

**Joint Meeting of Health Planning Council and Health Planning Advisory
Committee
February 11, 2014
1 Ashburton Pl., 11th floor, Matta Conference Room
Boston, MA
9:30-11:00 a.m.**

Health Planning Council Members Present:

Cheryl Bartlett, Commissioner, Department of Public Health (DPH); Àron Boros, Executive Director, Center for Health Information and Analysis (CHIA); Kathy Sanders representing Marcia Fowler, Commissioner, Department of Mental Health (DMH); Ann Hartstein, Secretary of Executive Office of Elder Affairs (EOEA); Ann Hwang representing John Polanowicz, Chairperson, Secretary of Executive Office of Health and Human Services (EOHHS); Iyah Romm representing David Seltz, Executive Director, Health Policy Commission (HPC)

Health Planning Advisory Committee Members Present:

Dana Bushell, Program Manager, Massachusetts Group Insurance Commission; Anuj Goel, Vice-President of Legal and Regulatory Affairs, Massachusetts Hospital Association; Dr. Michael Hirsh, Acting Commissioner of Public Health, City of Worcester; Mary Ann O'Connor, President and CEO of the VNA Care Network and Hospice; Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans; Brian Rosman, Research Director, Health Care for All; Dr. Anne Whitman, President, Cole Mental Health Consumer Resource Center; Lisa Whittemore, Vice President of Network Performance Improvement, Blue Cross Blue Shield of Mass., James Willmuth, Senior Policy Analyst, SEIU 1199

Dr. Ann Hwang called the meeting to order at 9:35 a.m. She announced that Secretary Polanowicz would be unable to attend this meeting and she would be chairing the meeting in his place. After introductions of those in attendance Dr. Hwang stated that the first agenda item, approval of Minutes from the December meetings, would be delayed until later in the meeting to assure a quorum was available for both the Council and Advisory Committee.

Madeleine Biondolillo, MD, Bureau Director and Associate Commissioner of the Department of Public Health, updated the group on the behavioral health planning analysis. She noted that Deliverable 1 has been accomplished; the service maps and definitions have been posted. Deliverable 2 is due in March.

Brian Rosman asked about funding support for health planning. Dr. Hwang commented that the Secretariat has invested sizable staff resources for health planning, a lot of work is underway, and additional analytic support will soon be brought on board.

Lora Pellegrini noted how important this work is and asked if there is a way to seek federal funding. She noted there is interest in a ‘deeper dive’ and it is a priority in order to understand capacity.

Dr. Hwang responded that within the area of behavioral health, staff is inventorying and analyzing approximately thirty service lines. She added that one of the reasons for choosing to focus on a single service line in the first year is the ability to do a deep dive.

Ms. Pellegrini commented that she is hearing from the community that there are access problems, e.g., in the emergency departments, but we do not know whether there is over or under capacity.

Mr. Rosman added that he saw this initiative as informing the Determination of Need (DoN) process and asked if there were a plan beyond looking at behavioral health. Dr. Hwang responded that the Council identified six priority areas [primary care, post-acute care, trauma, ambulatory surgery, percutaneous coronary intervention (PCI), and behavioral health], with a plan to focus on behavioral health in year one. Dr. Hwang offered to review the plan for the six topics at the next meeting.

There were additional questions regarding the plans beyond 2014 and budget considerations. Dr. Hwang commented that staff is learning a lot as they prepare the information for the behavioral health analysis, and that the expectation is that the remaining five priority areas could be covered more quickly. Dr. Biondolillo added that although there is a huge learning curve we are building a framework. She added that behavioral health is the least amenable to traditional health planning.

Commissioner Cheryl Bartlett noted that the Department of Public Health staff is also working on other health resource planning topics such as PCI and trauma during the course of its daily DPH activity.

Dr. Biondolillo returned to the slide presentation and noted that staff are updating and adding functionality to the maps.

Anuj Goel complimented the work that has been done on the maps but asked for more background, e.g., who are the providers? what regions do they cover? Dr. Hwang responded that the source documents posted with the maps provide some of this information.

Dr. Biondolillo provided an update on the Informational Survey that was distributed in January. She reviewed the questions that were included in the survey, summarized which types of organizations and how many of each type responded to the survey, and provided a ‘word cloud’ that reflects the frequency of certain words used in the responses (see page 11 of the presentation).

Several commenters mentioned the need to create a continuum of data. Several evidence-based types of interventions and need were suggested for further exploration, including

but not limited to trauma informed care, children’s ABA services, care transitions, community support services, transportation, Mental Health First Aid, Screening, Brief Intervention and Referral to Treatment (SBIRT), and Telemedicine.

The source information for the responses will be posted on the Health Planning Council website. Dr. Hwang asked if there were any reflections or questions on the presentation.

Dr. Anne Whitman asked if staff had looked at the functional role of people connecting these various services and suggested that we may need to retrain people to do better connections. She asked what the connection is to get mental health patients into the community, when a lot of the system is falling down.

Dr. Biondolillo commented that the continuum of care in all areas is critical. She added that how much planning can get to the heart of all those questions is challenging from a traditional health planning standpoint that focuses on inventory, gaps and capacity. Many respondents indicated that that is the “prize to keep our eyes on”.

Dr. Biondolillo then presented a few sample Definitions, which are Deliverable 2. As highlighted in the presentation, she noted that developing definitions is recursive: one starts with a hypothesis, finds out what can be measured, and then possibly changes the definition to match what can be measured.

As part of the discussion of the Analytic Plan, Dr. Biondolillo called the group’s attention to the services that are ‘cross sector’ and not specifically identified in either mental health or substance abuse. These include Long Term Services and Supports (BH subset); Multiple Potential Programs – such as Adult Day Centers and Rest Homes; School-based services and Preventative services. Staff are trying to think of ways to fit these critically important services in.

While presenting the potential levels of analysis for the thirty services within behavioral health, Dr. Biondolillo added that staff are trying to not create new data reporting requirements, but noted that it is challenging to get the data that is needed.

James Willmuth asked about the status of the All Payer Claims Database (APCD). Àron Boros responded by noting a few of the limitations of the APCD pertinent to behavioral health analysis, such as:

- many behavioral health services are not covered by commercial carriers;
- the database is limited to paid claims so would not capture out-of-pocket payments, for example; and
- the database includes MassHealth data but not Mass. Behavioral Health Partnership (MBHP) data, at least for this year.

Mr. Boros also noted that state laws, often referred to as the “42CFR Part 2 Laws”, limit the use or sharing of mental health data. He added that his agency is engaged in the health planning process and hopes to be able to add value.

Iyah Romm commented that the Health Policy Commission is thinking about building out behavioral health analytics.

Dr. Biondolillo presented a color-coded two-by-two grid showing the ease or difficulty of data access compared to the value of that data to health resource planning (slide 23 of the presentation). She then presented the same grid showing where substance abuse service specific data as well as mental health service specific data appeared on that grid.

Dr. Biondolillo described how a pilot service was chosen for both substance abuse and mental health to use as a “proof of concept”, identifying the challenges and solutions. She noted examples of data challenges with population data, lack of patient origin data, limited data for some facility types and possible solutions. For the Mental Health Pilot, accomplishments were noted, but challenges remain.

Lisa Whittlemore cautioned about a sense of false capacity, depending on the source of the data. She noted that you can get more information about how hard it is to place specific individuals by talking to the people who try to place those patients.

Mr. Boros commented that for the acute care services in the “green quadrant” on the grid (high level of ease of data access/high level of analytic value), the hospital discharge database has inpatient data. Dr. Hwang noted that this database does not include specialty hospitals, such as stand-alone inpatient psychiatric facilities.

The group then reviewed the hand-out presenting sample analytic outlines for three services: acute inpatient psychiatric units/facilities – adult; acute inpatient substance abuse beds – adult; and licensed outpatient mental health clinics. The question to be answered is “what is the appropriate level of analysis”?

Dr. Whitman commented that access issues are more complicated; they are about language, cultural barriers, etc., adding “community support agencies are where it is at”.

Mr. Romm noted that for some services state level analysis is appropriate but asked if there is a place for regional analyses for some services. Wendy Weitzner responded that “site level” allows you to roll up to the regional level. Mary Ann O’Connor added that she wanted to underscore that innovations are going on in the community.

Dr. Hwang asked the group to think about the analytic plan and asked them to offer their comments. Staff will continue to refine the plan. Dr. Biondolillo added that traditional health planning is the starting point, not the end point, for this work.

Mr. Romm asked if there is a case mix metric for mental health/substance abuse services, similar to the case mix adjustment for medical/surgical patients. Terry Anderson of DMH responded that it has been attempted, but it is very difficult.

The final agenda item was the approval of the Minutes of the two December 19, 2013 meetings. Ms. Pellegrini offered one correction to the December 19 Joint Meeting

Minutes. On page two, second paragraph, the comment in the second sentence should be attributed to Mr. Rosman, rather than Ms. Pellegrini. After noting the correction offered by Ms. Pellegrini, Dr. Hwang asked for a motion to approve the Minutes, with the correction, of the Joint Health Planning Council's December 19 meeting. After a motion made and seconded, the Minutes were approved unanimously.

Dr. Hwang then asked if there were any comments on the Minutes of Health Planning Advisory Committee December 19 meeting. There were none. She then asked for a motion from Advisory Committee members to approve the Minutes. After a motion made and seconded, the Minutes were approved unanimously.

Lora Pellegrini suggested that Dr. Hwang should have a conversation with Senator Keenan or Representative Haddad (chairs of the committee originally created to look at Taunton State Hospital that is now addressing broader issues), to keep them linked in to the activities of the Council. Dr. Hwang thanked Ms. Pellegrini for her feedback, and indicated that staff were providing updates to the committee's staff.

Dr. Biondolillo announced that the next Joint Meeting is tentatively scheduled for March 26, 2014 from 3:30-5:00 p.m.

The meeting adjourned at 10:52 a.m.