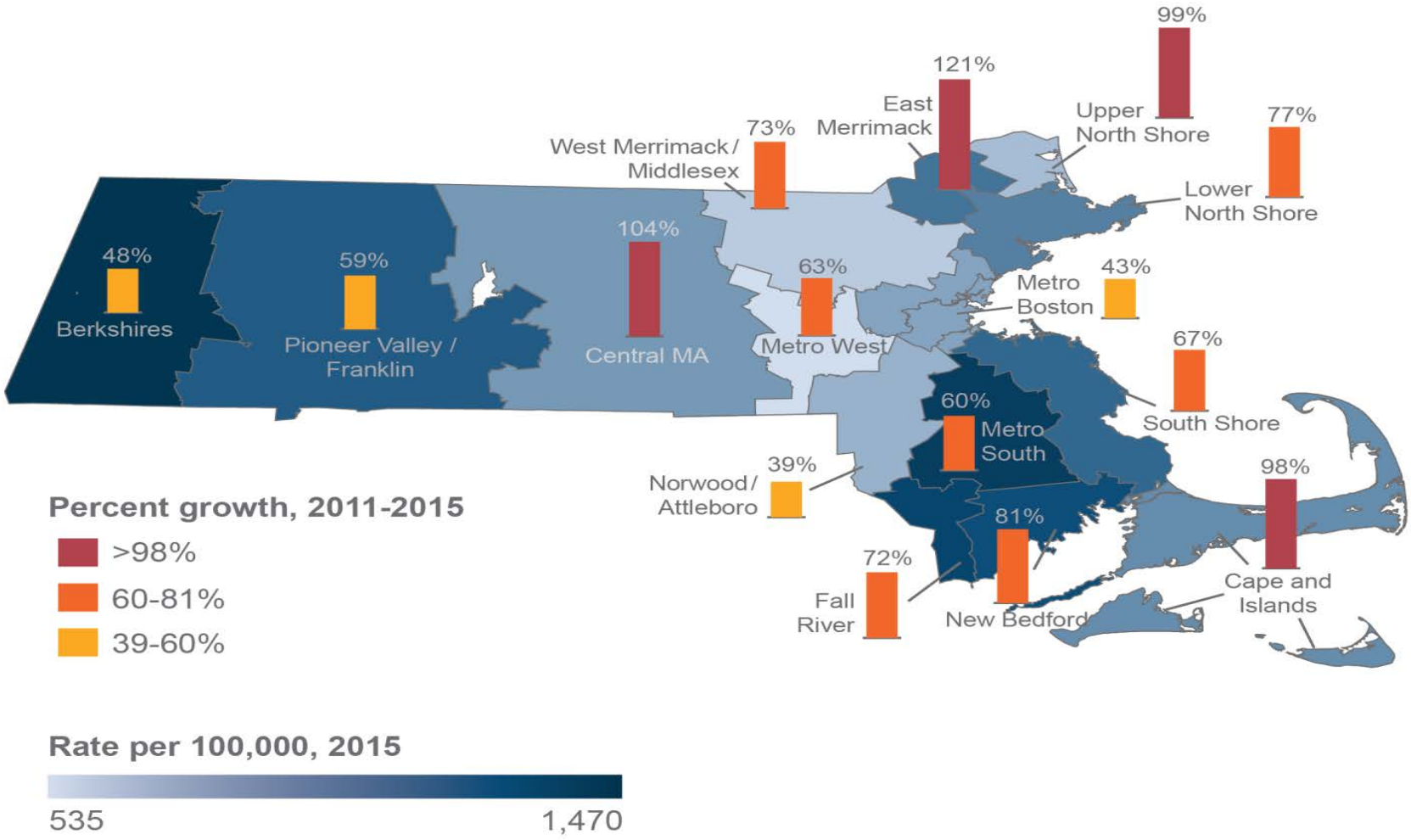
Data can be found at
Source: HPC analysis of the Center for Health Information and Analysis (CHIA), Hospital Inpatient Discharge and Emergency Department Databases, 2011 and 2015

Despite accounting for only 34% of the Commonwealth's population, patients between the ages of 20 to 44 comprised 70% of opioid-related hospital discharges in 2015



Source: HPC analysis of the Center for Health Information and Analysis (CHIA), Hospital Inpatient Discharge and Emergency Department Databases, 2011 and 2015

The rate of opioid-related discharges more than doubled in East Merrimack and Central Massachusetts and nearly doubled in the Upper North Shore and Cape and Island regions



Source: HPC analysis of the Center for Health Information and Analysis (CHIA), Hospital Inpatient Discharge and Emergency Department Databases, 2011 and 2015

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Practices Participating in PCMH PRIME

39 practices
are PCMH PRIME Certified

Recently Certified practices include:
Bowdoin Street Health Center
Boston Medical Center, General Internal Medicine

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

1 practice
is working toward NCQA PCMH Recognition and PCMH PRIME Certification concurrently

98 Total Practices Participating

PCMH PRIME Certified Practices

Acton Medical Associates
Boston Health Care for the Homeless Program - BMC Clinic
Boston Health Care for the Homeless Program - Pine Street Inn Clinic
Boston Health Care for the Homeless Program - St. Francis House Clinic
Boston Medical Center, General Internal Medicine
Bowdoin Street Health Center
Brockton Neighborhood Health Center
CHA Broadway Care Center
CHA Cambridge Family Health
CHA Cambridge Family Health North
CHA Cambridge Pediatrics
CHA Malden Family Medicine
CHA Primary Care Cambridge Hospital
CHA Primary Care East Cambridge
CHA Primary Care Everett
CHA Primary Care Revere
CHA Primary Care Somerville Hospital
CHA Primary Care Windsor Street
CHA Union Square Family Health
Codman Square Health Center
Community Health Center of Cape Cod, Bourne
Community Health Center of Cape Cod, Falmouth
Community Health Center of Cape Cod, Mashpee
East Boston Neighborhood Health Center
Family Doctors, LLC
Family Health Center of Worcester
Fenway Health
Fenway South End
Geiger Gibson Community Health Center
Harbor Community Health Center – Hyannis
Harbor Community Health Center – Plymouth
Lowell Community Health Center
Lynn Community Health Center
Manet Community Health Center at North Quincy
Neponset Health Center
SSTAR Family HealthCare Center
Tufts Medical Center Primary Care - Boston
Whittier Street Health Center
Yogman Pediatric Associates

ACO Certification: Overview of Criteria

Pre-requisites

4 pre-reqs.
Attestation only

- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1 Assessment Criteria

6 criteria
Sample documents, narrative descriptions

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

2 Required Supplemental Information

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

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

HPC

ACO Certification and the MassHealth ACO Program

- ACOs seeking to participate in the MassHealth ACO program are **required by MassHealth to obtain HPC certification** by the start of the performance year (12/18/2017)
- Newly formed ACOs seeking to participate in the MassHealth ACO program will be eligible for **"Provisional Certification"** if they can meet certain criteria and demonstrate substantive plans to meet others before ACO program launch
- HPC has collaborated extensively with MassHealth to align components of the certification and bid processes in order to **reduce administrative burden**

Alignment without unnecessary duplication

HPC ACO Certification and Health Connector Value-based Design Program

Health Connector Approach

Under the 2018 Seal of Approval process, the Health Connector is allowing plans to deviate from standardized designs by reducing enrollee costs for select high-value providers.

HPC-Certified ACOs as High-value Providers

While plans may define high-value providers, they are “strongly encouraged” to include: community hospitals; providers/facilities certified as Accountable Care Organizations by the Health Policy Commission; and other providers meeting independent, external metrics identified by the plan

HPC ACO Certification and DPH DoN Regulations

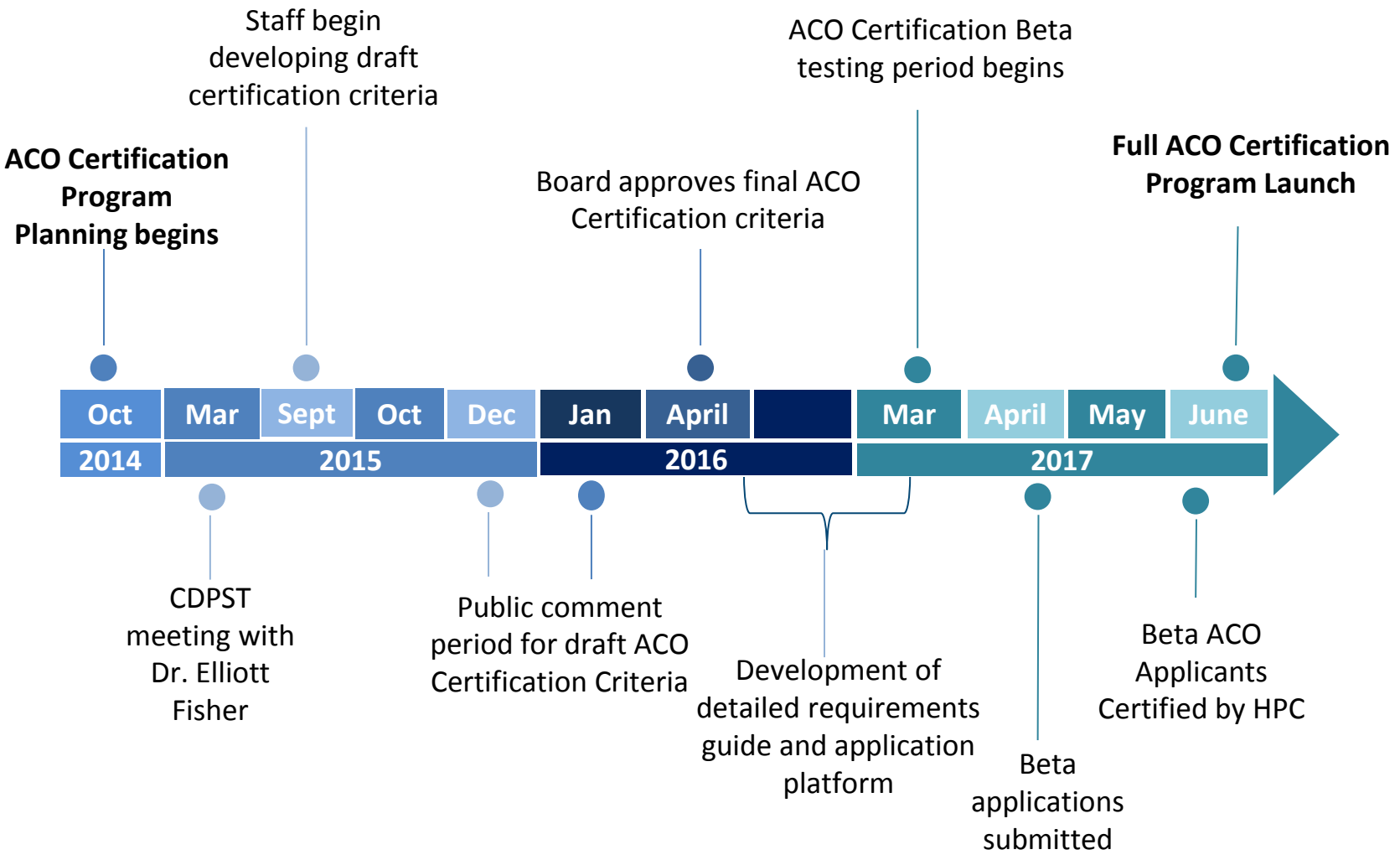
Revised DoN Regulation (105 CMR 100.000)

No person shall be issued a DoN for new construction of ambulatory surgery capacity (on-campus or freestanding) without first becoming or entering into a joint venture with an HPC-certified ACO.

Current Guidance from HPC and DPH

An ACO that is “in process” of obtaining HPC ACO Certification may both submit a DoN application or form a joint venture with a DoN applicant. “In process” is defined as having submitted an application to the HPC. However, no Notice of DoN shall be issued prior to HPC ACO Certification.

ACO Certification Program: Key Milestones to Date



Beta Launch Results

Congratulations and thank you to…

Community Care Cooperative (C3)

Boston Accountable Care Organization (BACO)

HPC

Full Launch Plans

Finalized Application Requirements and Platform User Guide (PUG) issued June 2

2 in-person trainings in June, and **1 webinar in July** for application system users

1:1 calls with ACOs to address PUG questions

Application system go-live ~June 15

Ongoing support to ACOs through weekly office hours, dedicated email, and individual calls as needed

Next Steps

Mid-June 2017 – Application system open for all Applicants

October 1, 2017 – Application submission deadline for MassHealth ACOs

Rolling to December 1, 2017 – HPC issues certification decisions

HPC expects to issue decision within 60 days of application receipt

Certification decisions are valid until December 31, 2019

2018 – Analyze and report on information received, implement technical assistance program, re-open application system as needed, etc.

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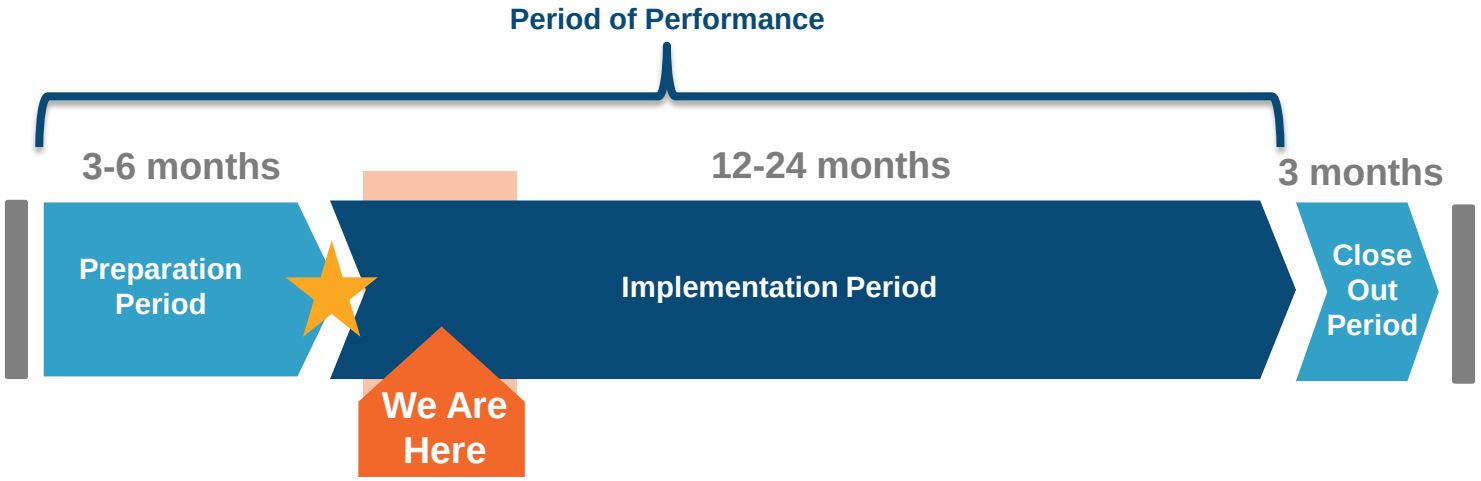
The Health Care Innovation Investment Program

The Health Care Innovation Investment Program: $11.3M investing in innovative projects that further the HPC's goal of **better health and better care at a lower cost**

Health Care Innovation Investment Program Round 1 – Three Pathways

	Targeted Cost Challenge Investments (TCCI)	Telemedicine Pilots	Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions
Target Populations:	8 diverse cost challenge areas: 	Patients from the following categories with Behavioral Health needs: 1. Children and Adolescents 2. Older Adults Aging in Place 3. Individuals with Substance Use Disorders (SUDs)	Pregnant women with Opioid Use Disorder (OUD) and substance-exposed newborns 
	100% of initiatives launched	**100%** of Initiatives launched	**100%** of Initiatives Launched

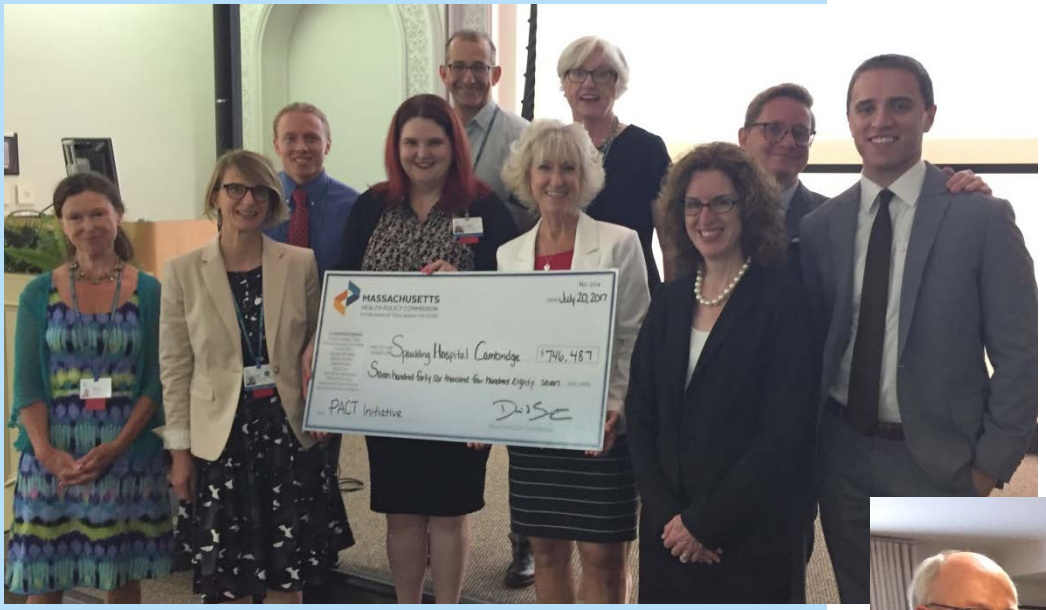
HCII Program Status Update



As of this month, all HCII Awardees are enrolling and serving their target populations, including:

- Homeless families affected by Substance Use Disorder
- Middle and high school students with behavioral health needs
- Substance exposed newborns and their mothers
- Patients with a life-limiting illness and comorbidities
- High utilizers of the ED with Social Determinants of Health needs

HPC Staff attended the launch event for two HCII Projects



Spaulding Hospital Cambridge

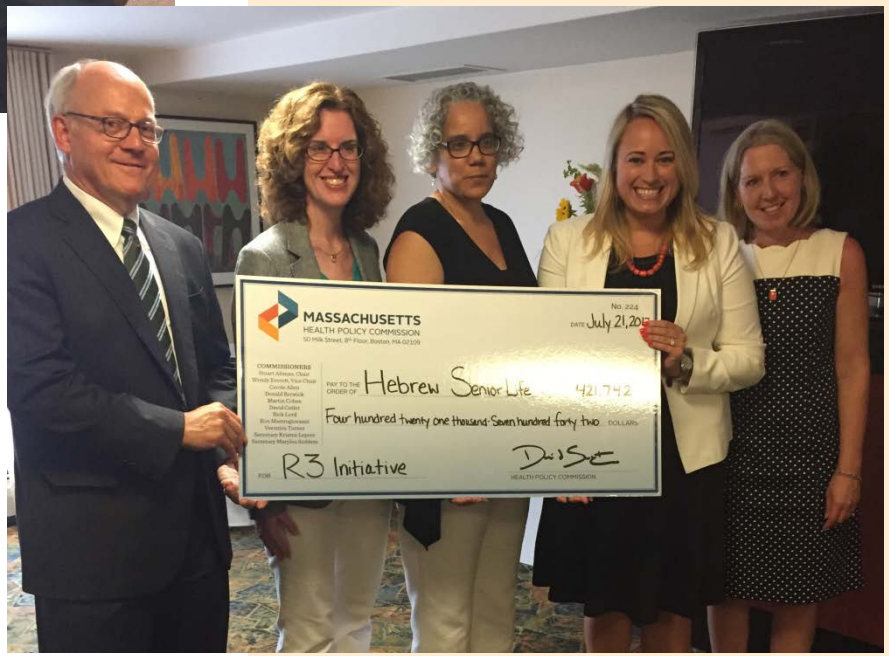
Post-Acute Care Transitions (PACT)
Program Launch Event
Thursday, July 20, 2017

Spaulding Hospital's $746,487 HCII award focuses on post-acute care (PAC). The target population is 150 chronically critically ill patients discharged from other sites of care to Spaulding.

Hebrew SeniorLife

Launch Event
Friday, July 21, 2017

Hebrew SeniorLife's $421,742 award focuses on Social Determinants of Health. The target population is 300 older adults (62 years or older) living in affordable housing.



HPC

Targeted Cost Challenge Investments Awardee Highlight: *Hebrew SeniorLife* – Grand Prize Winner of the Pioneer Institute's Better Government Competition

Hebrew SeniorLife

Challenge Area	HPC Funding
Social Determinants of Health	**$421,742**

Partners

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

Total Initiative Cost	Estimated Savings*
$690,888	**$633,000**

Target Population

Residents of Hebrew SeniorLife and Winn Companies' supportive housing sites over age 62

Primary Aim

Reduce transfers to hospitals, emergency departments, and long-term care by 20%

Service Model

Embed a care coordination and wellness team into affordable housing sites for seniors to provide a link between housing and health care, to regularly assess resident well being, and to promote self-care among the aging population

Evidence Base

- Support and Services at Home (SASH) program in Vermont

HPC

* Extrapolated given partial funding assumptions

Targeted Cost Challenge Investments Awardee Highlight: *Spaulding Hospital Cambridge*

SPAULDING REHABILITATION HOSPITAL

PARTNERS HEALTHCARE

Challenge Area	HPC Funding
Post-Acute Care	$746,487

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

Total Initiative Cost	Estimated Savings
$961,378	$1,500,000

Target Population

Chronically critically ill patients with persistent respiratory failure, as evidenced by tracheostomy placement during the previous acute care admission

Primary Aim

Reduce length of stay at an LTACH by 7 days

Service Model

Deploy a continuity team of RN case managers and social workers to support patients in reducing their LTACH 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

HPC

CHART Phase 2: Progress as of July 2017

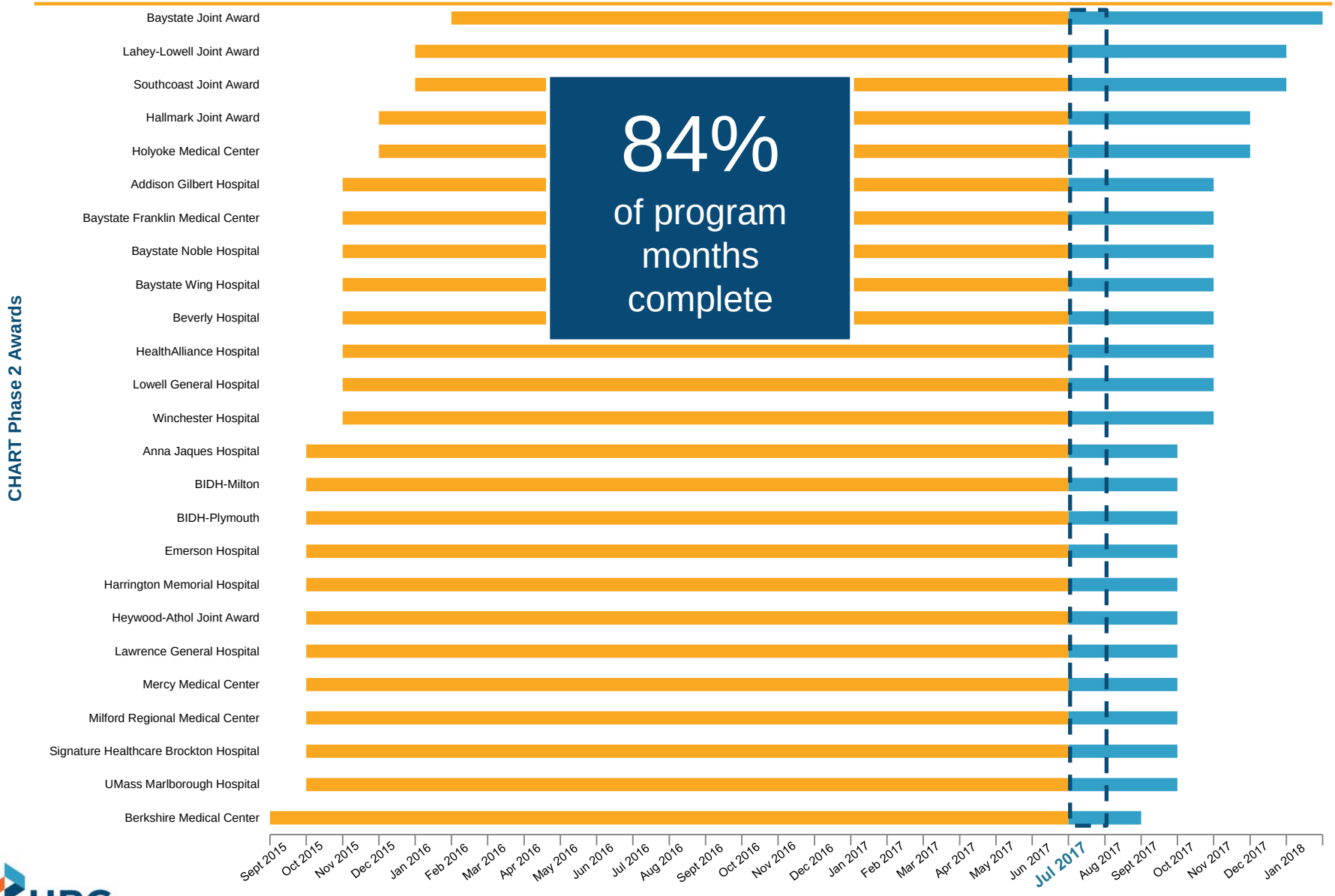


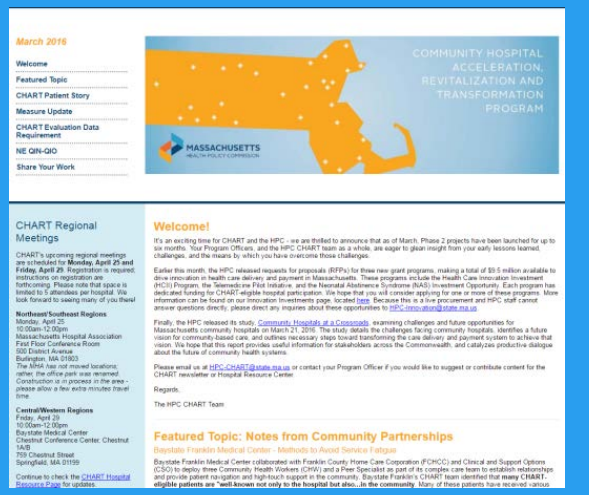
CHART Phase 2: Activities since program launch[1]

14
regional meetings
with
700+
hospital and community provider attendees

250+
technical assistance working meetings

755+
hours of coaching phone calls

18
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

3,439 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

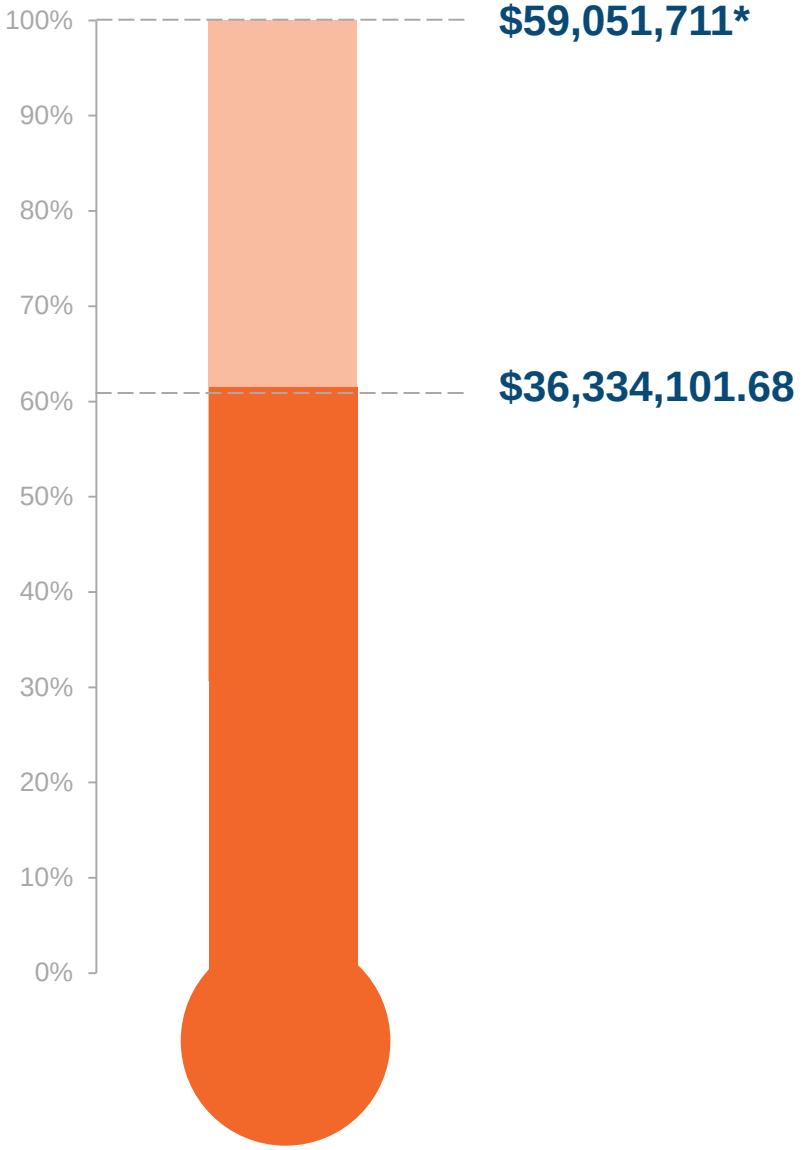
To obtain a copy of your CHART Prog unique measure reporting template, pl

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

475+
data reports received

[1] Updated through July 25, 2017. Phase 2 hospital programs launched on a rolling basis beginning September 1, 2015.

CHART Phase 2: The HPC has disbursed $36.3M to date



Remaining
$22,717,609.32
is inclusive of
$7,217,898
maximum outcome-based Achievement Payment opportunity

HPC

Updated July 25, 2017

* Not inclusive of Implementation Planning Period contracts. $100,000 per awardee hospital authorized March 11, 2015.

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from the March 29, 2017 Meeting
- Cost Trends and Market Performance
- Strategic Direction Discussion
- Administration and Finance
- Executive Director's Report
- **Schedule of Next Board Meeting (September 13, 2017)**

Contact Information

For more information about the Health Policy Commission:

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

Follow us: @Mass_HPC

E-mail us: HPC-Info@state.ma.us

Appendix