



MASSACHUSETTS
HEALTH POLICY COMMISSION

HPC's New Investment Opportunity: SHIFT-Care Challenge Information Session January 11, 2018

THE INFORMATION SESSION WILL BEGIN SHORTLY...

This webinar is being recorded. A copy will be posted on the SHIFT-Care Challenge RFP website.

Purpose of Today's Session

1. Learn more about the HPC's new funding opportunity:

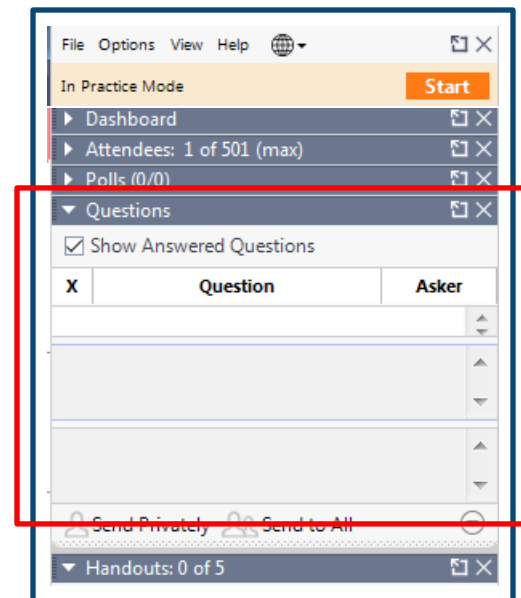
SHIFT-Care Challenge:

Sustainable Healthcare Innovations Fostering Transformation

2. Review the core requirements and timeframes of the request for proposals (RFP)

How to participate in this webinar

- Please submit questions and feedback through the webinar question submission feature, or to HPC-Procurement@state.ma.us
- Attendee phone lines will be muted throughout the session
- HPC Staff will provide responses to any questions received today in an FAQ published to the RFP webpage, and updated weekly through March 30, 2018
- A recording of this session will be posted to the SHIFT-Care's RFP webpage





AGENDA

- Background on the Health Policy Commission
- SHIFT-Care Challenge Background
- Funding and Eligibility
- Minimum Applicant Requirements
- General Proposal Requirements
- Review and Selection
- Timeline



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Who we are

The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. The agency's main responsibilities are led by HPC staff and overseen by an 11-member board of commissioners with diverse experience in health care.

Mission

The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs.

Vision

The HPC's goal is better health and better care – at a lower cost – across the Commonwealth.

HPC Scope of Work

- Establish annual statewide health care cost growth benchmark and analyze and report on health care cost drivers;
- Monitor the composition and functioning of health care provider organizations in Massachusetts;
- Assess the impact of health care market changes on cost, quality, and access;
- Invest in care delivery and payment transformation in the Commonwealth to establish the foundation necessary for sustainable system transformation;
- Promote the adoption of new delivery system models through a certification program for patient-centered medical homes and accountable care organizations; and
- Oversee the development and implementation of performance improvement plans by health care market participants.



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Dedicate approximately \$10 million from HPC Trust Funds for the next round of investment

Health Care Payment Reform Trust Fund

Primary Purposes:

- Grants to providers and their partners to foster innovation in health care payment and service delivery through a competitive grant program (“Health Care Innovation Investment Program”)
- Technical assistance and provider supports related to the PCMH/ACO certification programs

Distressed Hospital Trust Fund

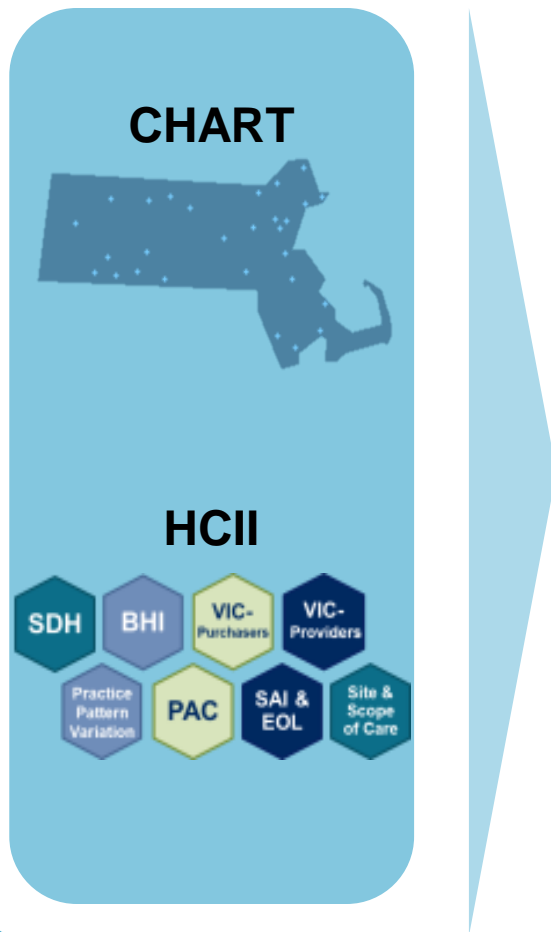
Primary Purpose:

- Grants to low-priced community hospitals and their partners to reduce unnecessary hospital utilization and enhance behavioral health through the Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART)

All investment programs are rigorously designed to further the Commonwealth’s goal of better health and better care at a lower cost

SHIFT-Care Challenge: Designed based on experience

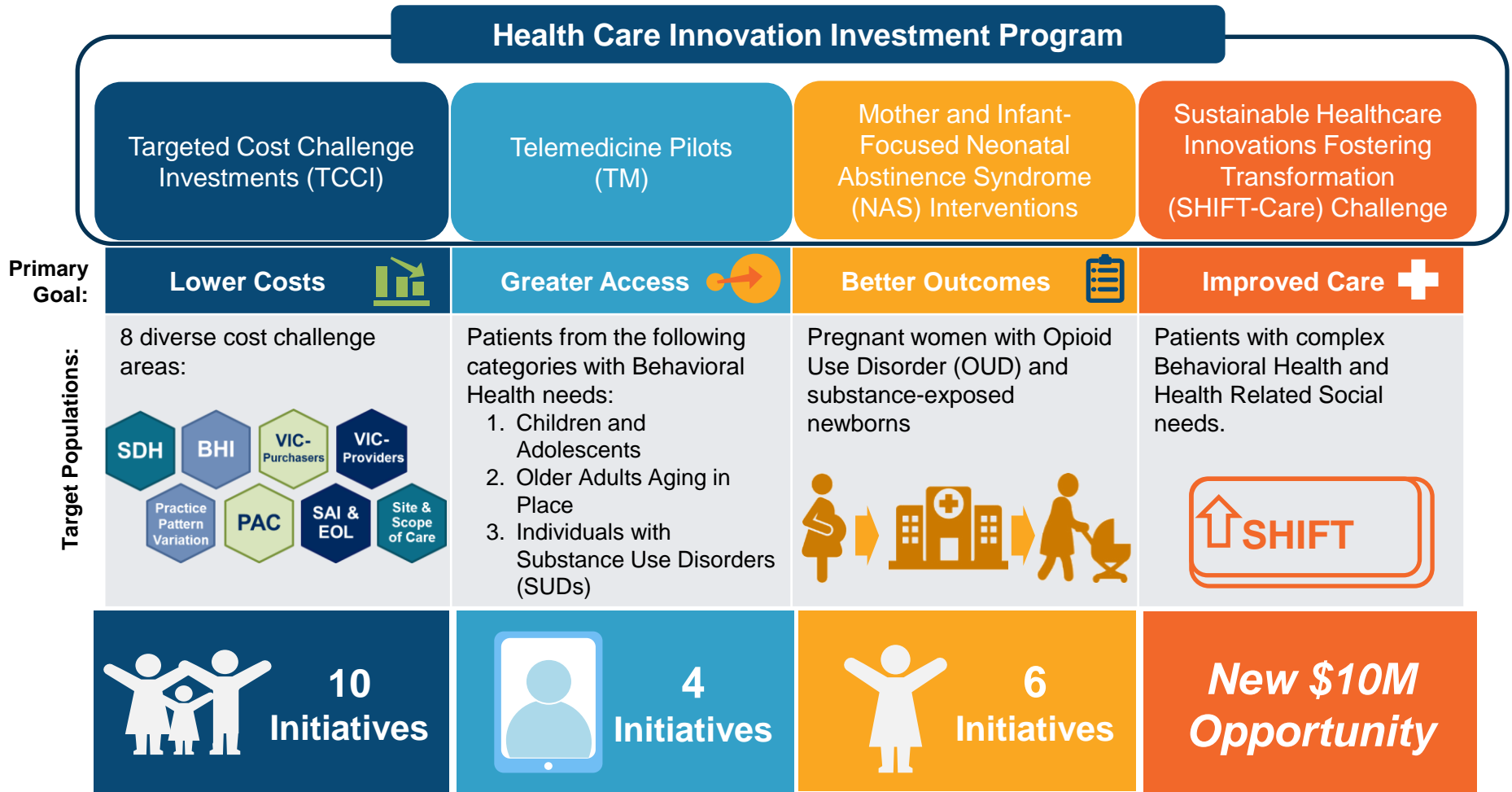
Proposed design components are informed by HPC's experience with **\$80M of awards**, spread **over 75 awards**



Tracks	Leverage HPC research to identify narrow targets with demonstrated efficacy that have not yet been scaled, but allow applicants to propose diverse models of achieving aims
Performance measures	Maximize value by focusing on a small set of core measures, but allow applicants to propose additional initiative-specific measures
Award size & duration	Cap award amount and implementation period to fund initiatives that achieve measurable impact quickly and are scalable for a wide range of organizations
Financial support & sustainability	Require in-kind contributions and strong sustainability plans to maximize long term impact of investment
Competitive factors	Incent and reward partnerships that best meet patient needs and reinforce system accountability
Building the evidence base	Bolster the value proposition for innovative care models that integrate behavioral health care, medical care, and social supports

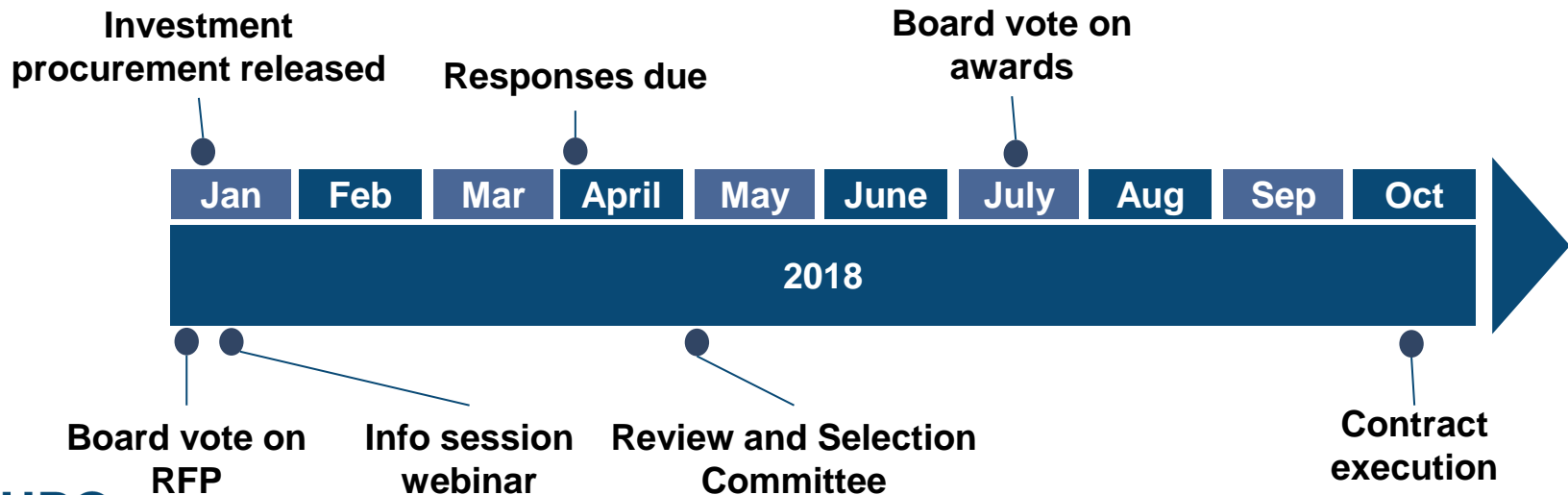
HPC's Health Care Innovation Investment Program

The Health Care Innovation Investment Program: \$21.3M invested in innovative projects that further the HPC's goal of **better health and better care at a lower cost.**



SHIFT-Care Challenge: Background

Purpose	To promote sustainable, transformative care models that reduce avoidable acute care utilization by addressing health-related social needs and increasing access to timely behavioral health services.
Statutory Authority	M.G.L. c. 6D, § 7; M.G.L. c. 29, §2GGGG; Section 178 of Chapter 133 of the Acts of 2016
Funding	<p>Total amount of \$10 million available HPC funding capped at \$750k per award</p> <ul style="list-style-type: none">Funding from the Health Care Payment Reform Trust Fund and the Distressed Hospital Trust FundIn-kind funding is required, with the HPC reimbursing costs itemized in the budget at 75% and Awardees responsible for the remaining 25%.



SHIFT-Care Challenge: Two funding tracks to reduce avoidable acute care use

FUNDING TRACK 1: Through addressing health-related social needs

- Support for innovative models that **address health-related social needs** (i.e., social determinants of health) of complex patients in order to prevent a future acute care hospital visit or stay (e.g., respite care for patients experiencing housing instability at time of discharge)



FUNDING TRACK 2a: Through 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 (e.g., expand access to timely behavioral health services using innovative strategies such as telemedicine and/or community paramedicine)



TRACK 2b OUD FOCUS: Through enhancing opioid use disorder treatment

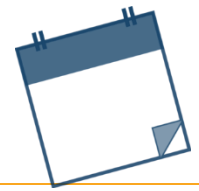
- Support for innovative models that enhance opioid use disorder treatment by **initiating pharmacologic treatment in the ED** and connecting patients to community based BH services (section 178 of ch. 133 of the Acts of 2016 directed the HPC to invest not more than \$3 million in this focus area)



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SHIFT-Care Challenge: Award size and duration



Total funding

Up to \$10,000,000

Individual awards

Up to \$750,000

Duration

27 months (3 months of preparation, 18 months of implementation, and 6 months evaluation)

SHIFT-Care Challenge: Eligibility, Partnership, and Target Population Exclusions

- Applicants may submit more than one application but may receive only one award.
- An Eligible Entity may receive one award as the Applicant and also participate in a different award as a Partner.

Track		Eligible Entities	Preferred Entities	Partnership Minimum Requirement	Target Population Exclusions
1. Addressing health-related social needs		Massachusetts Providers and Provider Organizations	HPC-certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals	One social service Community Based Organization (CBO)	MassHealth Community Partner populations (BH and LTSS patients) that are eligible for flexible services under DSRIP
Increasing access to Behavioral Health care	2a. Timely access to Behavioral Health care	Massachusetts Providers and Provider Organizations	HPC certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals	One outpatient Behavioral Health Provider. Or , if the Applicant is a Behavioral Health Provider, One medical care Provider	MassHealth Community Partner and MassHealth ACO patients
	2b. OUD treatment focus	Hospitals with EDs	Hospitals that are part of an HPC-certified ACO (including provisionally certified ACOs) and are CHART-eligible	One outpatient Behavioral Health Provider	None

SHIFT-Care Challenge: Award Roles

A Proposal must be submitted by an Eligible Entity (the Applicant).

- Non-eligible organizations may participate and receive funding as Partners.
- The HPC is seeking a diverse pool of competitive applications, and encourages Applicants to partner with organizations to develop competitive proposals and implement the proposed initiative.

	Applicant	Partner	Investment Director	Financial Designee
Award Eligibility	Eligible Entities	Eligible and non-eligible entities	An employee of either the applicant or a partner	An employee of the applicant
Application Requirement	One per application	At <u>least</u> one per application	One per application	One per application
Award Role	Responsible for fulfilling the terms of the award	Collaborates on the initiative to test an innovative payment and/or delivery approach, analytic model, tool, or other solution	Leads preparation (optional) and implementation of the initiative	Possesses relevant skills and understanding of the Applicant's accounting practices
Function	Contracts with the HPC Submits Application on behalf of partners	Provides one or more services to the target population, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative	Primary point of contact for the HPC	Reports expenditures as required by the HPC



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Minimum Applicant Requirements*

Applicants must submit a completed Operational Response (submitted by an Eligible Entity).

- This includes:
 - Applicant Initiative Response (AIR) Template
 - A Cover letter
 - Logic Model Template
 - Measures Template
 - Budget Proposal Response
 - Mandatory Contracting Forms (Commonwealth Terms and Conditions, Commonwealth Standard Contract Form, HPC Terms and Conditions, Contractor Authorized Signatory Form)
- Applicants must also identify key personnel in their Operational Response:
 - Investment Director
 - Financial Designee
 - Project Manager (optional)

**See the RFP for detailed information and instructions pertaining to these requirements*



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General Proposal Requirements: AIR Template

Applicants must submit a completed template with all questions answered.

- Unique AIR template for each track:
 - Exhibit 1 for Track 1
 - Exhibit 2 for Track 2a
 - Exhibit 3 for Track 2b

- Applicants' submitted Initiative Response may not exceed 20 pages, exclusive of attachments (e.g., CVs, articles, or MOUs).
 - Applicants must not delete questions or any other text in the AIR templates.

- Strength of evidence base of care delivery model is a competitive factor.

Attachment A, Exhibit 1: Applicant Initiative Response Template: Track 1

1) Care Model and Impact

a. List the Applicant and Partner organizations: List the Applicant and any Partners, including contact information for each organization (contact person name, phone number, and email address). Include letter(s) of commitment from named Partner Organization(s), to be attached to your operational response:

	Name	Contact Information
Applicant		
If the Applicant is an ACO Participant, Applicant's HPC Certified ACO		
Partner Organization 1 (Must be a social services or community-based organization)		
Partner Organization 2		
Partner Organization 3		

b. Briefly describe the role of each Partner. (A Partner may be any organization that provides clinical or nonclinical services to the target population in service of the Initiative, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative, typically with shared aim statement and/or intermediate measure goals. Partnerships may be new or a strengthening of an existing Partnership, and Partners may or may not require financial support through an Award. However, as strength of partnership is a competitive factor, proposals that provide funding to Partners will be evaluated more favorably.)

General Proposal Requirements: Evidence Base

Strength of evidence base of care delivery model is a competitive factor.

Reference material for Applicants:

Intended to be a helpful reference resource, Example Models have been provided on the SHIFT-Care Challenge website to support Applicants in adapting effective, previously tested service models and initiatives.

Example Models:

1. Health-related Social Needs

- a. Chicago, IL: Chicago Housing for Health Partnership
- b. Philadelphia, PA: Metropolitan Area Neighborhood Nutrition Alliance

2. Timely Access to Behavioral Health Services

- a. Denver, CO: Telepsychiatry Intervention for Pediatric Mental Health Emergencies in Children’s Hospital Colorado (CHCO)

3. Timely Access to Behavioral Health Services: Focus on Opioid Use Disorder

- a. New Haven, CT: Yale-New Haven Hospital/ Yale School of Medicine ED-initiated Buprenorphine/Naloxone Treatment

Track 1 Example Model I: Chicago Housing for Health Partnership

Target Populations	Impacts
<ul style="list-style-type: none"> • Patients without stable housing 30 days prior to hospitalization • Patients with at least 1 chronic medical illness 	<ul style="list-style-type: none"> • Over 18 months, and as compared to patients in the control group, patients in the intervention group experienced: <ul style="list-style-type: none"> ○ 29% fewer hospitalizations and hospital days ○ 24% fewer ED visits
Service Model The hospital-based Chicago Housing for Health Partnership provides housing and case management interventions for patients with housing insecurity and chronic medical illness. Target patients must experience housing insecurity within 30 days prior to discharge and have one of the following chronic medical illnesses: hypertension or diabetes requiring medication, thromboembolic disease, renal failure, cirrhosis, congestive heart failure, myocardial infarction, atrial or ventricular arrhythmias, seizures, asthma or emphysema requiring hospitalization, cancer, gastrointestinal tract bleeding, chronic pancreatitis, or HIV.	
The program was developed by a multidisciplinary team of hospitals, respite care centers, and housing agencies. In accordance with the principles of the Housing First Model, hospital case managers facilitate patients’ discharge planning to respite care or stable housing. ⁴ Case managers assist with medical care, substance use disorder (SUD) treatment, and mental health treatment through bi-weekly patient contact. There are weekly team meetings among all case managers to discuss patients’ social and medical needs. The published evaluation linked below demonstrated that patients randomized to the program had fewer hospitalizations, hospital days, and ED visits than patients who received usual care.	
Critical Success Factors <ul style="list-style-type: none"> <input type="checkbox"/> Housing First model emphasizes the importance of access to stable housing as a factor in chronic medical illness management <input type="checkbox"/> Community collaboration between hospital and 10 community agencies offers a variety of living arrangements for patients <input type="checkbox"/> Patient-centered care allows for the recognition of diverse needs among the homeless population and includes tailored housing plans 	
To learn more about the model and its results, click here .	

General Proposal Requirements: Logic Model Template (Exhibit 4)

Applicants must complete the appropriate logic model template tab depending on which track the Applicant is applying to.

- The logic model must include:

- **Activities**

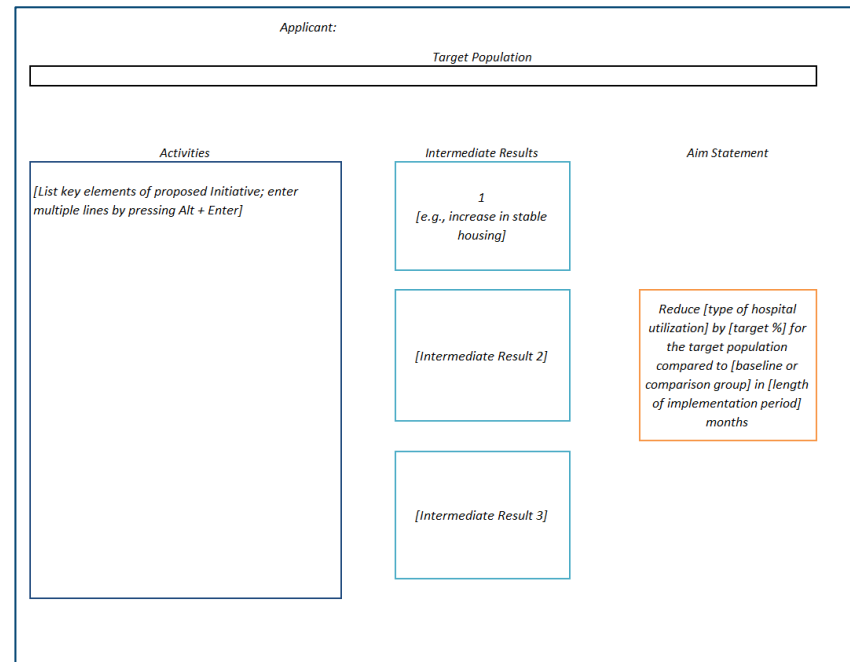
The key elements of the planned Initiative. Describe specifically what Initiative staff will do, e.g., “Nurse practitioner at participating primary care clinic screens all patients for SUD” rather than “SUD screening.”

- **Intermediate Results**

Intermediate results of the Initiative that will be included in the proposed evaluation plan. These will be tracked and reported to the HPC as the intermediate results specified in the measurement template.

- **Aim**

The aim statement must specify how the proposed Initiative will reduce acute care utilization (e.g., 30-day readmissions or ED revisits, overall admissions or ED utilization), and the magnitude of the expected change.



The diagram illustrates the Logic Model Template structure. It is organized into three main columns: **Activities**, **Intermediate Results**, and **Aim Statement**. At the top, there is a field for **Applicant:** and a horizontal bar for **Target Population**. The **Activities** column contains a large text box with the instruction: "[List key elements of proposed Initiative; enter multiple lines by pressing Alt + Enter]". The **Intermediate Results** column contains three stacked text boxes: the first is labeled "1" with the example "[e.g., increase in stable housing]", the second is "[Intermediate Result 2]", and the third is "[Intermediate Result 3]". The **Aim Statement** column contains a text box with the example: "Reduce [type of hospital utilization] by [target %] for the target population compared to [baseline or comparison group] in [length of implementation period] months".

General Proposal Requirements: Measures Template

Applicants must complete the appropriate measures template tab depending on which track the Applicant is applying to.

- Applicants must provide a detailed explanation of measures that will be used to track aims and intermediate results
- Nationally-endorsed (e.g., National Quality Forum, HEDIS) or other standardized measures are preferred

Applicant:			
Measure	Specifications	Data Source	Risks
Core Measures			
30-day all-cause hospital readmissions	<i>The HPC will issue further guidance for Core Measure specifications and requirements at the time of contract negotiation. To the greatest extent possible, the HPC will follow national standards and the MassHealth ACO program.</i>		
30-day ED revisits			
Overall hospital admissions			
Overall ED visits			
A measure of patient experience ¹ [enter description here]			
Intermediate Measures			
[Proposed Intermediate Measure 1 - description]			
[Proposed Intermediate Measure 2 - description]			
[Proposed Intermediate Measure 3 - description]			
¹ Applicants must propose a CAHPS-based survey measure (e.g. integration of care, willingness to recommend, access to care, communication quality) or other validated instrument			

General Proposal Requirements: Measures Template

Awardees will be required to report on both Core and Intermediate Measures.

Core Measures:

1. 30-day all-cause hospital readmissions
2. 30-day ED revisits
3. Overall hospital admissions
4. Overall ED visits
5. A measure of patient experience*

*As measured by one or more CAHPS-based survey measure (e.g., integration of care, willingness to recommend, access to care, communication quality) or other validated instrument proposed by Applicant

General Proposal Requirements: Measures Template

Awardees will be required to report on both Core and Intermediate Measures.

Intermediate Measures:

Track 1 and 2a:

1. 2-3 measures as proposed by the Applicant that align with the Logic Model.
Please consider measuring the following, as applicable to the care model:
 - Follow-up after ED Visit for Mental Illness (*per HEDIS measure specification*)
 - Initiation in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
 - Engagement in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)

Track 2b

1. Initiation in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
2. Engagement in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
3. Plus 1 additional measure that aligns with the Logic Model, as proposed by the Applicant

General Proposal Requirements: Submission Instructions

- Submit all documents by 3:00 PM EDT April 6, 2018
- Submit electronic copies only. **Do not** submit paper copies.
- All submissions must be emailed to HPC-Procurement@state.ma.us
- All applications must be submitted in their original file formats. **Do not** convert these documents into .PDF format.



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Selection Criteria: Care Model and Impact

Selection Criteria (100 points)	
Care Model and Impact	40 Points
Leadership and Organization	30 Points
Evaluation	10 Points
Sustainability and Scalability	20 Points

Relevant Factors

- Strength of care model to be implemented
- Strength of proposed evidence base
- Clarity, feasibility, and effectiveness of all aims, goals, objectives, deliverables, and outcomes
- Strength and value of partnerships
- Amount of Award dollars being distributed to Partners to support their contributions to the Proposed Initiative
- Magnitude of projected impact of the proposal within the Implementation Period on meeting program goal

Selection Criteria: Leadership and Organization

Selection Criteria (100 points)	
Care Model and Impact	40 Points
Leadership and Organization	30 Points
Evaluation	10 Points
Sustainability and Scalability	20 Points

Relevant Factors

- Status as an HPC Certified ACO, ACO Participant, or CHART-eligible hospital
- Alignment with organizational strategic plan and focus
- Leadership and management engagement and capability
- Engagement of patients and families and front-line clinicians in project governance
- Clarity of description of all roles within the proposed model
- As may be applicable, past performance in HPC awards
- Financial health of organization
- Demonstrated need of the Applicant and any Partner(s)
- Demonstrated feasibility

Selection Criteria: Evaluation

Selection Criteria (100 points)	
Care Model and Impact	40 Points
Leadership and Organization	30 Points
Evaluation	10 Points
Sustainability and Scalability	20 Points

Relevant Factors

- Strength and feasibility of the proposed study evaluation design
- Quality of the data sources for all measures that will be collected and analyzed in the evaluation
- Strength of the evaluation's contributions to the evidence base

Evaluation

Applicants are required to explain their evaluation plan or strategy in the Applicant Initiative Response Template.

- Applicants may propose using internal resources or contract with a third party to conduct the required evaluation.
- There are many non-profit organizations and academic institutions in Massachusetts, including medical schools and schools of public health, that conduct the type of evaluation required for the SHIFT-Care Challenge.
 - An evaluation organization/team may work with more than one SHIFT-Care Challenge Awardee.

Selection Criteria: Sustainability and Scalability

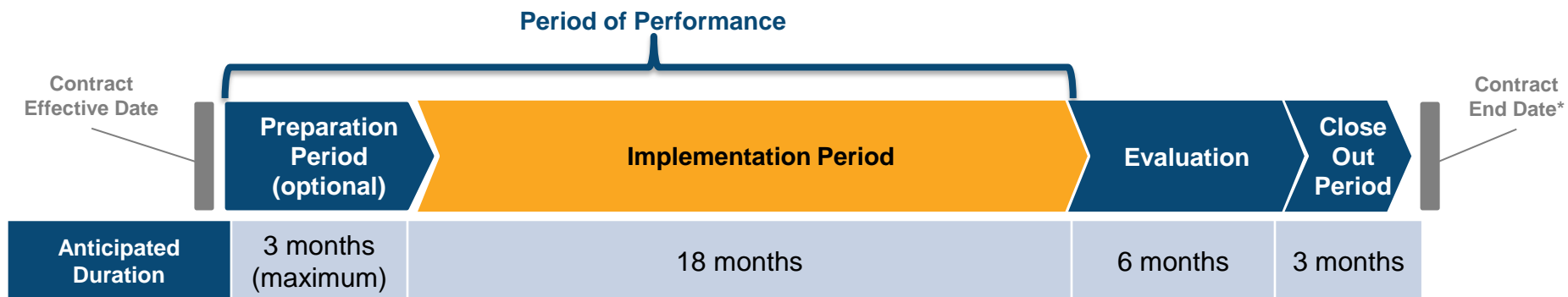
Selection Criteria (100 points)	
Care Model and Impact	40 Points
Leadership and Organization	30 Points
Evaluation	10 Points
Sustainability and Scalability	20 Points

Relevant Factors

- Strength of sustainability plan for the care delivery model
- Plan for continuing funding care model after the Implementation Period ends through sustainable funding pools such as global budget savings
- The potential for learning, replication, and scalability of the model

SHIFT-Care Challenge: Timeline

	Description	Date
1	RFP Released	January 9, 2018
2	Information session webinar held by HPC staff	January 11, 2018
3	HPC publishes responses to submitted questions in FAQ	Published weekly throughout
4	Deadline for receipt of written questions on RFP	March 23, 2018
5	Deadline for submission of Proposal	3:00 PM, April 6, 2018
6	Awardees selected (anticipated)	July 2018
7	Projected Contract execution (anticipated)	October 2018
8	Preparation Period (as applicable)	November 2018 – January 2019
9	Implementation Period (anticipated)	November 2018 – June 2020



*Contract End Date is dated later than Close Out to provide additional time for cases requesting a no-cost extension to award without having to amend the contract; it is not expected that programmatic activities occur past submission and approval of final reports to the HPC

SHIFT-Care Challenge: Overview

THEME	Reducing avoidable acute care utilization by investing in innovative care delivery models that are community-based, collaborative, and sustainable.
FUNDING	Proposed total funding of up to \$10 million ; up to \$750,000 per award. Applicants are responsible for 25% in-kind financial contribution.
OUTCOMES	<ul style="list-style-type: none">▪ Improve the ability of the health care system, and its community-based partners, to efficiently care for high-need populations▪ Reduce hospital admissions/readmissions▪ Reduce emergency department (ED) visits/revisits▪ Increase engagement in opioid use disorder treatment▪ Improve patient experience
COMPETITIVE FACTORS	<ul style="list-style-type: none">▪ Care model design and impact▪ Organizational leadership, strategy, and demonstrated need▪ Plan for evaluation▪ Sustainability and scalability▪ Preference provided to CHART-eligible hospitals and HPC-certified ACOs and ACO participants
DURATION	27 months (3 months of preparation, 18 months of implementation, and 6 months of evaluation)

Questions?

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