



Meeting of the Care Delivery Transformation Committee

February 15, 2024



Agenda



CALL TO ORDER

Approval of Minutes (**VOTE**)

Potential New HPC Investment Program: Maternal Health Blood Pressure Monitoring

ACO Certification Program: Learning, Equity, and Patient-Centeredness (LEAP) 2023 Results

Adjourn

Agenda



Call to Order



APPROVAL OF MINUTES (VOTE)

Potential New HPC Investment Program: Maternal Health Blood Pressure Monitoring

ACO Certification Program: Learning, Equity, and Patient-Centeredness (LEAP) 2023 Results

Adjourn

VOTE

Approval of Minutes

MOTION

That the Members hereby approve the minutes of the Committee meeting held on **October 4, 2023**, as presented.

Agenda



Call to Order

Approval of Minutes (**VOTE**)



POTENTIAL NEW HPC INVESTMENT PROGRAM: MATERNAL HEALTH BLOOD PRESSURE MONITORING

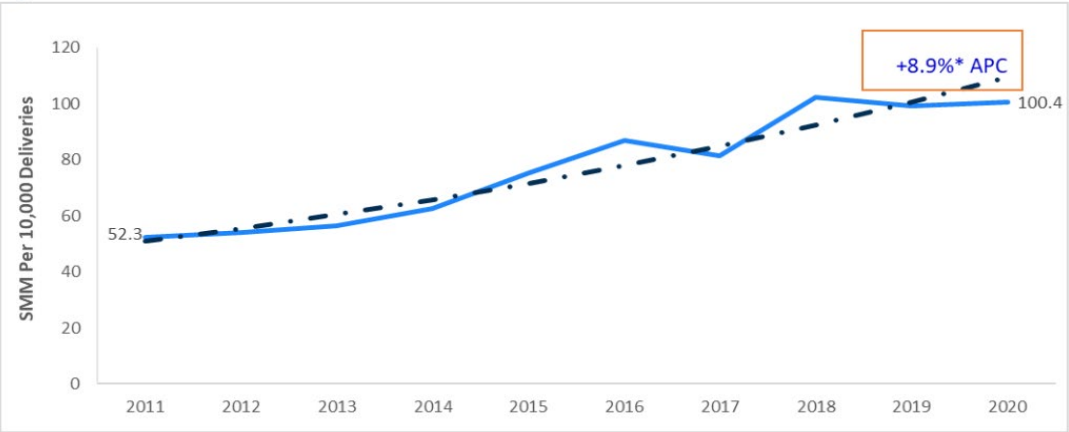
ACO Certification Program: Learning, Equity, and Patient-Centeredness (LEAP) 2023 Results

Adjourn

Report of the *Special Commission on Racial Inequities in Maternal Health* called out “alarming trends” of rising severe maternal morbidity in the Commonwealth



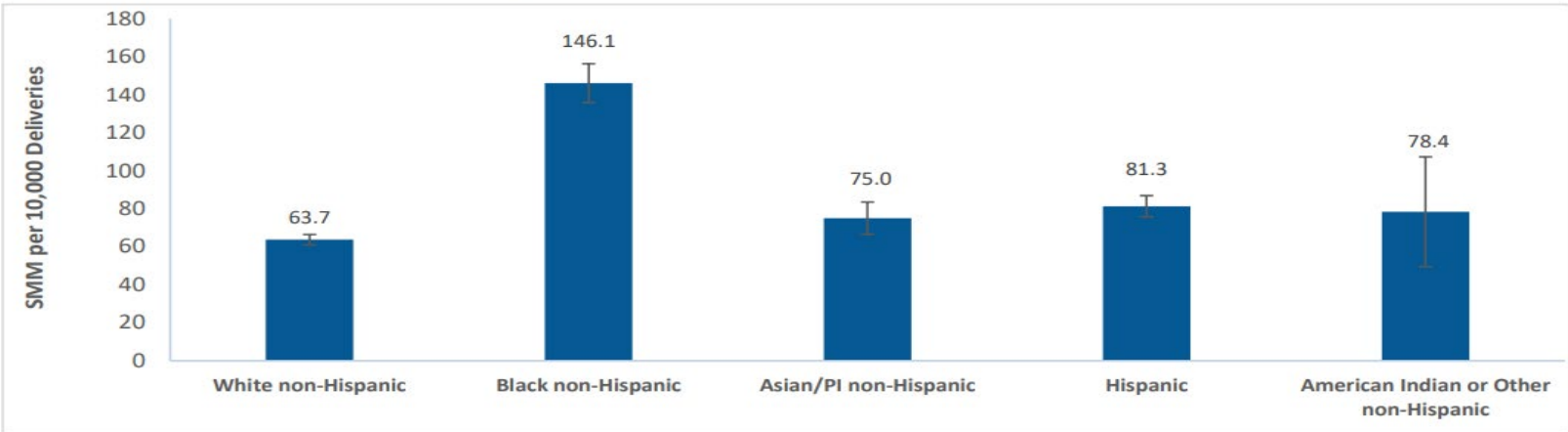
Figure 2. SMM in Massachusetts: 2011-2020



1. * Denotes statistical significance.
2. Annual Percent Change

“Large disparities in SMM rates among population subgroups, defined by race and Hispanic ethnicity, exist and have persisted. These persistent disparities arise from inequities in care and access, social and economic factors, and the enduring effects of structural racism.” - *DPH Data Brief*

Figure 3. SMM in Massachusetts by Race and Hispanic Ethnicity: 2011-2020



- Serious Maternal Mortality (SMM) rates are statistically significantly higher among people of color.
- **Rates among Black non-Hispanic birthing people were 2.3 times higher** than rates among White non-Hispanic birthing people.
- **Rates among Asian/Pacific Islander non-Hispanic and Hispanic birthing people were 1.2 times higher** than rates among White non-Hispanic birthing people.

The DPH Review of Maternal Health Services (November 2023) identified complications from hypertensive disorders of pregnancy as a leading cause of SMM and readmissions.



Hypertensive disorders of pregnancy complicate approximately 10% of all pregnancies, and include chronic hypertension, gestational hypertension, and preeclampsia/eclampsia among patients with hypertensive disorders in the postpartum period. **Complications from hypertensive disorders of pregnancy are a leading cause of SMM and postpartum readmissions**; almost half of all people with preeclampsia in pregnancy remain hypertensive at one year postpartum.

More than half of maternal deaths occur during the postpartum period, defined as up to a year after delivery. From 2014 to 2017, 35% of pregnancy-associated deaths with medical causes had documented hypertensive disorders, and **Black, non-Hispanic birthing people had the highest percentage of deaths due to a medical cause at 70.6%** and the highest percent of documented hypertension on birth and death certificates at 47%.



AHEM Maternal and Perinatal Health Workgroup

- Work with health care providers and community partners to expand remote blood pressure monitoring across MA hospitals. EOHHS will work with interested parties to support health insurance coverage of remote monitoring services.
- MassHealth coverage of remote patient monitoring, including blood pressure, in development.

COLLECT

BP data using upper-arm electronic automatic devices (wired or wireless) and other relevant data/symptoms

TRANSMIT

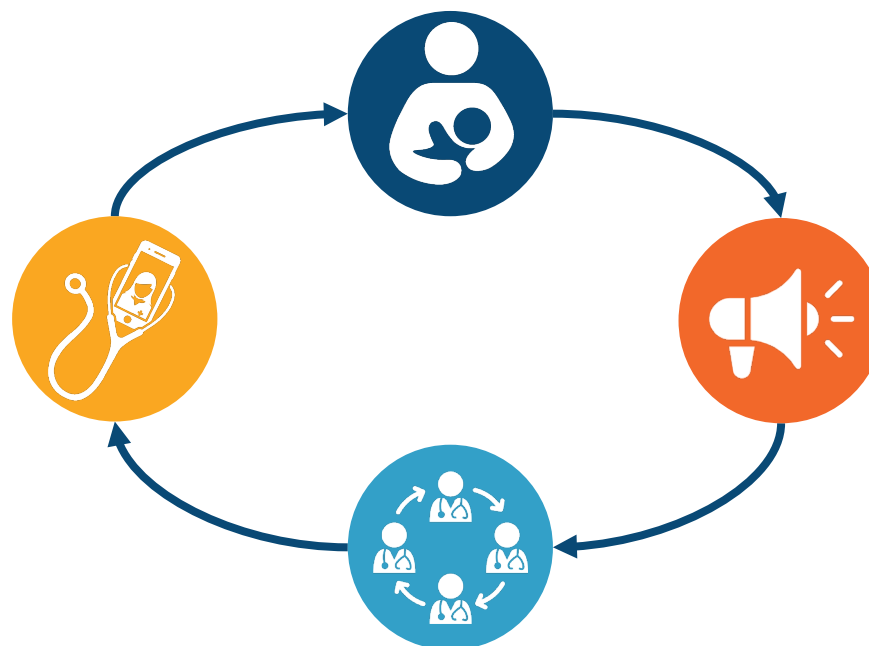
Using a smartphone or wireless options in situations of limited access or user capability.

FOLLOW UP

Wide variety of approaches coordinating care thereafter.

RECEIVE

Data are received at a central point to determine appropriate action.



Remote Monitoring can offer benefits to both patients and providers.



PATIENTS

- Patients **are trusted and empowered partners in managing their care.**
- Technology **reduces burden** on patients by bringing care to them -- especially important for people who have challenges with access to transportation and/or childcare.
- Patients have a **reliable, bi-directional interface** between them and their provider.



PROVIDERS

- Efficient, effective tool for managing patients **outside of the walls of the office/hospital.**
- Potentially avoids costly, **avoidable readmissions.**
- Creates a **positive experience** for patients and ideally helps to forge more trusting, durable relationships.

Rationale for an HPC Investment in Remote BP Monitoring



- Consistent with EOHHS priorities and opportunity to contribute to cross-agency efforts in maternal health equity.
- Alignment with HPC priorities in care delivery innovations that advance health equity and cost containment.
 - Builds on past experience in maternal health and telehealth investments.
- Evidence base for feasibility and value.
 - Experience from Perinatal Neonatal Quality Improvement Network (PNQIN) pilots and BMC's longstanding program validate feasibility and positive patient experience.
- Appropriate for HPC investment framework: opportunity to accelerate adoption of a new care model with a pathway to sustainability after the grant ends.

Next Steps



- Pursue continued stakeholder engagement, not only with providers, but also to ensure that we seek perspectives from the populations we hope will be served by a future program.
- Determine elements and scope of potential investment program:
 - Eligibility
 - Duration of services
 - Expectations of awardees
 - Technical assistance requirements
 - Program funding
- Apply lessons learned about integrating equity into both program and process.
- Collaborate closely with PNQIN and maintaining connections to the AHEM Perinatal-Maternal Health Workgroup.

Agenda



Call to Order

Approval of Minutes **(VOTE)**

Potential New HPC Investment Program: Maternal Health Blood Pressure Monitoring



ACO CERTIFICATION PROGRAM: LEARNING, EQUITY, AND PATIENT-CENTEREDNESS (LEAP) 2023 RESULTS

Adjourn

ACO LEAP 2024-2025 Certifications



- Atrius Health, Inc.
- Baycare Health Partners, Inc.
- Beth Israel Lahey Health Performance Network
- BMC Health System, Inc.
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Community Care Cooperative, Inc.
- Mass General Brigham
- Reliant Medical Group, Inc.
- Signature Healthcare
- Southcoast Health System, Inc.
- Steward Health Care Network, Inc.
- Trinity Health of New England
- Tufts Medicine



Key Takeaways from the 2023 ACO Certification Cycle



1

ACOs show continued commitment and ability to function as **learning organizations**

2

Increasing **alignment** of care delivery and population health management approaches across risk contracts

3

Continuity in core care delivery approaches, with some new programming/initiatives, and some organizational restructuring

4

Significant variation in ACOs' progress on **health equity efforts** to date

Snapshot of ACO Risk Contracts



14 Applicants representing 26 risk contracting entities

All Applicants were last certified in 2021; risk contracting entities down from 30 last time



86 total risk contracts

Down slightly from 92 in 2021, mostly driven by a downtick in commercial risk contracts



14 PPO contracts

Unchanged since 2021, up from 10 contracts in 2019; 449K ACO lives in contracts that include PPO, comparable to 469K in 2021



94% of ACO lives in two-sided risk arrangements

Same percentage as in 2021



2.94 million ACO lives

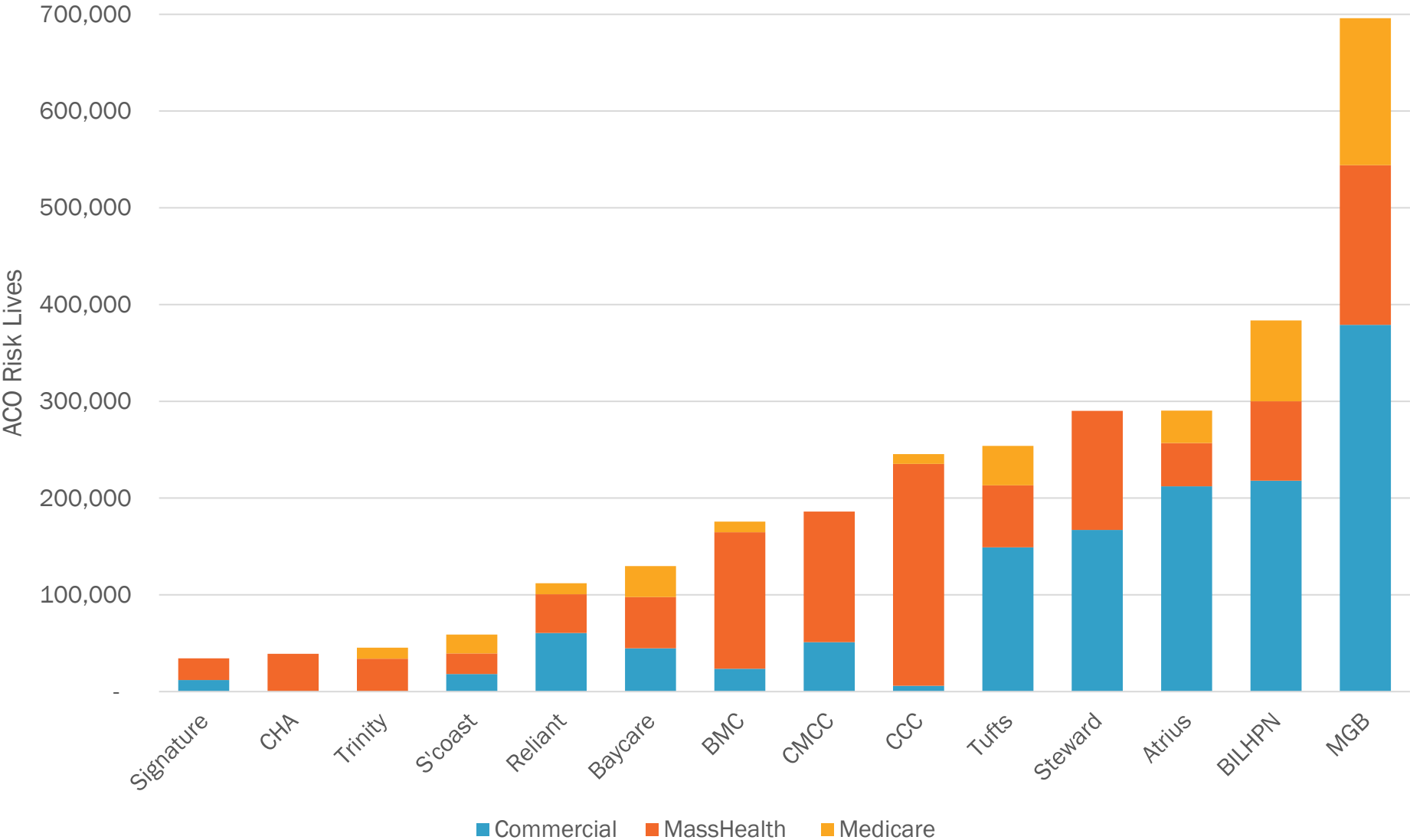
Comparable to 2.91 million in 2021



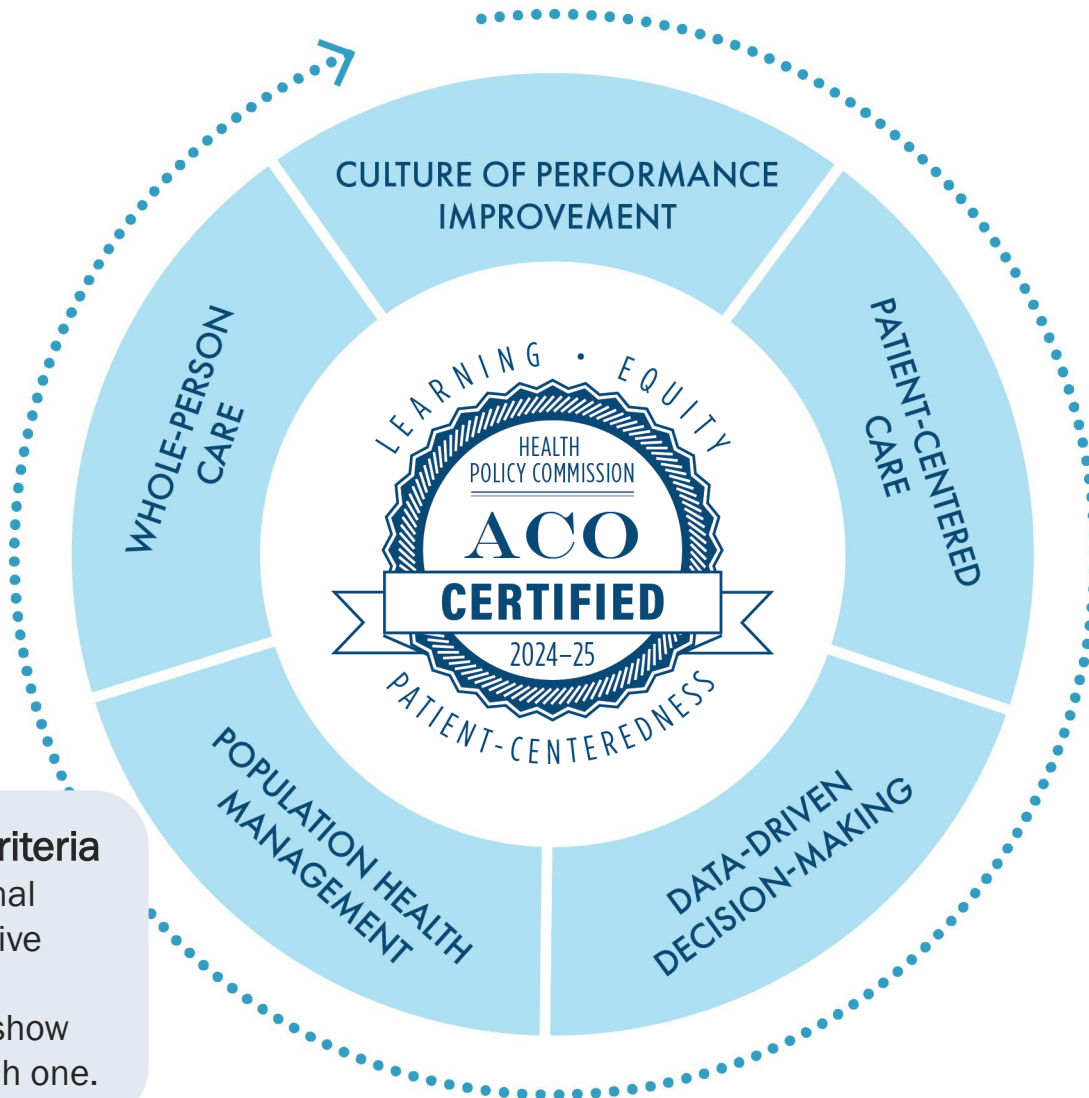
2 ACO REACH contracts

Ongoing movement of Certified ACOs away from the CMS Innovation Center’s advanced ACO models for Medicare to the Medicare Shared Savings Program (In 2021, 3 Certified ACOs had Next Generation ACO contracts, down from 6 Certified ACOs with Next Gen ACO contracts in 2019)

Certified ACOs vary greatly in size and risk payer mix.



- Overall, 54% of ACO lives are covered by public payer risk contracts (including 41% who are enrolled in the MassHealth ACO program), while 46% are enrolled in commercial risk contracts
- Relative to 2021, Certified ACOs’ total MassHealth ACO lives grew by 149K (14%), while commercial risk lives fell by 116K (8%)



5 Assessment Criteria

ACOs submit internal documents, narrative descriptions, HPC templates, etc. to show how they meet each one.

Example Assessment Criterion: Data-Driven Decision-Making

- ACOs must show that they have adopted processes or tools to **make available reliable, currently clinical knowledge** at the point of care via:
 - Initiatives to reduce low-value care or decrease provider practice variation, or
 - Clinical decision support, or
 - Evidence-based protocols
- ACOs must also show they **provide actionable data** to providers to enable high-value care delivery via:
 - Feedback reports and benchmarking, or
 - Data analytics

Many HPC-Certified ACOs' approaches to meeting the LEAP standards remain consistent with those documented in 2021.



RISK STRATIFICATION METHODOLOGIES

Algorithms and factors used to identify high-risk patients



PROVIDER PERFORMANCE FEEDBACK

Performance dashboards or scorecards



MONITORING PATIENT EXPERIENCE

Reliance on patient surveys and Patient and Family Advisory Councils



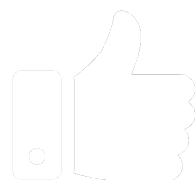
CULTURES OF IMPROVEMENT

Performance improvement infrastructure, internal incentives



BEHAVIORAL HEALTH INTEGRATION

Similar metrics and targets as in 2021 for advancing integration





MEETING THE STANDARDS

Certified ACOs are meeting the requirements for using the best available data and evidence to support improved decision-making

All ACOs showed recent examples of dissemination of current clinical information to providers to facilitate learning and address practice variation

KEY ACO STRATEGIES

**NEW OR UPDATED
MATERIALS FOR CLINICIANS**



**NEW DECISION
SUPPORT TOOLS**



**LEARNING
OPPORTUNITIES
CONVENED BY THE
ACO**

**NEW INITIATIVES TARGETING
LOW-VALUE CARE OR
PRACTICE VARIATION**



MEETING THE STANDARDS

Certified ACOs are meeting the requirement that they develop and implement population health management (PHM) programs

Some PHM programs from 2021 were ended or refined and others were created, but we largely saw continuity in programming and goals

KEY ACO STRATEGIES





MEETING THE STANDARDS

Certified ACOs are meeting the requirement that they monitor the experiences or preferences of the patient populations they serve

All ACOs demonstrated ways in which they use this information to deliver and improve patient-centered care

KEY ACO STRATEGIES



Focusing on Process Improvements



TESTING INNOVATIONS TO IMPROVE OPERATIONS

Experimentation with new ways to use clinical or administrative staff, like establishing centralized nursing teams to triage patient communications, or using non-clinical staff to alleviate administrative burdens on providers



STANDARDIZING HRSN SCREENING PROCESSES

Creation and distribution of standardized guides to screening and handling positive screens for primary care practices, and development of standardized workflows to follow up when social needs are identified



MAKING ORGANIZATIONAL COMMITMENTS TO IMPROVEMENT

Adoption of formal process improvement methodologies like LEAN, and engagement with population health management companies to streamline primary care processes and reduce administrative burdens on providers



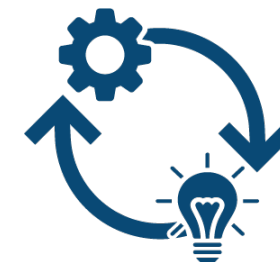
DATA

ACOs continue building capacity for and gaining experience in **collecting race, ethnicity, and/or language (REL) data** from patients. To date, only half have taken significant action beyond **identifying inequities** using that data



PATIENT ENGAGEMENT

Nearly half of ACOs reported that they had not yet **engaged patients in the design or implementation of equity-focused interventions**, while the same percentage of ACOs reported having already consulted with patients on the design of interventions



STRATEGY

Three-quarters of ACO entities report having made and/or operationalized **strategic commitments to improving health equity**

Opportunities to Align with Commonwealth Health Equity Priorities



- There is an opportunity to **build on early ACO health equity initiatives and increase alignment** with Commonwealth priorities (i.e., addressing inequities in cardiometabolic and maternal outcomes)
- All ACOs met the HPC's requirement regarding stratifying metrics to identify inequities, and tracking of racial or ethnic **disparities in hypertension and/or diabetic control** were common approaches
- Similarly, among ACOs that have begun to design and/or implement interventions to improve health equity, a handful have focused their efforts on **cardiometabolic or maternal outcomes** to date

EXAMPLES FROM HPC ACO CERTIFICATION

- 1 One ACO has developed—and is looking to scale—a **blood pressure control pilot** to address health inequities between black and white hypertensive patients.
- 2 Another ACO is working to address racial disparities in **severe maternal morbidity** through a multi-faceted 'equity in pregnancy' program.

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Potential New HPC Investment Program: Maternal Health Blood Pressure Monitoring

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ADJOURN

2024 Public Meeting Calendar



- JANUARY -						
S	M	T	W	T	F	S
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- FEBRUARY -						
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- MARCH -						
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- APRIL -						
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BOARD MEETINGS

Thursday, January 25
Thursday, April 11
Thursday, June 13
Thursday, July 18
Thursday, September 19
Thursday, December 12

- MAY -						
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- JUNE -						
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- JULY -						
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- AUGUST -						
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COMMITTEE MEETINGS

Thursday, February 15
Thursday, May 9
Monday, July 15 (ANF)
Thursday, October 10

- SEPTEMBER -						
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- OCTOBER -						
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- NOVEMBER -						
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- DECEMBER -						
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ADVISORY COUNCIL

Thursday, February 29
Thursday, June 27
Thursday, September 26
Thursday, December 5

SPECIAL EVENTS

Thursday, March 14 – Benchmark Hearing
Thursday, November 14 – Cost Trends Hearing

Schedule of Upcoming Meetings



BOARD

April 11
June 13
July 18
September 19
December 12



COMMITTEE

May 9
July 15 (ANF)
October 10



ADVISORY COUNCIL

February 29
June 27
September 26
December 5



SPECIAL EVENTS

March 14
Benchmark Hearing
November 14
Cost Trends Hearing



Mass.gov/HPC



HPC-info@mass.gov



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