MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Advisory Council

September 5, 2018

HPC

AGENDA

- Discussion: 2018 Health Care Cost Trends Hearing
- Presentation: Market Oversight and Transparency
- Presentation: Care Delivery Transformation
- Schedule of Next Meeting: November 14, 2018

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Save the Date

TUESDAY, OCTOBER 16 AND WEDNESDAY, OCTOBER 17

THE SIXTH ANNUAL HEALTH CARE COST TRENDS HEARING

The prominent, two-day hearing hosted annually by the Health Policy Commission will include a keynote address from Dr. Ashish Jha of the Harvard T.H. Chan School of Public Health and in-person testimony from top health care executives, industry leaders, and government officials. Questions will be posed from Massachusetts and national health care experts about the drivers of health care costs, health care reform efforts, and the state's performance under the Health Care Cost Growth Benchmark, measured by growth in Total Health Care Expenditures (THCE). From 2012 – 2016, the state performed below the 3.6% benchmark set by the HPC, with 3.55% average annual growth in TCHE. The state's most recent performance (2017) will be released prior to this year's hearing.

MASSACHUSETTS
HEALTH POLICY COMMISSION

Reserve your seat: tinyurl.com/HCCTH2018

FEATURING

Keynote Speaker on Health Care Spending in the U.S.
Dr. Ashish Jha, Harvard T.H. Chan School of Public Health

State Leadership and Elected Officials

Reports on Key Findings, Trends, and Data

Top Health Care Industry Stakeholders and Executives

Opportunity for Public Testimony

TUESDAY, OCTOBER 16 AND
WEDNESDAY, OCTOBER 17, 2018

SUFFOLK UNIVERSITY LAW SCHOOL
FIRST FLOOR FUNCTION ROOM
120 TREMONT STREET, BOSTON, MA 02108

Health Care Cost Trends Hearing

VISIT US AT MASS.GOV/HPC. • TWEET US @MASS_HPC • #CTH18

2018 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** the priorities and plans of health care market participants to reduce spending through written and oral testimony
- **Enable** broad public engagement in the work of the HPC

POTENTIAL THEMES

- Meeting the health care cost growth benchmark: Top concerns to meeting the benchmark in the future and progress on identified opportunities to reduce spending growth
- Differential impact of health care premium and out-of-pocket costs on employers and consumers
- Innovations in providing timely access to primary and behavioral health care through new alternative care models (e.g. urgent care centers, mobile-integrated health, telemedicine, urgent care for behavioral health care)
- State policy approaches to address rising pharmaceutical spending
- Emerging approaches to address health-related social needs of patients
- Evaluating the impact of past market transactions (specifically between physicians and hospitals) on spending, quality and access

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- Discussion: 2018 Health Care Cost Trends Hearing
- **Presentation: Market Oversight and Transparency**
  - HPC DataPoints Issue: Urgent Care Centers and Retail Clinics
  - 2018 Cost Trends Report
- Presentation: Care Delivery Transformation
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  - 2018 Cost Trends Report
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DataPoints Key Findings: Urgent Care Centers and Retail Clinics

- In August, the HPC released its **eighth DataPoints issue**, examining the growth of alternative care sites including retail clinics and urgent care centers. This new research focuses on the growth of these sites in Massachusetts over time, the areas they are located in, and the types of services they provide.

- HPC DataPoints features interactive graphics built within Tableau, a data visualization tool which allows users to explore and understand data in a more detailed and explanatory manner than static graphics allow. DataPoints issues are available on the HPC's website at **www.mass.gov/HPC.**

KEY FINDINGS

- Massachusetts experienced strong growth in both retail clinics and urgent care centers over an **eight-year period**, with urgent care center locations **growing more than 700 percent**.
- The number of **retail clinics** in Massachusetts **nearly tripled** from 20 in 2010 to 57 in 2018. The number of **urgent care centers increased eight-fold** from 18 in 2010 to 145 at the end of 2017.
- The **average ED visit costs just under $900** with a patient copayment averaging $118, compared to the **average urgent care center cost of $149** with patient copayments averaging $33, and **$69 at retail clinics** with patient copayments averaging $20.
- **Sore throats** and **acute sinusitis** accounted for **30 percent of the conditions** that retail clinics saw during visits. Urgent care centers treated a wider range of conditions but also saw sore throats (and upper respiratory infections a close second) as the top condition for visits.

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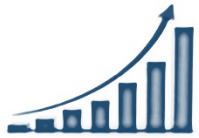
2018 Cost Trends Reports and Research

Design Approach

ANNUAL REPORT
- ~50 pages • Narrative and visual
- 3-4 fully written chapters
- 3-4 graphical chart packs
- Online interactive content utilizing data visualization tools (Tableau**)**

6-8 SUPPLEMENTAL PUBLICATIONS
Varying types
(Policy Briefs, Chart Packs, DataPoints)





Topics

- Overview of trends in spending and care delivery
- Variation in hospital admissions from the ED
- Trends in public and private prices for key services
- Variation in provider organization performance by patient cohorts
- Brown/White bagging
- Access to dual-diagnosis services
- Examination of contracted ancillary services markets (e.g. imaging, lab tests)
- Prescription drug charges and co-pay policies
- Low-value care

Goal

Advance the HPC's mission to publicly report on health care system performance by producing a variety of reports and publications that are visually-appealing, engaging, and accessible to a wide range of audiences.

HPC

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- **Presentation: Care Delivery Transformation**
  - ACO Certification Program
  - MassChallenge HealthTech (MCHT)
  - Investment Program Updates
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2017-2019 HPC-certified ACOs

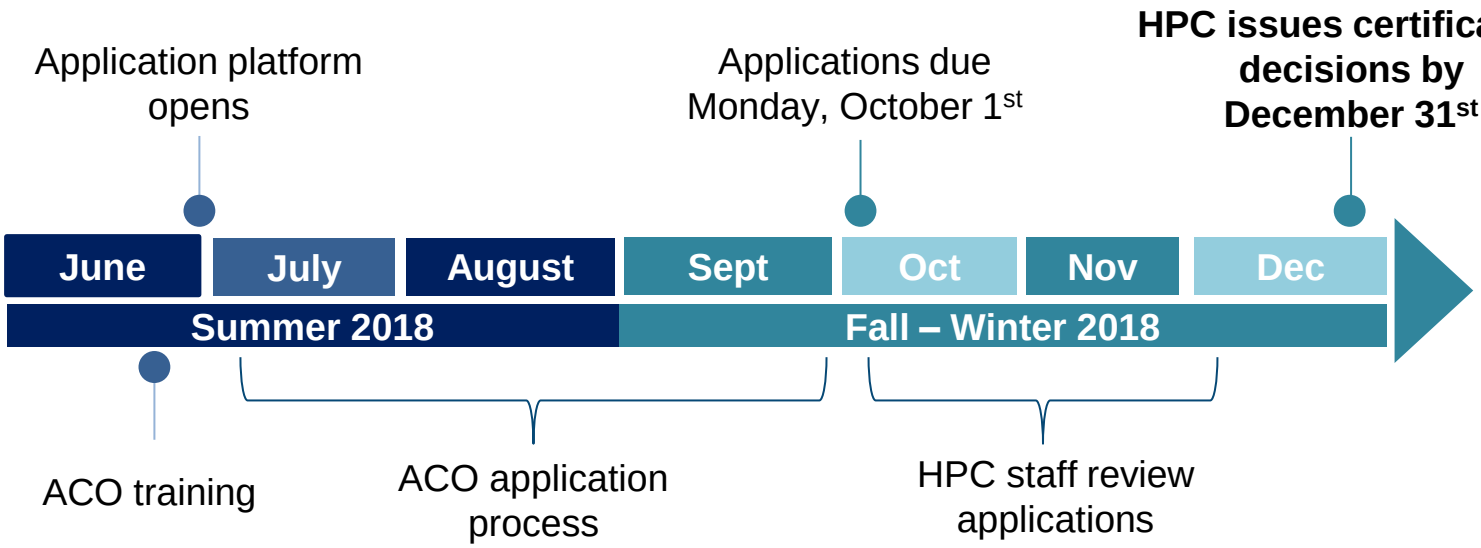
Certified ACOs

- Atrius Health, Inc.
- Baycare Health Partners, Inc.
- Beth Israel Deaconess Care Organization
- Boston Accountable Care Organization, Inc.
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Community Care Cooperative, Inc.
- Lahey Health System, Inc.
- The Mercy Hospital, Inc.
- Partners HealthCare System, Inc.
- Reliant Medical Group, Inc.
- Signature Healthcare
- Southcoast Health System, Inc.
- Steward Health Care Network, Inc.
- Wellforce, Inc.

ACOs with Provisional Certification

- Health Collaborative of the Berkshires, LLC
- Merrimack Valley Accountable Care Organization, LLC

HPC Will Review 3 ACO Certification Applications this Fall



ACOs with 2017 Provisional Certification applying for full certification

- Health Collaborative of the Berkshires, LLC
- Merrimack Valley Accountable Care Organization, LLC

New applicant for full certification

- Mount Auburn Cambridge Independent Practice Association, Inc. (MACIPA)

ACO Certification Policy Brief #1, "Introduction to ACOs in MA"

MASSACHUSETTS HEALTH POLICY COMMISSION

APRIL 2018

ACO POLICY BRIEF

Transforming Care: An Introduction to Accountable Care Organizations in Massachusetts

ACOs are groups of health care providers who come together to provide patient-centered, coordinated care, with the goal of improving quality and reducing costs.

ACOs typically include **PCPs**, through which patients are attributed to the ACO.

In 2017, the Massachusetts Health Policy Commission (HPC) launched a first-in-the-nation set of statewide standards for accountable care organizations (ACOs). ACOs are groups of physicians, hospitals, and other health care providers who come together to provide patient-centered, coordinated care to their patients, with the goal of improving quality and reducing health care spending growth. The HPC certified 17 ACOs in Massachusetts that met those standards through an application process.

This brief is the first in a series of written reports and other resources that the HPC will issue regarding the landscape of certified Massachusetts ACOs based on the information submitted by applicants for ACO Certification, combined with other publicly available information. The purpose of this new series of policy briefs is to provide policymakers, health care providers, payers and purchasers, researchers, and other members of the interested public with new information and insights regarding the characteristics of certified ACOs. Topics that will be examined include how they are organized and governed, how they set and implement quality improvement strategies, their experience managing patients under risk contracts, and other key features. In providing increased transparency about the landscape of HPC-certified ACOs through this series, the HPC aims to support health care providers in their ongoing efforts to improve the quality and efficiency of patient care, support the formulation of sound policy that further bolsters those endeavors, and generally contribute to public understanding of the evolving care delivery system in Massachusetts.

This first brief provides background information on the ACO model in Massachusetts and the HPC ACO Certification program, and some key facts about the certified ACOs, which will be explored in greater detail in subsequent briefs.[1]

THE ACO MODEL IN MASSACHUSETTS

While HPC ACO Certification is a new program, providers and payers both in Massachusetts and nationally have been testing and evolving various accountable care delivery and contracting approaches over the past decade. The term "ACO" is generally used to mean a group of health care providers that contracts with a payer to assume responsibility for the delivery of care to its attributed patients, and for those patients' health outcomes.[2,3] ACOs contract with payers under payment models other than fee-for-service (so-called "alternative payment methods," or APMs), in which the ACO is typically accountable for spending against a budget and may earn financial incentives for meeting agreed-upon quality performance targets. Contracts with "shared savings" or "upside risk" allow an ACO to share in any cost savings generated. In contracts with "downside" or "two-sided" risk, an ACO is responsible for paying some share of losses, depending on quality targets, if it fails to meet a budget.

The types of providers participating in an ACO can vary widely from one ACO to the next. ACOs typically include primary care providers (PCPs), through which patients

HEALTH POLICY COMMISSION ACO CERTIFIED – 2017 –

ACO Policy Brief | 1

The first brief provides background information on the HPC-certified ACOs, and highlights key facts about them, such as:

- Approximately 1.9 million commercial or Medicare patients in Massachusetts are served by HPC-certified ACOs.
- The 17 HPC-certified ACOs hold more than 65 commercial risk contracts, 17 MassHealth risk contracts, and 11 Medicare risk contracts.
- Over 80% of ACOs have at least one hospital as an ACO participant.

Visit the Transforming Care page of the HPC's website to read the full brief.

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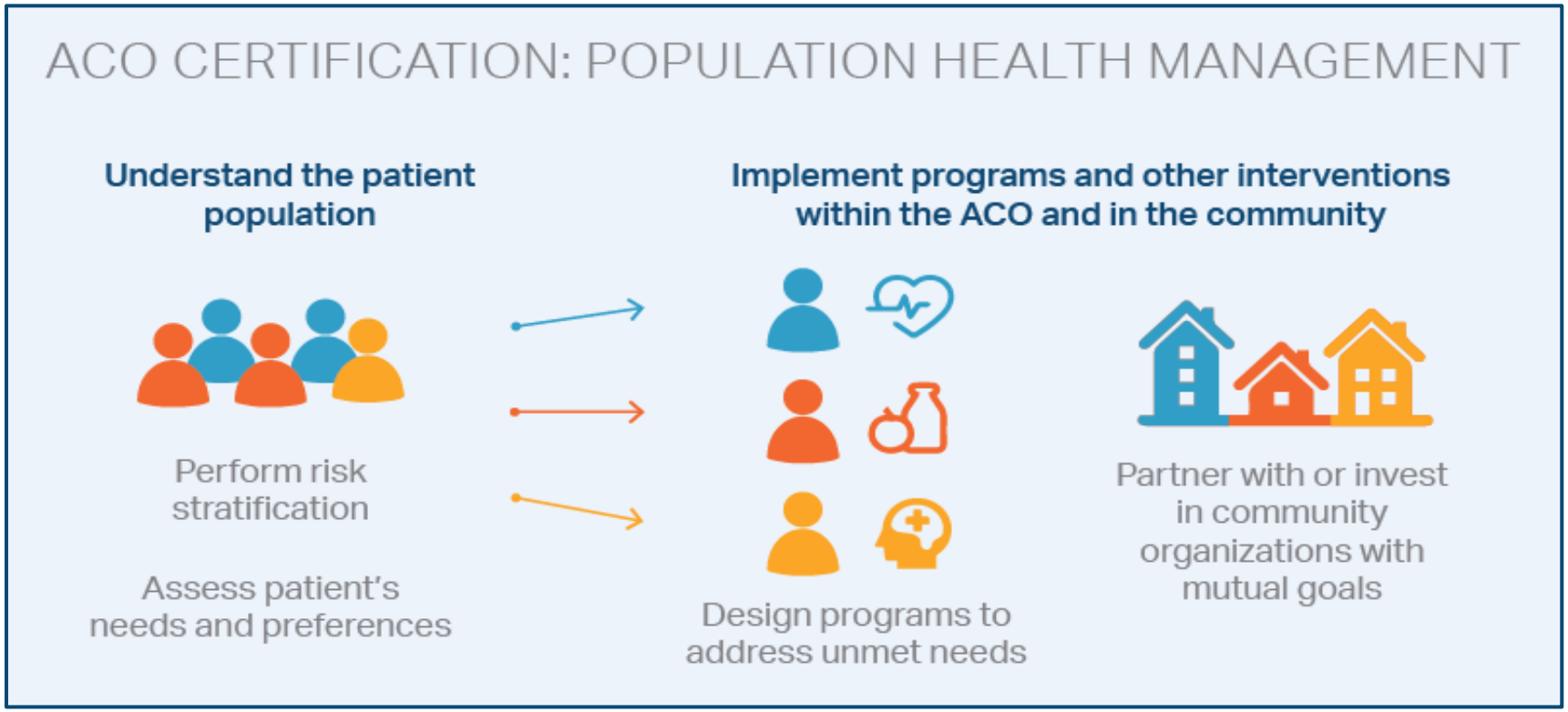
Coming Soon: Policy Brief #2, "How ACOs in MA Manage their Population Health"

Areas of focus include:

- Risk stratification methods of ACOs certified by the HPC
- Assessment of patient needs and preferences
- Population health management programs that address behavioral health and the social determinants of health



Key Findings from Policy Brief #2, "How ACOs in MA Manage their Population Health"

ACOs use **payer reports and claims data** as main data sources for stratification

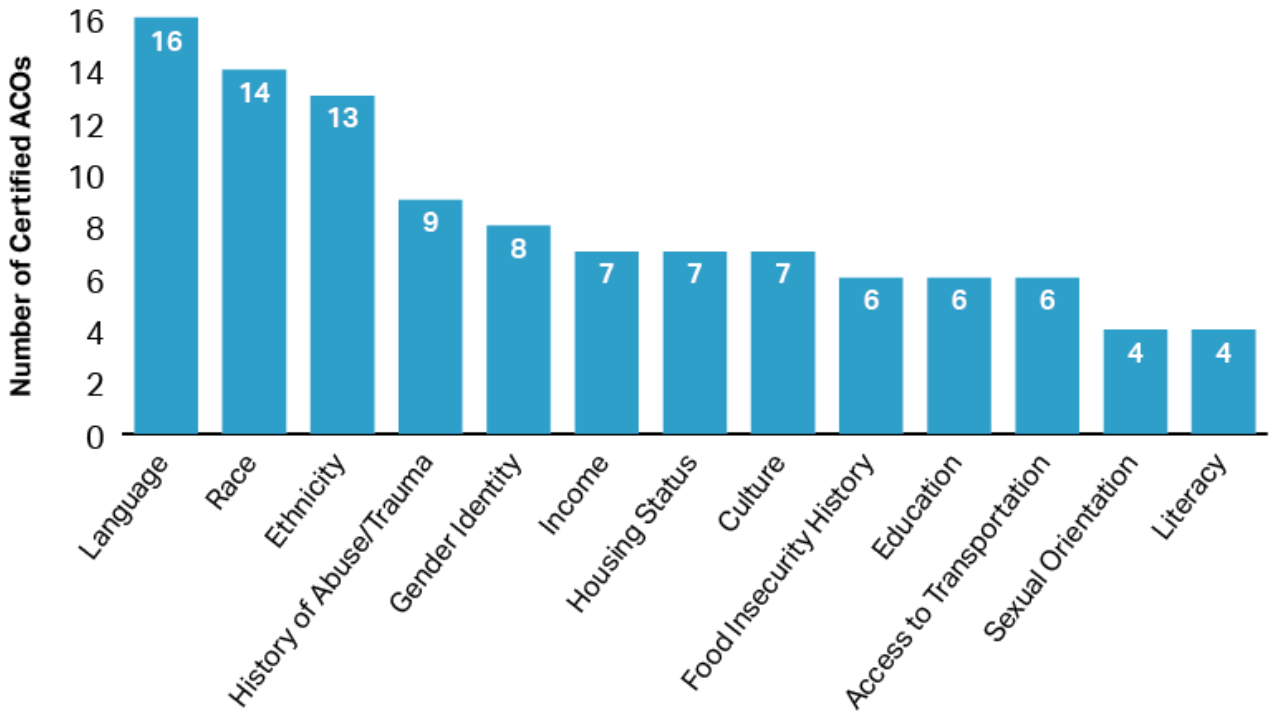
A number of ACOs are working with former CHART hospitals **to continue or replicate CHART programs** in the service of population health management for the ACO population

Six ACOs are able to use **markers of patients' SDH** and functional status to inform stratification

14 ACOs reported using **CHWs, care coordinators, and resource specialists** in their PHM programs.

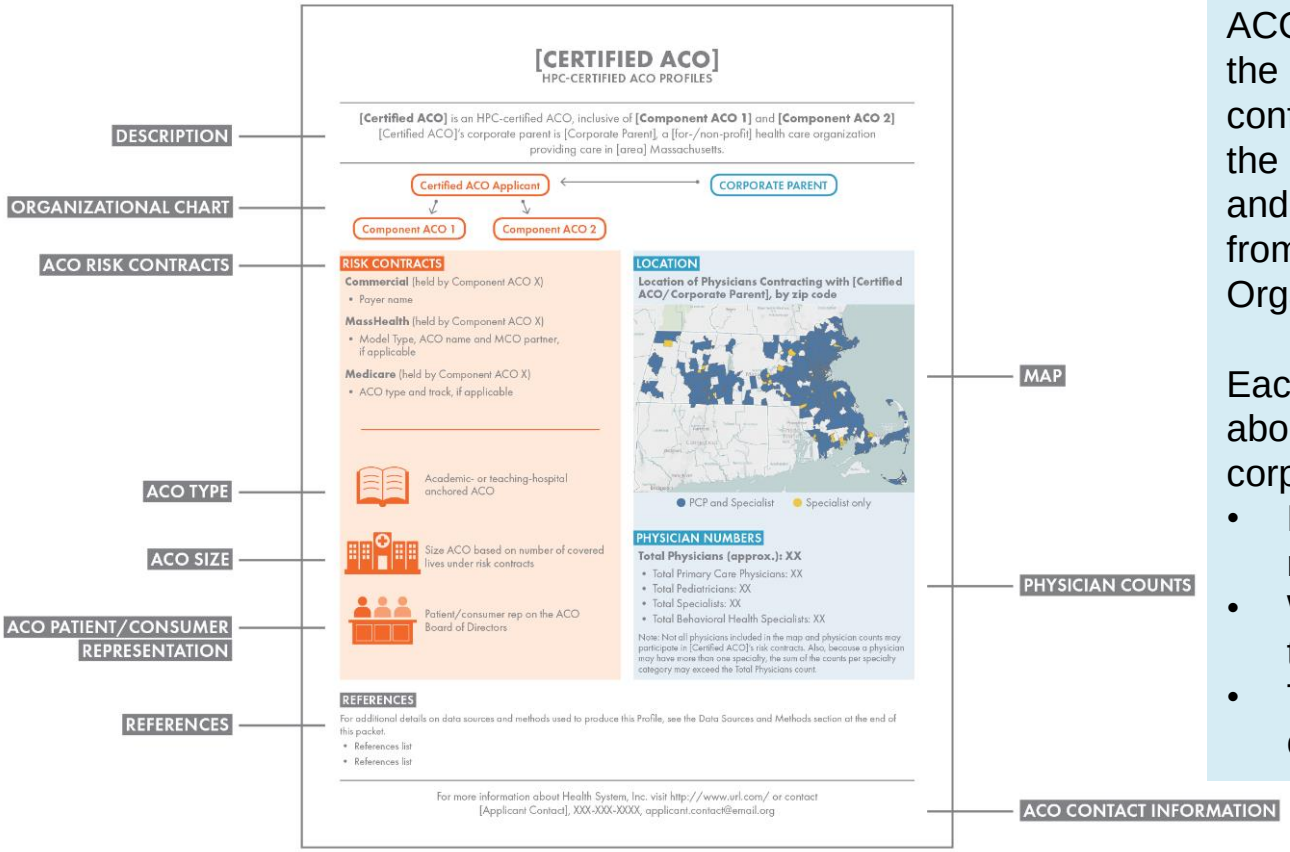
Many ACOs are **integrating BH services into primary care** settings as a key strategy for addressing the BH needs of their patient population

Key Findings from "How ACOs in MA Manage their Population Health"



Patient Population Factors Assessed by HPC-certified ACOs

Coming Soon: "Accountable Care Organizations in Massachusetts: Profiles of the 2017-2019 HPC-certified ACOs"



ACO Profiles provide a snapshot of the HPC-certified ACOs, using non-confidential information submitted to the HPC through ACO Certification and other public data, including data from the Registration of Provider Organizations (RPO) program.

Each profile provides key facts about the certified ACOs and their corporate parents, including:

- Payers with whom the ACO has risk contracts;
- Where in the Commonwealth the ACO provides care; and
- The approximate patient count of the ACO.

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MassChallenge HealthTech (MCHT) Background

Founded in 2016, MassChallenge HealthTech (MCHT) – formerly called "PULSE@MassChallenge" – is the Commonwealth's official digital health hub. MCHT was designed on the pillars of the Massachusetts Digital Health Initiative, a private-public partnership with the goal of making Massachusetts a leading digital health hub nationally and globally. MCHT aligns its program with recommendations from the Massachusetts Digital Health Council.

Founding Pillars
MA Digital Health Initiative

- Build a **Marketplace**
- Build a **Community**
- Improve **Data** Access & Transparency

63 startups
have participated in MCHT

$4.5M+ revenue

$18.8M+ funding
generated during the program

40+ partners
engaged with MCHT

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

MC MASSCHALLENGE HEALTHTECH

HPC

HPC – MCHT Collaboration

Digital health can help solve significant challenges in health care in support of the HPC's vision for care delivery transformation

The HPC will leverage digital health startups that have been carefully vetted around a challenge area of high priority (e.g. addressing health-related social needs, reducing avoidable ED use)

The HPC and MCHT will promote provider access to the digital health "ecosystem" by identifying startups that address these challenges and providing them with resources to implement solutions at community-based provider systems with which the HPC invests (i.e., SHIFT-Care)

Through this collaboration, the HPC will align with the Governor's Digital Health Initiative and support recommendations made by the Digital Health Council.

The HPC will inform the strategy and direction of health care innovation and entrepreneurship in the Commonwealth by gaining a seat on the MCHT Steering Committee

HPC

Proposed Collaboration with MCHT

At the June 5th PULSE Finale event, the HPC announced a commitment to partner with MCHT.

Funding	▪ **1 Year: ~$170k commitment to support MCHT's operating costs and provide pilot funds to start-ups to test innovations in community-based provider systems**

Collaboration areas	**Participate as a "Champion" in MCHT's Core Program**	**Promoting partnerships with community-based providers**	**Develop marketplace resources**
	As a Champion, the HPC may engage with one or more startups as a Dedicated Advisor, Product Validator, and/or Clinical Validator.	The HPC will promote partnerships between digital health startups and community-based providers through a scholarship program and through community-building events.	The HPC and MCHT will co-author resource guides to advance the ability of digital health startups to validate their products in a variety of provider settings in the Massachusetts health care system.

HPC

HPC issued 5 challenge areas for startups aligned with policy priorities.

1. Enabling health care providers and patients to prevent avoidable emergency department visits
2. Enabling employers and employees to prevent avoidable emergency department visits

3. Enabling health care providers and patients to prevent avoidable hospital readmissions

4. Enabling health care providers and patients to address health-related social needs
5. Enabling providers and patients to enhance timely access to behavioral health care

HPC

HPC – MCHT Collaboration Milestones

June 5, 2018	HPC announced a commitment to a partnership with MCHT at the PULSE Finale event
September 6, 2018	HPC executed a contract with MCHT
September 10, 2018	Applications open for 2019 MCHT Core Program
September 13, 2018 **October 10, 2018**	MCHT Core Program Application Launch Events
November 14, 2018	HPC will co-host “PULSECHECK: ACOs” event in collaboration with MCHT, MeHI, and BWH
December 2018	Matchmaking between HPC and MCHT startups
January – May 2019	MCHT Core Program

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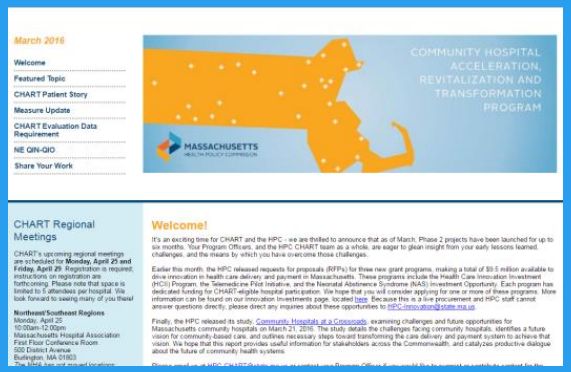
CHART Phase 2: Activities since program launch[1]

15
regional meetings
with
900+
hospital and community provider attendees

290+
technical assistance working meetings

925+
hours of coaching phone calls

32
CHART newsletter features


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!

600+
data reports received

3,955 unique visits to the CHART hospital resource page

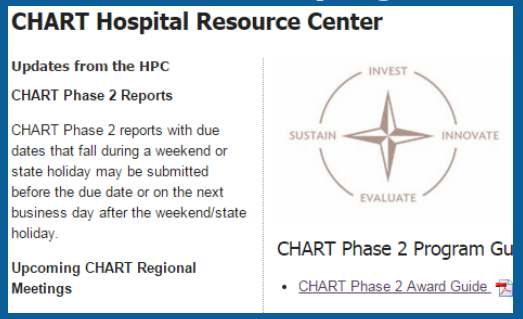


CHART Hospital Resource Center

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

INVEST
SUSTAIN
INNOVATE
EVALUATE

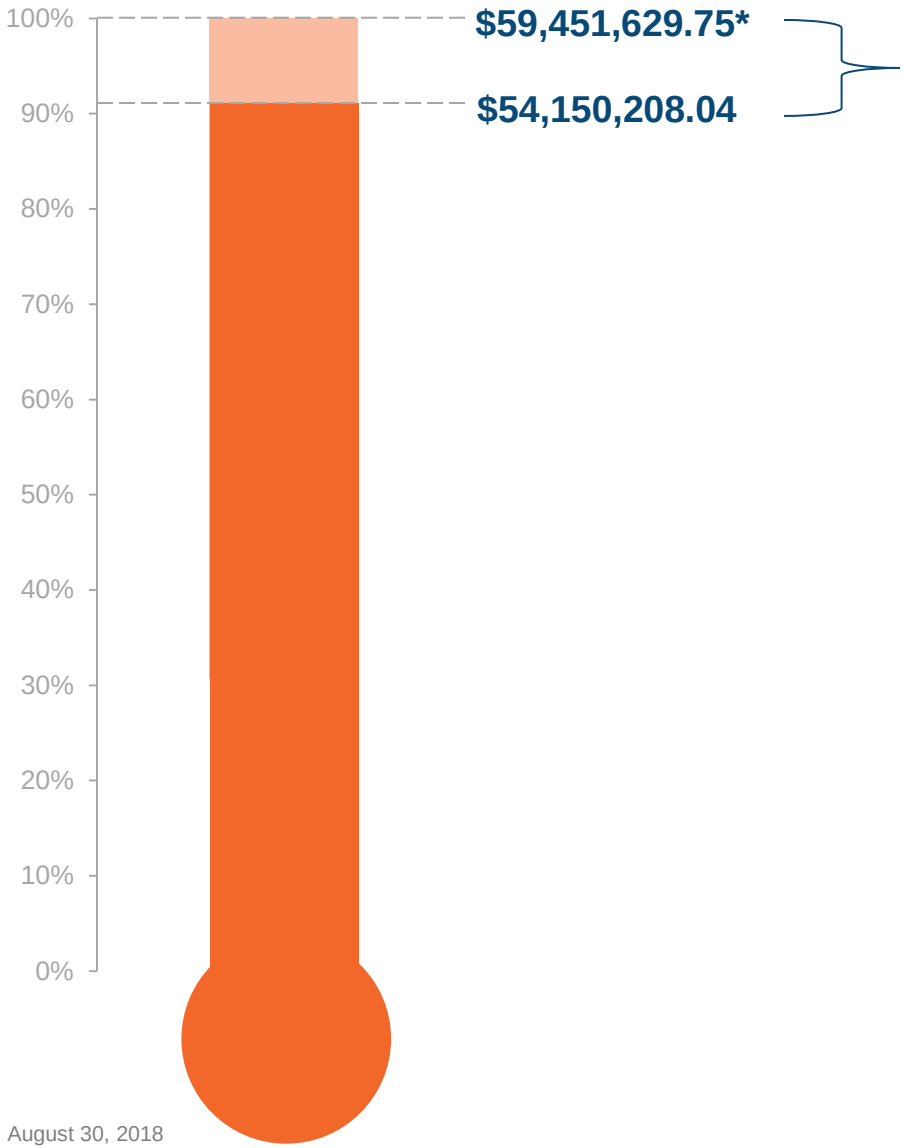
CHART Phase 2 Program Gu

- CHART Phase 2 Award Guide

18 awards
pursued No Cost Extensions, using unspent funds to continue the model or finalize reporting for up to six months

[1] Updated August 30, 2018. Phase 2 hospital programs launched on a rolling basis beginning September 1, 2015.

CHART Phase 2: The HPC has disbursed $54M to date



Remaining

$5,301,421.71

(pending final contract close out)

Updated August 30, 2018

*This reflects the most recent, up-to-date accounting of CHART Phase 2 contract maximum obligations

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

By the Numbers: Health Care Innovation Investment (HCII) Program

>100
organizations
collaborating to deliver care

136
Qualitative Reports
submitted by awardees

246 months
of Key Performance Indicators reporting on patient/provider experience, quality, and outcomes to the HPC.

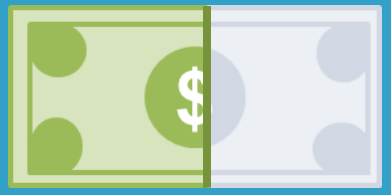
267 working meetings with HPC staff for progress reports, learning, and technical assistance

Awardees span the Commonwealth:
From the Berkshires to Boston

Initiatives deliver lower-cost care by shifting site and scope

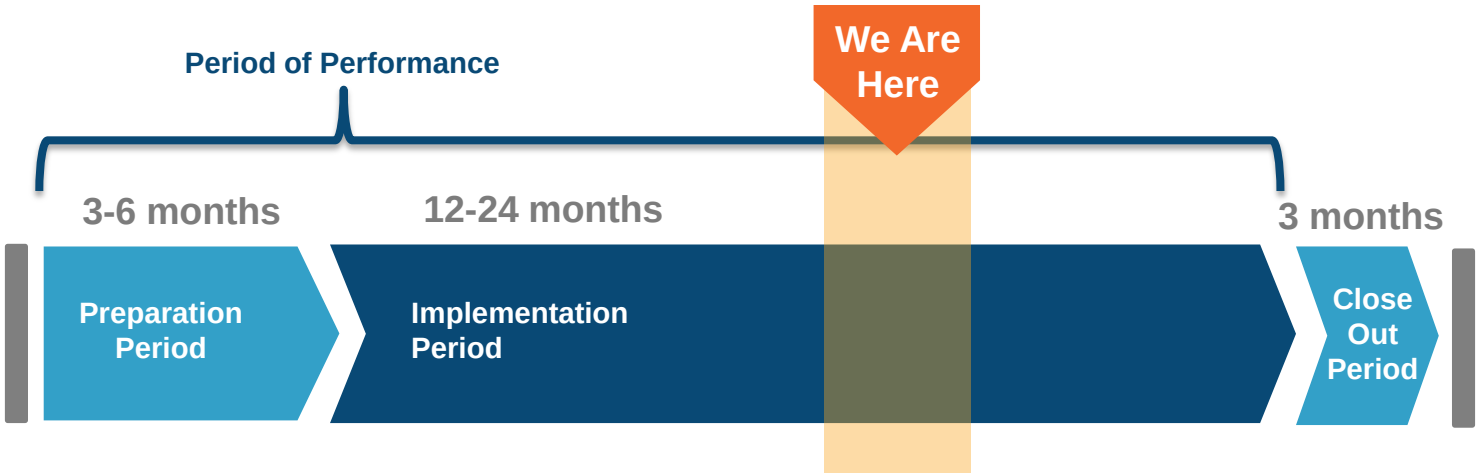
12 HCII newsletter features

~$6.4M disbursed to-date



43% of funding remaining

HCII Program Timeline



Awardees are continuously enrolling patients in their target populations and delivering services, including:

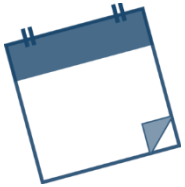
- Assessing students for unmet behavioral health needs
- Engaging opioid-using mothers in evidence-based care for their Substance Exposed Newborn
- Expanding outreach on the streets to engage homeless patients

SHIFT-Care Challenge: Focus on innovative ways to reduce avoidable acute care use

Reducing avoidable acute care utilization by investing in innovative care delivery models that are community-based, collaborative, and sustainable

- **Care model design and impact**
- **Organizational leadership, strategy, and demonstrated need**
- **Evaluation**
- **Sustainability and scalability**
- **Preference provided to CHART-eligible hospitals and HPC-certified ACOs and ACO participants**

Up to $750,000 per award. Applicants are responsible for at least 25% in-kind financial contribution



21 months (3 months of preparation and 18 months of implementation)

HPC

Two funding tracks to reduce avoidable acute care use

FUNDING TRACK 1: Addressing health-related social needs

- Support for innovative models that **address health-related social needs** of complex patients in order to prevent a future acute care hospital visit or stay

FUNDING TRACK 2: Addressing behavioral health needs

- Support for innovative models that **address the behavioral health care needs** of complex patients in order to prevent a future acute care hospital visit or stay

OUD FOCUS: Enhancing opioid use disorder (OUD) treatment

- Support for innovative models that expand access to opioid use disorder treatment by **initiating pharmacologic treatment in the ED** and connecting patients to community-based BH services

SHIFT-Care Proposed Recommendations

	CHART or ACO	Trust Fund Source	Applicant Entity	HPC Funding
Health-related social needs	ACO	PRTF	Community Care Cooperative (C3)	$750,000.00
	ACO	PRTF	Boston Medical Center	$542,883.53
	ACO	PRTF	Steward Health Care Network, Inc	$745,350.96
	ACO	PRTF	Baystate Health Care Alliance	$750,000.00
	Part of ACO	PRTF	Hebrew Senior Life	$500,000.00
Behavioral health needs	Part of ACO	PRTF	Holyoke Health Center	$565,422.00
	CHART	DHTF	Lowell General Hospital	$606,609.00
OUD treatment in the ED focus	CHART	DHTF	BID Plymouth	$742,407.02
	CHART	DHTF	Beverly/Addison Gilbert	$750,000.00
	N/A	DHTF	UMass Memorial Medical Center	$750,000.00
	CHART	DHTF	Harrington Memorial Hospital	$486,580.00
	CHART	DHTF	Mercy Medical Center	$516,048.00
	CHART	DHTF	Holyoke Medical Center	$750,000.00
	N/A	DHTF	MGH	$550,000.00
	N/A	DHTF	North Shore Medical Center	$750,000.00
				$9,755,300.51

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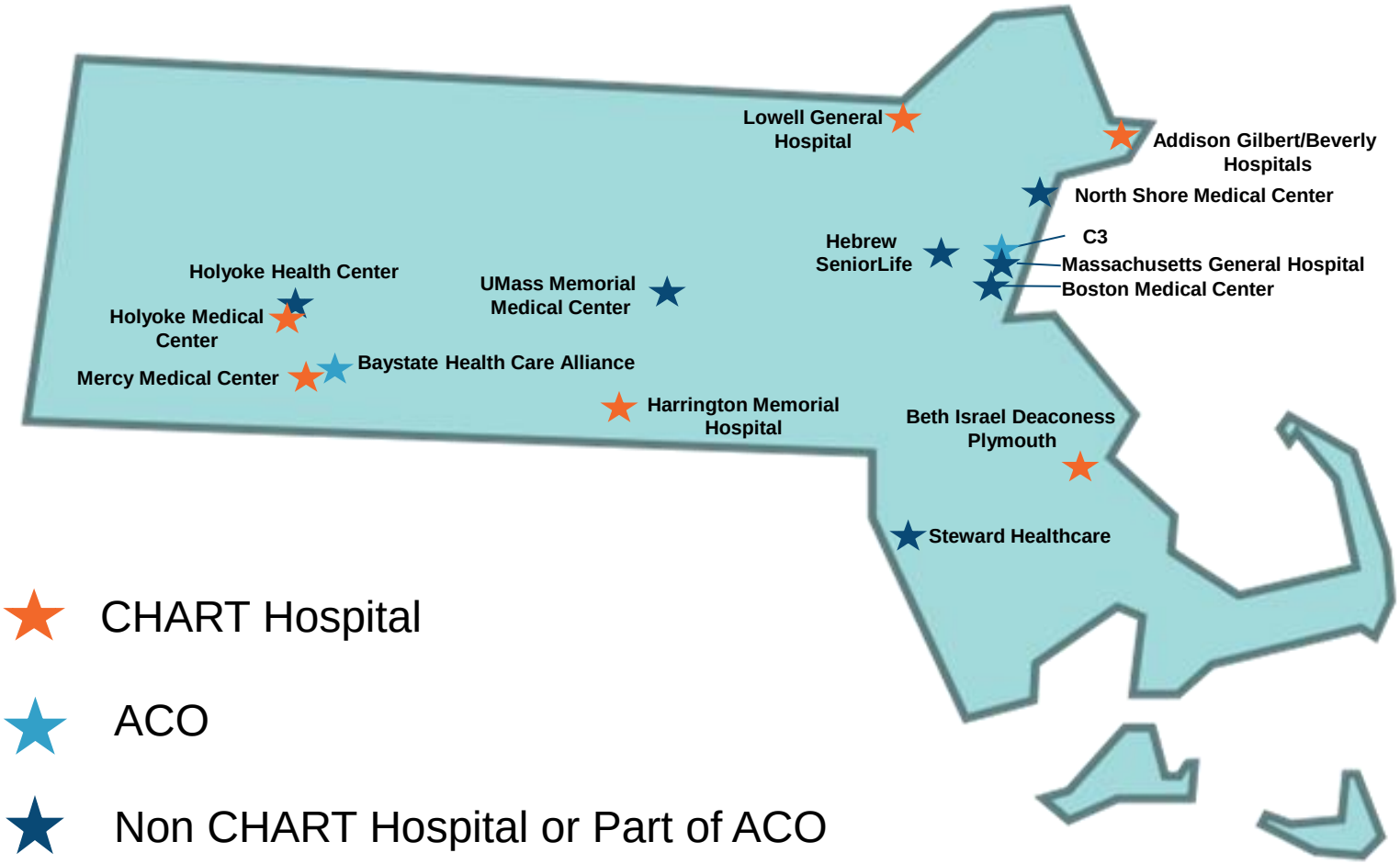
Note: All proposed recommendations are contingent on successful contracting between Awardees and HPC.

Geography of SHIFT-Care Recommended Awards



Addressing Health-Related Social Needs Recommended Proposals

5 initiatives
Recommended for funding

$3.4 million
In proposed HPC funding

34 Partner Organizations

Intermediate Measures include:

- Referrals for health related social needs
- Access to food/nutrition support
- Housing stability
- Transportation access
- Reduction in missed school/work days

5,200+ patients
In proposed target populations

$5.8 million
in initiatives' total costs

Timely Access to Behavioral Health Recommended Proposals

Building healthy communities
HOLYOKE HEALTH

Lowell General Hospital

2 initiatives
Recommended for funding

$1.2 million
In proposed HPC funding

4 Partner Organizations

Intermediate Measures include:

- Reduced use of illicit opioids
- Rates of follow up care
- Utilization of CHW support services

5,700+ patients
In proposed target populations

$1.6 million
in initiatives' total costs

HPC

Initiation of Pharmacologic Treatment in the ED Recommended Proposals

Mercy Medical Center
North Shore Medical Center
Beverly Hospital
Addison Gilbert Hospital
Members of Lahey Health
Beth Israel Deaconess Hospital Plymouth
Harrington Hospital
Holyoke Medical Center
Massachusetts General Hospital
UMassMemorial Medical Center

8 initiatives
Recommended for funding

$5.2 million
In proposed HPC funding

27 Partner Organizations

Measures include:
- Initiation in alcohol and other drug abuse or dependence treatment (HEDIS)
- Engagement in alcohol and other drug abuse or dependence treatment (HEDIS)
- Number of reported overdoses

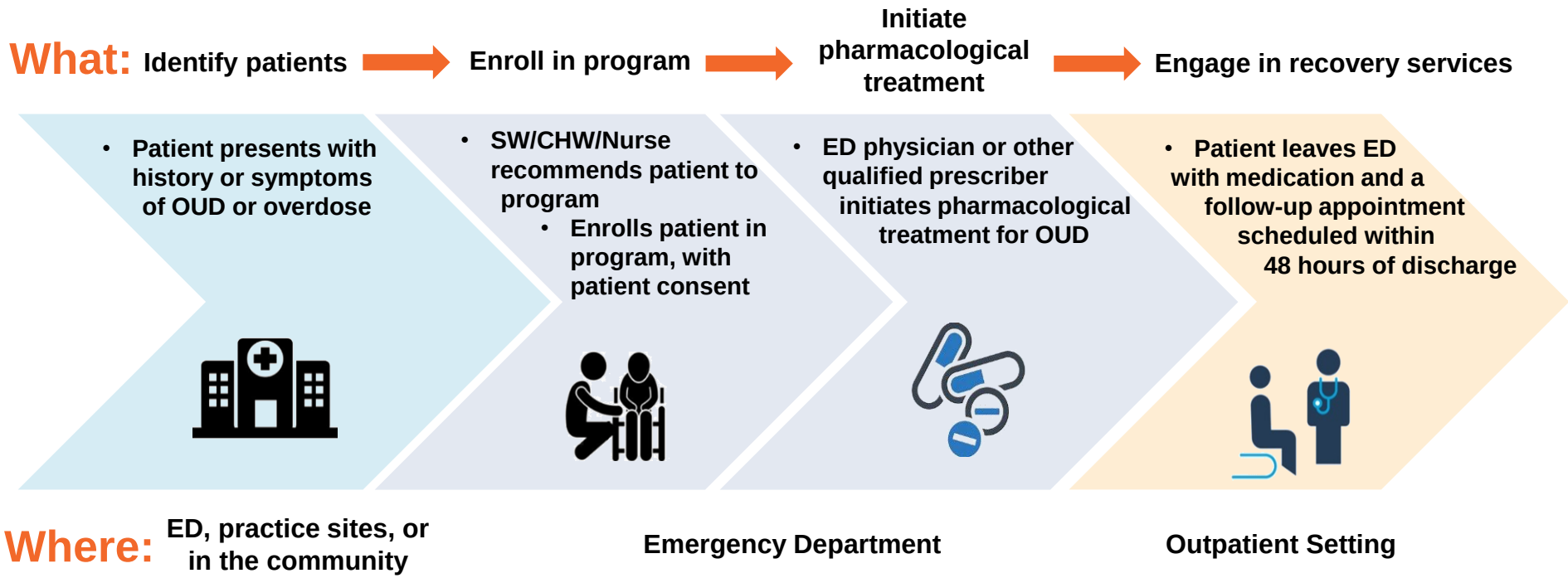
12,000+ patients
In proposed target populations

$7.8 million
in initiatives' total costs

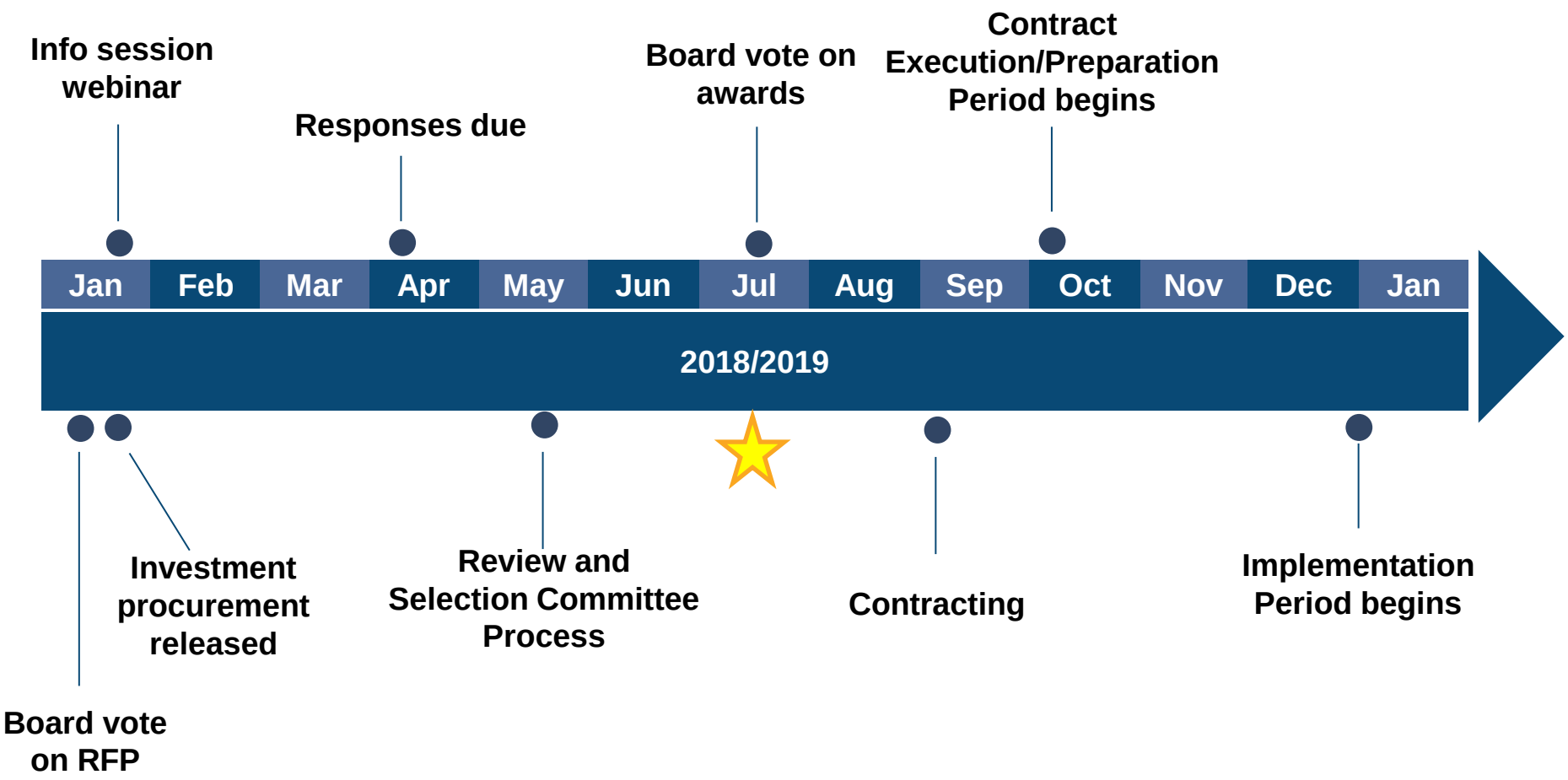
Care Model for Initiating Pharmacologic Treatment in the ED (Track 2b)

The legislature appropriated funding to the HPC to implement a pilot grant program to further test a model of ED-initiated pharmacological treatment of opioid use disorder (OUD) for patients who present in the emergency setting with symptoms of overdose or after being administered naloxone.

In addition to initiating pharmacological treatment, Awardees shall provide patients with referrals to outpatient follow-up treatment with the goal of increasing rates of engagement and retention in evidence-based care for their OUD.



Next steps


Info session webinar
Responses due
Board vote on awards
Contract Execution/Preparation Period begins
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
2018/2019
Board vote on RFP
Investment procurement released
Review and Selection Committee Process
Contracting
Implementation Period begins

Appendix

Profiles of SHIFT-Care Awardees

Boston Medical Center

Health-related social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partner: Action for Boston Community Development (ABCD)

Primary Aim

Reduce inpatient hospitalizations and ED visits by 10% compared to comparison group.

Target Population

Top 3-5% risk of BMC's ACO (BACO) patients who receive care at Boston Medical Center.

Care Model

- Project tests an expansion of BMC's screening, referral and follow-up model for primary care patients to address health-related social needs in partnership with ABCD (a community-based human services organization that addresses poverty-related needs such as housing services, adult education and job training and early childhood education).
- Grant supports an ABCD program manager to coordinate referrals and Community Wellness Advocates (CWAs) responsible for screening and ensuring follow-up with services by helping patients overcome any financial, logistical or other barriers to accessing services – as well as doing patient education and motivation.
- Strong evaluation design will compare model of using CWAs in the community to the model of services at BMC, which is more referral based.

Total Initiative Cost

- Requested HPC Funding: $542,883
- Applicant Contribution: $180,961
- Grand Total Cost of the Initiative: **$723,844**

Community Care Cooperative (C3)

Health-related social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Brookline Community Mental Health Center, Health Law Advocates, Dartmouth College Master of Health Care Delivery Science

Primary Aim

Build a cost effective health-related social need (HRSN) intervention model that reduces inpatient and ED utilization by 18% compared to baseline.

Target Population

300 adult/youth MassHealth risk patients (900 eligible) with complex care needs and significant HRSN.

Care Model

- Safety-net program for complex members unable to succeed with C3's other clinical CM strategies as a result of significant health-related social needs.
- Frequent community-based/home visits inclusive of attendance at medical appointments, social service agency meetings, school visits, and meetings with family and social supports.
- Represents a core approach difference from C3's other CM programs where teams rely on meeting the member at the health center or support them via telephonic outreach.

Total Initiative Cost

• Requested HPC Funding:	$750,000
• Applicant Contribution:	$327,571
• Grand Total Cost of the Initiative:	**$1,077,571**

COMMUNITY CARE COOPERATIVE

the brookline center for COMMUNITY MENTAL HEALTH

HLA

Dartmouth

HPC

Health-related social needs

HPC Certified ACO: Yes
CHART Hospital: No

Steward Health Care Network, Inc

Partners: Community Counseling of Bristol County, High Point Treatment Center, Steppingstone, Inc., MLPB, Circulation, Brewster Ambulance, Fall River FD, Steward Good Samaritan Medical Center, Steward Saint Ann's Hospital, Steward Morton Hospital

Primary Aim

Reduce ED utilization by 6%, reduce future hospitalizations by 6%, and reduce total cost of care by 6% compared to both baseline and a comparison group.

Target Population

480 (out of 2,661 eligible) all-payer Steward ACO patients in Southeastern Massachusetts who are eligible for service to treat SUD and other identified health-related social needs.

Care Model

- This award tests a multi-sector collaboration across a team of behavioral health providers, primary care, community health workers, peers, first responders, health-related social needs experts (e.g. legal experts) and ambulance providers meet behavioral and social needs of high-risk SUD patients.
- A new digital health company, Circulation, will provide non-medical transportation – and the ambulance will provide medical transportation and do paramedicine, pending regulations.
- MLPB will support customized heath-related social needs screening tools and participate in case conferences of patients to help address housing and other legal needs.

Total Initiative Cost

- Requested HPC Funding: $745,350
- Applicant Contribution: $1,028,289
- Grand Total Cost of the Initiative: $1,773,640

HPC

Baystate Health Care Alliance

Health-related social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Baystate Pulmonary Rehabilitation/Baystate Medical Center/Baystate Health, Public Health Institute of Western MA, Mercy Health ACO/Mercy Medical Center/Trinity Health, Revitalize Community Development Corporation, Springfield Partners for Community Action, Springfield Office of Housing, Pioneer Valley Asthma Coalition, Green and Healthy Homes Initiative

Primary Aim

Reduce hospitalizations by an absolute difference of 15% or greater and ED utilization by an absolute difference of 20% or greater compared to a comparison group.

Target Population

150 MassHealth ACO adults and children (out of 600 eligible) from Baystate and Mercy who live in Greater Springfield with at least one asthma related inpatient stay or two or more asthma related ED visits in the previous year.

Care Model

- Strong public health-anchored partnership to support addressing health-related social needs of patients and families with asthma between two regional ACOs, the public health organization, and social/community services agencies including housing.
- Following discharge, patients receive a home visit with a community health worker to assess what the patient needs to improve health in the home. The follow-up visit takes place with the PCP or pulmonologist as appropriate with the community health worker.
- The patient/family is places in one of three tiers of follow up: education, asthma related home repairs, or referral to other housing services.

Total Initiative Cost

• Requested HPC Funding:	$750,000
• Applicant Contribution:	$420, 854
• Grand Total Cost of the Initiative:	**$1,170,854**

Baystate Health

Revitalize CDC
Rebuilding our Community Since 1992

PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS
PARTNERS FOR HEALTH EQUITY

Green & Healthy Homes Initiative®

Hebrew Senior Life

Health-related social needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Milton Residences for the Elderly, WinnCompanies, Tufts Health Plan, BIDMC, Boston Medical Center, Brookline PD, Fallon Ambulance, Randolph FD, Springwell, HSL Center for Memory Care, HSL Home Care, UMass Boston

Primary Aim

Reduce ED visits and hospitalizations by 20% compared to baseline.

Target Population

All low income seniors (age 62+) living in any of seven affordable housing sites (400 residents served, all payer, out of 1,100 eligible).

Care Model

- Project continues and expands HSL's HCII award, which embeds wellness teams (a nurse and a community health worker) in affordable senior housing to coordinate care for vulnerable older adults.
- Strong focus on monitoring and improving Activities of Daily Living (ADL) and Intellectual Activities of Daily Living (IADL) – as well as coordination of mental health services with Brookline and South Shore mental health for program participants in order to prevent a hospital stay or ED visit
- Expansion of the HCII award here includes a focus on partnerships with ACOs/hospitals and introduces risk arrangement modeling with payers to ensure sustainability.

Total Initiative Cost

• Requested HPC Funding:	$500,000
• Applicant Contribution:	$489,872
• Grand Total Cost of the Initiative:	**$989,872**

Hebrew SeniorLife

TUFTS Health Plan

Beth Israel Deaconess Medical Center

HPC

Holyoke Health Center

Behavioral health needs

HPC Certified ACO: Yes
CHART Hospital: No

Partners: BHN

Primary Aim

Reduce readmissions by 30% compared to baseline.

Target Population

Approximately 2,800 non-ACO Holyoke Health Center patients with a psychiatric diagnosis.

Care Model

- Bolsters behavioral health services and supports in primary care sites for a very high need population (half of the health center's non-ACO patients have a behavioral health diagnosis) in an underserved community.
- Based on the collaborative care model, primary care clinicians are supported by consulting behavioral health clinicians to manage mild to moderate need patients within primary care.
- Funds support an expansion of the NP psychiatric prescribing clinic at Holyoke. Highly complex patients are referred to BHN's psychiatry clinic, City Clinic.
- Community Health Workers will follow up with patients to ensure medication adherence and to address any social needs or barriers to care, as well as to track ED use.
- Evaluation will use baseline and control group comparisons.

Total Initiative Cost

- Requested HPC Funding: $565,422
  Applicant Contribution: $188.474
- Grand Total Cost of the Initiative: **$753,896**

Building healthy communities
HOLYOKE HEALTH

bhn BEHAVIORAL HEALTH NETWORK, INC.

HPC

Lowell General Hospital

Behavioral health needs

HPC Certified ACO: Yes
CHART Hospital: Yes

Partners: Middlesex Recovery, P.C., Lowell Community Opiate Outreach Program, Department of Public Health, Zuckerberg College of Health Sciences University of Massachusetts, Lowell

Primary Aim

Reduce 30-day opioid-related ED revisits by 15%

Target Population

Adult patients who present to the hospital systems two EDs with evidence of opiate overdose or OUD.

Care Model

- Expands access to OUD treatment by engaging patients through either of the system's EDs or by referral from the Lowell Community Opiate Outreach Program (CO-OP)
- Pharmacotherapy is initiated at the Bridge Clinic, when appropriate, and patients are assessed for social, medical, and behavioral health needs, which are addressed by a multi-disciplinary team consisting of Psych NP, Social Worker, RN, CHW, and Recovery Coach.
- Funding supports "bridge" treatment, community based engagement and support for patients.
- Established community partnerships with Lowell CO-OP and Middlesex Recovery will be expanded and enhanced to increase the engagement of patients in OUD treatment.

Total Initiative Cost

• Requested HPC Funding:	$606,609
• Applicant Contribution:	$202,203
• Grand Total Cost of the Initiative:	**$808,812**

Lowell General Hospital

MIDDLESEX RECOVERY

UMASS LOWELL

HPC

Beth Israel Deaconess Hospital-Plymouth

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: Yes

Partners: Harbor Health Services, CleanSlate Centers, Crossroads Treatment Centers, Gosnold, Spectrum Health Systems, Inc.

Primary Aim

Reduce ED revisits by 8% for the target OUD population compared to baseline.

Target Population

360 all payer ED patients with: 1) Naloxone reversal; 2) Evidence of opioid use; 3) Other clinical indicators of OUD; and 4) Detoxification needs.

Care Model

- Patients with OUD are engaged in this model in both ED and inpatient settings.
- Pharmacotherapy is initiated when appropriate and recovery navigator/NP/LICSW will discuss and schedule follow up services with patient.
- Funds support recovery coaches at Gosnold to support engagement in treatment by helping to address any health-related social needs and barriers to accessing treatment.
- For ACO patients, linked back to BIDCO and his/her primary care team for care coordination and support.
- Partner outpatient sites are responsible for long-term follow up/engagement in treatment.

Total Initiative Cost

- Requested HPC Funding: $742,407
- Applicant Contribution: $247,469
- Grand Total Cost of the Initiative: **$989,876**

Beth Israel Deaconess Hospital Plymouth

CleanSlate

HARBOR HEALTH

CROSSROADS TREATMENT CENTER

Gosnold ON CAPE COD

Spectrum HEALTH SYSTEMS, INC.

HPC

Beverly/Addison Gilbert Hospitals

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: Yes

Partner: Lahey Health Behavioral Services

Primary Aim

Reduce 30-day ED revisits by 25% for patients meeting target population criteria and engaged in MAT defined services, compared to those patients meeting target population criteria and refusing all services during the period of performance.

Target Population

225 (out of 450 eligible) all payer adult patients who present with an OUD and live within Applicants' community benefits service area.

Care model

- Patients with OUD are engaged in this model in both ED and inpatient settings.
- The model seeks to promulgate ED based prescribing of pharmacotherapy through training, protocols, and waiver licensing
- Recovery Coaches and medical staff meet with patients to assess their readiness and willingness to initiate pharmacotherapy and recovery
- Funding equally supports the hospitals and their long-term behavioral health partner, Lahey Behavioral Health Service (LBHS), to ensure continuity of pharmacotherapy post-discharge and ongoing treatment through LBHS Leap to Recovery Clinic.

Total Initiative Cost

• Requested HPC Funding:	$750,000
• Applicant Contribution:	$375,146
• Grand Total Cost of the Initiative:	**$1,125,146**

Beverly Hospital
Addison Gilbert Hospital
Members of Lahey Health

Lahey Health
Behavioral Services

HPC

UMass Memorial Medical Center

OUD treatment in the ED

HPC Certified ACO: No
CHART Hospital: No

Partners: Community Health Link, AdCare Hospital, UMass Medical School, UMass Memorial Medicare ACO, Department of Health and Human Services, City of Worcester

Primary Aim

Reduce ED revisits by 25% compared to a historical comparison group and establish 50% community-based treatment initiation rates post intervention.

Target Population

2,000 all payer patients presenting in the ED with OUD.

Care Model

- Patients with OUD are engaged in this model in the ED setting.
- Through this model, patients, families, and community are in engaged through direct treatment, referral, and education about community based services for SUD treatment and resources.
- Funding will support Recovery Coaches to engage with patients with OUD through in person or videoconference and initiation of pharmacotherapy will be available for eligible patients, with support services provided by the bridge clinic and Recovery Coaches.
- Through the strengthening of existing partnerships, patients will be referred and followed in the community to increase engagement and retention in outpatient recovery.

Total Initiative Cost

• Requested HPC Funding:	$750,000
• Applicant Contribution:	$383,673
• Grand Total Cost of the Initiative:	**$1,133,673**

UMassMemorial Medical Center

ADCARE We Care

WORCESTER A TOWN JUNE 14, 1722 A CITY FEBY. 29, 1848

HPC

Harrington Memorial Hospital

OUD treatment in the ED

HPC Certified ACO: No
CHART Hospital: Yes

Partners: Harrington Hospital Outpatient Behavioral Health Services, Southbridge Police Department,

Primary Aim

Reduce ED visits by 20% compared to baseline.

Target Population

Estimated 3,000-4,500 all payer patients identified through ED, inpatient, and police/EMS with opiate withdrawal, dependence, or overdose.

Care Model

- Patients with OUD are engaged in this model in the ED and inpatient settings, as well as through encounters with first responders/EMS.
- Funding will support the medical, social, and behavioral health evaluation of all patients with OUD and, regardless of recovery status or initiation of pharmacologic treatment initiation, will provide support and follow-up by the SUD therapist and Navigators.
- The model builds on and expands the successful relationship with the Southbridge Police Department by funding a Recovery Specialist to work with the police department to engage and coordinate treatment for target population.

Total Initiative Cost

• Requested HPC Funding:	$486,580
• Applicant Contribution:	$208,190
• Grand Total Cost of the Initiative:	**$694,770**

Harrington HOSPITAL

Southbridge Police Department

HPC

Mercy Medical Center

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: Yes

Partners: Behavioral Health Network, Mercy Specialist Physicians, Providence Behavioral Health Hospital, Outpatient Services, Healthy Living Program

Primary Aim

Reduce Mercy's 30-day readmission rate by 20% compared to the 2017 baseline of 28% (for all ED OUD patients).

Total Initiative Cost

- Requested HPC Funding: $516,048
- Applicant Contribution: $172,015
- Grand Total Cost of the Initiative: **$688,063**

Target Population

1,268 all-payer Mercy ED OUD patients (out of a likely eligible 4,225)

Care Model

- Patients with OUD are engaged in this model in the ED and outpatient settings.
- Through this model, patients are provided services from recover coaches and social workers. Peer Recovery Support Coaches assist patients as they engage in decision-making regarding the initiation of and engagement in buprenorphine treatment and provide support in the transition from the ED to the outpatient providers. Social Workers engage with patients to address social determinants of health during treatment and recovery.
- Funding will support Mercy and their partner, Behavioral Health Network, in providing an evidence-based, social service intervention to enhance patient outcomes in initiating treatment and staying engaged in the treatment and recovery process, along with their addition treatment partners, Mercy Recovery Services, the Healthy Living Program, and Providence Behavioral Outpatient Services ,

Mercy MEDICAL CENTER

bhn BEHAVIORAL HEALTH NETWORK, INC.

HPC

Holyoke Medical Center

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: Yes

Partners: Gandara, Western Mass Physician Associates (WMPA) Suboxone Clinic, River Valley Counseling Center, Providence Behavioral Health Hospital, Hampden County Sheriff's Department,

Primary Aim

Bridge 20% of ED patients to MAT or addiction services

Target Population

1,581 (based on 2017 numbers) Holyoke Medical Center ED patients with primary or secondary diagnosis of OUD and/or positive OUD screen.

Total Initiative Cost

- Requested HPC Funding: $750,000
- Applicant Contribution: $437,353
- Grand Total Cost of the Initiative: **$1,187,353**

Care Model

- Patients with OUD are engaged in this model in the ED, inpatient, or outpatient settings, as well as through referral from local courts and jails.
- Funding will support the medical, social, and behavioral health evaluation of all patients with OUD and, regardless of recovery status or initiation of pharmacologic treatment initiation, will provide support and follow-up by the Social Worker and either RN Care Navigator or CHW. Key partners, such as the Gandara Center, will support ongoing treatment.
- The funding of the HMC Suboxone Clinic will support bridge prescribing and ongoing pharmacologic treatment as needed.

Holyoke Medical Center

Gándara Center
Culturally Sensitive Care

SHERIFF'S DEPT • COMM. OF MASSACHUSETTS • HAMPDEN CO.

HPC

Massachusetts General Hospital

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: No

Partner: Boston Healthcare for the Homeless Program (BHCHP)

Primary Aim

Reduce ED revisits by up to 50% for the target population compared to baseline.

Target Population

3,285 all-payer patients who present to the MGH ED or Bridge Clinic who have an opioid use disorder; and BHCHP adult patients for whom the Bridge Clinic is a more effective site of ongoing care.

Care Model

- Patients with OUD are engaged in this model in the MGH ED and in the outpatient setting by MGH and BHCHP physicians/ providers.
- Funding will support the expansion of existing pharmacologic induction services in the ED and Bridge Clinic to BHCP's patients, as well as an expansion of Recovery Coaches, beyond the Bridge Clinic, to include the ED and McInnis House
- As part of the funded initiative, MGH will establish a Learning Collaborative to offer technical assistance, guidance, and shared learning to organizations interested in developing models that are similar to their initiative and the Bridge Clinic.

Total Initiative Cost

- Requested HPC Funding: $550,000
- Applicant Contribution: $549,414
- Grand Total Cost of the Initiative: **$1,099,414**

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

HPC

North Shore Medical Center

OUD treatment in the ED

HPC Certified ACO: Yes
CHART Hospital: No

Partners: Lynn Community Health Center, North Shore Physicians Group, North Shore Community Health, Bridgewell,

Primary Aim

Reduce ED revisits by 50% for the target population compared to baseline.

Target Population

500 (out of 10,000 eligible) all payer North Shore Medical Center ED opioid overdose patients and patients with a positive OUD screen.

Care Model

- Patients with OUD are engaged in this model in ED.
- Through this model, initiation of pharmacologic treatment will begin in the ED followed by referral back to primary care or one of North Shore's outpatient behavioral health partners, depending on PCP affiliation/severity of need.
- Funding will support the training and waivering of primary care physicians to allow them to engage in prescribing, thereby expanding access to pharmacologic treatment for OUD in this geographic area of need.

Total Initiative Cost

- Requested HPC Funding: $750,000
- Applicant Contribution: $250,000
- Grand Total Cost of the Initiative: **$1,000,000**

NSMC NORTH SHORE MEDICAL CENTER

Lynn COMMUNITY health CENTER

Bridgewell

HPC

AGENDA

- Discussion: 2018 Health Care Cost Trends Hearing
- Presentation: Market Oversight and Transparency
- Presentation: Care Delivery Transformation
- **Schedule of Next Meeting: November 14, 2018**

2018 Meetings and Contact Information

Board Meetings

Wednesday, September 12, 2018
Thursday, September 27, 2018
Thursday, December 13, 2018

Committee Meetings

Wednesday, October 3, 2018 (MOAT)
Wednesday, October 10, 2018 (CDT)
Wednesday, November 28, 2018

Contact Us

Mass.Gov/HPC
@Mass_HPC
HPC-Info@mass.gov

Special Events

Tuesday and Wednesday, October 16 and 17, 2018: Cost Trends Hearing