Health Care Workforce Transformation Fund
Advisory Board
June 24, 2015
9:30 a.m. to 11:00 a.m.

Commonwealth Corporation
2 Oliver Street, Fifth Floor
Boston, MA 02109

1. Welcome/Introductions: Secretary Ronald L. Walker, II

2. Update on the Health Care Workforce Transformation Fund Training Grants: Karen Shack

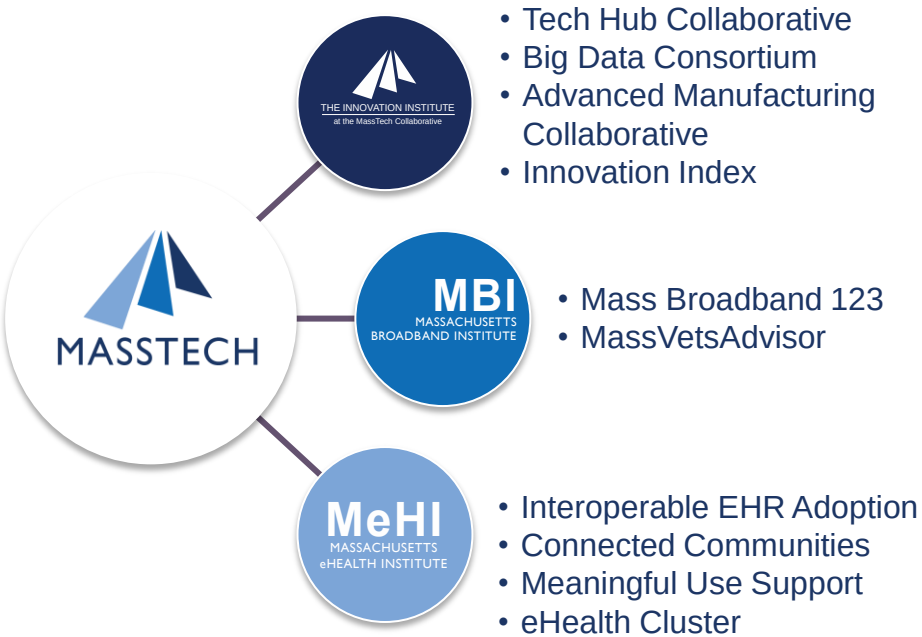
3. Mass Tech presents on the Springfield Technical Community College Grant: Laurance Stuntz

4. Community Hospital Acceleration, Revitalization, and Transformation (CHART)- Round 1 Update: Margaret Senese

5. Care Dimensions Grantee Presentation: Susan Lysaght Hurley

6. Announcements and Closing Comments: Secretary Ronald L. Walker, II

MeHI Overview



- Tech Hub Collaborative
- Big Data Consortium
- Advanced Manufacturing Collaborative
- Innovation Index

- Mass Broadband 123
- MassVetsAdvisor

- Interoperable EHR Adoption
- Connected Communities
- Meaningful Use Support
- eHealth Cluster

MeHI is a division of the Massachusetts Technology Collaborative, a public economic development agency

MeHI is the designated state agency for:

- Coordinating health care innovation, technology and competitiveness
- Accelerating the adoption of health information technologies
- Promoting health IT to improve the safety, quality and efficiency of health care in Massachusetts
- Advancing the dissemination of electronic health records systems in all health care provider settings

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

MeHI Vision, Mission, and Goals

VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

MISSION

To engage the healthcare community and catalyze the development, adoption and effective use of health IT

GOALS

Adoption

Interoperable EHRs

Support Health Reform

- Better Health
- Better Care
- Lower Costs

Consumer eHealth Engagement

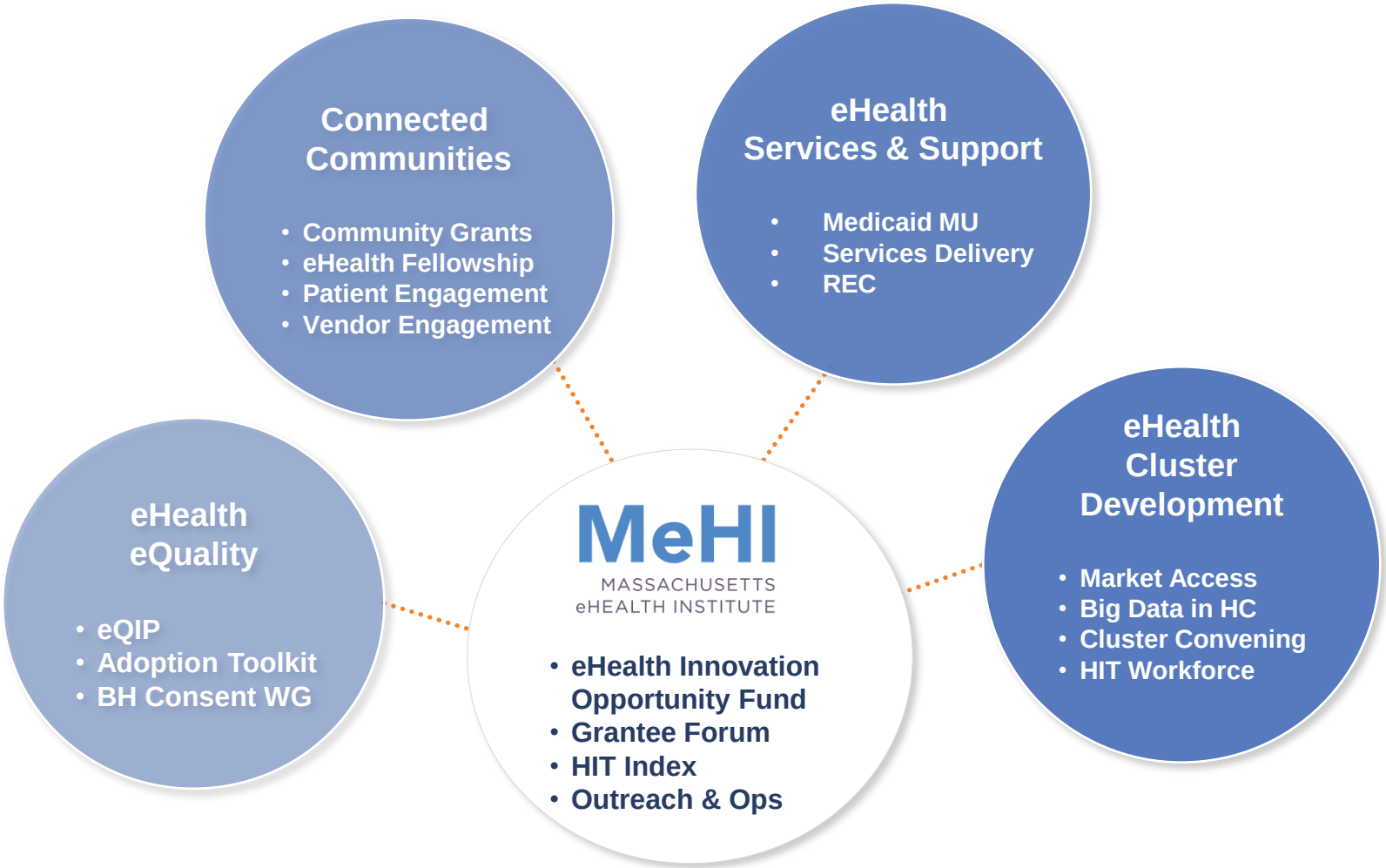
Grow & Promote Innovation & eHealth Cluster

2020

400+ **companies** / $15 billion
15,000+ **employees**

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

MeHI Initiatives 2015 - 2016



CORE VALUES

Innovation • Insight • Collaboration • Accountability

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

Workforce Training Program Goals

- Meet Ch. 224 mandate to establish a pilot partnership with a community college or vocational technical school
- Address gap in health IT training in CNA and LPN programs
- Consider health IT training needs specific to LTPAC and home health care agencies:
  - High rates of employee turnover
  - Disparate locations
- Funded by Commonwealth Corporation through the Healthcare Workforce Transformation Fund

Workforce Training Program Structure

- Development of Health IT Curriculum Module
  - Aimed at specific needs in LTPAC and home health care sectors
  - Focused on 1-2 Health IT topics, including privacy/security
- Train-The-Trainer Module
  - Develop module to train staff in delivery of the curriculum module
  - Conduct pilot program with staff from LTPAC and home health care agencies, trade associations, and MeHI
- Direct Delivery
  - Trained trainers teach the curriculum directly to their staff

Partners

Curriculum Development & Training:

Springfield Technical Community College

Cape Cod Community College

MIDDLESEX Community College

Long Term Care Partners:

LIFE CARE CENTER OF MERRIMACK VALLEY

WINGATE HEALTHCARE

Home Care Partners:

HopeHealth℠ Touching Lives

Timeline

- Kick-Off Meeting (May 26th)
- Focus Groups (June – July)
  - 6 focus groups hosted by community college partners
  - Representatives from local home health care and LTPAC organizations and related trade associations
  - Soliciting feedback on proposed delivery model and curriculum topics
- Curriculum Development & Testing (July – August)
- Recruit & Train Trainers (September – February)
- Direct Curriculum Delivery (February – April)
- Post-Pilot Roundtables & Final Report (April – June 2016)

COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

CHART Phase 1: Foundational Investments for Transformation

June 24, 2015

Agenda

- CHART Investment Program
- CHART Phase 1 and Summative Report Findings
- Implications for CHART Phase 2

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Ongoing HPC Responsibilities

The HPC's activities are broadly grouped in four key areas:

1. Promote the adoption of new delivery system models through a certification program for patient-centered medical homes and accountable care organizations
2. Make investments in the Commonwealth's community hospitals to establish the foundation necessary for sustainable system transformation
3. Monitor system transformation in the Commonwealth and cost drivers therein
4. Examine significant changes in the health care marketplace and their potential impact on cost, quality, access, and market competitiveness

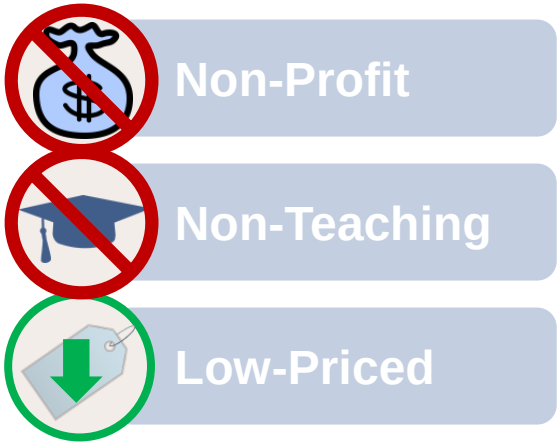
Foundational Investments in System Transformation

2

Make investments in the Commonwealth's community hospitals to establish the foundation necessary for sustainable system transformation

- Funded by the one-time assessment on payers and select providers
- Total amount of $119.08M ($128.25M, less $9.17M provided in mitigation to qualifying acute hospitals)
- Unexpended funds may be rolled over to the following year; do not revert to the General Fund
- Competitive proposal to receive funds

Strict eligibility criteria:

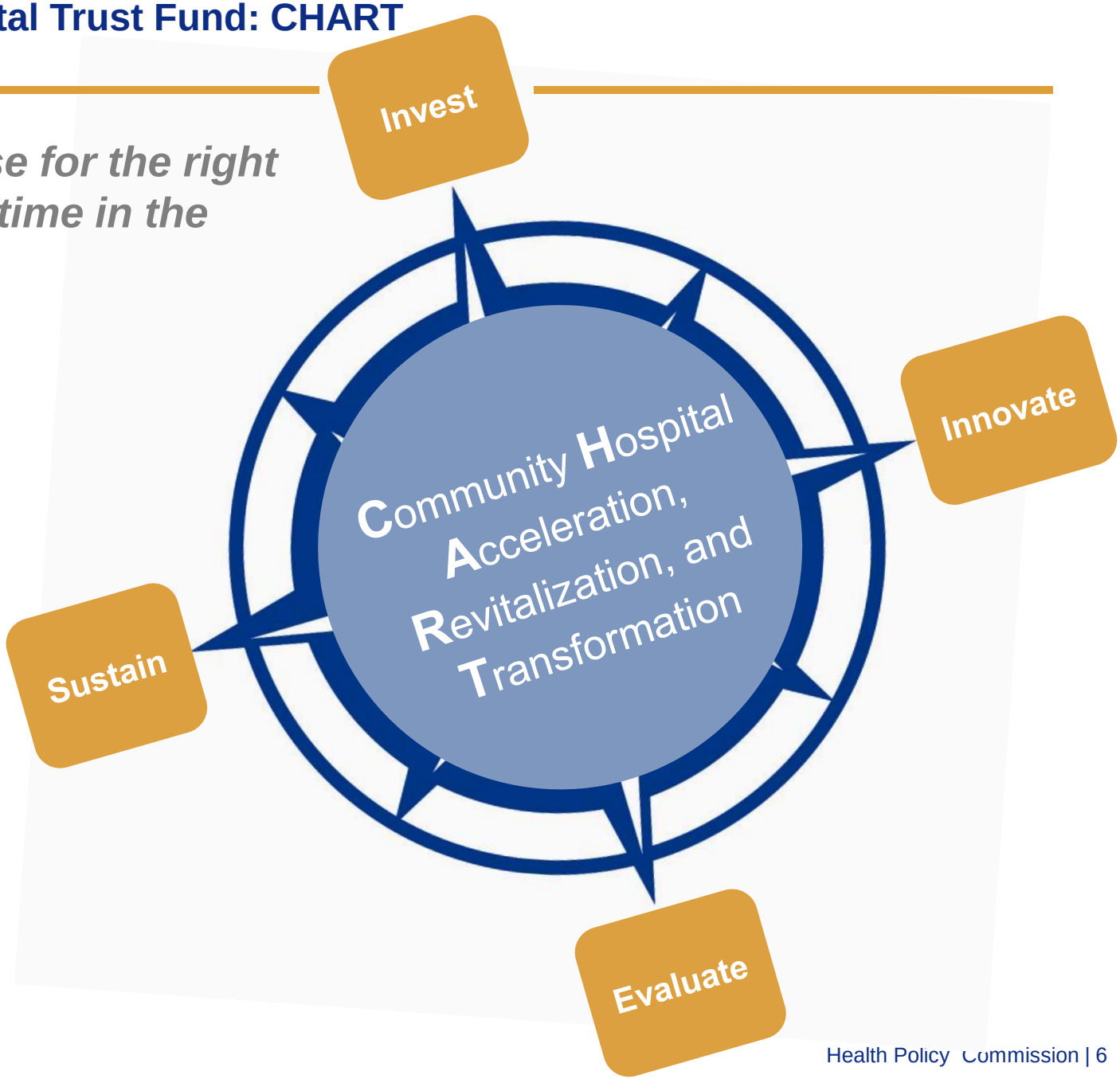


Achieve sustainable, scalable interventions that benefit communities

Source: M.G.L. Chapter 29, Section 2GGGG; 958 CMR 5.00

Distressed Hospital Trust Fund: CHART

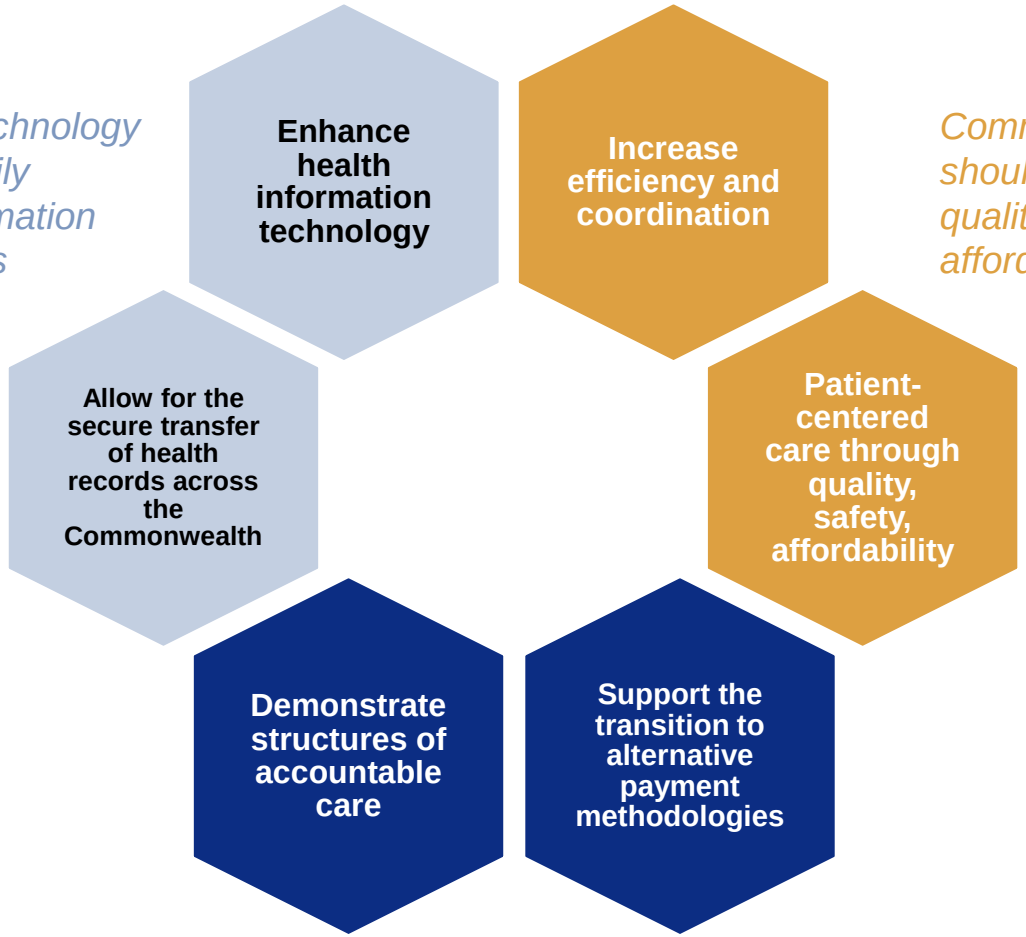
Charting a course for the right care at the right time in the right place



Statutory Goals

Investments shall support at least one of six statutory goals:

Encouraging technology adoption to easily exchange information across hospitals



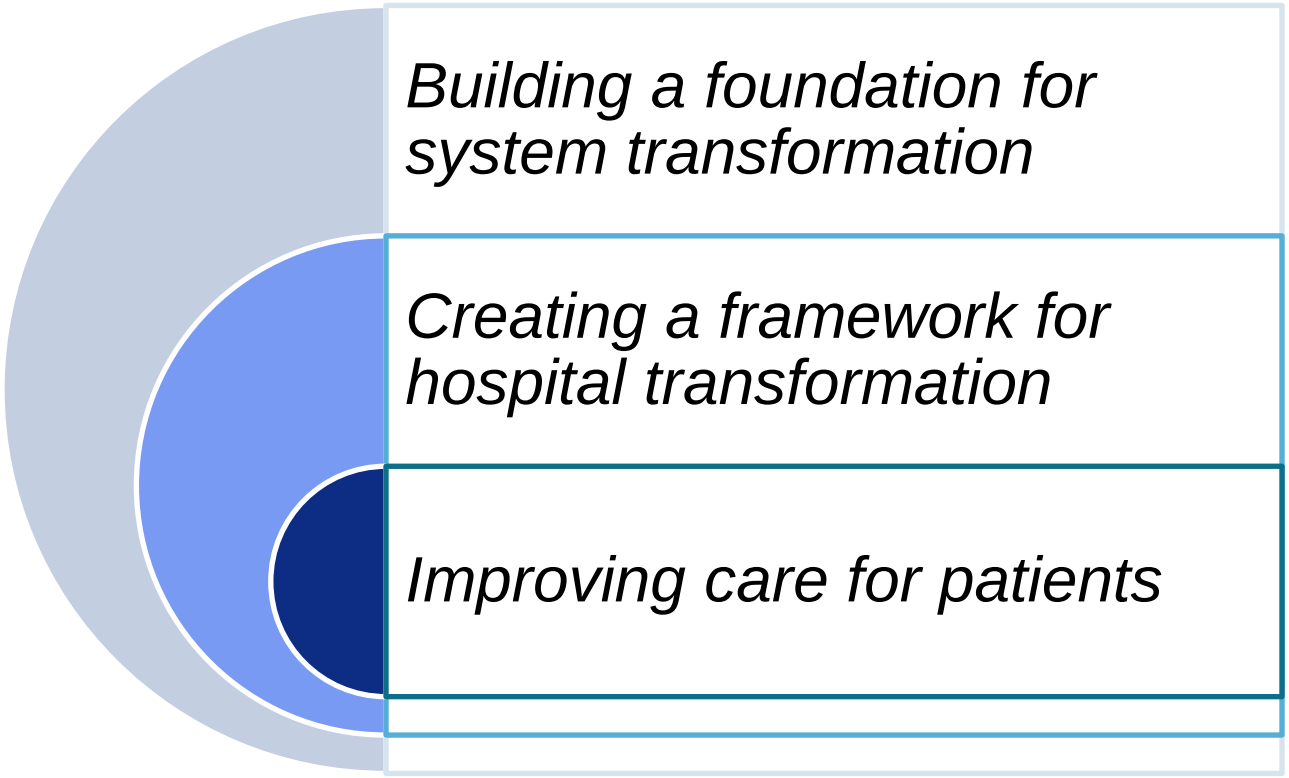
Community-based care should be efficient, high-quality, safe, and affordable

Building a structure for creating accountable care

Source: M.G.L. Chapter 29, Section 2GGGG; 958 CMR 5.00

CHART Investment Priorities

CHART investment priorities are structured to support transformation at the system, hospital, and patient care levels



Agenda

- CHART Investment Program
- CHART Phase 1 and Summative Report Findings
- Implications for CHART Phase 2

CHART Phase 1 Summative Report

CHART Phase 1 Report

Key Report Sections

1. **Overview**
   Understanding the CHART Hospital Context
   CHART – Supporting Efforts to Meet the Health Care Cost Growth Benchmark
   CHART Program Goals and Theory of Change
   Seeking System Transformation
   The HPC Investment Approach: Building a Foundation for Transformation

2. **Hospital Initiatives**
   Reducing Readmissions and Improving Transfers to Post-Acute Care
   Reducing Unnecessary Emergency Department Use and Enhancing Behavioral Health Care
   Building Technology Foundations
   The CHART Engagement Model

3. **Lessons Learned**

4. **Moving into Phase 2**
   Conclusion

Overview of Phase 1 investments, impacts, lessons & implications

CHART Phase 1 Application Process

On October 23, 2013, the HPC issued a Request for Proposals (RFP) for Foundational Activities to Prime System Transformation.

$10 million
total funding cap

$500,000
total award cap

28 applications
for investments in one or more pathway:

- Rapid-cycle pilots
- Capability and capacity building
- Planning for improvement

HPC staff, Commissioners, key content experts, and representatives of the Massachusetts Executive Office Health and Human Services and the Office of Medicaid **participated in review and selection of awardees**

All applicants received rewards, ranging from $65,000 to $500,000, with an average award of
$355,559

CHART Phase 1: $9.2M

2,334
Hospital employees trained

400+
Hours of direct technical assistance to awardees

27 HOSPITALS | **260** UNITS
Primed for transformation

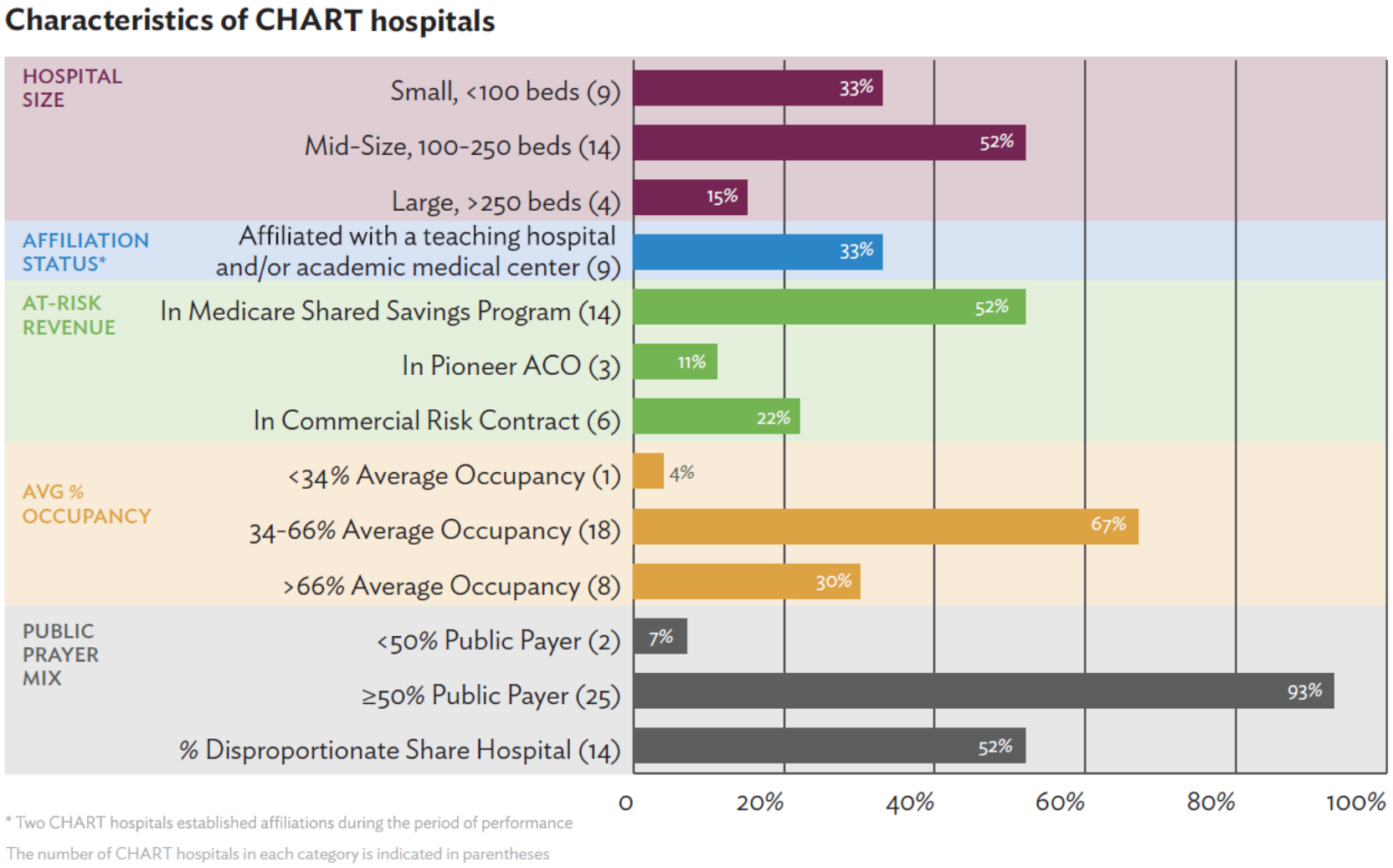
90%
of respondents believed that CHART Phase 1 moved their organization along the path to system transformation

316
Community partnerships formed or enhanced by awardees

167,000+
Patients impacted by Phase 1 initiatives

PHASE ONE

CHART awardees - while exhibiting marked differences - are a generally heterogeneous group of hospitals, reflected in specific indicators

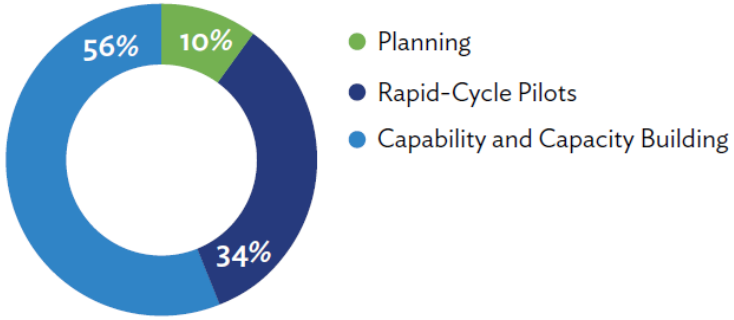


Investment Approach

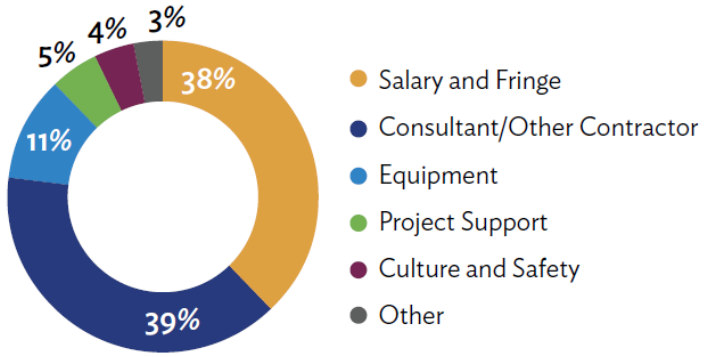
Investments were categorized in to one or more of three specified pathways

1. **Rapid-Cycle Pilots:** Investments in rapid tests of change around hospitals' adaptive capacity, leading to meaningful learning about the organizations' capacity for transformation, as well as early test results to inform delivery redesign activities.
2. **Capability and Capacity Building:** Investments in one or more high-need priorities directly tied to hospitals' plans for transformation. These included process improvement and skill-based trainings for staff as well as the acquisition and implementation of enabling technology.
3. **Planning for Improvement:** Investments in strategic and operational planning activities

The amount of the awards spent in each pathway



The amount of the awards spent in each category



Other refers to money dispersed to NARH

The CHART Hospital Engagement Model

Supporting Hospitals and their Communities in Transformation

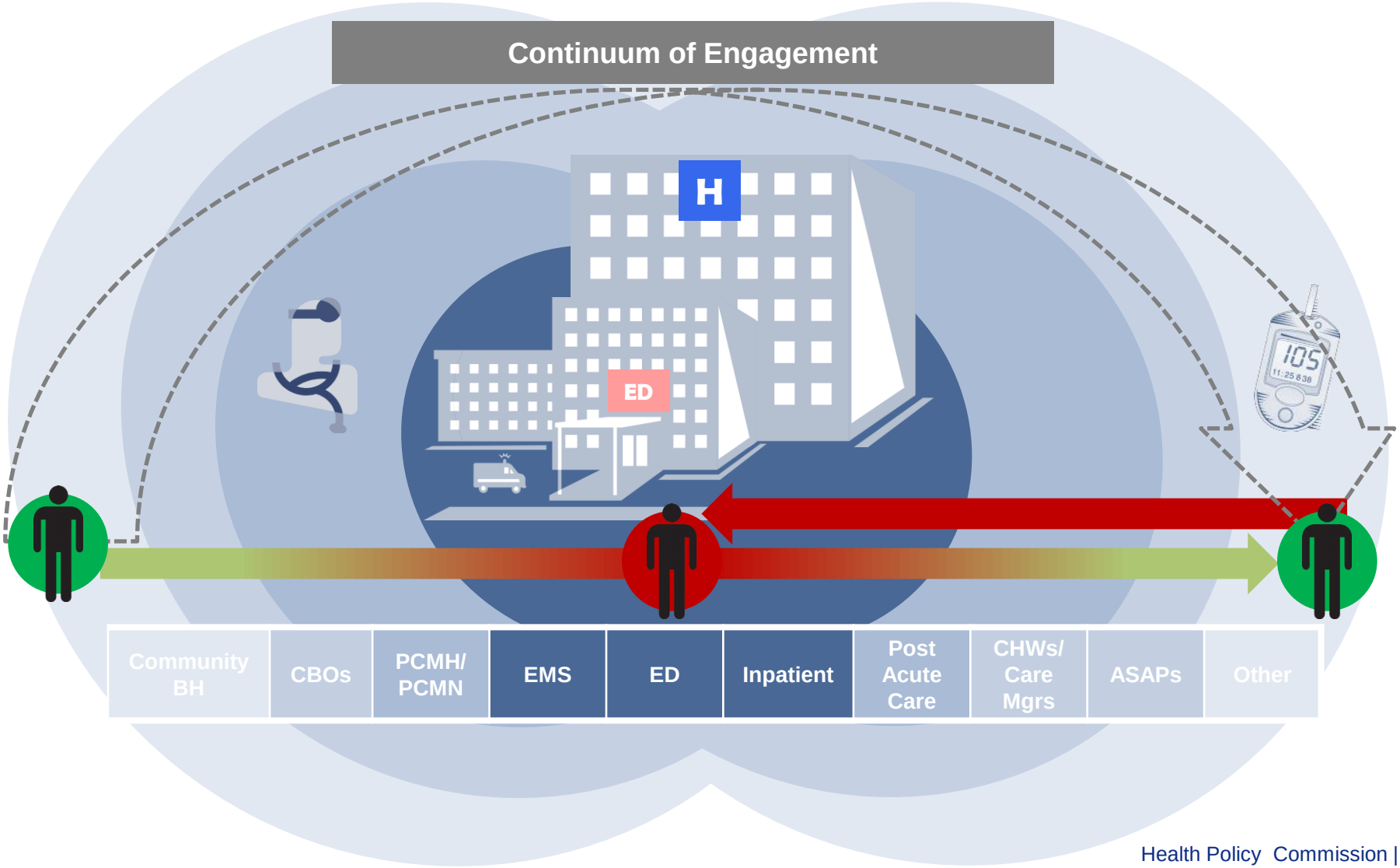


CHART Investment Priorities: Reducing Readmissions

Addison Gilbert Hospital
A member of Lahey Health

Reducing readmissions

Addison Gilbert Hospital sought to reduce 30-day all-cause readmissions by piloting a high-risk intervention team (HRIT) and monitoring its performance.

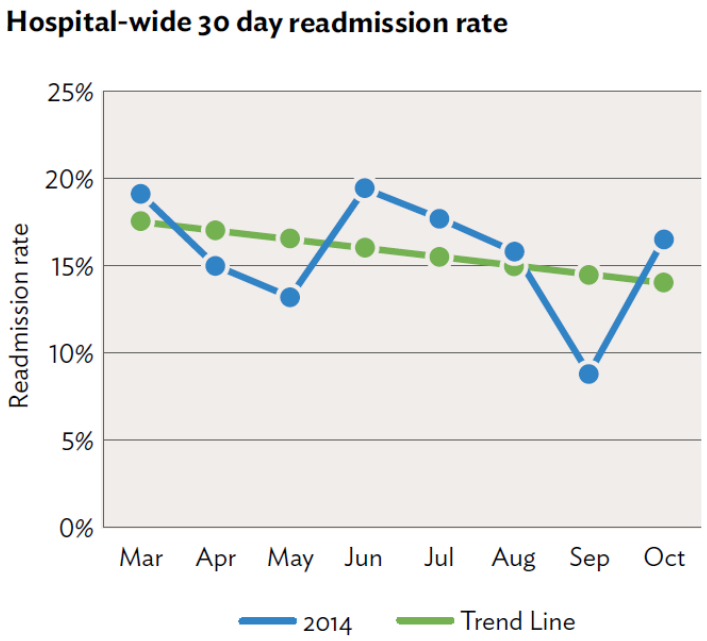


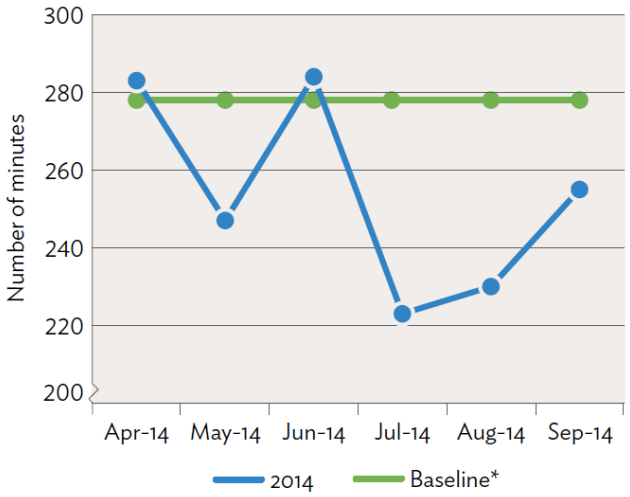
CHART Investment Priorities: Optimizing ED Utilization

Optimizing ED Utilization

UMassMemorial HealthAlliance Hospital

HealthAlliance Hospital partnered with local community providers to develop an ED Navigator Care Coordination Model for patients with serious mental illnesses (SMI). The intervention aimed to connect all patients with a behavioral health condition to a primary care provider and to increase communication across all service areas.

Length of stay for emergency department visits for behavioral health reasons



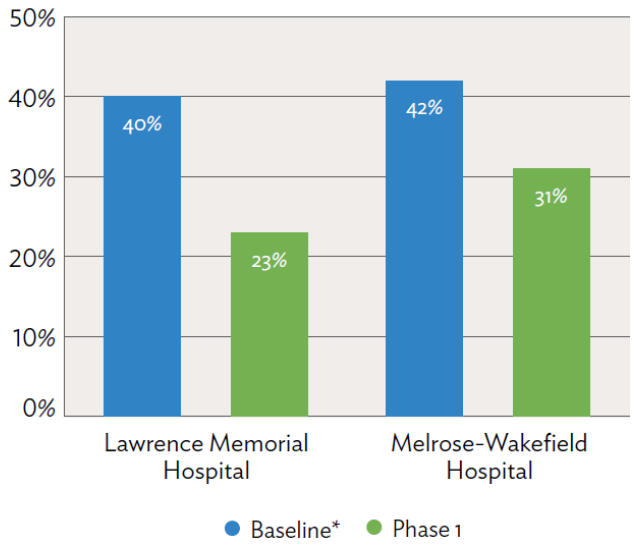
*Baseline is average length of stay April-Sept 2013

CHART Investment Priorities: Enhancing Behavioral Health Care

Enhancing Behavioral Health Care

Hallmark Health System developed standardized clinical practice guidelines for patients with lower back pain in EDs at its hospitals. Hallmark documented substantial reduction in use of opioids for lower back pain management.

Opioid prescribing rates in the Melrose-Wakefield and Lawrence Memorial Hospital EDs



* Baseline is April–June 2013

CHART Investment Priorities: Building Technology Foundations

Building Technology Foundations

Baystate Mary Lane Hospital developed telemedicine programs in 6 clinical departments to increase patient access to specialty providers. The hospital reduced overall patient waiting time for appointments to less than 20 days, versus over 80 days on average for in-person appointment

Wait time (number of days) to third appointment: Baystate Mary Lane Hospital

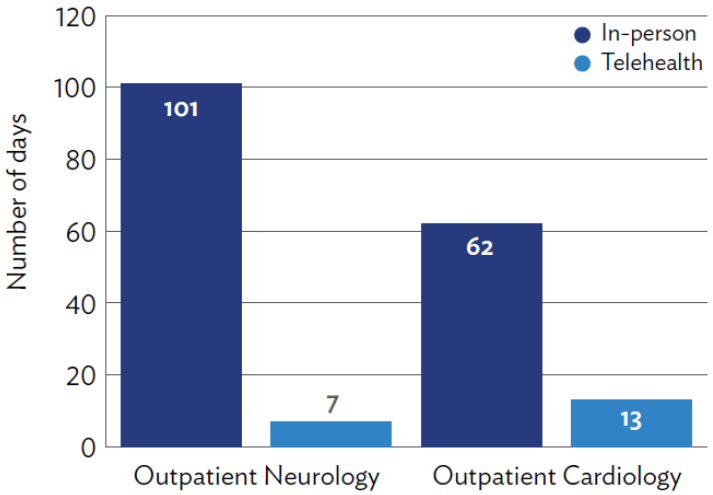
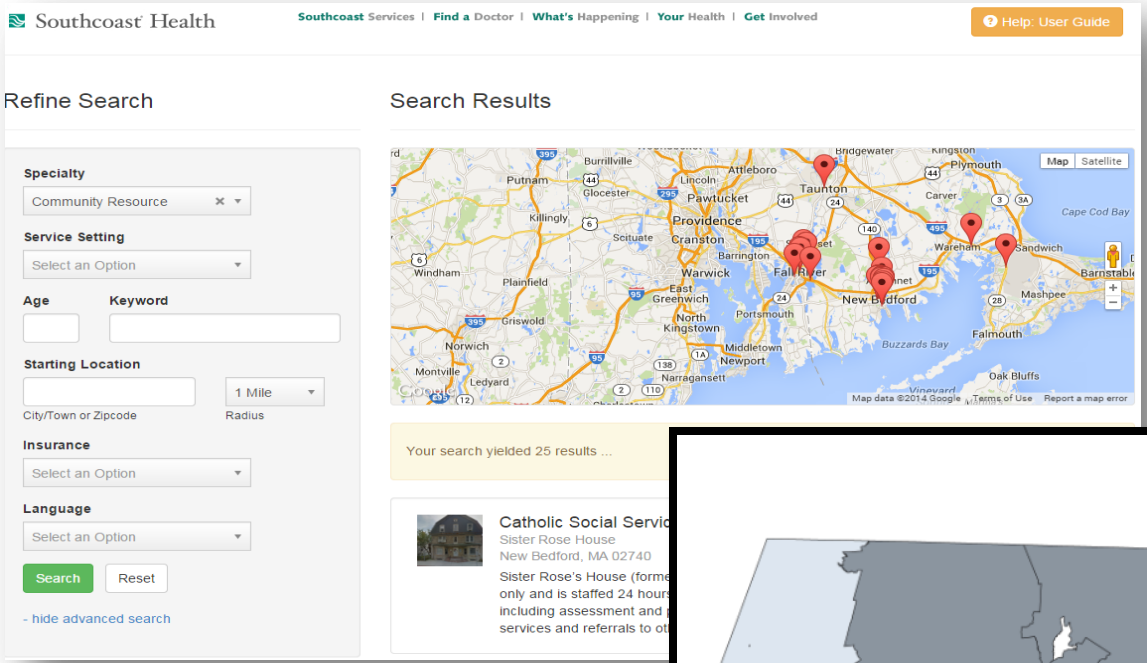


CHART hospitals formed or enhanced more than 315 partnerships with medical practices, behavioral health providers, and community resources



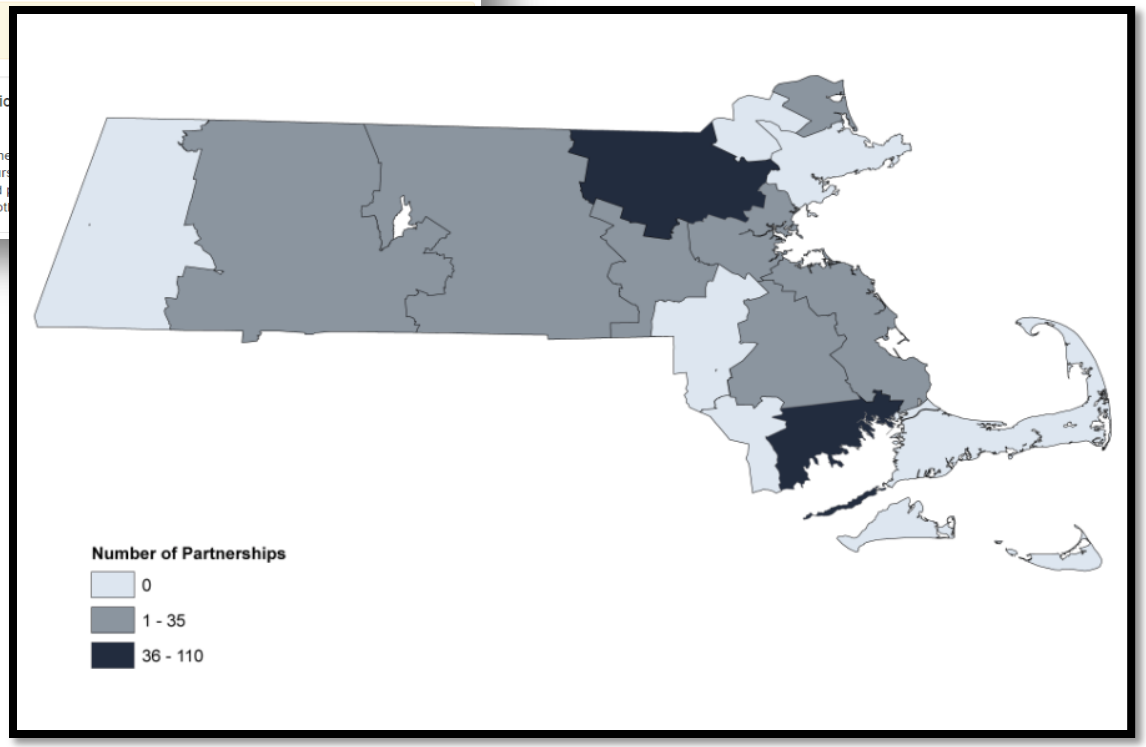
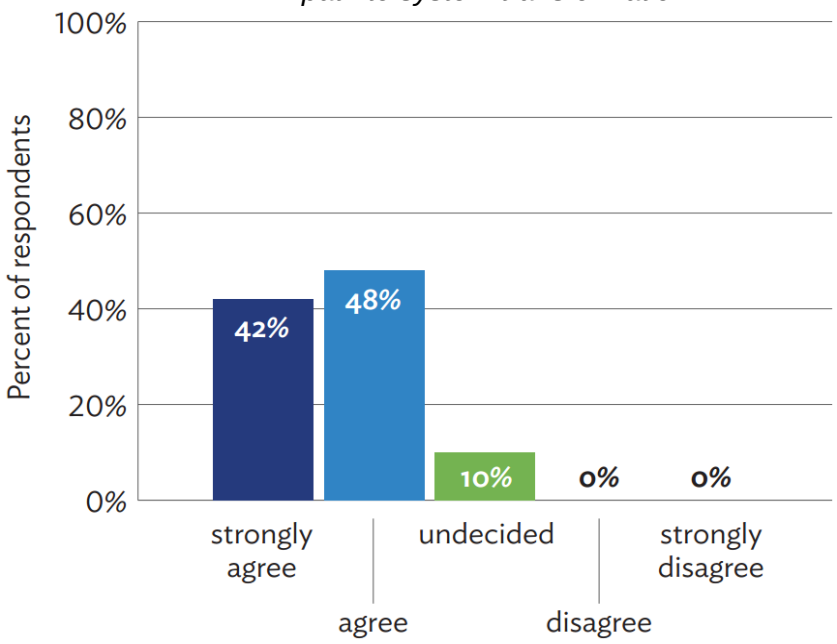


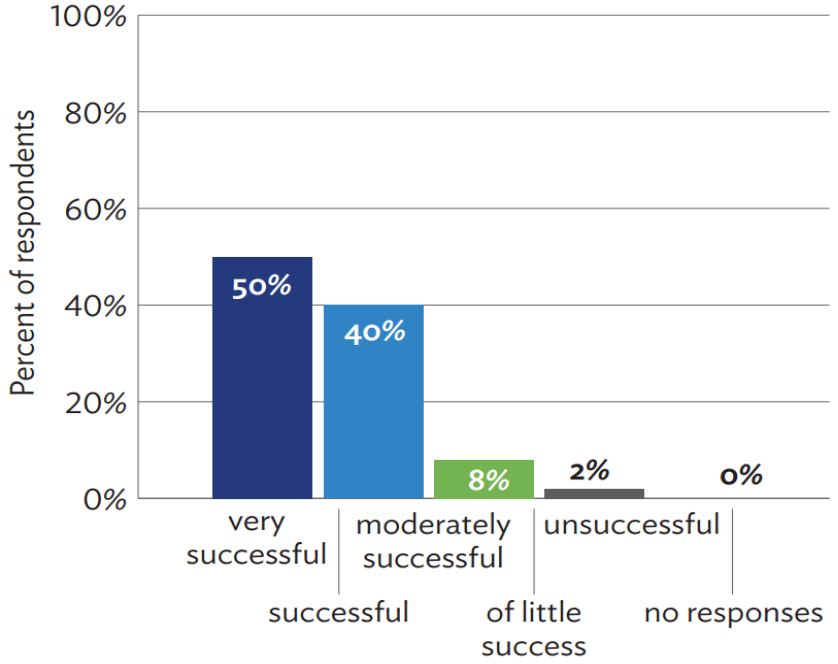
CHART hospitals self-evaluated as being generally successful

Anonymous end of phase survey provided key insights into CHART's benefits and their own perspective of performance

Hospital respondents self-reported their belief that CHART Phase 1 moved their organization along the path to system transformation



Hospital respondents self-rated their performance on Phase 1 initiatives

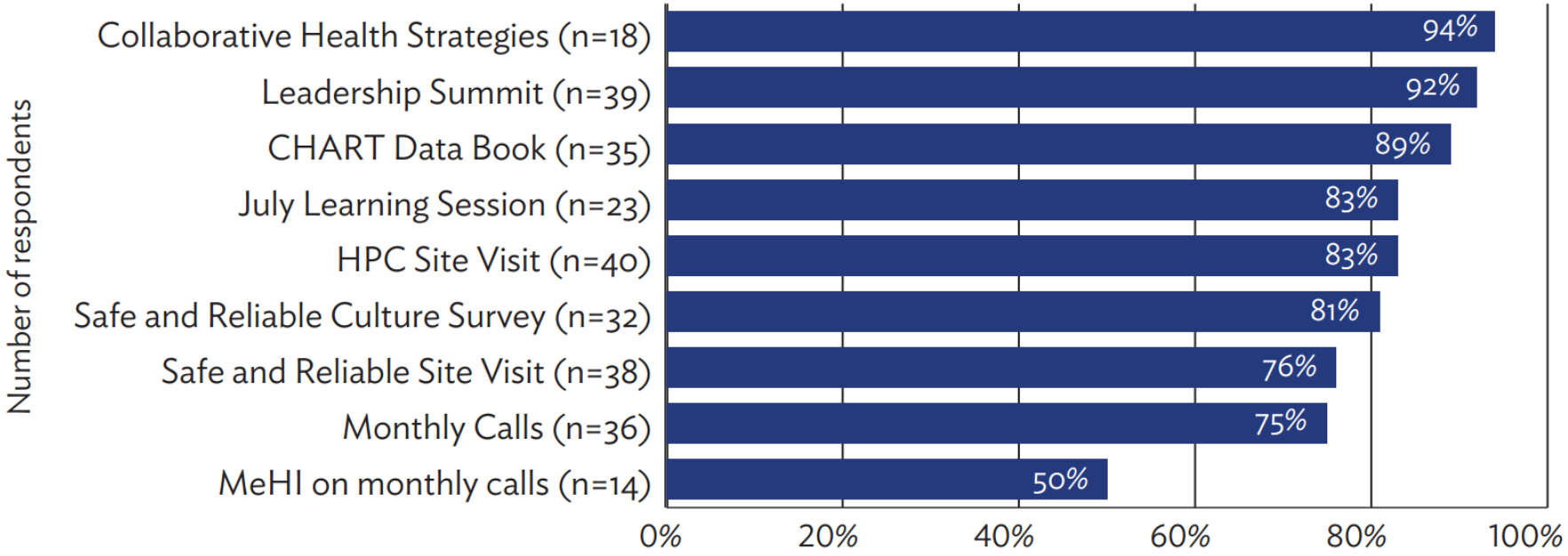


Directly informed Phase 2

CHART Phase 1 provided value to awardees

Hospitals generally found TA to be valuable, with variation between provider engagement activities

Percent of hospital respondents who found TA types valuable:



Directly informed Phase 2

Key Lessons Learned from Hospital Performance in Phase 1

1. **The composition of transformation teams is important.** Multi-disciplinary skill sets were key to success.

2. **Process improvement leads to increased efficiency.** CHART initiatives that focused on process improvement improved efficiency and led to measureable outcomes.

3. **Leadership and project management must be engaged throughout the improvement process.** Leadership involvement and dedicated project managers were correlated to the success of an initiative.

4. **Data analysis is essential to measure performance and drive improvement.** The presence of meaningful data drives and enables improvement by defining target populations, monitoring progress, and assessing outcomes.

5. **Community partnerships are critical to success.** While challenging to build, community partnerships extend the reach of hospital staff through collaboration with external resources.

6. **Low-cost options for acute care are critical to maintaining a value-based system.** CHART awardees were encouraged to focus on building internal capacity and capability to increase sustainability.

Agenda

- CHART Investment Program
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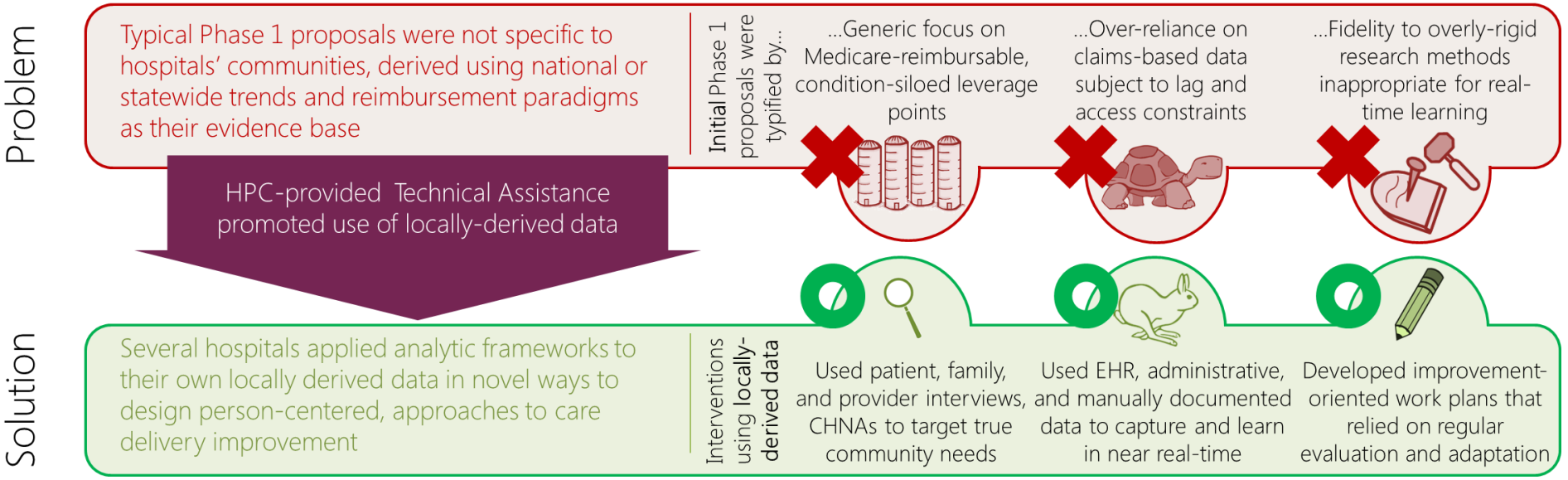
An adaptive Phase 1 approach resulted in tailored, data-driven solutions

The CHART Phase 1 proposal process was iterative in nature, and through hospital-HPC collaboration, many projects ultimately addressed hospital-specific needs



A Uniform Approach to Implementation Planning

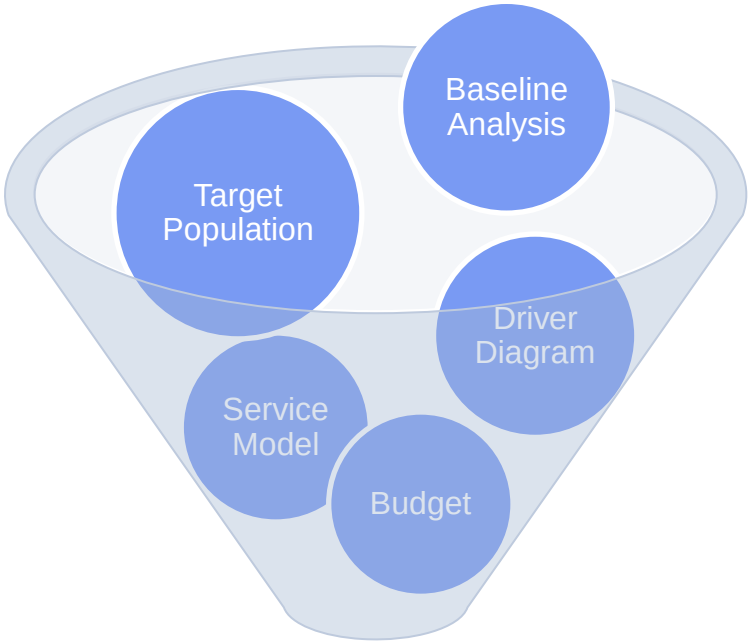
Implementation Planning Period (IPP): November 2014 – June 2015

Objectives of IPP

- Ensure all projects are positioned to successfully achieve their aim
- Establish rigorous program oversight framework and management approach
- Standardize vetting of program elements across all projects

Principles of IPP

- Meet the needs of communities served by CHART hospitals
- Patients are the foremost priority
- There are no easy answers
- Adaptation is key
- Collaboration is essential



Detailed implementation plan for success over the next two years

+

Baseline metrics to build milestones and payment terms

PHASE TWO

28 Hospitals, 24 Months, $60M

550+
Hours of direct technical assistance for Awardees during IPP, alone

81%
Of CHART Hospital respondents found HPC Staff support helpful

Contact Information

For more information about the Health Policy Commission:

Visit us: http://www.mass.gov/hpc

Follow us: @Mass_HPC

E-mail us: HPC-Info@state.ma.us

CareDimensions™

Compassionate expertise for advanced illness

Founded in 1978 as
Hospice of the North Shore

Measuring Business Impact

June 24, 2015

Susan Lysaght Hurley, PhD, GNP-BC, ACHPN
Director of Research/Hospice and Palliative Care Nurse Practitioner

Care Dimensions – An Introduction

- Not-for-profit provider of hospice, palliative care and grief support services
- Largest hospice provider in Massachusetts, serving 90 communities
- Cared for 4500 patients and families in 2014
- Founded in 1978 as Hospice of the North Shore; acquired Partners Hospice in 2011
- 401 employees
- 440 volunteers

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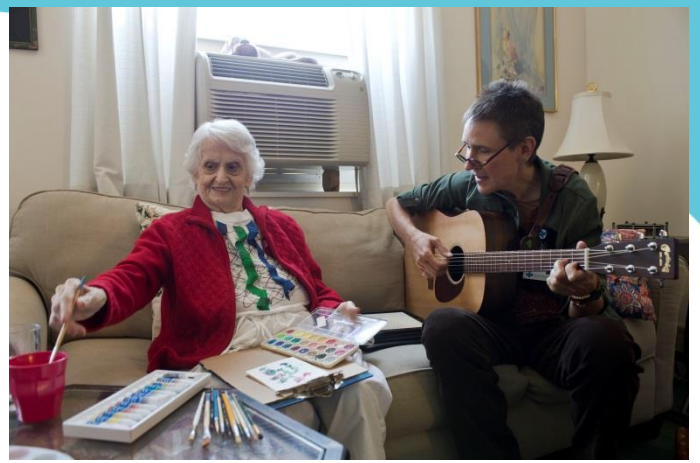
CareDimensions

Our Mission & Team

- Care Dimensions enriches quality of life for those affected by life-limiting illness, death and loss by providing exceptional care, support, education and consultation.
- Interdisciplinary hospice team – physician, nurse, chaplain, social worker, hospice aide, complementary therapies, trained volunteers



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CareDimensions

Employee Demographics

- Full Time: 64% Part Time: 36%
- Female: 93% Male: 7%
- Average Age: 47
- Length of Service
  - < 5 years: 73%
  - > 5 to 10 years: 17%
  - > 10: 10%

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Leader in Advanced Illness Care

- First free-standing licensed inpatient hospice facility in state; opened in Danvers in 2005
- Specialty programs -- cardiac, respiratory, dementia, pediatric
- Unique programs for Veterans, Jewish patients, developmentally disabled adults
- Expansive grief support programs
- Certified by Medicare, MA Dept of Public Health; Community Health Accreditation Program

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Patient Volume

Average Daily Census – approx. 600 hospice patients/day

- Homes: 52%
- LTC: 31%
- Assisted Living Facilities: 13%
- Kaplan Family Hospice House: 4%

- 1500 palliative care visits in 2014

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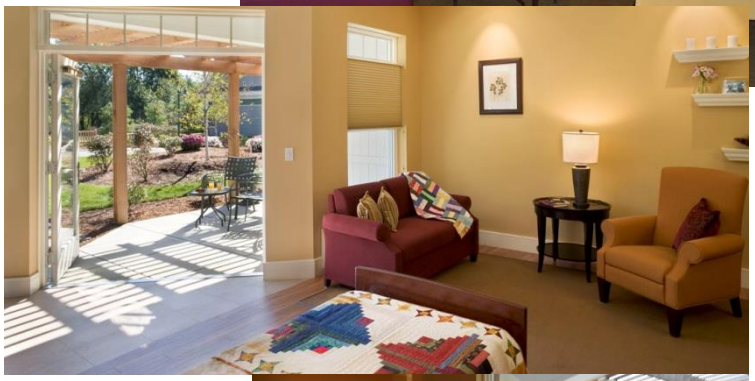
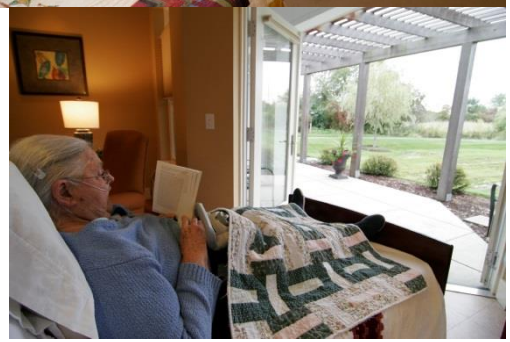
Inpatient Hospice House – An Alternative to Hospitalization

- Inpatient-level care provided in a home-like atmosphere
- For acute symptom management and end of life
- 20 private rooms
- Comfortable amenities for families – living rooms, playrooms, kitchen, gardens, chapel, library





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CareDimensions

Workforce Training Grant

- In partnership with Regis College
- $249,974.37
- Award start February 1, 2015

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Workforce Challenges

Task in CH224	Our Challenge	Underlying Causes
Improve significantly the quality and efficiency of care provided to patients	Nurse Retention/Recruitment	Increased patient acuity Frequent nurse turnover Stress of professional isolation
Add/strengthen capacity to provide palliative care and end of life options	Cost	Up to a year to orient and prepare a newly hired nurse
Enable employees to work to the maximum capacity of their license/training to achieve increased efficiencies or improved quality of care	Specialty Care Training	Gap in professional education and clinical skills needed

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Main Goals

- Draw a wider pool of interest with recruitment
- Retain experienced nurses
- Contain agency costs
- Increased use of whole interdisciplinary team

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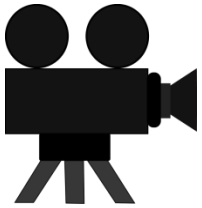
Grant Components



Video Modules

Hospice Nurse Residency

Preceptor Training

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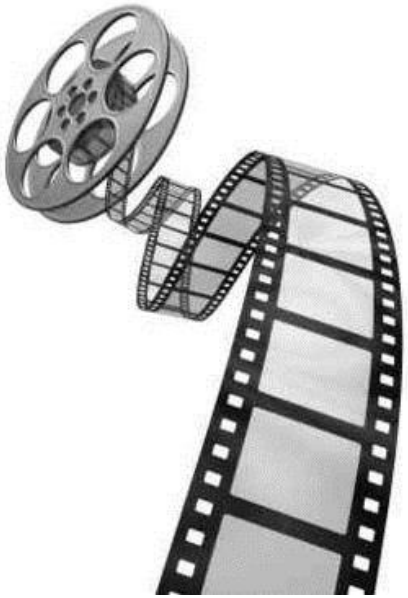
Video Modules

- Point of care education
- Available on iPhone anytime
- 20 topics



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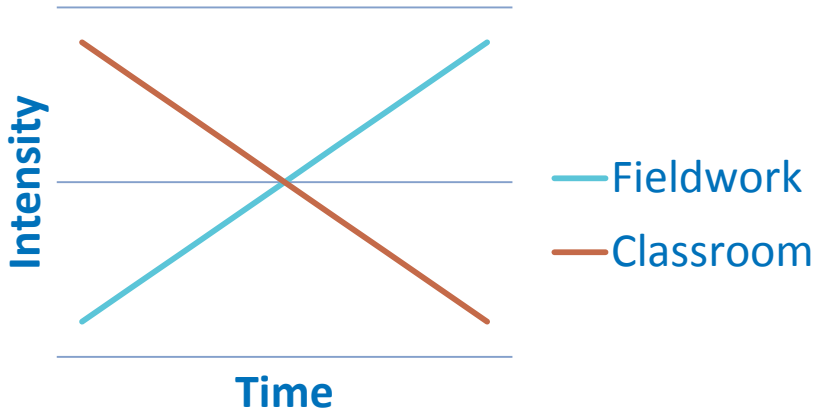
Hospice Nurse Residency

- Two groups of 6 nurses (12 total)
- New graduates and experienced RNs who are new to hospice and palliative care
- New graduates complete 6 month training; experienced RNs complete 3 month training
- Classroom/Fieldwork
- Emphasize interdisciplinary team work



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CareDimensions

Preceptor Training

- RN Preceptor/Mentors
- Full day training at Regis
  - » Topics: New Graduate vs. Experienced RN
  - » Conflict Resolution
  - » Case Studies/Role Play
- Follow up training

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Timeline

2015

- Begin grant infrastructure
- Preceptor Training
- Begin 1st cohort of nurse residents
- Develop and film video modules
- Upload videos to iPhones
- Hire 2nd cohort of nurse residents

2016

- Compile program evaluation from 1st cohort
- Start 2nd cohort of Hospice Nurse Residency
- Track video viewing
- Follow up Preceptor Training
- Complete 2nd cohort of Hospice Nurse Residency
- Begin overall program evaluation

2017

- Analysis and outcome measurement of the training grant
- Final report submission

<u>Beyond the grant:</u>

- Nurse Resident Graduates sit for Hospice and Palliative Care Certification
- Agency evaluation of Residency continuation

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Outcome Measurement

- Measuring reaction and learning
  - » Completion of training
  - » Program evaluation
  - » Reflection
  - » Objective measurements of confidence, skills
- Measuring behavior
  - » Use of online video modules

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Finding Appropriate Business Impact Measures

- The “so what”…
- How would you present to the Board of Directors that this is a successful model?
- Where does it impact the business bottom-line?

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Original Business Impact Measures

- Rates of retention of all nurses annually
- Rates of retention of nurses who have completed the residency program
- Number of nurses who utilize these tools to prepare for national certification and pass.
- Impact on staff job satisfaction through regular survey work
- Scores on the five key patient family satisfaction measures with the goal to meet or exceed the respective national benchmarks and our current baseline measures.

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Business Impact

1. Shorter time to full caseload for new nurses

   ***Initiated tracking**

   Baseline: 21.5 weeks

2. Increased visits by interdisciplinary team members for patients followed by nurse residency graduates

   Baseline: 2.61 social work and chaplain visits per patient per month

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Thank you

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