



MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Care Delivery Transformation Committee

February 10, 2021



AGENDA

- **Call to Order**
- Approval of Minutes from September 30, 2020 (**VOTE**)
- Accountable Care Organization Landscape
- Moving Massachusetts Upstream “MassUP” Investment Program
- MassChallenge HealthTech
- Schedule of Next Meeting (June 2, 2021)



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VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on **September 30, 2020** as presented.



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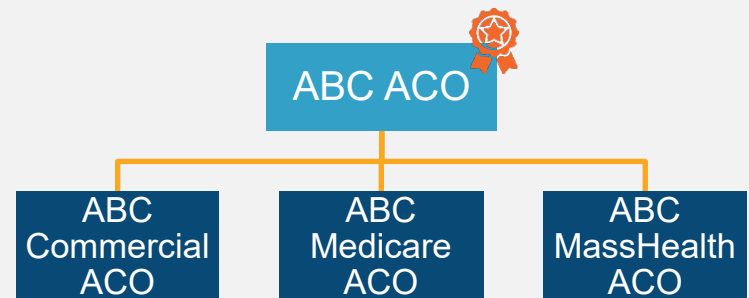
What is an HPC-Certified ACO?

An ACO is 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.

- In many cases, ACOs comprise different providers that are **contractually affiliated** and the degree of clinical integration of participating providers varies.
- The HPC certification program creates a set of **multi-payer standards** for Massachusetts-based ACOs to enable care delivery transformation and payment reform across multiple markets (Medicare, commercial, MassHealth).

HPC CERTIFICATION OF ACOs

- ACOs may hold multiple risk contracts with different types of payers, sometimes through separate legal entities
- HPC Certification focuses on ACO capabilities across all contracts/entities that should be common across patient populations
- Certification is granted at the level of the organization with common ownership of all risk contracts/entities



16 ACOs Are Currently HPC-Certified

HPC-Certified ACOs (as of 2021)

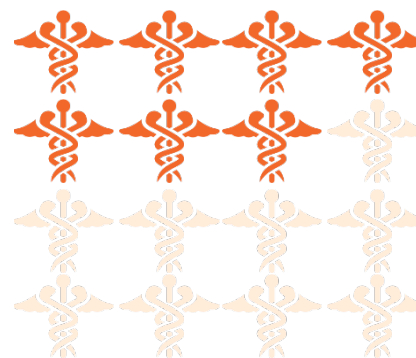
- Atrius Health, Inc.
- Baycare Health Partners, Inc.
- Beth Israel Lahey Performance Network
- BMC Health System, Inc.
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Community Care Cooperative, Inc.
- Health Collaborative of the Berkshires, LLC
- Mass General Brigham
- The Mercy Hospital, Inc.
- Merrimack Valley Accountable Care Organization, LLC
- Reliant Medical Group, Inc.
- Signature Healthcare
- Southcoast Health System, Inc.
- Steward Health Care Network, Inc.
- Wellforce, Inc



Other MA Provider Organizations with Global Budget Risk Contracts

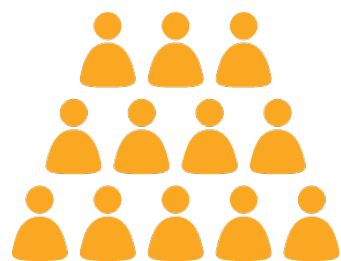
- CentMass Association of Physicians, Inc.
- Mount Auburn Cambridge Independent Practice Association, Inc.
- South Shore Physician Hospital Organization
- Sturdy Memorial Hospital
- UMass Memorial Accountable Care Organization
- Valley Medical Group, P.C.

Risk Contracts Among HPC-Certified ACOs



7 of 16

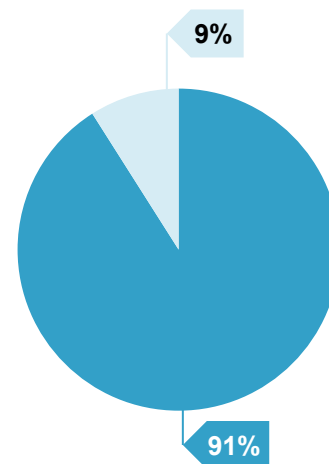
ACOs hold at least one commercial PPO contract



Approximately

2.9 million

Massachusetts patients are served under commercial, Medicare, or MassHealth ACO risk contracts



91%

of ACO patients are covered under risk contracts with downside risk

Certified ACO Payment and Delivery Approaches

Application responses from the 16 HPC-certified ACOs show:



7 of 16 ACOs report that at least half of participating primary care practices are approaching or have achieved full **BH integration**



69% of the ACOs are distributing shared savings from risk contracts based on provider performance



7 of 16 ACOs reported that 10% or more of provider compensation is **performance-based**



Strategies for reducing **low-value care** are most common with respect to imaging services (15 ACOs) and inappropriate prescribing (14 ACOs)



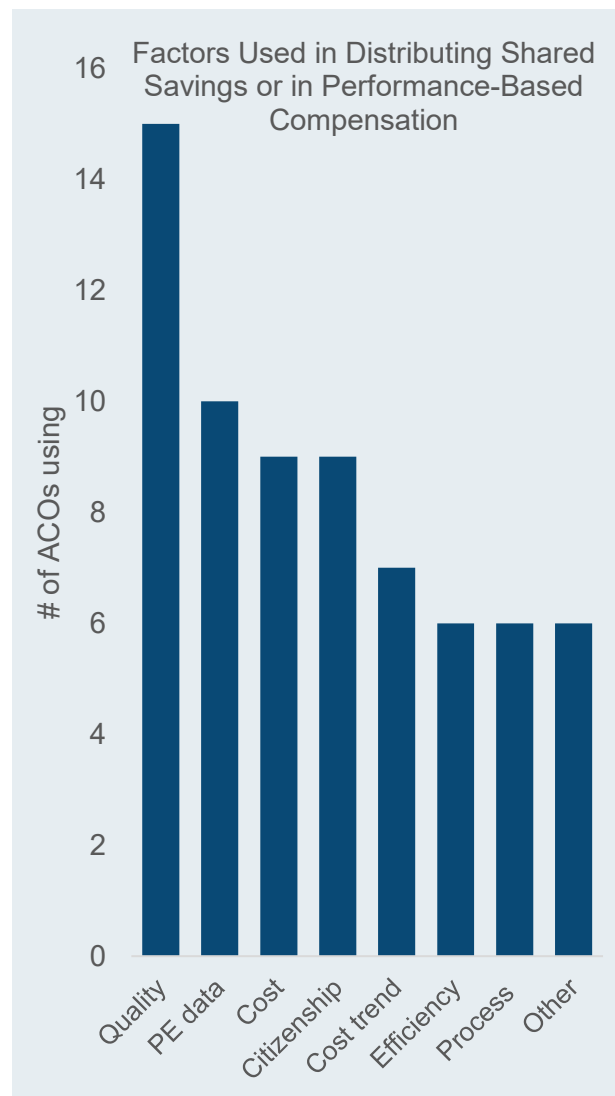
The most common strategy (15 ACOs) for **managing PAC spending** is using dedicated staff to facilitate post-acute transitions



15 of 16 ACOs reported having or developing a **behavioral health integration** strategy



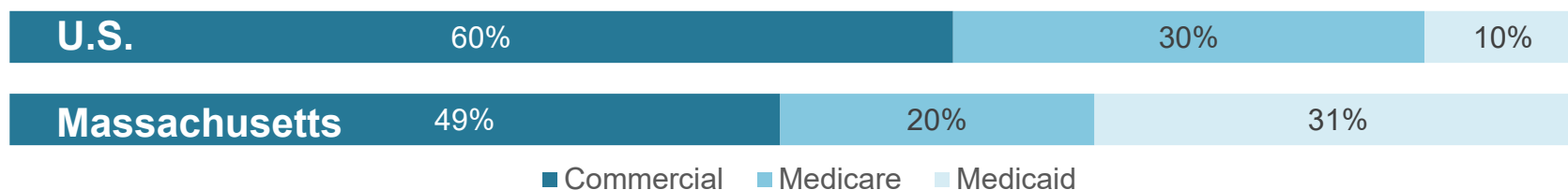
All 16 ACOs have a strategy to support the development of **advanced primary care** capabilities among providers



ACOs in Massachusetts vs. ACOs Nationally

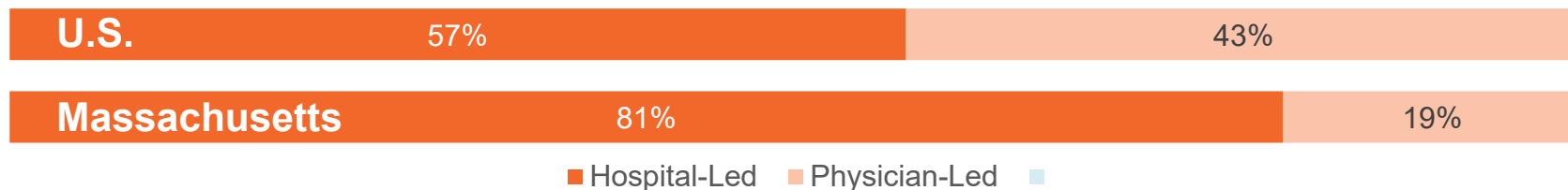
Medicaid patients make up a **larger relative share** of risk lives in HPC-certified ACOs than the national average, due to the higher penetration of ACO risk contracts in Medicaid in Massachusetts.

Distribution of Covered Lives in Risk Contracts by Payer Type, Q3 2019



A greater proportion of HPC-certified ACOs are **hospital-led** compared to ACOs nationally.

Distribution of ACOs by Type, Q3 2019



Risk contracts have a greater presence in Massachusetts than nationally.

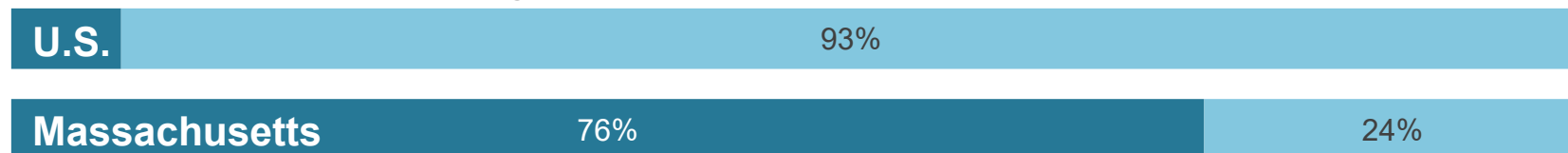
Estimated Percentage of **Commercial** Covered Lives in Risk Contracts, 2019



Estimated Percentage of **Medicare FFS** Covered Lives in Risk Contracts, 2019



Estimated Percentage of **Medicaid** Covered Lives in Risk Contracts, 2019



■ Risk ■ Non-Risk



HPC

Massachusetts risk lives shown here are based only on lives under HPC-Certified ACOs' risk contracts. "Commercial" includes ESI and non-group coverage. National estimates are derived from KFF's State Health Facts, "Health Insurance Coverage of the Total Population and risk contract enrollment figures in: David Muhlestein et al. "Spread of ACOs and Value-Based Payment Models in 2019: Gauging the Impact of Pathways to Success." Health Affairs Blog, Oct. 21, 2019. <https://www.healthaffairs.org/doi/10.1377/hblog20191020.962600/full/>

Medicare ACO Programs

Payers

Regulators

Groups Supporting ACOs

- The **Medicare Shared Savings Program (MSSP)** has been a major influence on the evolution of the ACO model since its launch in 2012 due to the program's national scale and consistency across geographies and ACO characteristics.
- In addition to requirements around ACO legal structures and governance, MSSP imposes a few requirements on ACO processes and approaches. In general, an ACO must:
 - 1 **Promote evidence-based medicine** and beneficiary engagement, internally report on quality and cost metrics, and use these results to **improve care over time** and coordinate care;
 - 2 **Adopt a focus on patient centeredness** that is promoted by the governing body and integrated into practice by leadership and management working with the organization's health care teams; and
 - 3 **Have defined processes** to fulfill these requirements
- Medicare also tested the **Pioneer ACO Model** and **Next Generation ACO Model**, which allowed provider groups with more experience in coordinating care for populations of patients to assume higher levels of financial risk and reward than are available under MSSP.

Evolution of Medicare ACO Programs

Payers

Regulators

Groups Supporting ACOs

Pathways to Success

As of 7/1/2019, CMS overhauled MSSP, accelerating the transition to two-sided risk¹²

Changes include:

- **Lengthening** agreement periods from 3 years to 5
- **Simplifying** tracks to BASIC (glide path from upside-only to downside risk) and ENHANCED
- Accelerating incorporation of **regional spending** into cost benchmarks
- **Beneficiary incentives** (up to \$20) payable to each beneficiary for each primary care service

Direct Contracting

Starting in 2021, three new voluntary payment models will provide opportunities for more risk and expand to orgs with limited Medicare FFS experience using:¹³

- **Capitation** (primary care or total care)
- **Benefit enhancements** (e.g., SNF 3-day waiver, asynchronous telehealth coverage)
- **Smaller set of core quality measures** than that used in Next Gen, MSSP

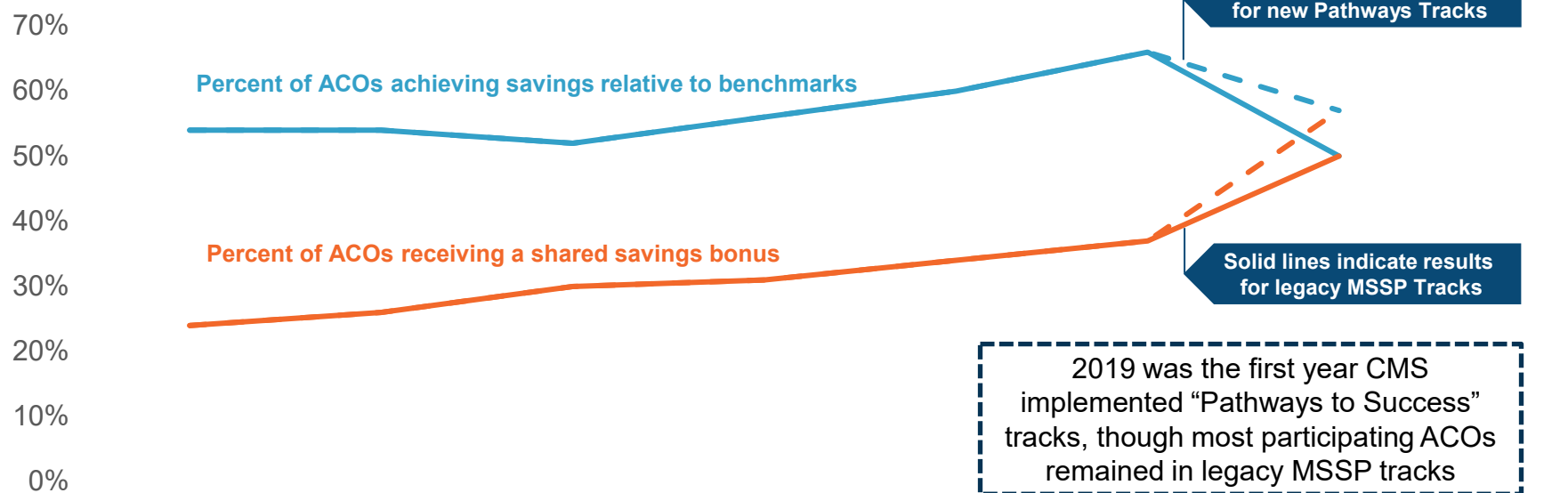
Medicare Shared Savings Program Results to Date

Payers

Regulators

Groups Supporting ACOs

ACOs Achieving Savings Under MSSP



	2012-13	2014	2015	2016	2017	2018	2019
# of ACOs	220	333	392	432	561	548	336 - Legacy MSSP 205 - Pathways
Net Savings Per Capita	-\$21	-\$9	-\$30	-\$5	\$35	\$73	\$88 \$85

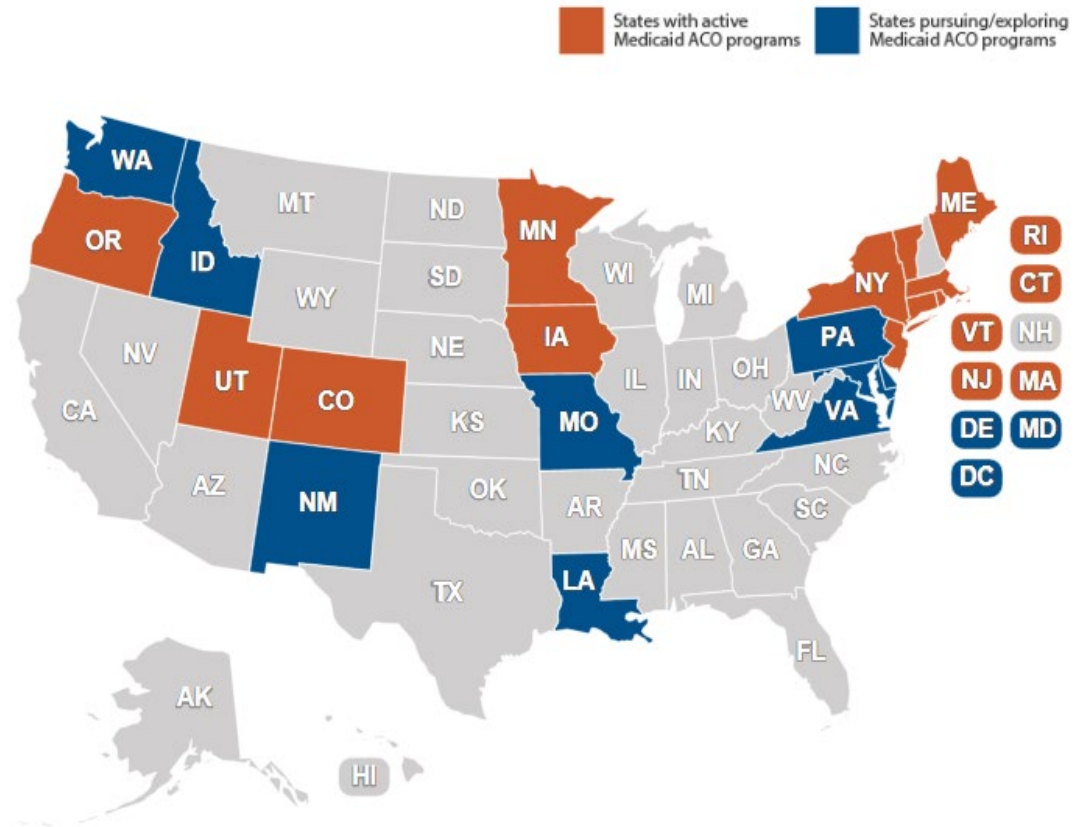
Proliferation of Medicaid ACOs

Payers

Regulators

Groups Supporting ACOs

- Several states have leveraged their roles as payers to support the ACO model by launching Medicaid ACO programs in recent years.
- MassHealth's shift toward ACO models in 2018 represented a significant restructuring.



State Certification Programs

Payers

Regulators

Groups Supporting ACOs



Massachusetts

- The HPC's program launched in 2017 to create multi-payer standards for ACOs to enable **care delivery transformation and payment reform** across risk contracts
- It builds **knowledge and transparency** about ACO approaches



Vermont

- Since 2017, Green Mountain Care Board operates an **All-Payer ACO Model** under an agreement with CMS
- GMCB **certifies** all-payer ACOs to participate, with a focus on structure, finances, and operations
- Only **one ACO** operates in Vermont



New York

- Department of Health offers **voluntary certification** for multi-payer ACOs
- Certification includes a focus on factors like **quality** management and improvement
- 18 ACOs hold ACO **Certificates of Authority** (8 are Medicare-only ACOs)



Texas

- Department of Insurance can grant Certificates of Authority for "**Health Care Collaboratives**" (i.e., ACOs)
- Reviews focus on **antitrust** and **solvency**, but additional information (e.g., on quality programs) is collected
- First HCC recognized in **2019**

National ACO Accreditation Standards

Payers



National Committee for Quality Assurance

- NCQA offered an **ACO accreditation**, but **retired its program** in 2019.
- Areas of focus for the standards included:
 - Access and Availability
 - Care Coordination and Transitions
 - Patient Rights and Responsibilities
 - Population Health Management
 - Program Operations
 - Performance Reporting
 - Primary Care
- The HPC partnered with NCQA to implement its PCMH Certification program, but **not** ACO Certification.

Regulators

Groups Supporting ACOs



URAC

- URAC has developed **Accountable Care Accreditation Standards**.
- URAC's areas of focus **largely align** with the HPC's new ACO LEAP standards:
 - Risk Contracting
 - Structure and Operations
 - Information Technology
 - Clinical Management
 - Population Health
 - Consumer Centeredness
 - Care Coordination
 - Performance Improvement Program
- There has been no **uptake** among ACOs to date.

Other Groups Supporting ACOs

Payers

Regulators

Groups Supporting ACOs

Several national groups conduct surveys of ACOs, offer technical assistance or learning opportunities for ACOs, or build consensus on targets for risk contracting:

- 1 Dartmouth Institute for Health Policy & Clinical Practice** periodically fields a National Survey of ACOs
- 2 Leavitt Partners** maintains a proprietary database of Medicaid, Medicare, and commercial ACOs and fields the National Association of ACOs/Leavitt Partners Annual ACO Survey
- 3 Accountable Care Learning Collaborative** is a non-profit, peer-learning, member organization, formed with Leavitt Partner's Accountable Care Cooperative and the Brookings Institution's ACO Learning Network
- 4 Health Care Payment Learning & Action Network (HCPLAN)** is a group of public and private health care leaders mobilizing stakeholders to accelerate APM adoption

Percentage of Payments Flowing Through Two-Sided Risk Models

	Actual		*New Goals*		
	2017	2018	2020	2022	2025
Medicaid	7.4%	8.3%	15%	25%	50%
Commercial	9.9%	10.6%	15%	25%	50%
Traditional Medicare	13.7%	18.2%	30%	50%	100%
Medicare Advantage	24.2%	24.3%	30%	50%	100%

Though previous years' goals were not met, in 2020 the HCPLAN rolled out **new APM adoption goals** through 2025.



Characteristics of High-Performing ACOs

The Health Care Transformation Task Force (2017) and the HHS Office of the Inspector General (2019) have examined features and strategies of high-performing ACOs participating in the Medicare Shared Savings Program. Themes from their interviews with high-performing ACOs highlight:



CULTURE

- Board-level commitment and involvement
- Engagement of physicians in continuous improvement
- Patient activation



POPULATION HEALTH MANAGEMENT (PHM) PROCESSES

- Use of care coordinators in a variety of settings
- Identifying high-risk patients and deployment of PHM programs
- Clinical partnerships with preferred partners



DATA, INFORMATION, AND TECHNOLOGY

- Communication and care coordination within and outside the ACO
- Actionable data on cost, quality, and gaps in care
- Performance evaluation and improvement



WHOLE-PERSON FOCUS

- Data, technology, staff, processes, and new partnerships to address behavioral health and social factors that impact health



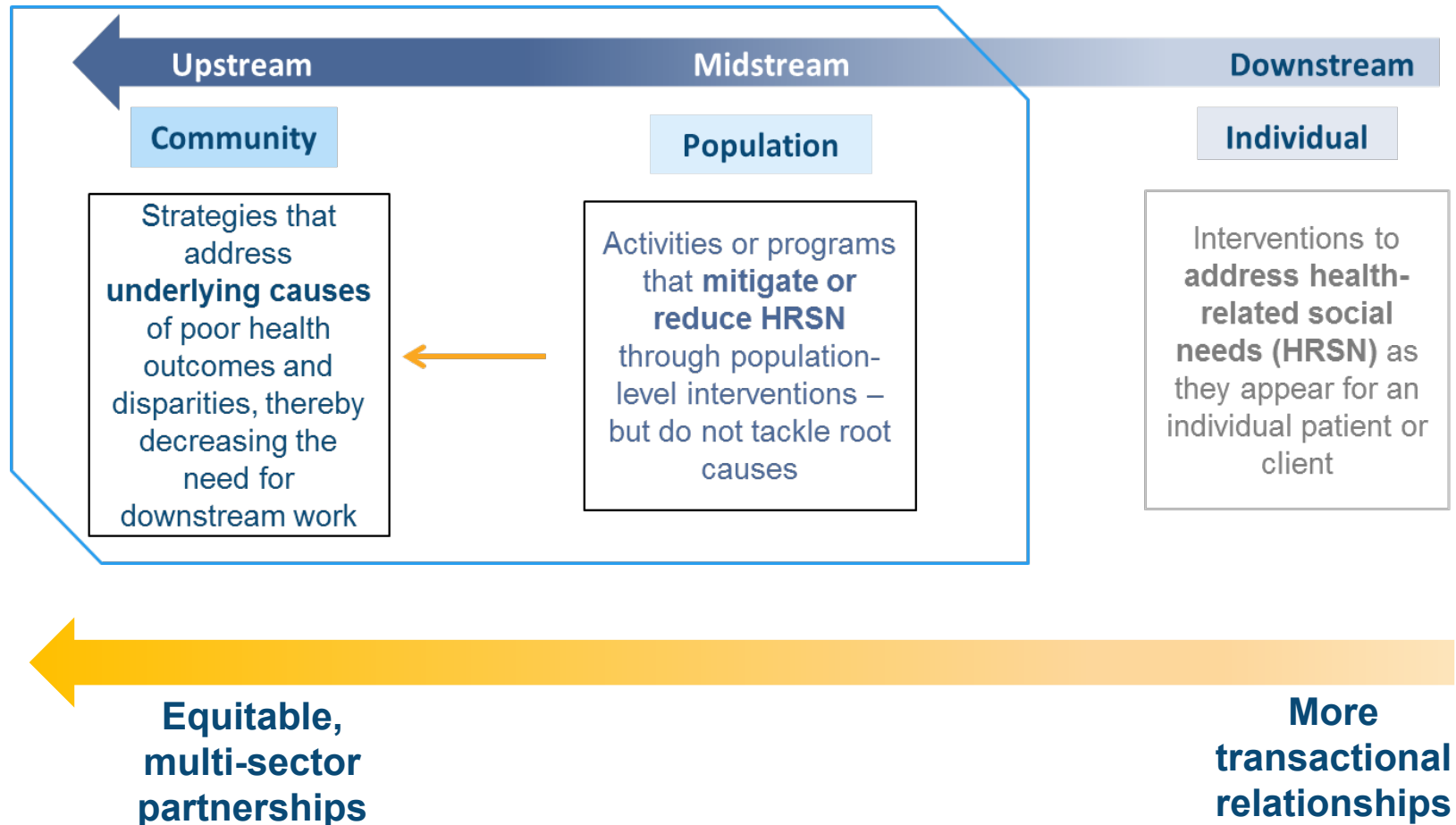
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MassUP Investment Program Overview



MassUP is about building durable partnerships for the long-term work of improving community-level conditions.



MassUP Awardee Cohort

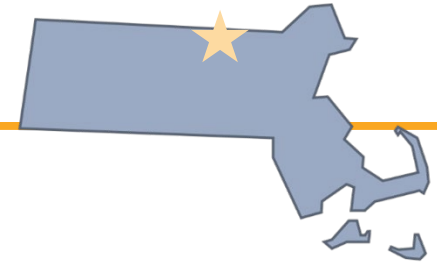
Partnership	Community	SDOH of Focus
Hampshire County Food Policy Council	Hampshire County	Food Systems and Security
HEAL Winchendon – Economic Empowerment	Town of Winchendon	Economic Stability and Mobility
Cross-City Coalition	Cities of Chelsea, Revere	Economic Stability and Mobility
MassUP Springfield	Springfield neighborhoods	Food Systems and Security



Partnerships will soon move from a Planning Period to Implementation.

Planning Period	Implementation Period
Sept 2020 - Feb 2021	March 2021 – August 2023
Hire new or reassign current staff to support partnerships	Begin acting on Implementation workplans
Establish equitable governance structure	Finalize measures and approaches to data collection based on theories of change and workplans
Define workplans for Implementation Period activities	Report to the HPC <ul style="list-style-type: none">• Evaluation measures• Qualitative program updates
Design theories of change and measurement strategies for evaluation	Technical assistance continues <ul style="list-style-type: none">• Bi-annual learning community• Regular “Open Forum” meetings• Additional topic-based support as needed
Participate in technical assistance opportunities	HPC staff regularly meet with partnerships

HEAL Winchendon – Economic Empowerment



SDOH and Community of Focus

Economic Stability and Mobility in Winchendon



Partnership Organizations

- Heywood Hospital
- Community Health Network for North Central MA
- GFA Federal Credit Union
- Growing Places
- The Winchendon School
- Three Pyramids
- Town of Winchendon
- Winchendon Community Action Council



Partnership Activities

Planning Period:

- Initiated diversity, equity, and inclusion (DEI) training for partners and organization staff
- Identified community residents for leadership roles in partnership and community
- Hired financial counselors
- Solicited feedback on partnership activities via community meeting

Implementation Period:

- Support resident and youth-led leadership opportunities
- Implement financial coaching program
- Create alignment between efforts to strengthen local food system and economic stability

HEAL Winchendon Brochure for Resident Engagement

As one example of Partnerships' approaches to engaging community members, HEAL Winchendon produced a colorful, multi-page brochure, excerpted below



HEAL Winchendon is more than a project, it is a community movement for long lasting change *to improve the health and quality of life of Winchendon's residents*. We are community residents, youth leaders, schools, businesses, and organizations. We work hand-in-hand, building on our shared strengths and knowledge to address the daily struggles and needs of Winchendon residents. We strive to bring all people to the table to make change, connecting those who traditionally hold power with those who may have been excluded. We change systems and policies to ensure resources are accessible to all. We hope to bring to life the Winchendon town motto: *WINCHENDON WORKING TOGETHER!*

HEAL Winchendon works in 3 key *interdependent* areas:



Equitable Healthy Food Access

We are reimagining the food system from seed to table to compost! Our goal is to make healthy food available to all members of the community. Some of our current efforts include engaging local youth in growing food in Community Gardens, distributing food at accessible costs through SNAP and HIP and building up our local economy by supporting farmers, producers and sellers.

Economic Empowerment

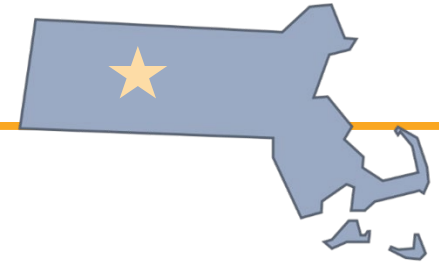
We seek to change the stressors & strains associated with financial instability, challenge wealth inequities, and offer realistic strategies to reduce poverty for families and Winchendon as a whole. Through individual financial coaching, we build on strengths to improve individual financial wealth. We will work with the town government to improve policies to support individuals and local small businesses to achieve economic success.

Social Inclusion

We strive to engage all voices in shaping our community and embrace our unique differences and lived experiences. We strive to empower all people of Winchendon, especially those who have typically felt excluded from making decisions and solving problems. To this end, we work with local institutions to reduce barriers, become more welcoming, inclusive and equitable.



Hampshire County Food Policy Council



SDOH and Community of Focus

Food Systems and Security in
Hampshire County



Partnership Organizations

- Cooley Dickinson Health Care
- Collaborative for Educational Services
- Hilltown Community Health Center
- Hilltown Community Development Corp.



Partnership Activities

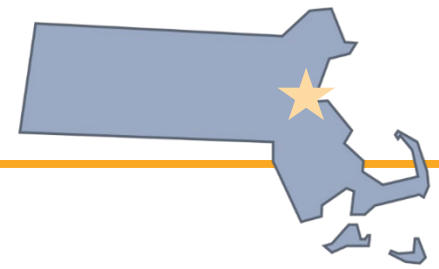
Planning Period:

- Established leadership group of community residents to design the Food Policy Council
- Held three community meetings via webinars, focusing on issues important to the Partnership
- Supporting community health workers at Hilltown CHC to connect food insecure individuals with resources

Implementation Period:

- Finalize membership and regularly convene Food Policy Council
- Design and implement small grants that promote food security in Hampshire County
- Strategize and implement additional upstream activities, such as building resident-governed local gardens

Cross-City Coalition



SDOH and Community of Focus

Economic Stability and Mobility in Chelsea and Revere



Partnership Organizations

- Massachusetts General Hospital
- The Neighborhood Developers
- CONNECT
- La Colaborativa
- The City of Revere
- The City of Chelsea
- MassHire Metro North Workforce Board
- Women Encouraging Empowerment (WEE)



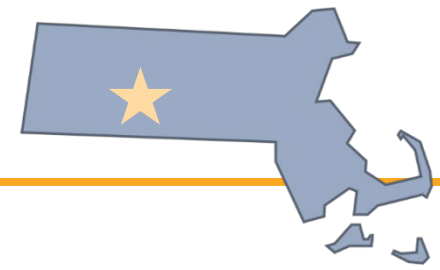
Partnership Activities

Planning Period:

- Initiated outreach to organizations and employers to join the Cross-City Coalition
- Reviewed the two cities' workforce development plans

Implementation Period:

- Link existing resources and plans to align cities' workforce development efforts
- Work with community to define what a "good job" is
- Collaborate with employers to promote offering good jobs, create training and promotional opportunities
- Promote success for women- and minority-owned businesses (WMB)



SDOH and Community of Focus

Food Systems and Security in Springfield
(North End, South End, Mason Square, and
Downtown/Metro Central neighborhoods)



Partnership Organizations

- Mercy Medical Center
- Springfield Food Policy Council
- Open Pantry Community Services
- Fertile Ground
- Gardening the Community
- Square One



Partnership Activities

Planning Period:

- Engaged partners in “Dismantling Racism” training seminar and subsequent framework
- Developed a Collaboration Charter that clarifies vision and mission, and defines a shared vocabulary

Implementation Period:

- Engage with food retailers and residents to expand locations of affordable, healthy food
- Offer residents leadership development activities in food justice, racial equity, and health equity
- Design community engagement strategy to improve availability of, and access to, SNAP/HIP benefits

Technical assistance for the Partnerships is ongoing.



Bi-annual Learning Community

Half- to- full-day summits for representatives from each partnership to gather and learn from experts, brainstorm in small groups, and connect

First session held November 10, focused on partnership introductions to each other and building shared knowledge on content areas central to MassUP: SDOH, health equity, upstream work, etc.



Open Forum Meetings

Partnership-led conversations on emerging priority topics

First open forum held December 9, focused on partnerships' methods for prioritizing and addressing racial equity



Measurement and Evaluation Dialogue

Collaboration with HPC, DPH, and partnerships to help them build theories of change, consider appropriate measures, define data collection strategies, and align those activities with program-wide evaluation

One-on-one meetings with partnerships have been ongoing since September to preview MassUP evaluation approach overall and support partnership development of measurement strategies

The MassUP evaluation will explore how the Partnerships and their activities effect change in their communities.

Cohort-wide evaluation

- Participatory research design
- Will explore areas central to MassUP partnerships and their work, including:
 - Partnership structure and methods for establishing equitable governance
 - Management and distribution of resources among partnership
 - Partnership activities and outputs/results

Partnership-specific measurement

- Construct a theory of change to explain how the partnership and its work will lead to identified outcomes
- Identify partnership and community-specific measures to track throughout the program
- Regularly report measures to the HPC for evaluation

Measurement activities will support not just a final evaluation, but shared, continuous learning across the program. The HPC and DPH will communicate learnings to partnerships in real-time to support a robust “feedback loop” and enable partnerships to enact necessary changes for improvement



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Founded in 2016, MassChallenge HealthTech (MCHT) is the Commonwealth's official digital health lab. 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 matches digital health startups with industry-leading strategic partners to solve health care challenges.

Founding Pillars MA Digital Health Initiative

- 1 Build a **Marketplace**
- 2 Build a **Community**
- 3 Improve **Data**
Access &
Transparency

100+ startups
have participated in MCHT

1M+ patient
lives impacted



300+ Partnerships
1,500+ jobs created
\$52M in revenue

Overview of the HPC's Partnership with MCHT

In September 2018, the HPC entered a partnership with MCHT with the goals of promoting community-based providers' access to digital health solutions and to identify digital health startups that address high-priority health care transformation areas identified by the HPC.

The HPC has made a ~\$150k annual commitment to support MCHT's operating costs and provide pilot funds to start-ups to test innovations in community-based provider systems.

1

Leverage startups vetted by MCHT to address high-priority challenges

- Serve as a Champion in MCHT's Core Program
- Issue challenge areas
- Partner with startups as a Dedicated Advisor



2

Promote collaboration between digital health startups and community-based providers

- Scholarship program to fund pilots with community-based providers
- Sponsor and co-host community-building events
- Develop resources to enhance partnerships



3

Support innovation in key policy areas: Advancing Health Equity

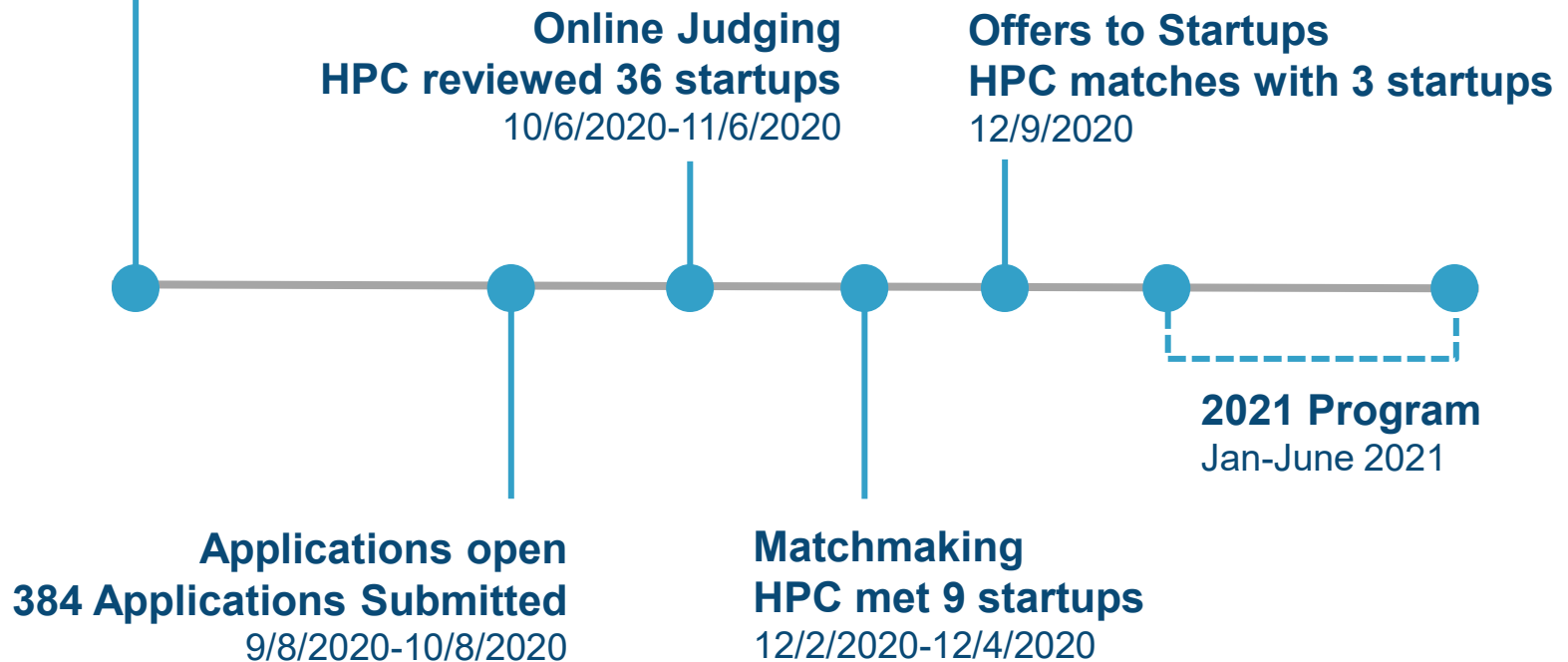
- Engage digital health community in advancing health equity
- Support entrepreneurs in meeting the needs of diverse patient populations



The HPC's Participation as a Champion in MCHT's Core Program

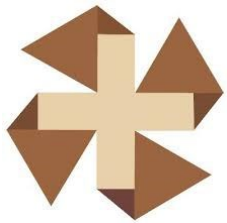
**HPC Issued
Challenge
Areas for 2021
Startup Cohort**
June 2020

- 1 Increasing access to behavioral health services, particularly for underserved populations
- 2 Addressing health related social needs by promoting seamless coordination among providers, community-based organizations, and patients
- 3 Improving maternal health and well-being for Black birthing people



The HPC's Participation as a Champion in MCHT's Core Program

The HPC will work with three startups as a Dedicated Advisor and will issue two \$20,000 scholarships for digital health startups to pilot their solutions with Massachusetts community-based providers (currently reviewing 19 applications).



HUED

a platform that connects patients of color with health and medical professionals of color who specifically understand their cultural, physical, and mental needs.



Soshe

a digital health program that will inform and empower new and expecting parents through outcomes-driven and evidence-based information.



Wolomi

a digital community that offers support to women of color to improve maternal health outcomes, focused on guiding and supporting aspiring moms and moms-to-be to enjoy their pregnancy journey.

The HPC and MCHT partnered to develop the Health Equity Initiative.

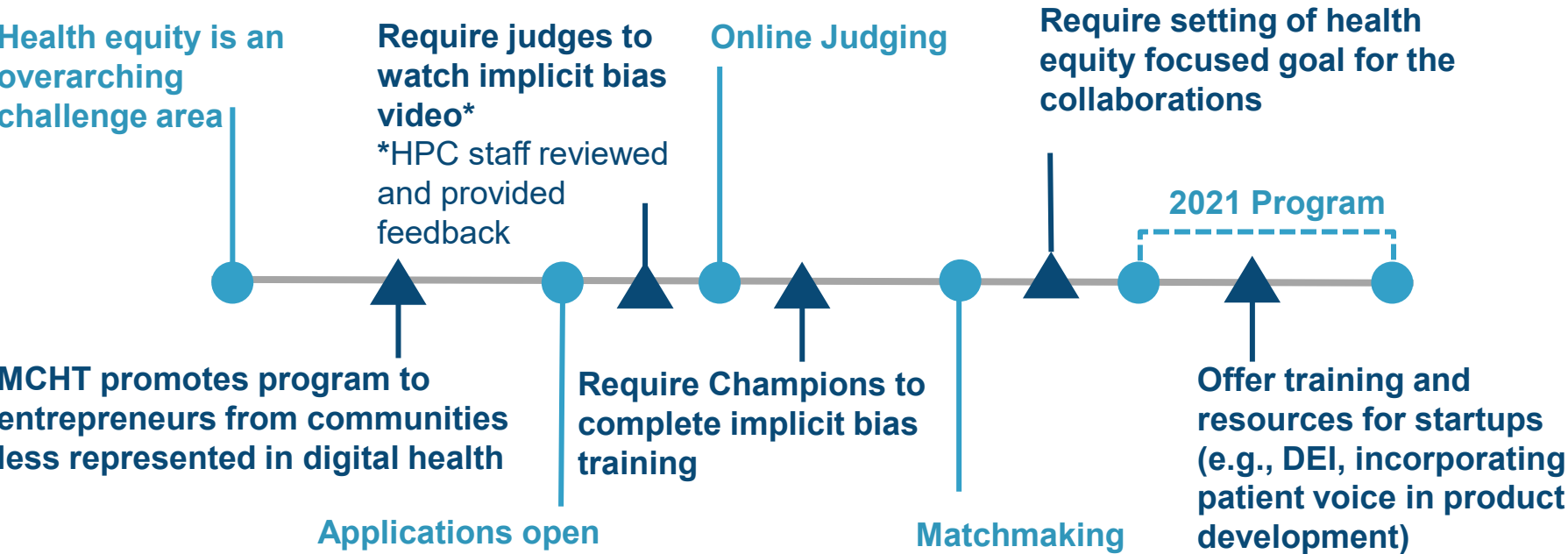
The COVID-19 pandemic shed light on longstanding health inequities, rooted in systemic racism. Advancing health equity is a core part of the HPC's mission, and the HPC is working with MCHT to leverage digital health solutions and the digital health community in pursuit of this shared goal.

- Health equity arose as a common theme across Champion challenge areas this year
- The HPC and MCHT agreed to center our collaboration around a Health Equity Initiative
- Together, we developed goals for this initiative, which include:
 1. Convening digital health community
 2. Revamping MCHT Core Program to include more entrepreneurs of color
 3. Health Equity Event Series



Health Equity Initiative: Core Program

MCHT revamped their Core Program to apply a health equity lens at every stage.



30 Startups

53.3% are being led by a self-identifying female

56.7% are being led by a founder of color

16.7% Black

23.3% Asian

10% Hispanic/Latinx

6.7% “Self-describe”

Health Equity Initiative: Convening Digital Health Community

MCHT convened industry leaders to discuss their health equity priorities and identify how each organization could contribute to this shared effort.

Participants

MASSACHUSETTS PAYERS AND PROVIDERS

- Boston Children's Hospital
- Brigham and Women's Hospital
- Massachusetts General Hospital
- Harvard Pilgrim Health Care

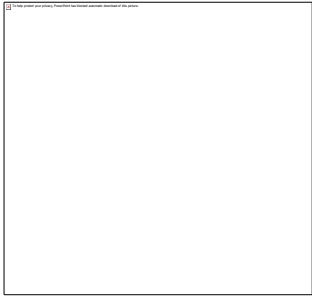
MASSACHUSETTS GOVERNMENT AGENCIES

- Massachusetts Health Policy Commission
- Massachusetts eHealth Institute at MassTech
- Massachusetts Commission for the Blind
- Massachusetts Executive Office of Elder Affairs
- City of Boston

NATIONAL MCHT PARTNERS

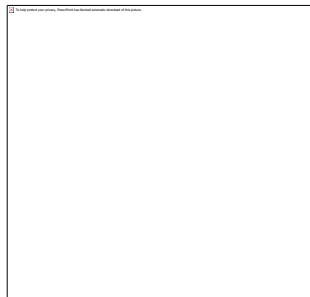
- MITRE
- OSF Healthcare
- Takeda
- Vertex
- H&R Block
- MassMutual
- AARP

The HPC is sponsoring MCHT's health equity event series, *“Lessons from the Field: What Innovators Can Learn from Community Health Centers”*



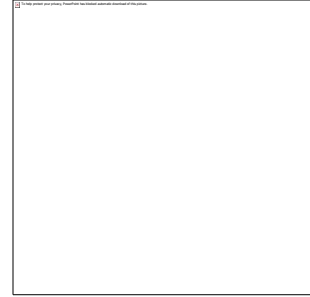
Moderator

Claire Cecile Pierre, M.D.
*Executive Director of the Kerry
Murphy Healy Center for Global
Health Entrepreneurship*
Babson College



Panelist

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



Panelist

Emily Johnson, LSW
*Director of Community
Outreach*
Lynn Community Health
Center



Panelist

Michael Tang, M.D., MBA
*Chief Behavioral Health
Officer*
Dimock Center

“[P]eople of color, poor people, people across the spectrum have not been invited to be part of these conversations, and then people design products and services that don't fit our needs.” – Michael Curry

*“I work with many patients that are unable to read and write in their language of origin, let alone in English, and so a text message option will not work for them...so it's really knowing your patient, knowing the population.”
– Emily Johnson*

“What do we need to provide better healthcare? We need better communication, and we need better data.” -- Michael Tang

Health Equity Event Series: Upcoming Events



2

Achieving Equity in Telehealth
Access Panel
February 24, 2021, 1:30-2:30 PM

3

Meeting the Needs of Diverse
Populations: Startup Mini TED
Talks
Date TBD

4

How Health Care Organizations
are Innovating to Address Health
Inequities
Date TBD



AGENDA

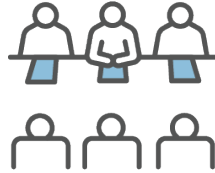
- Call to Order
- Approval of Minutes from September 30, 2020 (**VOTE**)
- Accountable Care Organization Landscape
- Moving Massachusetts Upstream “MassUP” Investment Program
- MassChallenge HealthTech
- **Schedule of Next Meeting (June 2, 2021)**

Upcoming 2021 Meetings and Contact Information



BOARD MEETINGS

**March 25 –
Benchmark Hearing**
April 14
July 14
September 15
November 17



COMMITTEE MEETINGS

June 2
October 6
December 15



SPECIAL EVENTS

ADVISORY COUNCIL
February 24
May 12
September 29
December 8



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