



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission

Special Legislative Commission on Behavioral Health
Promotion and Upstream Prevention

June 6, 2017



AGENDA

- **HPC Background**
- **Overview of Massachusetts Spending Drivers**
- **Certification Programs**
- **Investment Programs**
- **Research and Data Analytics**

The HPC: At a Glance

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 HPC's main responsibilities include monitoring the performance of the health care system; analyzing the impact of health care market transactions on cost, quality, and access; setting the health care cost growth benchmark; and investing in community health care delivery and innovations.

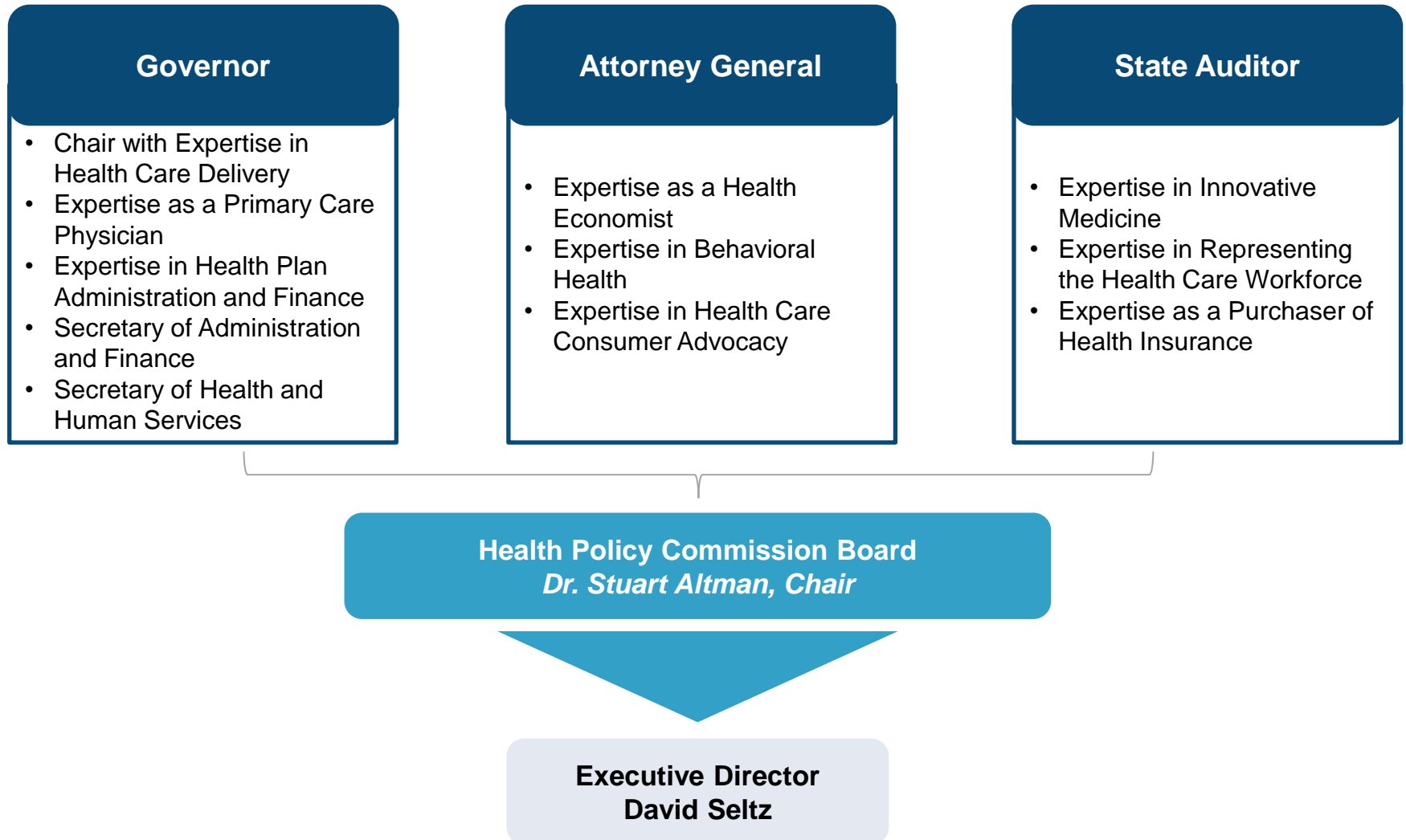
Mission

The HPC's mission is to advance a more transparent, accountable, and innovative health care system through its independent policy leadership and investment programs. The HPC's goal is better health and better care at a lower cost across the Commonwealth.

Vision

Our vision is a transparent, accountable health care system that ensures quality, affordable, and accessible health care for the Commonwealth's residents.

The HPC: Governance Structure



The HPC is charged in statute with advancing four policy priority outcomes.

Fostering a value-based market

in which payers and providers openly compete, and providers are supported and equitably rewarded for providing high-quality and affordable services.

Advancing aligned and effective financial models

for providers to deliver high-quality, cost effective care and for consumers and employers to make high-value choices for their care and insurance coverage.

Promoting an efficient, high-quality system

that improves health by delivering coordinated, patient-centered health care that accounts for patients' behavioral, social, and medical needs.

Enhancing transparency

of health care system performance in order for health care stakeholders and agencies to successfully implement reforms and evaluate performance over time.

Development and Promotion of Policy to Advance the HPC's Mission: Four Core Strategies

RESEARCH AND REPORT

INVESTIGATE, ANALYZE, AND REPORT
TRENDS AND INSIGHTS



CONVENE

BRING TOGETHER STAKEHOLDER
COMMUNITY TO INFLUENCE THEIR
ACTIONS ON A TOPIC OR PROBLEM



WATCHDOG

MONITOR AND INTERVENE WHEN
NECESSARY TO ASSURE MARKET
PERFORMANCE



PARTNER

ENGAGE WITH INDIVIDUALS, GROUPS,
AND ORGANIZATIONS TO ACHIEVE
MUTUAL GOALS

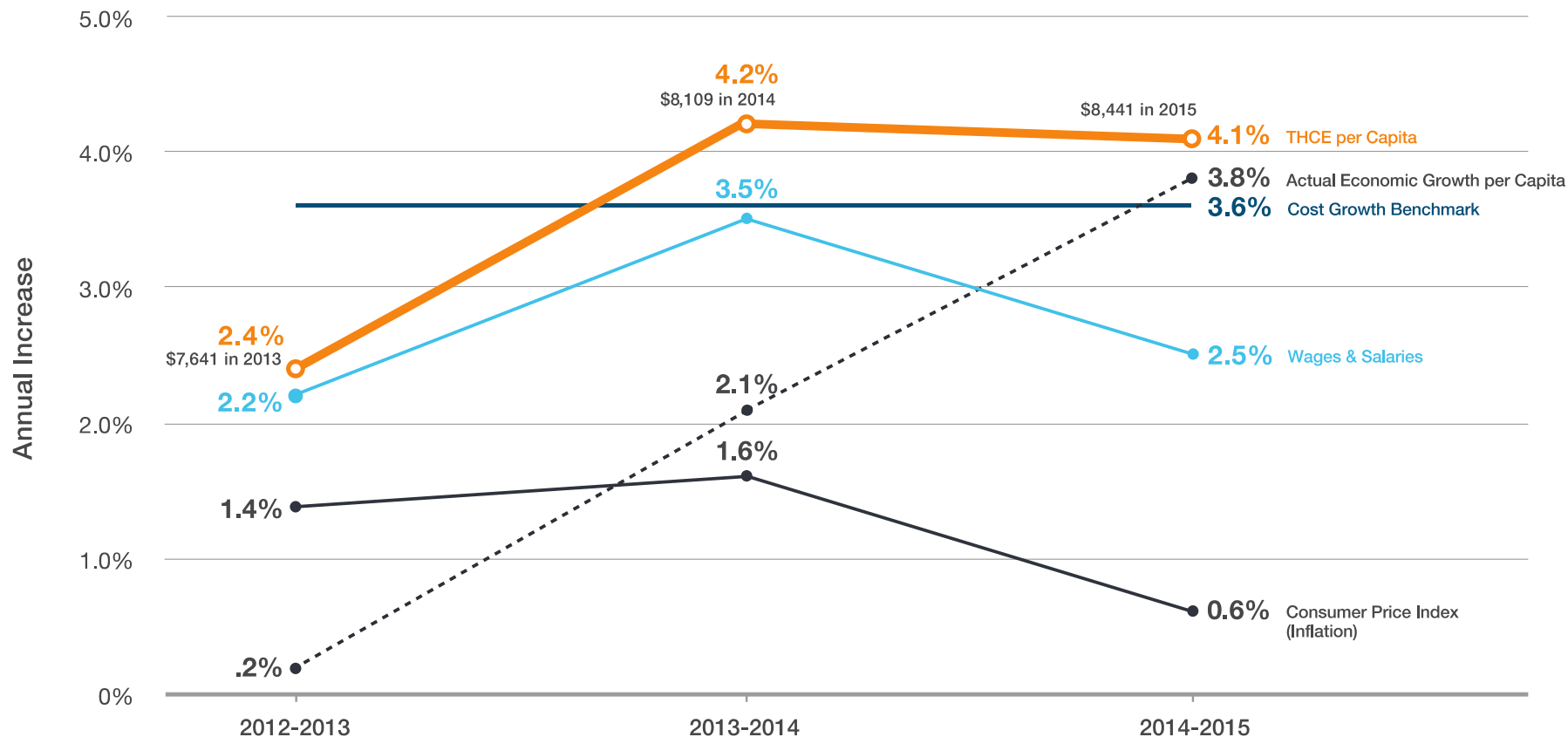




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Total Health Care Expenditure Growth in the Commonwealth, 2012-2015

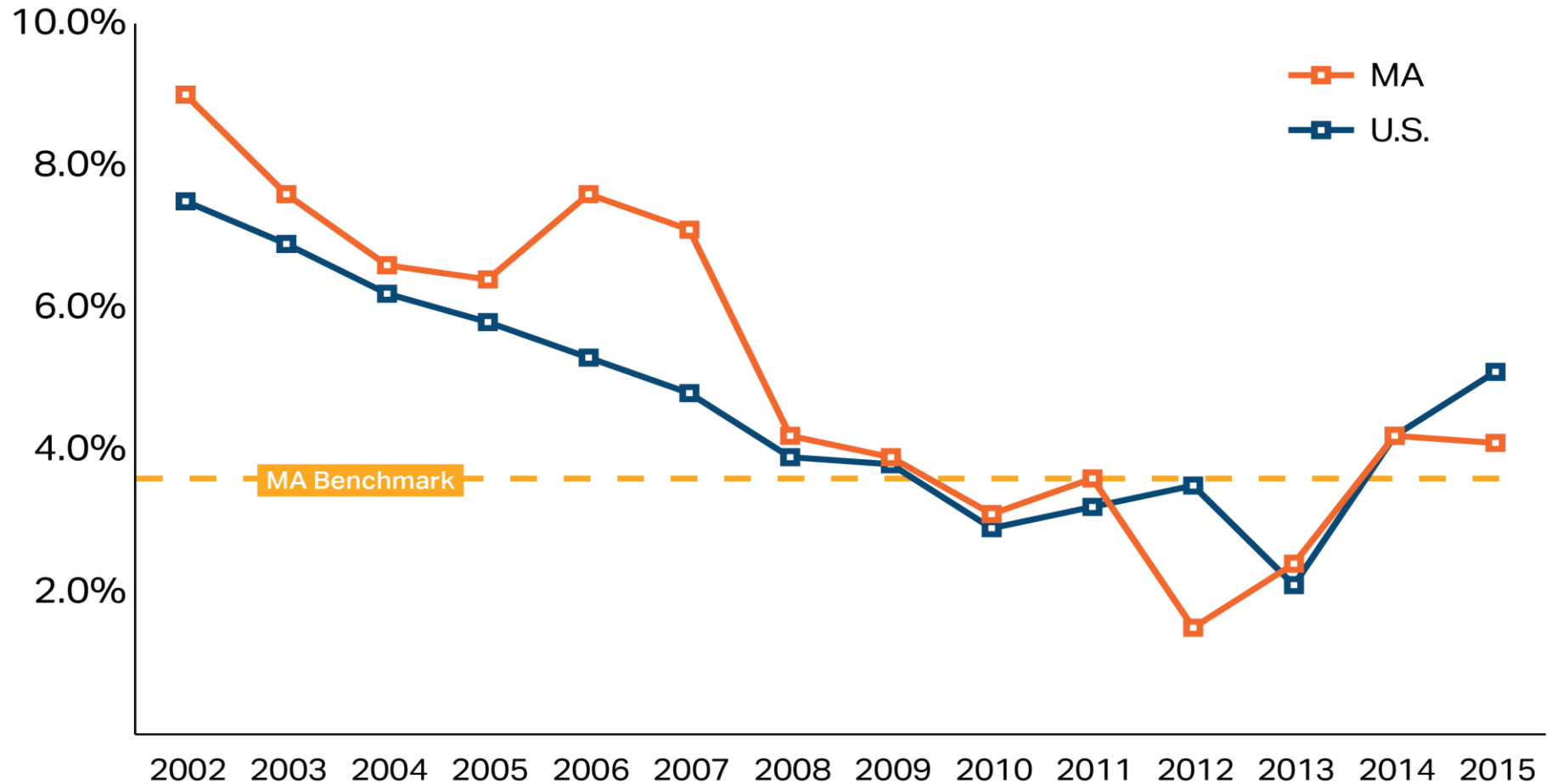


Note: Actual Economic Growth was computed as the sum of real GDP per capita for Massachusetts, as reported by the Bureau of Economic Analysis, and the consumer price index for the Boston-Brockton-Nashua area, as reported by the Bureau of Labor Statistics. This methodology reflects the Commonwealth's Executive Office for Administration and Finance's actual economic growth calculation pursuant to 7H 1/2 (c) of M.G.L. Ch. 29.

Sources: THCE: Payer reported data to CHIA and other public sources; Cost Growth Benchmark: Health Policy Commission; Gross State Product: U.S. Bureau of Economic Analysis; Consumer Price Index: Bureau of Labor Statistics; Wages and Salaries: Bureau of Labor Statistics.

Since 2009, total healthcare spending growth in Massachusetts has been near or below national growth

Annual growth in per capita healthcare spending, MA and the U.S., 2002-2015

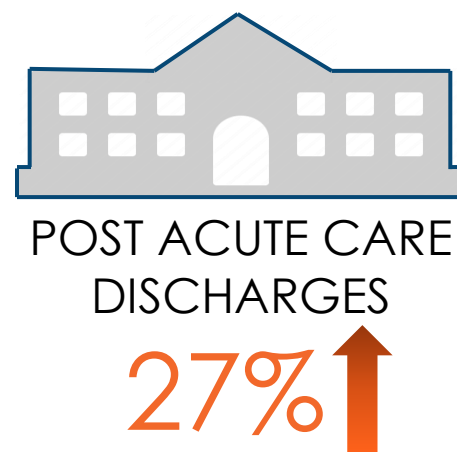
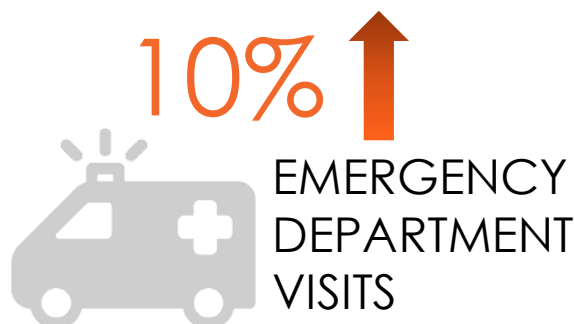
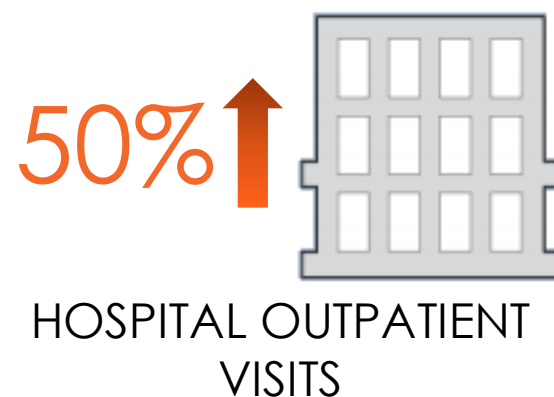
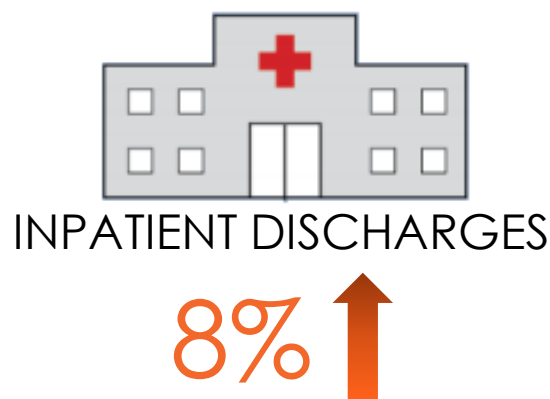


Note: U.S. data includes Massachusetts.

Sources: Centers for Medicare and Medicaid Services National Healthcare Expenditure Accounts, Personal Health Care Expenditures Data, and State Healthcare Expenditure Accounts (U.S. 2002-2015 and MA 2002-2009); Center for Health Information and Analysis Annual Report THCE Databook (MA 2009-2015)

Massachusetts uses high-cost settings of care to a much greater degree than the U.S., including hospital outpatient utilization that is 50% above the national average

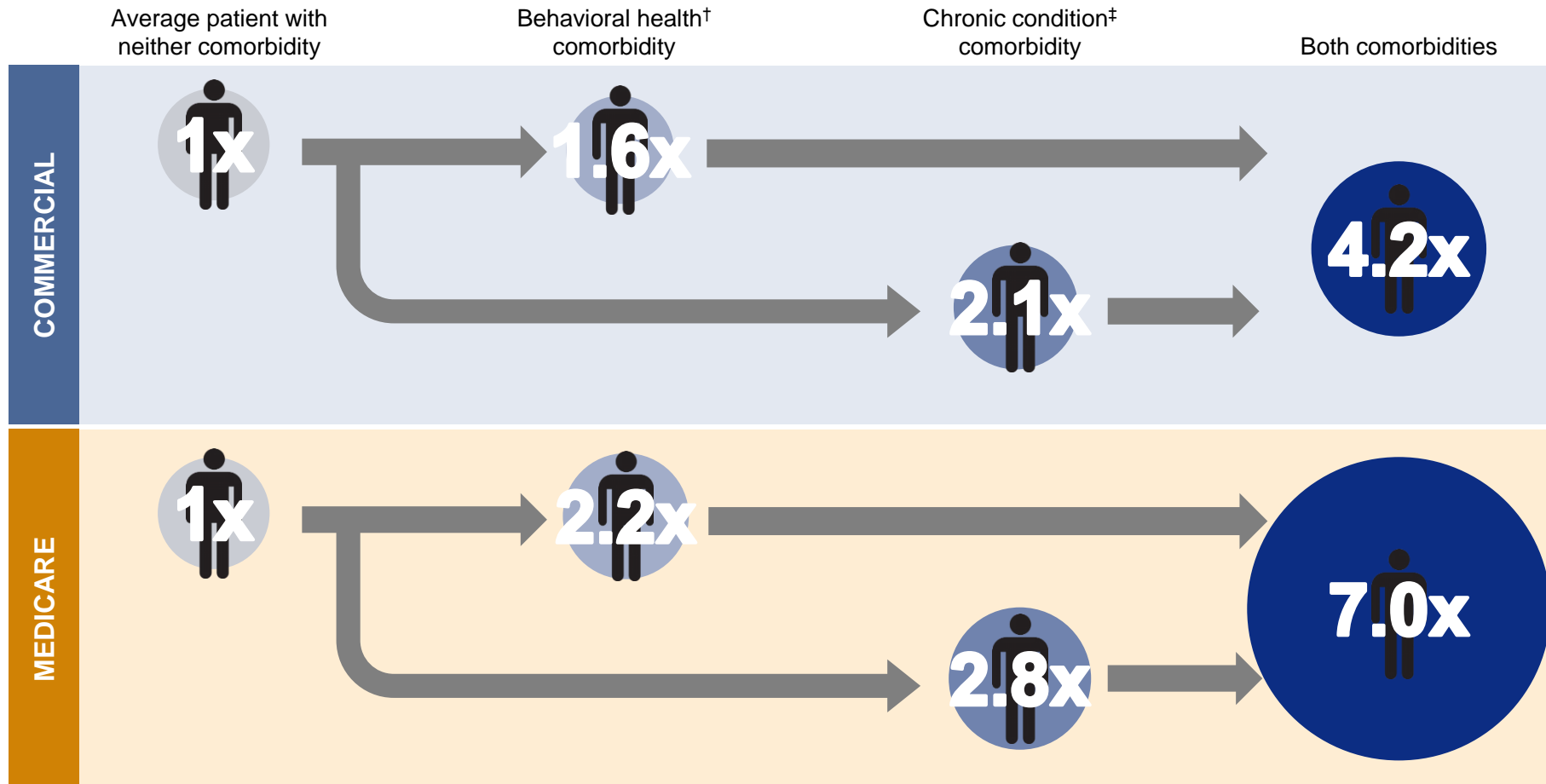
Hospital use in MA and U.S., per 1,000 population, 2014; Discharge destination following an inpatient admission, by payer, 2013



Patients with behavioral health and chronic conditions have significantly higher medical expenditures

Medical expenditures per patient (excludes drug spending)*

Relative to average patient with no behavioral health or chronic comorbidity in 2010



* The sample for analysis was limited to patients who had continuous enrollment from 1/1/2010 – 12/31/2011 and costs of at least \$1 in each year. Figures do not capture pharmacy costs, payments outside the claims system, Medicare cost-sharing, or end-of-life care for patients who died in 2010 or 2011.

† Behavioral health comorbidity includes child psychology, severe and persistent mental illness, mental health, psychiatry, and substance abuse








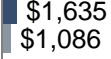





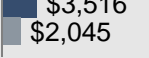
‡ Chronic condition includes arthritis, epilepsy, glaucoma, hemophilia, sickle-cell anemia, heart disease, HIV/AIDS, hyperlipidemia, hypertension, multiple sclerosis, renal, asthma, and diabetes

Source: All-Payer Claims Database; HPC analysis

Higher spending for people with behavioral health conditions is concentrated in inpatient and ED spending

Spending by Category of Service for Patients with and without Behavioral Health Conditions

Claims-based medical expenditures* by category of service†, for people with and without behavioral health (BH) conditions‡, 2011

Category of Service	COMMERCIAL		MEDICARE	
	Spending per person per category	% difference between people with and without BH conditions	Spending per person per category	% difference between people with and without BH conditions
Total	 \$7,313 \$3,622		 \$19,609 \$7,931	
ED	 \$291 \$122	+140%	 \$419 \$131	+220%
Inpatient	 \$2,245 \$1,000	+125%	 \$8,496 \$2,810	+202%
Outpatient	 \$926 \$515	+80%	 \$1,635 \$1,086	+51%
Long-Term Care and Home Health	 \$66 \$17	+279%	 \$4,715 \$1,191	+296%
Lab and X-ray	 \$782 \$524	+49%	 \$828 \$668	+24%
Professional¹	 \$3,003 \$1,444	+108%	 \$3,516 \$2,045	+72%

* Analysis is based on a sample that consists of claims submitted by the three largest commercial payers – Blue Cross Blue Shield of Massachusetts (BCBS), Harvard Pilgrim Health Care (HPHC), and Tufts Health Plan (THP) – representing 66 percent of commercially insured lives. Claims-based medical expenditure measure excludes pharmacy spending and payments made outside the claims system (such as shared savings, pay-for-performance, and capitation payments).

† For detailed definitions of categories of service, see CHIA and HPC publication, “Massachusetts Commercial Medicare Spending: Findings from the All-Payer Claims Database.” Lab/x-ray category includes professional services associated with laboratory and imaging.

‡ Presence of behavioral health condition identified based on diagnostic codes in claims using Optum ERG software

SOURCE: All-Payer Claims Database; HPC analysis



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PCMH PRIME Certification Overview

Ongoing HPC Technical Assistance

Practices will achieve HPC's **PCMH PRIME** recognition by demonstrating enhanced capacity and capabilities in behavioral health integration (BHI). Practices are certified on a rolling basis and must meet the HPC's BHI criteria within 18 months after entering the Pathway.

Pathway to PCMH PRIME

2011 Level 2 NCQA
2011 Level 3 NCQA
2014 NCQA
2017 NCQA

HPC/NCQA Assessment of
Behavioral Health Integration
(PRIME)

**PCMH PRIME
Certification**

PCMH PRIME Criteria

#	Criteria (practice must meet ≥ 7 out of 13)
1	The practice coordinates with behavioral healthcare providers through formal agreements or has behavioral healthcare providers co-located at the practice site.
2	The practice integrates BHPs within the practice site.
3	The practice collects and regularly updates a comprehensive health assessment that includes behaviors affecting health and mental health/substance use history of patient and family .
4	The practice collects and regularly updates a comprehensive health assessment that includes developmental screening for children under 3 years of age using a standardized tool.
5	The practice collects and regularly updates a comprehensive health assessment that includes depression screening for adults and adolescents using a standardized tool.
6	The practice collects and regularly updates a comprehensive health assessment that includes anxiety screening for adults and adolescents using a standardized tool.
7	The practice collects and regularly updates a comprehensive health assessment that includes SUD screening for adults and adolescents using a standardized tool.
8	The practice collects and regularly updates a comprehensive health assessment that includes postpartum depression screening for patients who have recently given birth using a standardized tool.
9	The practice tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports .
10	The practice implements clinical decision support following evidence based guidelines for a mental health <u>and</u> substance use disorder.
11	The practice establishes a systematic process and criteria for identifying patients who may benefit from care management . The process includes consideration of behavioral health conditions.
12	The practice has at least one clinician who is providing medication-assisted treatment (naltrexone, buprenorphine, and/or methadone) and providing behavioral therapy directly or via referral, for substance use disorder.*
13	The practice has at least one care manager qualified to identify and coordinate behavioral health needs.

Proof of proficiency for criteria #2 automatically satisfies criteria #1

Number of Practices Participating in PCMH PRIME

Since January 1, 2016 program launch

35 practices are PCMH PRIME Certified*

Newly certified practices include:
Tufts Medical Center Primary Care - Boston
Brockton Neighborhood Health Center
Harbor Health Services (4 sites)
SSTAR Family HealthCare Center

*1 practice achieved certification on their second PCMH PRIME survey review

56 practices are on the Pathway to PCMH PRIME*

*2 practices failed their first PCMH PRIME survey review and remain on the Pathway to PCMH PRIME

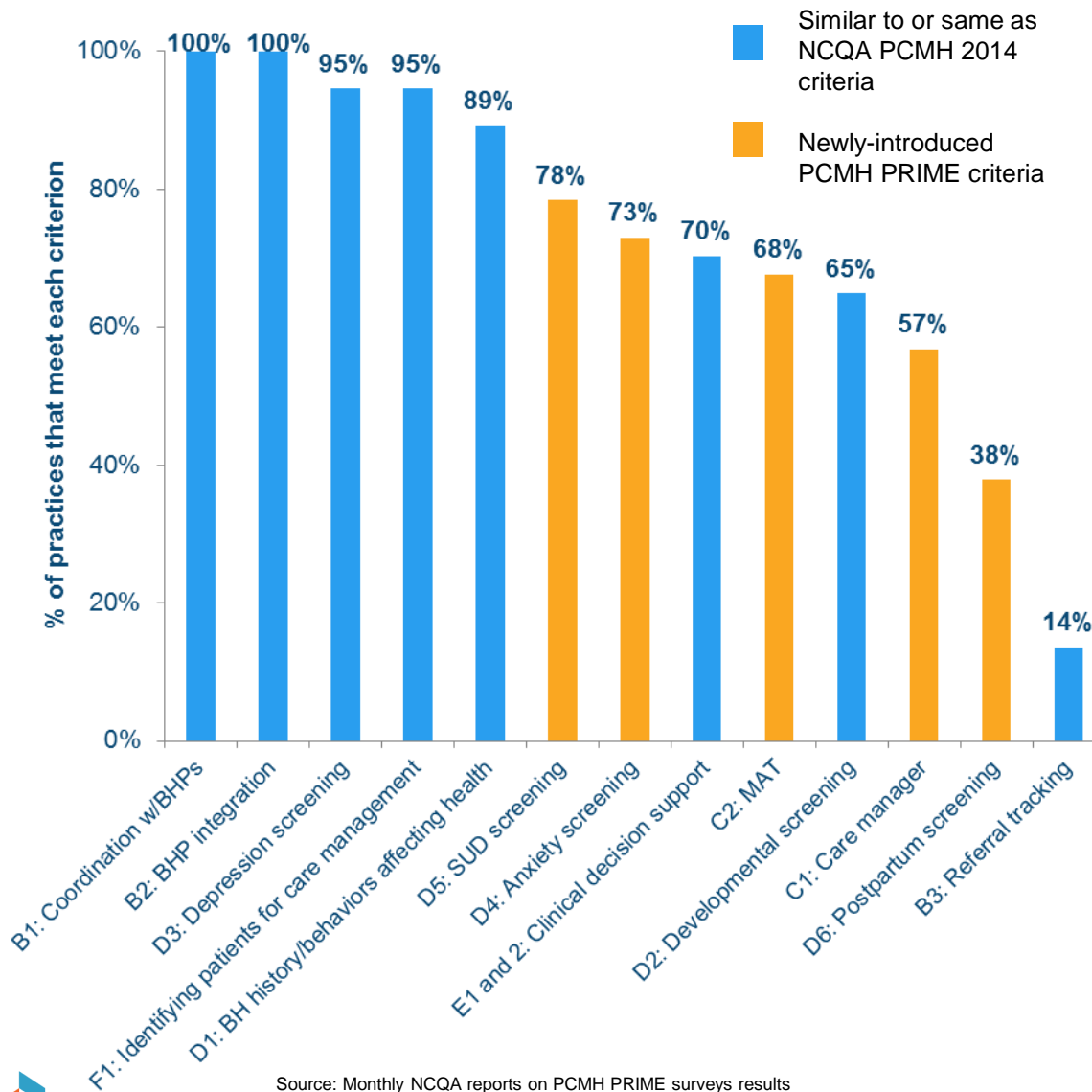
1 practice
is working toward NCQA PCMH Recognition and PCMH PRIME Certification concurrently



**92 practices
currently
participating in
PCMH PRIME**



Percent of Practices that Submitted a PCMH PRIME Survey to NCQA that Meet Each Criterion



- **On average, practices that submitted a PCMH PRIME survey satisfy 9 criteria**
- The highest scoring practice met 12 criteria
- The most commonly met PCMH PRIME criteria is the integration of behavioral health providers into primary care sites (practices that satisfy B2 automatically receive credit for B1)
- The least commonly met criteria is tracking and following up on behavioral health referrals

Source: Monthly NCQA reports on PCMH PRIME surveys results

Notes: Practices submitting a PCMH PRIME survey to NCQA include the 35 PCMH PRIME certified practices and 2 of the practices that submitted a survey but failed to achieve certification. For the practice that initially failed the survey review but later achieved certification, only the second PCMH PRIME results survey are included.

For D2, practices that marked this criterion as N/A have been removed from denominator.

ACO Certification Program Values

Vision of Accountable Care

A health care system that efficiently delivers on the triple aim of better care for individuals, better health for populations, and lower cost through continual improvement through the support of alternative payment.

- 1 **Care should be seamless** and guided by patients and families
- 2 Systems should **use evidence-based guidelines and be mindful of waste** so resources can be distributed to those who need it most
- 3 Support a **pluralism of ACO models** (e.g. community health center-led; primary care physician-led, hospital-led, medical and behavioral health provider partnerships)
- 4 Encourage medical provider-led ACO **to work with other non-medical providers** in the community
- 5 Systems should do no harm, **support safe and effective care**
- 6 Commit to regularly **assess the program** to ensure continuous improvement and market value

Overview of ACO Certification Criteria

Pre-requisites

4 pre-reqs.
Attestation only

- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1 Assessment Criteria

6 criteria
Sample documents, narrative descriptions

- ✓ Patient-centered, accountable governance structure
- ✓ Participation in quality-based risk contracts
- ✓ **Population health management programs**
- ✓ **Cross-continuum care: coordination with BH,** hospital, specialist, and long-term care services

2 Required Supplemental Information

9 criteria
Narrative or data
Not evaluated by HPC but must respond

- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ **Develops community-based health programs**
- ✓ Supports patient-centered advanced illness care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption
- ✓ Commits to consumer price transparency







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HPC's Health Care Innovation Investment Program

The Health Care Innovation Investment Program is investing \$11.3M in innovative projects that further the HPC's goal of **better health and better care at a lower cost** across the Commonwealth.



	Lower Costs 	Greater Access 	Better Outcome 
Primary Goal: Target Populations:	8 diverse cost challenge areas: <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="background-color: #006699; color: white; padding: 5px; margin: 5px;">SDH</div> <div style="background-color: #6699cc; color: white; padding: 5px; margin: 5px;">BHI</div> <div style="background-color: #99cc66; color: white; padding: 5px; margin: 5px;">VIC-Purchasers</div> <div style="background-color: #006666; color: white; padding: 5px; margin: 5px;">VIC-Providers</div> <div style="background-color: #6699cc; color: white; padding: 5px; margin: 5px;">Practice Pattern Variation</div> <div style="background-color: #99cc66; color: white; padding: 5px; margin: 5px;">PAC</div> <div style="background-color: #006666; color: white; padding: 5px; margin: 5px;">SAI & EOL</div> <div style="background-color: #006699; color: white; padding: 5px; margin: 5px;">Site & Scope of Care</div> </div>	Patients from the following categories with Behavioral Health needs: 1. Children and Adolescents 2. Older Adults Aging in Place 3. Individuals with Substance Use Disorders (SUDs)	Opioid-addicted mothers and substance-exposed newborns 
Number of Initiatives:	10	4	6

Telemedicine Pilot Awardee Highlight: *Heywood Hospital*



Target Population

Children and Adolescents

Partners

- Athol Hospital
- Clinical and Support Options (CSO)
- Mclean Hospital
- Narragansett Regional High & Middle Schools
- Ralph C. Mahar Regional School
- NE Telehealth Resource Center

Total Initiative Cost

\$514,301

HPC Funding

\$425,570

Primary Aim

Increase access to behavioral health services by 10% for 145 Middle and High School students

Secondary Aims

- Reduce acute care crisis intervention in schools by 10%. Reduction of BH-related ED visits and inpatient admissions 6 months post initial assessment
- Reduce hospital ED admissions for BH by youth and adolescents from target population by 20%.

Innovative Model

School-based behavioral health counseling for middle and high school students.

Heywood will provide school-based counseling services via remote video consults for middle and high school children with the support of a co-located care coordinator.

By the Numbers: NAS Interventions

6 initiatives

Funded by the HPC

\$3,000,000

HPC funding

59 Organizations

(e.g. hospitals, primary care practices, behavioral health providers) collaborating

Initiatives span the Commonwealth:

From Springfield to the North Shore



**>400 infants
with NAS**

treated by HPC's
awardees in 2015



**3 Initiatives
Launched**

Mother and Infant-Focused NAS Interventions Awardee Highlight (Full Spectrum): *Beverly Hospital*



Partners

- DCF North Regional Office
- Northeast ARC EI
- Cape Ann EI
- North Shore YMCA
- Catholic Charities

Primary Aim

Inpatient Initiative Primary Aim: Reduce length of inpatient stay by 30%

Outpatient Initiative Primary Aim: Increase retention in treatment by 20%

Operational Approach

- Establish a support system for women during pregnancy and for 1 year post-partum.
- Provide behavioral health counseling along with pharmacological treatment, psychiatric services, and peer support for mothers
- Integrate training of psychiatry nursing staff to certify registered addictions nurses
- Train all staff in trauma-informed care

Target Population

- During FY 2015, Beverly Hospital treated 68 infants with NAS with an average LOS of 23 days
- This program will enroll a minimum of 70 pregnant women over 2 years.

Total Initiative Cost

\$1,226,962

Total HPC Funding

\$1,000,000

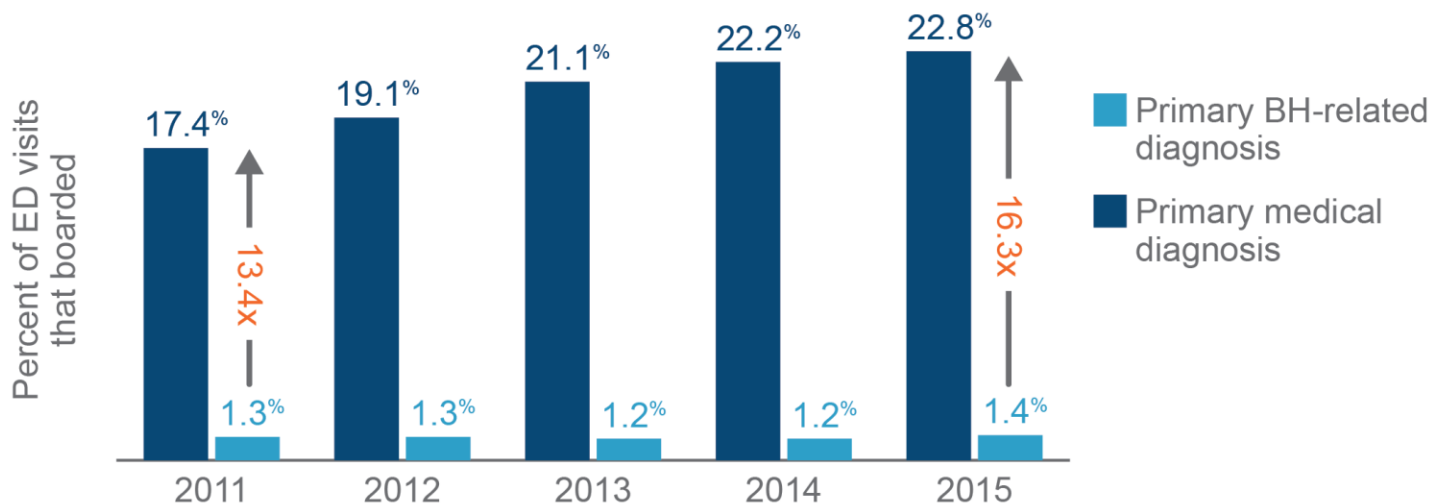
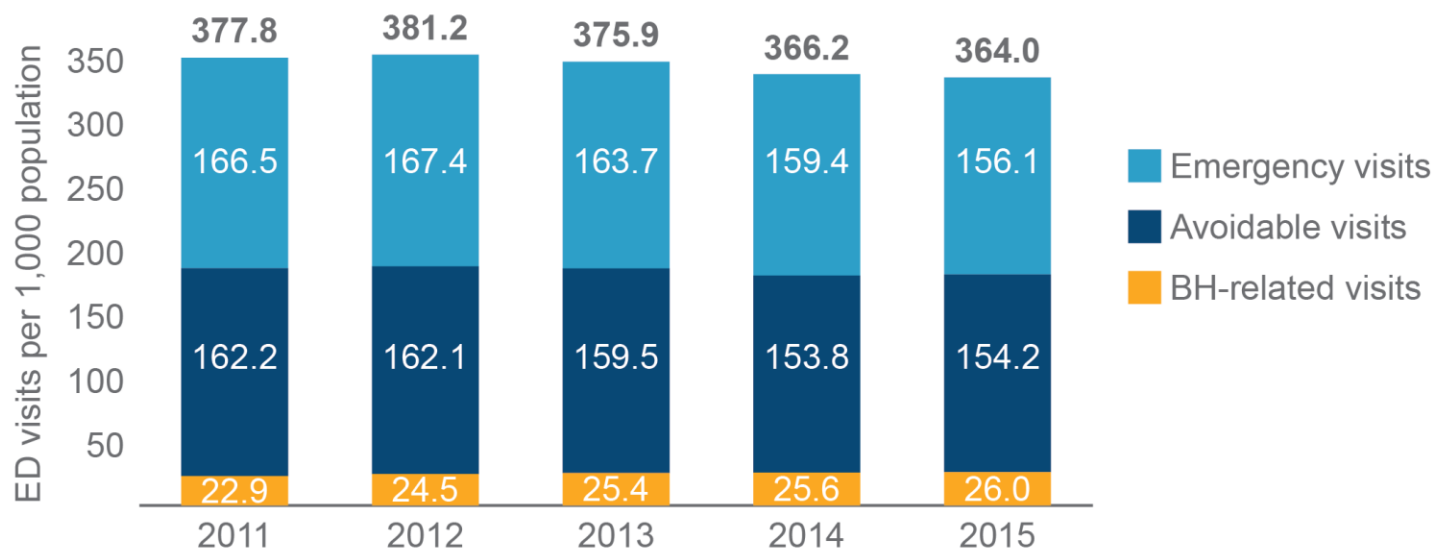


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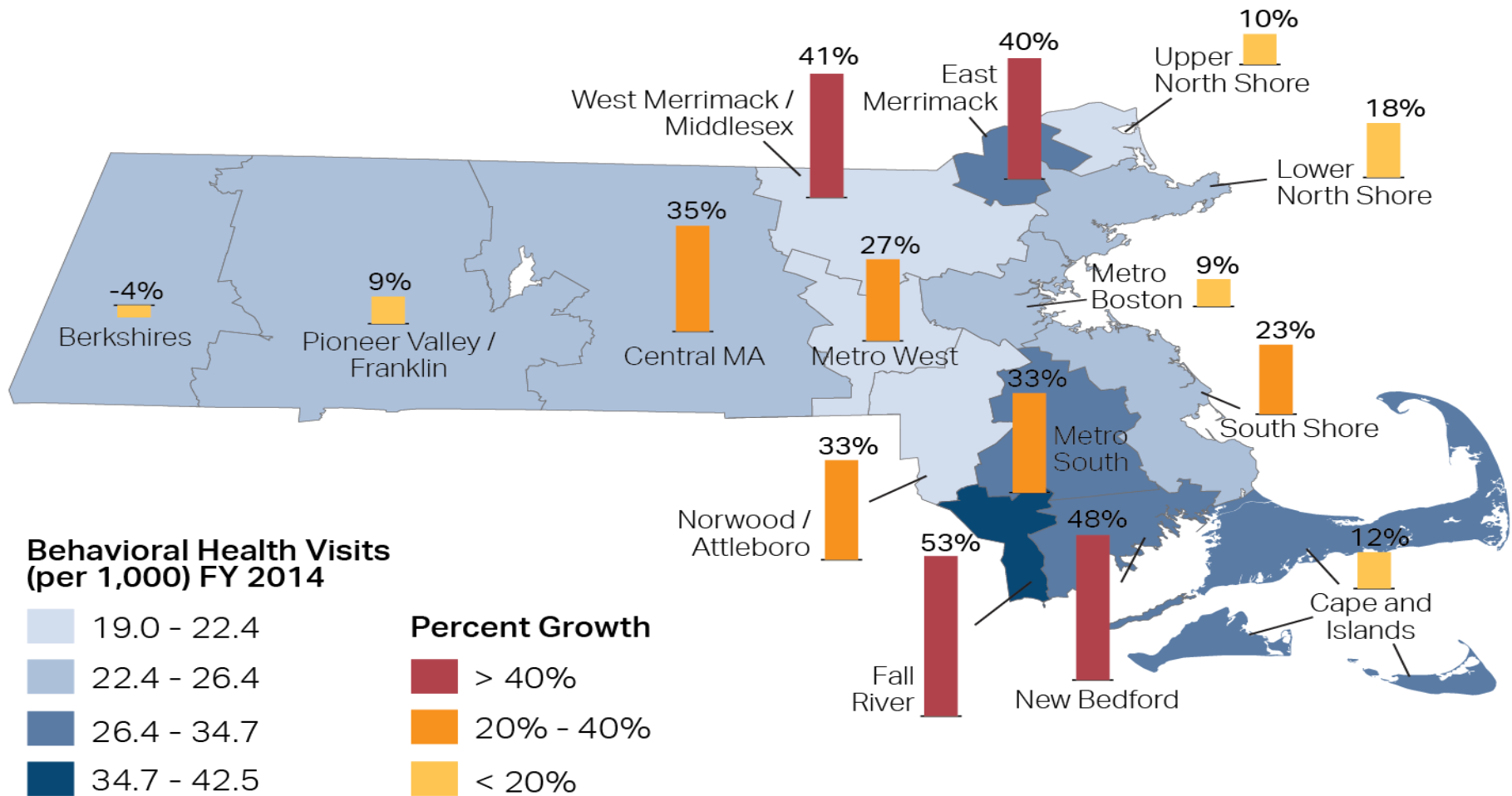
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Trends in BH-related ED visits and ED boarding, 2011-2015



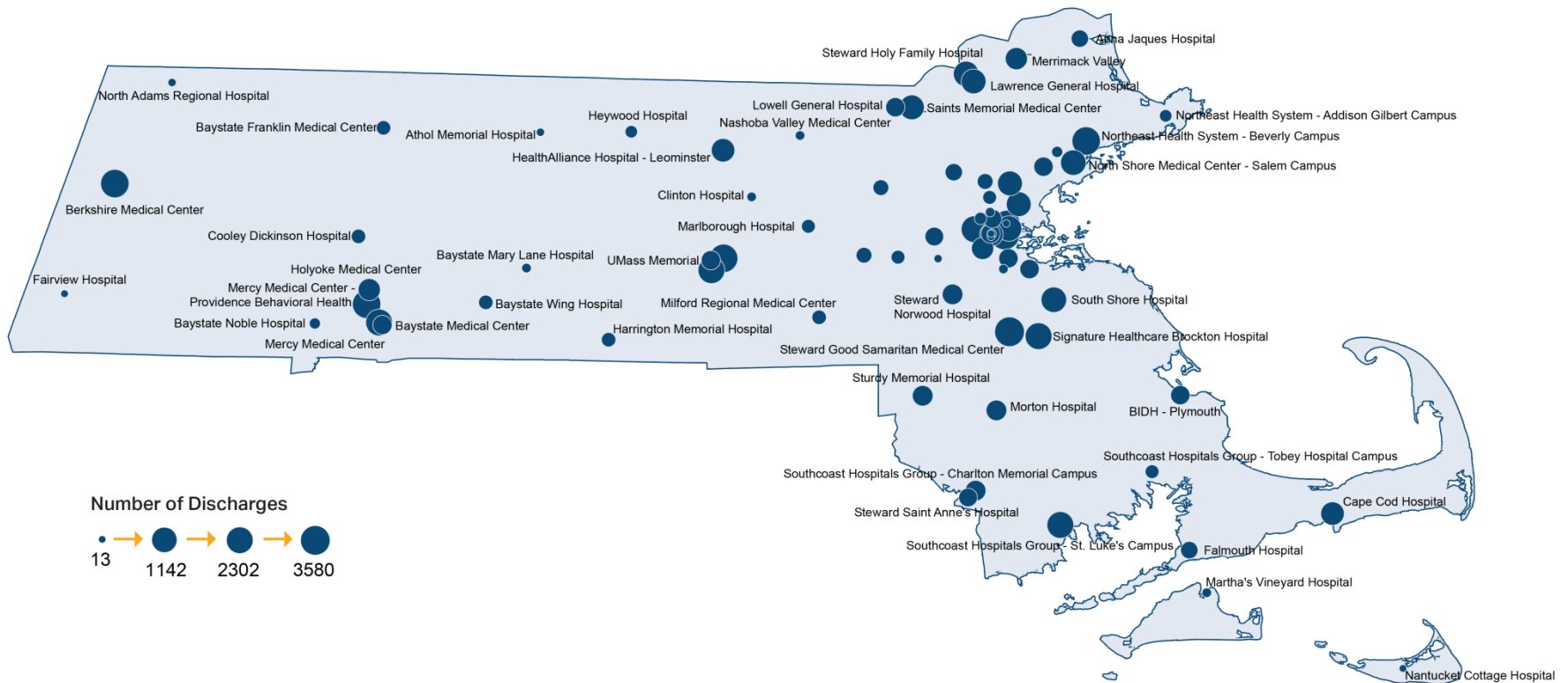
Note: Definition of ED categories in the top graph is based on NYU Billings Algorithm categorization of patient's primary diagnosis. One category, unclassified visits, also grew during this time period, but is not shown in the bottom graph. In all subsequent analyses, BH includes patients with a primary or secondary BH diagnosis.

ED visits with a primary diagnosis of behavioral health increased sharply in a few regions between 2010 and 2014



Note: Behavioral health includes mental health and substance use disorder. All conditions are based on primary diagnosis. All rates are adjusted for age and sex
 Source: NYU Center for Health and Public Service Research; HPC analysis of Centers for Health Information and Analysis case mix ED database, FY2010-FY2014

Several hospitals across the Commonwealth treat large numbers of patients for opioid-related illness (mapped by total volume per hospital)



Contact Information

For more information about the Health Policy Commission:

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