Meeting of the Advisory Council

June 22, 2022

Agenda

HPC

> **CALL TO ORDER**

Utilization and Cost of Telehealth in the Commonwealth

Health Equity Lens in Action: HPC's Care Delivery Transformation Agenda

Schedule of Upcoming Meetings

Advisory Council Membership

Lissette Blondet, Executive Director, Massachusetts Association of Community Health Workers

Kim Brooks, Chief Operating Officer, Senior Living, Hebrew SeniorLife

Michael Caljouw, Vice President of Government & Regulatory Affairs, Blue Cross Blue Shield MA

Christopher Carlozzi, State Director, National Federation of Independent Business (NFIB)

JD Chesloff, Executive Director, Massachusetts Business Roundtable

Dr. Cheryl Clark, Director of Health Equity Research and Intervention, Brigham and Women's Hospital

Michael Curry, President and CEO, Massachusetts League of Community Health Centers

Dr. Ronald Dunlap, Cardiologist and Past President, Massachusetts Medical Society

Geoffrey Gallo, Director of State Government Affairs, AstraZeneca

Audrey Gasteier, Chief of Policy and Strategy, Massachusetts Health Connector

Bonny Gilbert, Co-Chair of Healthcare Action Team, Greater Boston Interfaith Organization (GBIO)

Tara Gregorio, President and CEO, Mass Senior Care Association

Lisa Gurgone, Chief Executive Officer, Mystic Valley Elder Services

Jon Hurst, President, Retailers Association of Massachusetts

Colin Killick, Executive Director, Disability Policy Consortium

Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

Jake Krilovich, Executive Director, Home Care Alliance of Massachusetts

Ellen LaPointe, CEO, Fenway Health

David Matteodo, Executive Director, Massachusetts Association of Behavioral Health Systems

Dr. Danna Mauch, President and CEO, Massachusetts Association for Mental Health

Cheryl Pascucci, Family Nurse Practitioner, Baystate Franklin Medical Center

Carlene Pavlos, Executive Director, Massachusetts Public Health Association

Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans

Christopher Philbin, Vice President of Office of Government Affairs, Mass General Brigham

Dr. Claire-Cecile Pierre, Associate Chief Medical Officer and Vice President of Community Health at the Brigham and Women's Hospital

Julie Pinkham, Executive Director, Massachusetts Nurses Association

Amy Rosenthal, Executive Director, Health Care For All

Christine Schuster, President and CEO, Emerson Hospital

Zach Stanley, Executive Vice President, MassBio

Dr. Steven Strongwater, President and CEO, Atrius Health

Matthew Veno, Executive Director, Group Insurance Commission

Steven Walsh, President and CEO, Massachusetts Health and Hospital Association

Elizabeth Wills-O'Gilvie, Chair, Springfield Food Policy Council

Deborah Wilson, President and CEO, Lawrence General Hospital

Recent and Upcoming Publications

HPC

RECENTLY RELEASED

> **Report:** SHIFT-Care Challenge Evaluation *(June 2022)*

> **Innovation Spotlight:** Harrington Hospital *(June 2022)*

> **Video:** SHIFT-Care Opioid Use Disorder Initiative *(June 2022)*

> **HPC Shorts:** Growth in Out-of-Pocket Spending for Pregnancy, Delivery, and Postpartum Care in Massachusetts *(April 2022)*

> **Innovation Spotlight:** Medical Legal Partnerships *(April 2022)*

> **Investment Program Profiles:** Moving Massachusetts Upstream "MassUP" *(March 2022)*

> **DataPoints Issue #22:** Growth in Out-of-Pocket Spending for Pregnancy, Delivery, and Postpartum Care in Massachusetts *(March 2022)*

UPCOMING

> **DataPoints Issue #23:** Growth in Alternative Care Sites Over Time in Massachusetts

> **Report to the Legislature:** Impact of COVID-19 on the Health Care Workforce

> **Report to the Legislature:** Utilization of Telehealth in the Commonwealth

> **2022 Health Care Cost Trends Report**

Agenda

Call to Order

> ## UTILIZATION AND COST OF TELEHEALTH IN THE COMMONWEALTH

Health Equity Lens in Action: HPC's Care Delivery Transformation Agenda

Schedule of Upcoming Meetings

Background: Telehealth Policy in the Commonwealth

March 2020: Emergency Order

In response to a state of emergency, Governor Charlie Baker issued an executive order mandating the coverage of clinically appropriate and medically necessary telehealth services. The order also established that telehealth services be reimbursed at the same rates as in-person services.[1]

January 2021: Chapter 260 of the Acts of 2020

Chapter 260 mandated that all services that can be appropriately delivered via telehealth will continue to be covered permanently. In addition:

> It required that behavioral health services delivered via telehealth be reimbursed on par with in-person services in perpetuity.

> It mandated coverage of and reimbursement parity for primary care and chronic disease management provided via telehealth until January 1, 2023.

> The requirement to reimburse all other services delivered via telehealth at parity would no longer be statutorily mandated as of September 13, 2021 (90 days after the end of the governor's state of emergency).

1. Commonwealth of Massachusetts, order expanding access to telehealth services and to protect health care providers, March 10, 2020. https://www.mass.gov/doc/march-15-2020-telehealth-order/download

Legislatively Mandated Report on Telehealth Use in the Commonwealth

Chapter 260 also directed the HPC, in consultation with CHIA, to issue a report on the use of telehealth services and their impact on health care access and costs.

The HPC is charged with:

› Analyzing utilization and spending trends, such as telehealth use by type of service, provider organization, payer, patient demographics, and geographic region and total health care expenditures on telehealth services and impact on total health care spending.

› Assessing patient access, including impact of payer coverage and payment rates and cost of care, barriers to increased telehealth use, such as provider technology infrastructure and patient broadband and cellular access, and equity in access for low-income patients.

› Providing policy recommendations on reimbursement levels, including facility fees, the appropriateness of pre-authorization and other utilization management tools on telehealth, and ways to expand the use of and services provided through telehealth.

Nationally, even by the end of 2021, use of telehealth has persisted far above pre-pandemic levels.

HPC

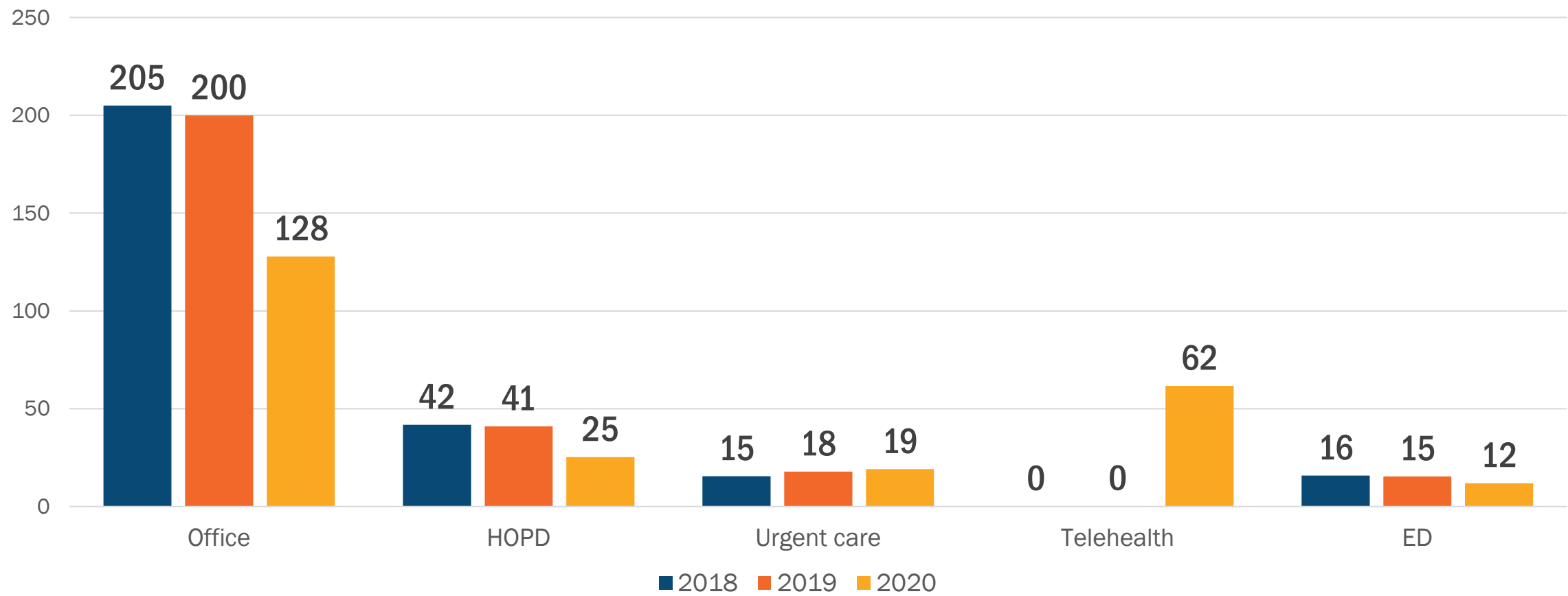*Percent of commercial medical claim lines that were telehealth, 2020-2021*
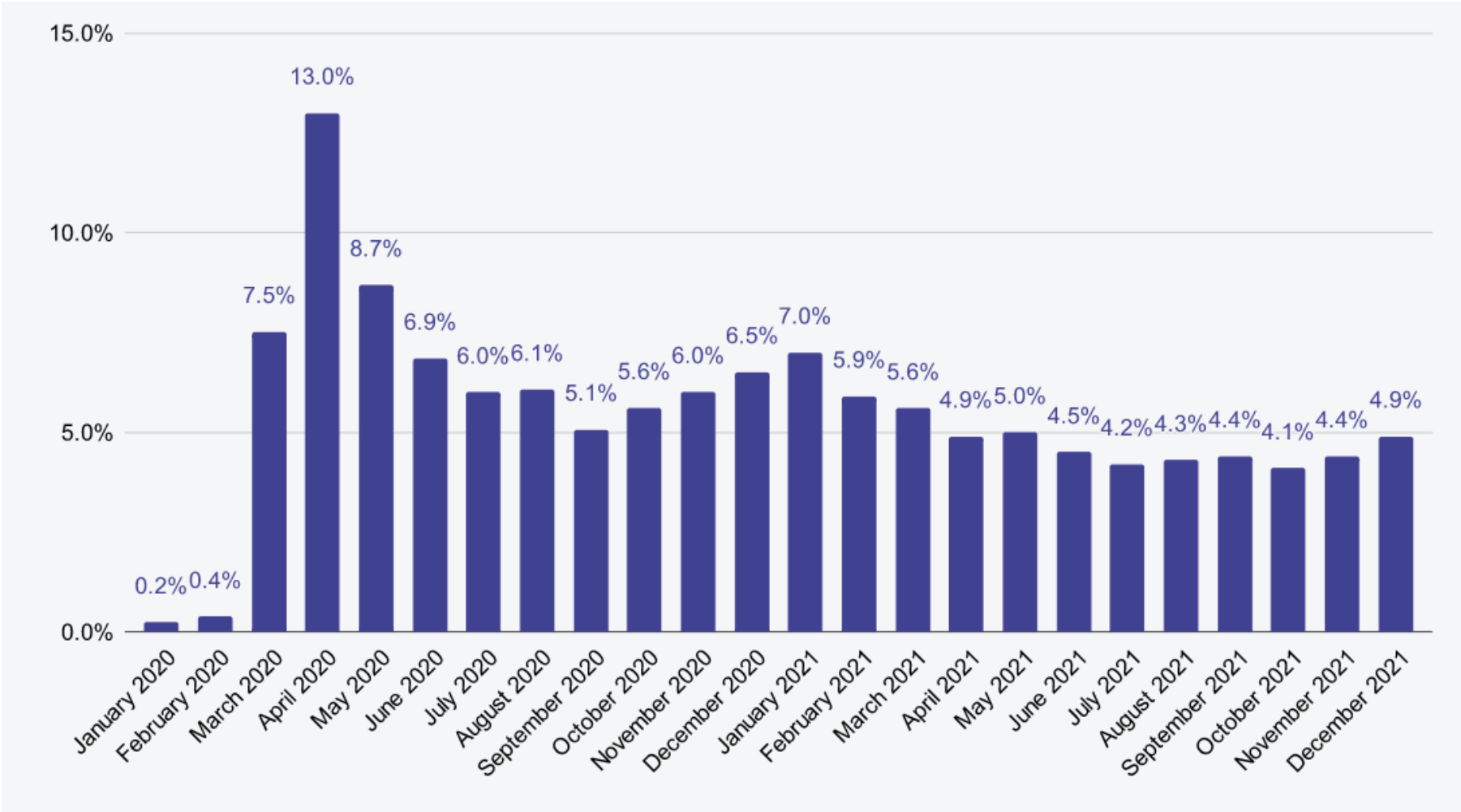
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In 2020 in Massachusetts, telehealth filled much of the gap in evaluation and management visits that would have otherwise occurred in provider offices.

HPC

Number of evaluation and management (E&M) visits per 1,000 member months by site type and year for commercially-insured patients, 2018-2020

	Office	HOPD	Urgent care	Telehealth	ED
2018	205	42	15	0	16
2019	200	41	18	0	15
2020	128	25	19	62	12

■ 2018 ■ 2019 ■ 2020
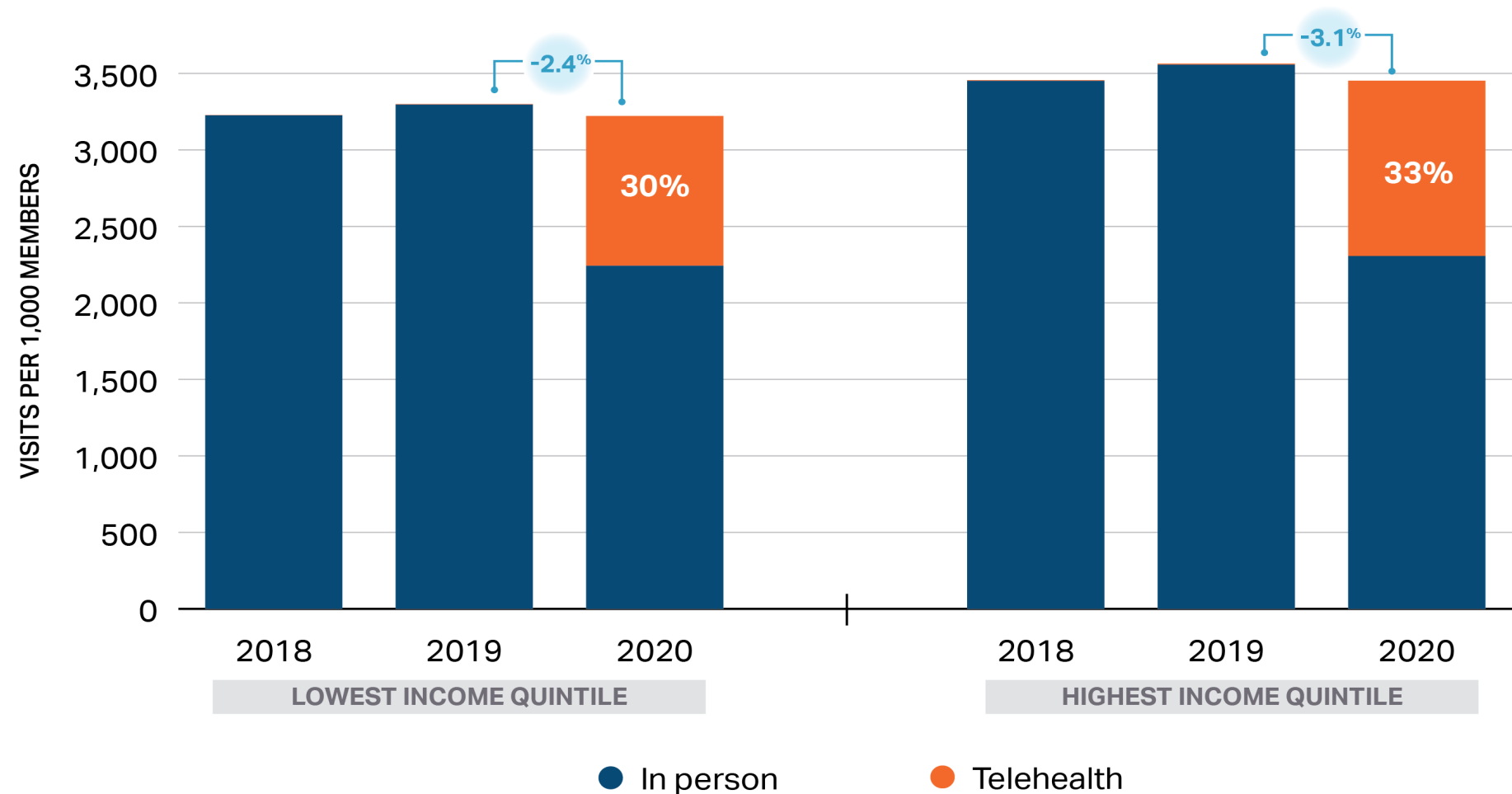
Notes: Population includes commercially-insured individuals with full coverage. Behavioral health, therapy, and counseling-related evaluation and management visits were excluded. Evaluation and management codes include: 99201-99205, 99211-99215, 99281-99285 (ED visits).
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10.0, 2018-2020.

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In 2020, telehealth comprised 30% of commercial adult problem-based office visits among individuals living in lower-income areas and 33% of those in higher-income areas.

Adult problem-based visits by zip income with percent delivered by telehealth, 2018-2020

VISITS PER 1,000 MEMBERS

-2.4%

-3.1%

30%

33%

2018   2019   2020   2018   2019   2020

LOWEST INCOME QUINTILE   HIGHEST INCOME QUINTILE

● In person   ● Telehealth

Notes: Adults aged 18 – 64 with full year insurance coverage. COVID utilization is included. Problem-based or "sick" visits included Current Procedural Terminology (CPT) codes 99201–99205; CPT 99211–99215. Adult preventive or "well" visits included CPT codes 99385–99386; CPT 99395–99396. Telehealth claims identified using professional claims site of service 02 and CPT code modifiers GT, 95, GQ, and G0
Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10.0, 2018-2020.

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Use of telehealth for pediatric well visits varied from 4.9% (Fall River) to 18.3% (Metro Boston) of all visits.

Percent change in the share of children ages 5 and older with recommended well visit utilization from 2019-2020 and share of 2020 pediatric well visits via telehealth by region

Percent change In share of children with recommended well visit use, 2019-2020

-9% ▬▬▬▬▬▬▬▬▬▬ -1%

Percent of pediatric well visits via telehealth, 2020
- 0-5%
- 5-10%
- 10-15%
- >15%
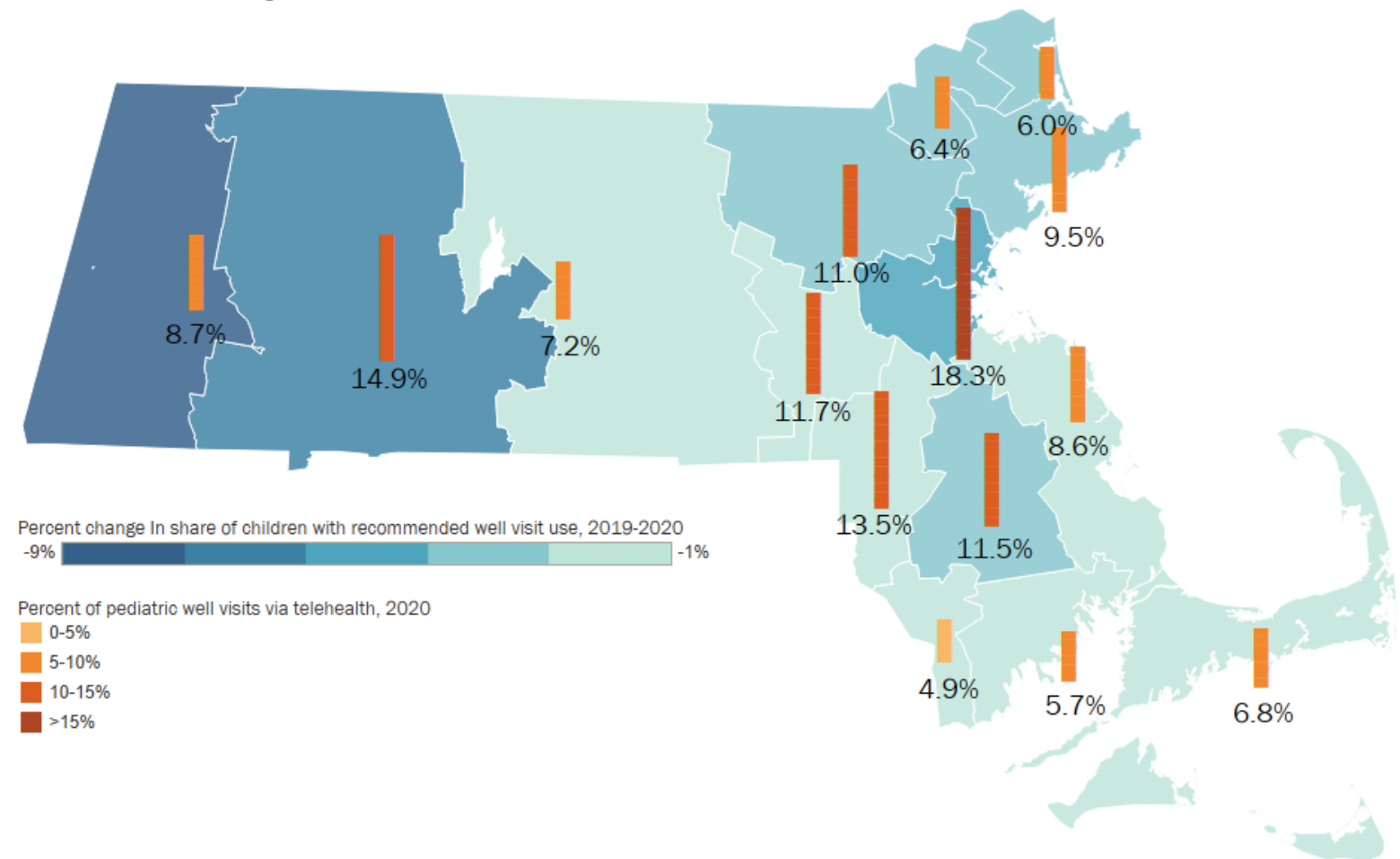
Notes: 'Includes individuals ages 5-17 with 12 months of enrollment and with any health care utilization. Children considered to have the recommended number of annual well visits varies by age: at least 4 visits for children under age 1, at least 3 visits for children age 1, and at least 1 visit for ages 2+. Preventive visits identified with Current Procedural Terminology (CPT) codes 99381-99384, 99391-99394, 99460-99464, 99441-99450, and 98966-98969. Telehealth claims identified using professional claims site of service 02, CPT codes G0406-G0408, G0425-G0427, G0508, G0509, G2010, G2012,G0071, Q3014, T1014, 98966-98972, 99358, 99359, 99421-99423, G2061-G2063, 99441-99444, and CPT code modifiers GT, 95, GQ, and G0.
Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10.0, 2019-2020.

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Partly due to the availability of telehealth, pediatric psychotherapy visit volume was higher in 2020 than in 2019, with most visits delivered via telehealth.

Total pediatric therapy visits in person and via telehealth by quarter, 2019-2020
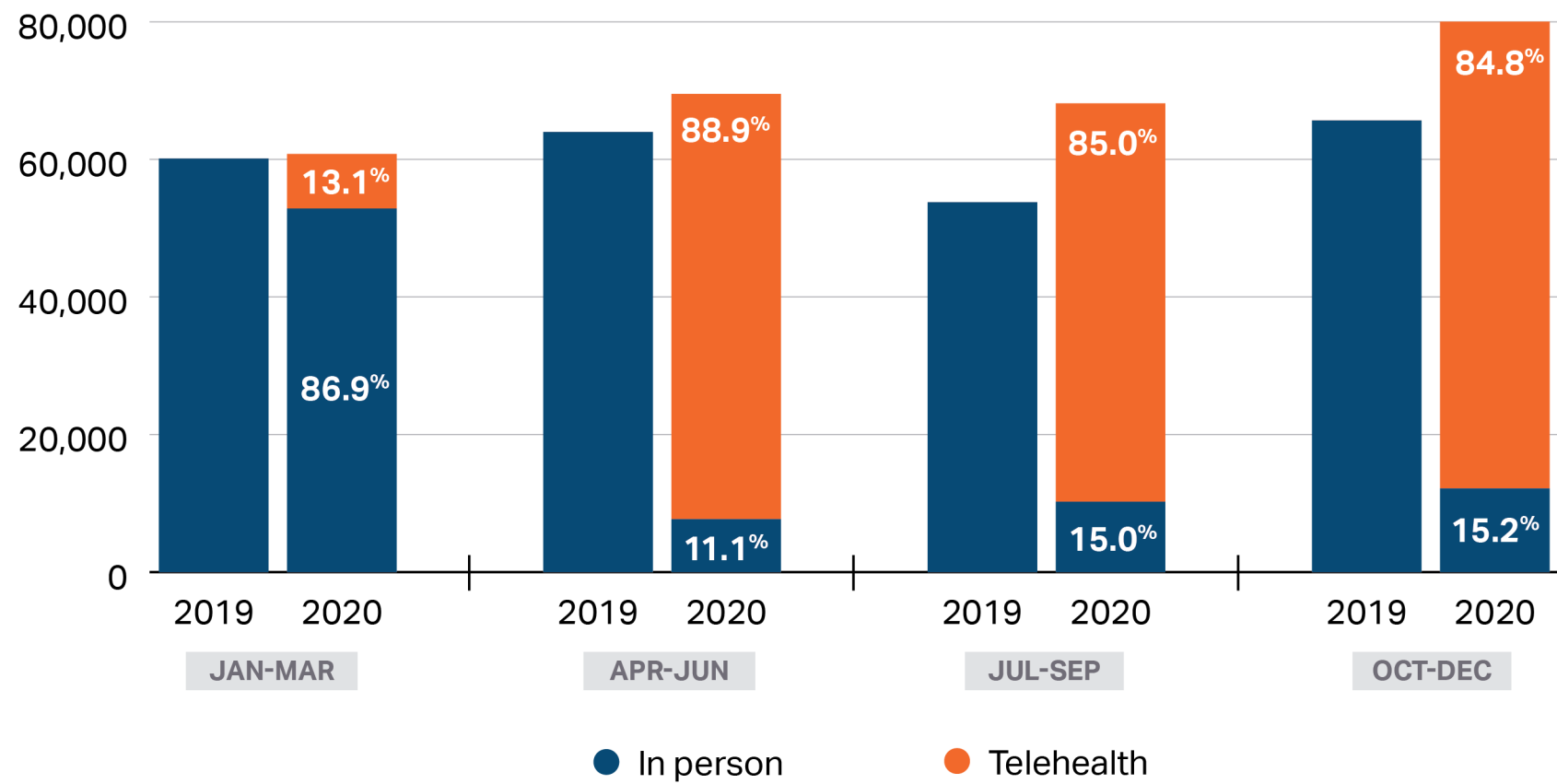
Notes: Includes individuals ages 6-17 with 12 months of enrollment in 2019 and 2020. Data labels for 2019 have been removed because Telehealth use omitted in 2019: telehealth represented <1% of therapy visits per age group per quarter. Telehealth claims identified using professional claims site of service 02, current Procedural Terminology (CPT) code modifiers GT, 95, GQ, and G0. Therapy claims identified using CPT codes 90832, 90833, 90834, 90836, 90837 and 90838.
Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10.0, 2019-2020.

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During the pandemic, children living in higher-income areas were more likely to use telehealth for psychotherapy visits and were also less likely to discontinue care begun before the pandemic.

HPC

Use of telehealth versus in-person therapy March 15 - December 31 each year for patients who had in-person therapy utilization January-February by income quintiles, 2019-2020

Legend:
- **DISCONTINUED CARE** (orange)
- All visits telehealth (dark blue)
- Mixed model care (gray)
- Continued In-person Visits Only (light blue)

LOWEST INCOME QUINTILE

2019: Discontinued Care 5.6%, Continued In-person Visits Only 93.8%, Mixed model care 0.6%

2020: Discontinued Care 17.0%, Mixed model care 28.8%, Continued In-person Visits Only 7.4%, All visits telehealth 46.8%

HIGHEST INCOME QUINTILE

2019: Discontinued Care 8.6%, Continued In-person Visits Only 89.4%, Mixed model care 1.8%

2020: Discontinued Care 14.9%, Mixed model care 28.1%, Continued In-person Visits Only 5.0%, All visits telehealth 52.1%

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Discussion

> Impact of telehealth on service utilization, such as no-show rates or induced demand

> Inequity in patient access by demographics (i.e., income level, race/ethnicity, region)

> Providers' internal costs of providing care via telehealth (vs. in-person), such as capital needs

> Barriers to expanding access (i.e., staffing)

> Considerations for behavioral health vs. other medical care

> Network adequacy for in-person vs. telehealth services for behavioral health needs

> Reimbursement policies for telehealth, including facility fees

> Quality considerations for audio vs. video telehealth services vs. in-person visits

> Considerations around services provided by third-party companies (i.e., Teledoc) and alternative models of care (i.e., TalkSpace)

> What additional questions should the HPC consider in the report?

Agenda

Call to Order

Utilization and Cost of Telehealth in the Commonwealth

> **HEALTH EQUITY LENS IN ACTION: HPC'S CARE DELIVERY TRANSFORMATION AGENDA**

Schedule of Upcoming Meetings

HPC

The HPC employs its four core strategies to advance health equity.

HPC

RESEARCH AND REPORT
Investigate, analyze, and report trends and insights

WATCHDOG
Monitor and intervene when necessary to assure market performance

PARTNER
Engage with individuals, groups, and organizations to achieve mutual goals

CONVENE
Bring together stakeholder community to influence their actions on a topic or problem

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Applying a Health Equity Lens to the HPC's Care Delivery Transformation Agenda

HPC

CERTIFICATION PROGRAMS
Operating the HPC's certification programs for Massachusetts ACOs and patient-centered medical homes.

INVESTMENT PROGRAMS
Managing investments in health systems to establish the foundation necessary for sustainable system transformation.

LEARNING AND DISSEMINATION
Collecting insights and data from all care delivery programs and developing them into communication assets for a variety of stakeholders.

PARTNERSHIPS
Maintaining partnerships with sister agencies and external organizations to advance shared policy goals.

EVALUATION
Leading efforts to evaluate the HPC's investment programs, to share evaluation findings publicly in order to inform policy, and to support evidence-based care delivery transformation.

Assets Needed to Support Applying a Health Equity Lens to the HPC's Care Delivery Transformation Work

HPC

CONCEPTUAL FRAMEWORK

Develop common understanding and language for discussing health equity and related terminology; unpack possible approaches to addressing it.
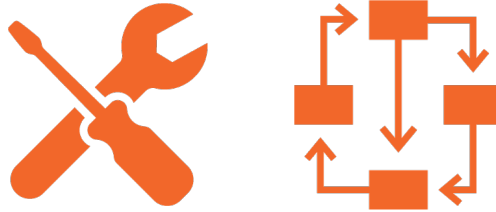
TOOLS AND PROCESSES

Create tools, processes, etc. to root health equity in how work is done and hold ourselves accountable.

KNOWLEDGE AND COMMUNITY

Develop strategies to build the needed knowledge and connections to others with expertise.

Actions to Advance Health Equity in the HPC's Care Delivery Transformation Work

HPC

1 Pilot an "Equity in Every Project" (EEP) tool for care delivery transformation initiatives.

2 Review stakeholder engagement approaches.

3 Implement a Quarterly Health Equity Review meeting series.

4 Gather resources to promote learning.

The Equity in Every Project (EEP) Tool

HPC

Step 1: LEARN

- Do a high-level literature review to learn about the health inequities associated with each project topic.
- Talk to stakeholders.
- Double check sources – whose perspectives are being considered? Excluded?

Step 2: EXPLORE

- Brainstorm options for possible ways the project could address one or more health equity issues.
- Double check work – what information and/or perspectives have most influenced development of the options?

Step 3: STRATEGIZE AND DECIDE

- Review the options, considering feasibility, potential for impact, ability to complement other work, etc.
- Select one or more approaches.
- Double check your process and expected impact – who is deciding?
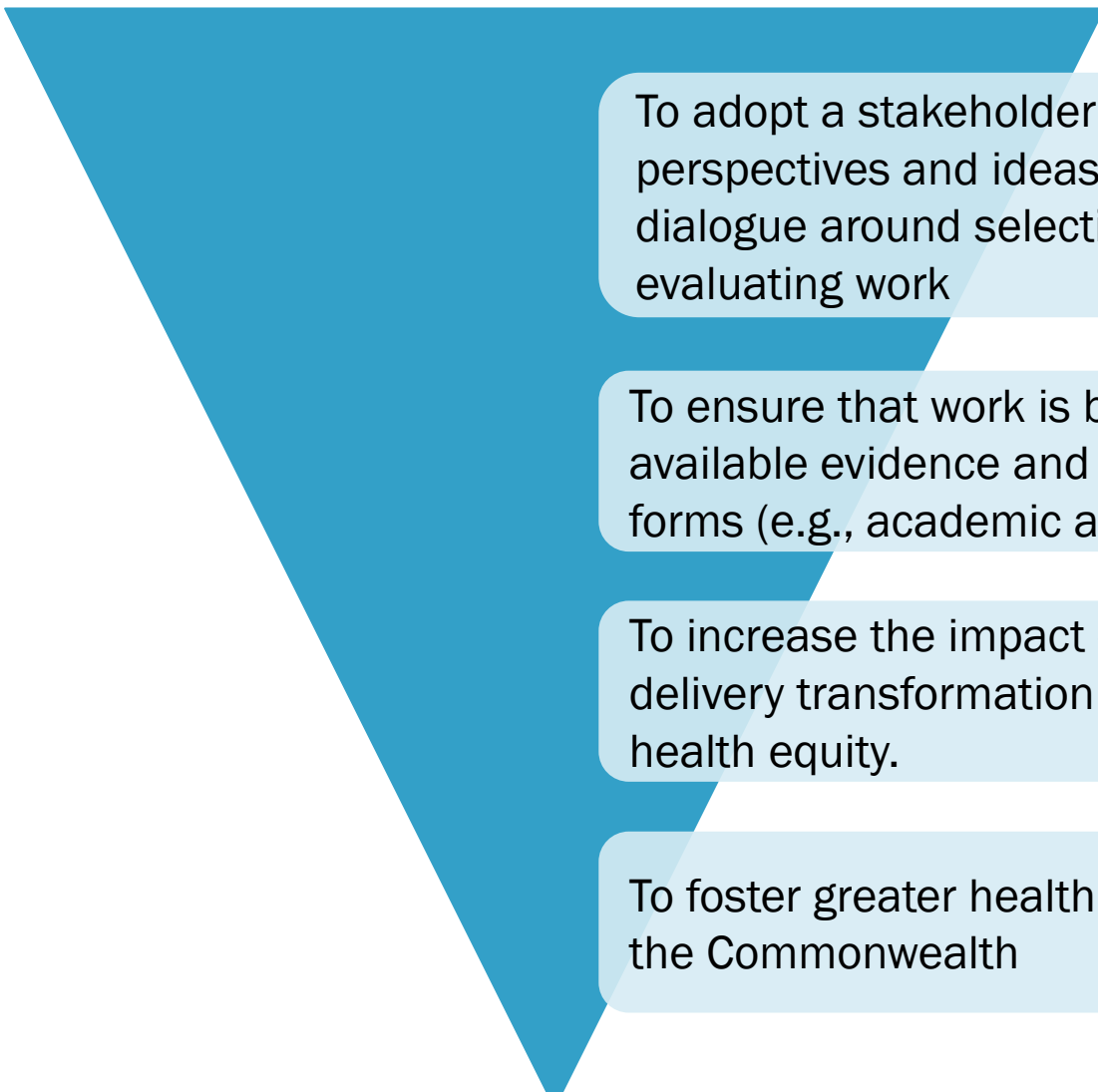
Step 4: AFFIRM

- Create a brief health equity aim statement that identifies and defines the inequity that the project will focus on and indicates the type of intervention that the project is expected to employ to address the inequity.

There are opportunities for the HPC's care delivery transformation work in every quadrant.
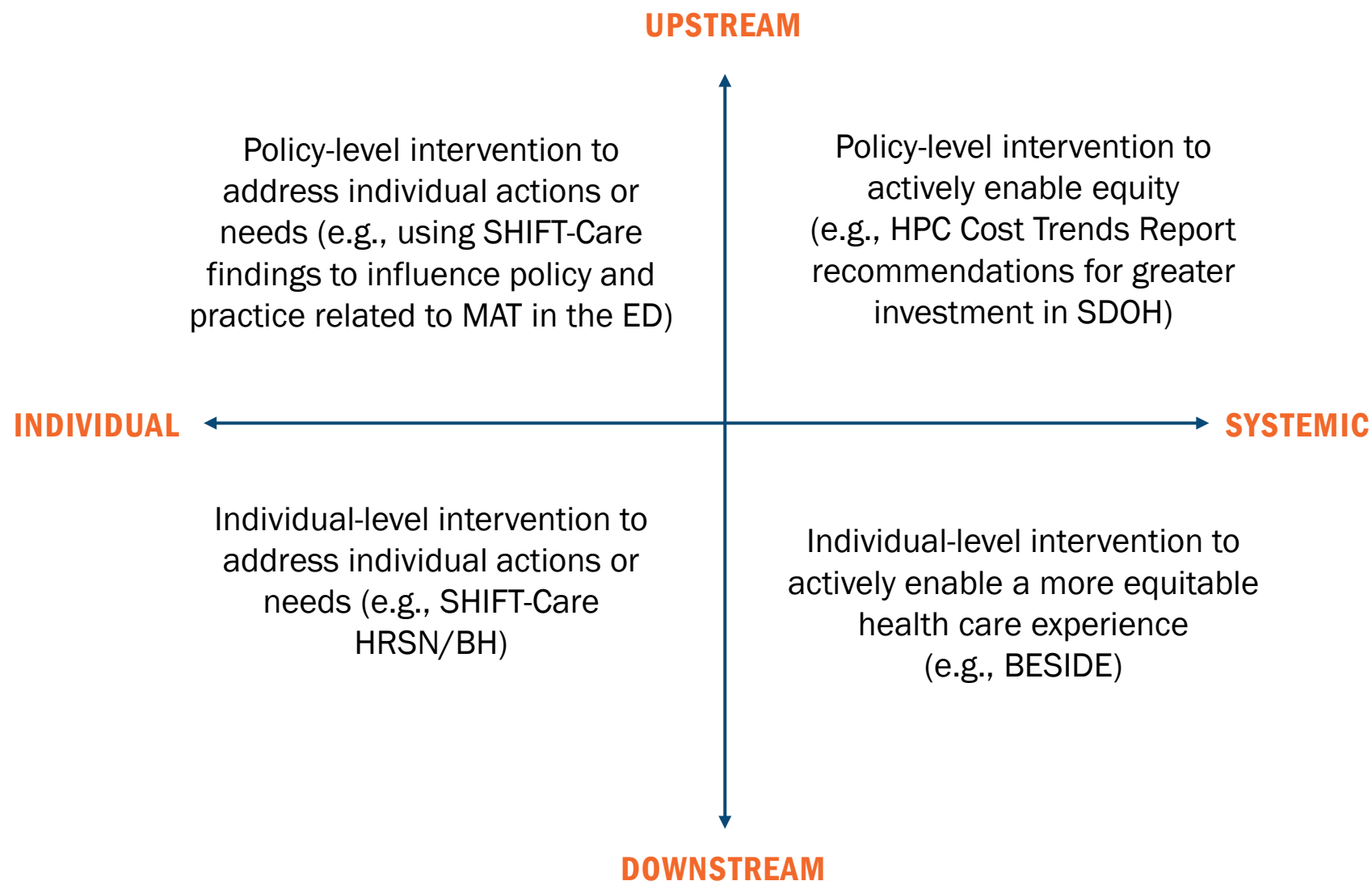
UPSTREAM

Policy-level intervention to address individual actions or needs (e.g., using SHIFT-Care findings to influence policy and practice related to MAT in the ED)

Policy-level intervention to actively enable equity (e.g., HPC Cost Trends Report recommendations for greater investment in SDOH)

INDIVIDUAL — SYSTEMIC

Individual-level intervention to address individual actions or needs (e.g., SHIFT-Care HRSN/BH)

Individual-level intervention to actively enable a more equitable health care experience (e.g., BESIDE)

DOWNSTREAM

Bringing an Equity Lens to Stakeholder Engagement

To adopt a stakeholder engagement process that considers perspectives and ideas that have not been a part of the dialogue around selecting, designing, implementing, and evaluating work

To ensure that work is based on the best available evidence and expert knowledge, in all forms (e.g., academic as well as lived experience)

To increase the impact of the HPC's care delivery transformation work in promoting health equity.

To foster greater health equity in the Commonwealth

Key Questions in Reviewing Stakeholder Engagement Processes

HPC

1 **Who are the trusted sounding boards and advisors** for generating new areas of work, advising on the design of new projects/programs, providing input during a project/program, and holding the agency accountable?

2 **What/whose perspectives are well represented** among current stakeholders? **What/whose perspectives should be included?**

3 How can we **engage community residents** as we shape, implement, and communicate about our work?

4 **What methods do we use for gathering input**? Who benefits and who is disadvantaged with those choices?

5 **What do we offer to those whose perspectives we seek**? How do we engage in a process that is mutually beneficial?

HPC

OPPORTUNITIES TO BROADEN the range of stakeholders with whom the HPC engages are evident

NEED TO CULTIVATE TRUST with new stakeholders through frequent touchpoints, clear communication, and follow-through

VALUE IN BUILDING A NETWORK of organizations that can connect the HPC to different constituencies

EARLY AND LONG-TERM INVOLVEMENT of stakeholders is ideal – from concept development through implementation

FORUMS TO LISTEN and learn what matters to stakeholders are important

PROVIDING VALUE to participants in stakeholder engagement is critical

Questions for Discussion

HPC

1 **Are we focused on the right things** as we work to integrate health equity into our care delivery transformation work? What's missing?

2 **What advice would you offer** to bring more and different perspectives to the design and execution of our work?

3 **What strategies should the HPC use** to incorporate community member perspectives?

Agenda

HPC

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Utilization and Cost of Telehealth in the Commonwealth

Health Equity Lens in Action: HPC's Care Delivery Transformation Agenda

> **SCHEDULE OF UPCOMING MEETINGS**

Schedule of Upcoming Meetings

HPC

BOARD

July 13

September 14

December 14

COMMITTEE

October 12

ADVISORY COUNCIL

September 21

December 7

SPECIAL EVENTS

November 2
Cost Trends Hearing

Mass.gov/HPC

HPC-info@mass.gov

@Mass_HPC

tinyurl.com/hpc-linkedin

– JANUARY –

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BOARD MEETINGS

Tuesday, January 25
Wednesday, March 16 – Benchmark Hearing
Wednesday, April 13
Wednesday, June 8
Wednesday, July 13
Wednesday, September 14
Wednesday, December 14

COMMITTEE MEETINGS

Wednesday, February 9
Wednesday, May 11
Wednesday, October 12

ADVISORY COUNCIL

Wednesday, March 30
Wednesday, June 22
Wednesday, September 21
Wednesday, December 7

COST TRENDS HEARING

Wednesday, November 2

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