Health Care Workforce Transformation Fund
Advisory Board
June 23, 2014
10:00 a.m. to 11:30 a.m.

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

1. Welcome/Introductions 10-10:10

2. Update on the Health Care Workforce Transformation Fund Planning Grant; 10:10-10:20 Karen Shack, Paula Dimattia

3. Presentations from 4 Planning Grantees; Q and A
   10:20-10:30 VNA Care Network Foundation; Adele Pike
   10:30-10:40 Brockton Hospital/Signature Healthcare; Kathleen Gordon
   10:40-10:50 Community Health Link; Gordon Benson
   10:50-11 SEIU 1199; Harneen Chernow

4. Update on the activity of the Health Policy Commission: CHART grant update 11:00-11:15

5. Announcements - Advisory Board Members; 11:15-11:30

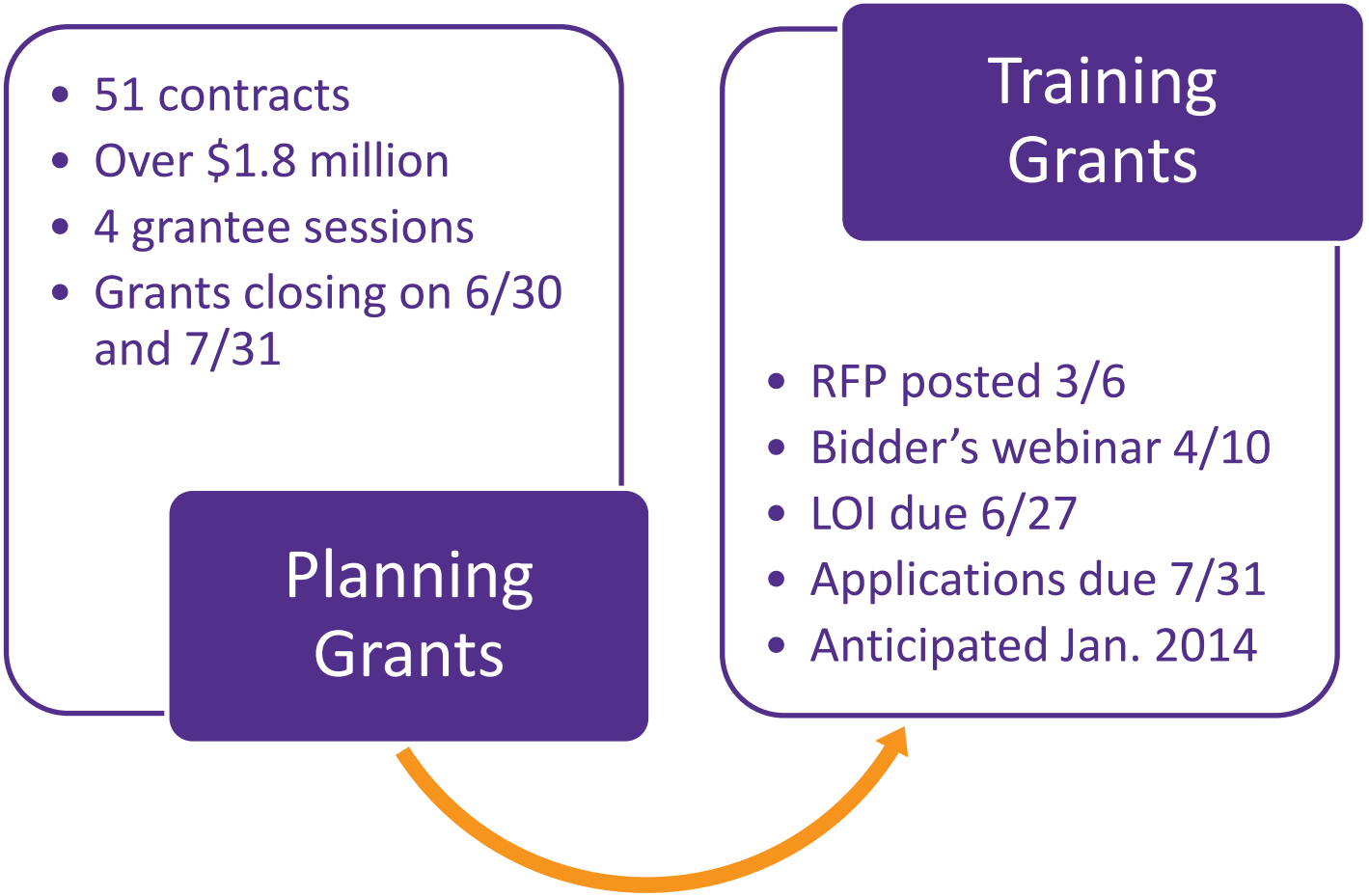
6. Closing Comments

Health Care Workforce Transformation Fund Advisory Board Meeting

June 23, 2014

COMMONWEALTH CORPORATION
Building skills for a strong economy.

Fund's Overview & Timeline

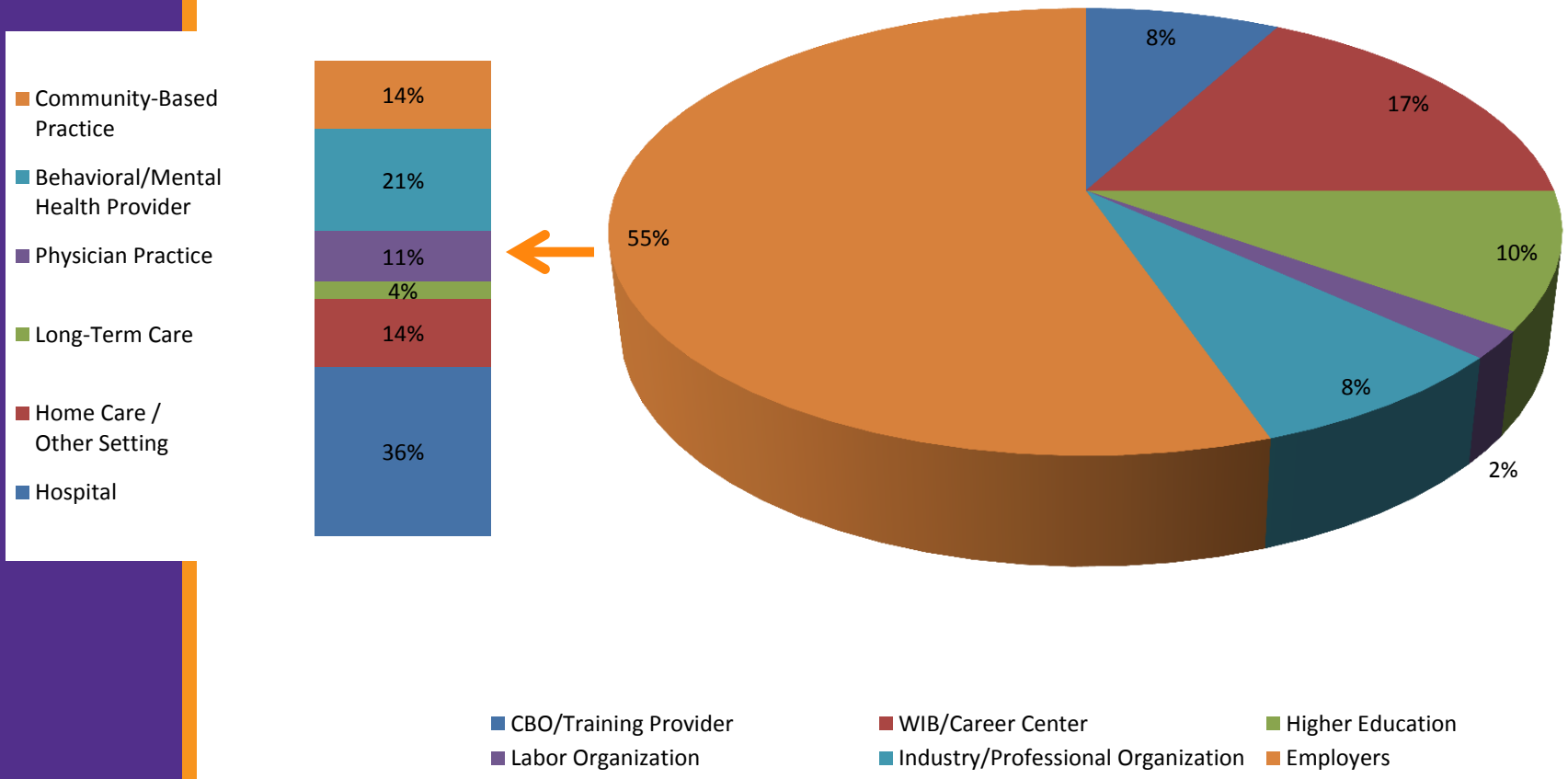


COMMONWEALTH CORPORATION
Building skills for a strong economy.

Our Planning Grantees

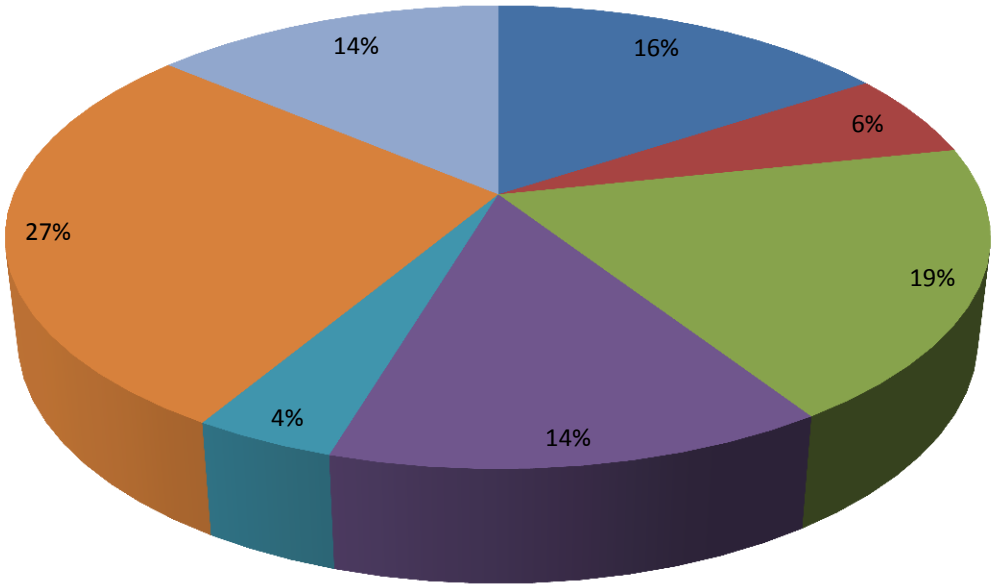
COMMONWEALTH CORPORATION
Building skills for a strong economy.

Type of Lead Applicants



COMMONWEALTH CORPORATION
Building skills for a strong economy.

Major Areas of Focus



COMMONWEALTH CORPORATION
Building skills for a strong economy.

Highlights

- Grantee convening:
  - 4 sessions:
    - Residencies/Fellowships for Clinicians
    - Community Health Workers
    - Behavioral/Mental Health
    - Practice Transformation/Patient Centered Medical Home (PCMH)
  - Great response
  - Average of 20 participants
  - 3-9 presenters
- Interest in networking and follow-up

COMMONWEALTH CORPORATION
Building skills for a strong economy.

Geriatric Home Care Intensive for Newly Graduated Physical Therapists

Visiting Nurse Association of Boston & Affiliates

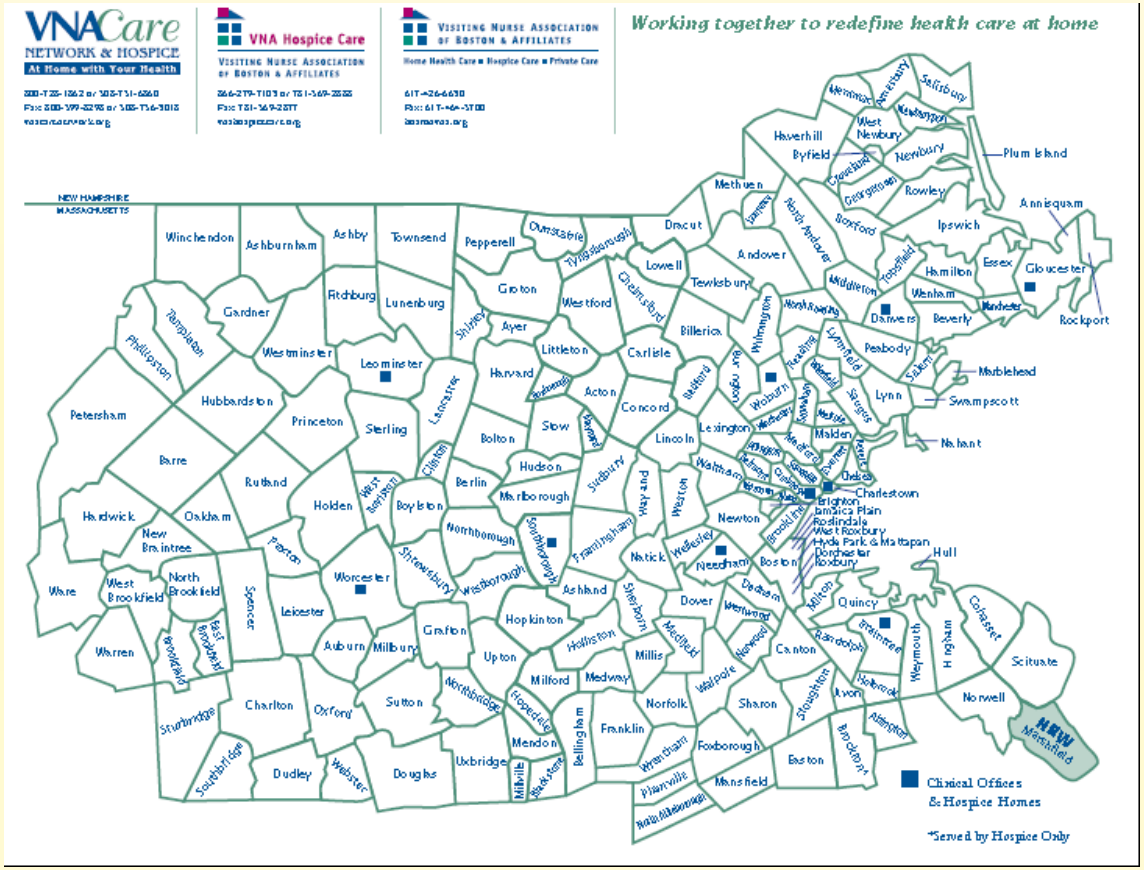
Home Health Care ▪ Hospice Care ▪ Private Care

SIMMONS

VNACare Network & Hospice

At Home with Your Health

WHO WE ARE



Our goal is to provide the highest quality care to the residents of our communities , so that they may remain as safe and healthy and as independent as possible in the comfort of their homes.

Visiting Nurse Association of Boston & Affiliates
Home Health Care ■ Hospice Care ■ Private Care

SIMMONS

VNACare
NETWORK & HOSPICE
At Home with Your Health

Our Team

Home Care

Wendy Drake, PT (VNACN)

Joan Fall RN, Cl. Educ. (VNAB)

Adele Pike RN, EdD
Dir Educ.(VNAB and VNACN)

Cheryl Milas, Human Resources (VNACN)

Simmons College

Annette Iglarsh, PT, PhD, MBA

Elizabeth Murphy, PT, DPT

Visiting Nurse Association of Boston & Affiliates
Home Health Care ▪ Hospice Care ▪ Private Care

SIMMONS

VNACare Network & Hospice
At Home with Your Health

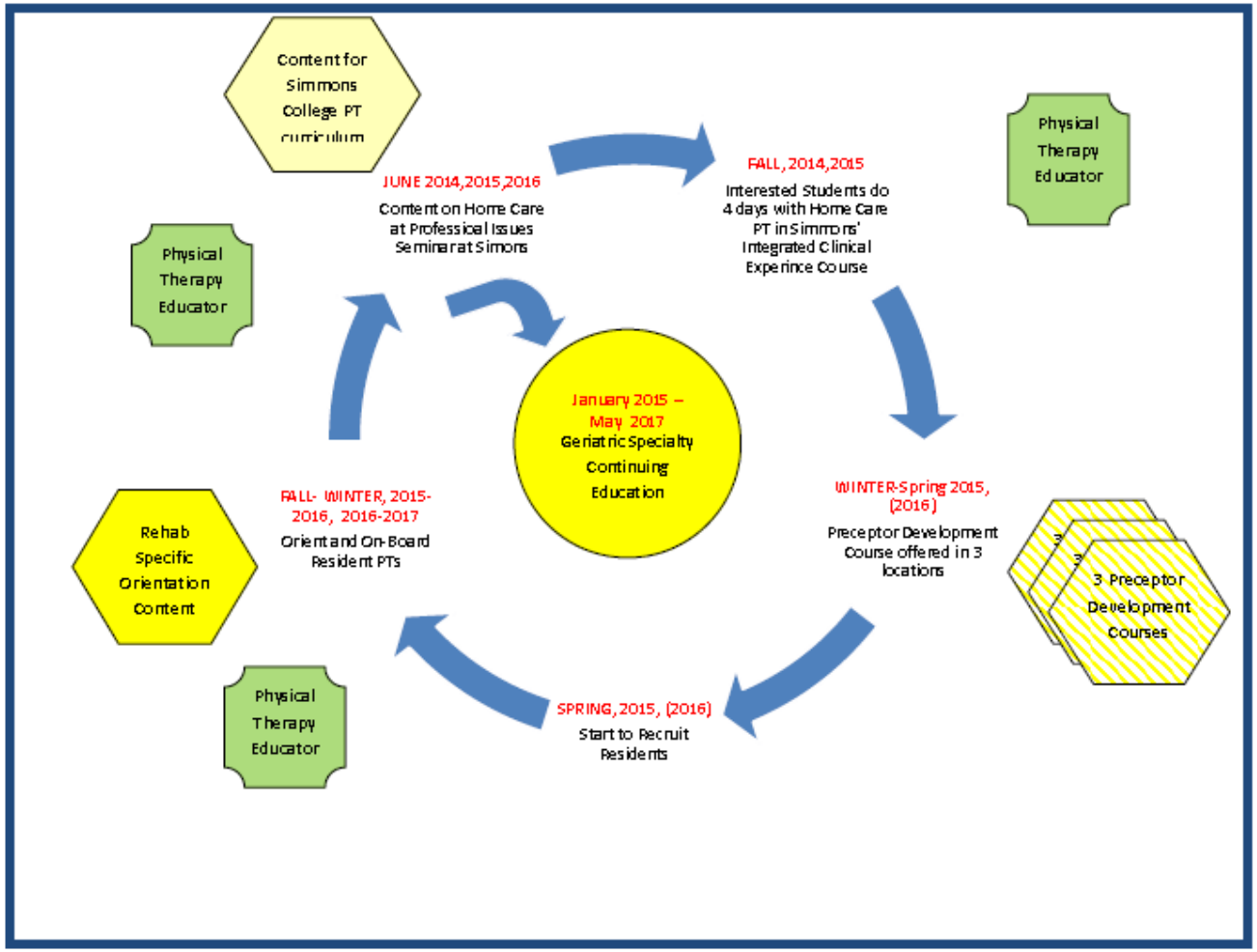
Our Goal

To create a model program in home care for newly graduated Physical Therapists that will provide the training and supports necessary to help these new clinicians develop the knowledge, skills and confidence necessary to provide evidence based physical therapy services to elders in their homes.

Our Objectives

- **Establish a partnership between VNAB,VNACN, and Simmons College around building a PT workforce knowledgeable and skilled in provide care to elders in their homes**
- **Develop a model for how a "Geriatric Home Care Intensive Program for Newly Graduated PTs" would work**
- **Establish content and curricula for:**
  - ***Simmons' PT program***
  - ***Preceptor Development Program at VNAB/VNACN***
  - ***Rehab Specific Orientation classes***
  - ***Evidence Based Geriatric PT practice***

OUR MODEL



VISITING NURSE ASSOCIATION OF BOSTON & AFFILIATES
Home Health Care ▪ Hospice Care ▪ Private Care

SIMMONS

VNACare NETWORK & HOSPICE
At Home with Your Health

Our Deliverables

- Partnership
- Model
- Preceptor Development Curriculum
- Curriculum for Academic Program
- Rehab Specific Content for Orientation
- Geriatric Specialty Curriculum

Visiting Nurse Association of Boston & Affiliates
Home Health Care ▪ Hospice Care ▪ Private Care

SIMMONS

VNACare Network & Hospice
At Home with Your Health

Where we are now....

Visiting Nurse Association of Boston & Affiliates

Home Health Care ▪ Hospice Care ▪ Private Care

SIMMONS

VNACare Network & Hospice

At Home with Your Health

Signature Medical Group
Patient Centered Medical Home Staff Readiness Assessment

Commonwealth Corporation
Workforce Transformation Fund
Advisory Board

June 23, 2014

SIGNATURE HEALTHCARE
SIGNATURE MEDICAL GROUP

PCMH Staff Readiness Assessment Project

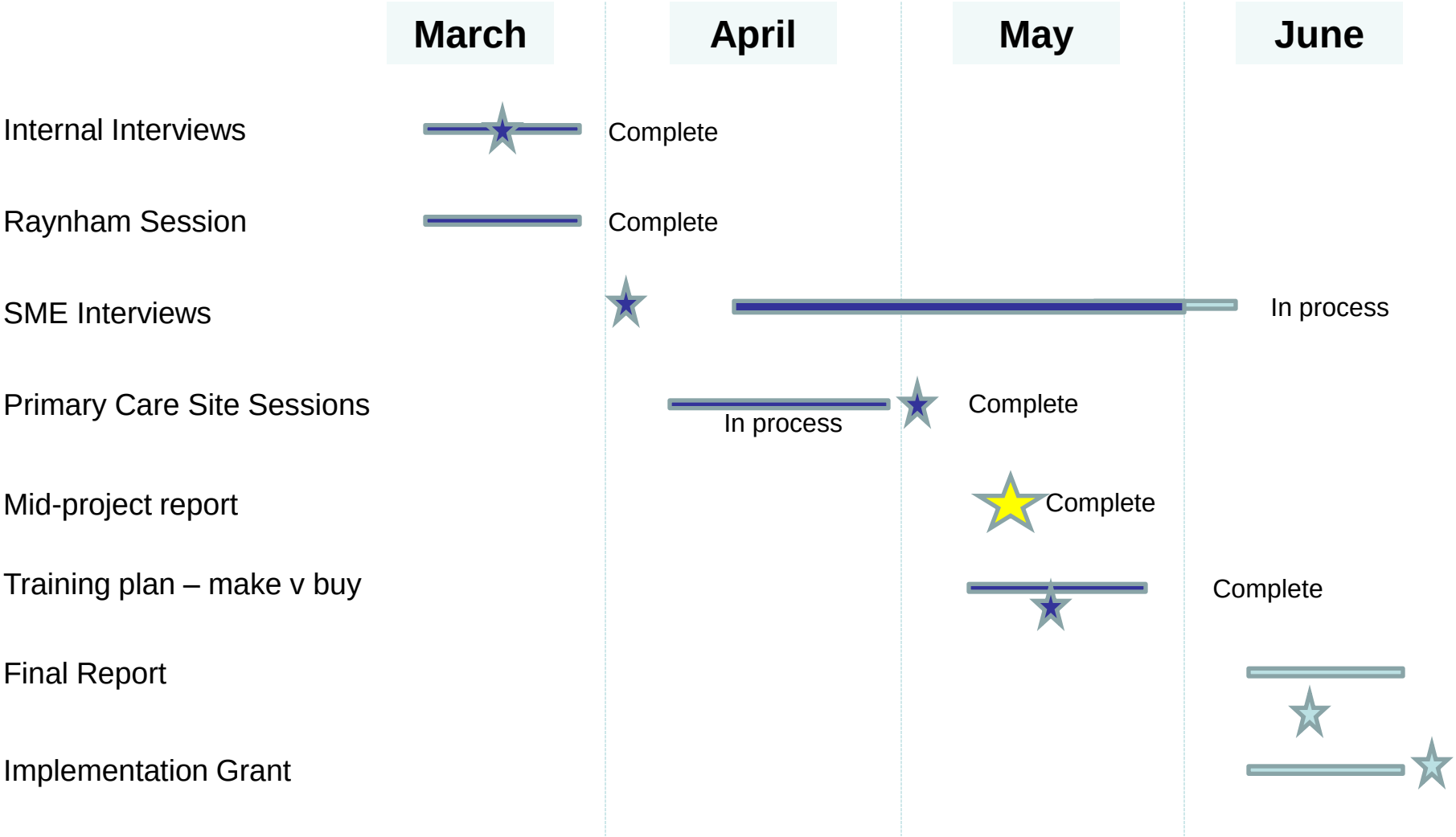
- Goal
  - Conduct an in-depth, focused assessment of the specific Patient Centered Medical Home (PCMH) training needs that exist among SMG primary care staff (clinical and administrative), and subsequently develop a plan to address these needs at the outset of the PCMH process.
- Objectives
  1. Gather information to identify skill gaps through:
     a. Interviews with internal stakeholders and external subject matter experts
     b. Facilitated discussions and focus groups with primary care staff
     c. Review of literature for case studies and best practices
     d. Survey of individuals at practice sites
  2. Develop a staff training and development plan to address identified gaps
  3. Develop a budget/funding model for the training program

PCMH Staff Readiness Assessment & Chapter 224

- ***"AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND REDUCING COSTS THROUGH INCREASED TRANSPARENCY, EFFICIENCY AND INNOVATION"***[1].
- Signature Medical Group has made a commitment to transform its practices to a patient-centered model of care
- The PCMH model
  - Emphasizes a team-based approach to care delivery which engages the patient in their health and management of their condition
  - Integrates the psycho-social and medical care delivery in order to address the whole person and reduce barriers to effective care delivery
  - Uses data to identify high risk patients and relies on evidence-based medicine to develop effective care plans
- These concepts result in high quality and efficient care delivery

[1] https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter224

PCMH Staff Readiness Assessment Project
Key Milestones



= Assessment Team Meetings

Draft Training Plan – Key Components of Training Needed

Organizational Development

- Leadership
- Change Management
- Team Building
- Customer Service
- Communication
  - Engaging Patients
  - Health Literacy
  - Healthy Behaviors
  - Motivational Interviewing
  - Counseling
- Cultural Competency

Draft Training Plan – Key Components of Training Needed

PCMH Foundations

- Change Concepts for Practice Transformation:
  - Quality Improvement
  - Empanelment & Continuous Team-Based Relationships
  - Evidence-based Care & Patient-Centered Interactions
  - Enhanced Access & Care Coordination
- Care Model Overview
  - What, Why, How?
- Requirements for Standards

Role-based Skills

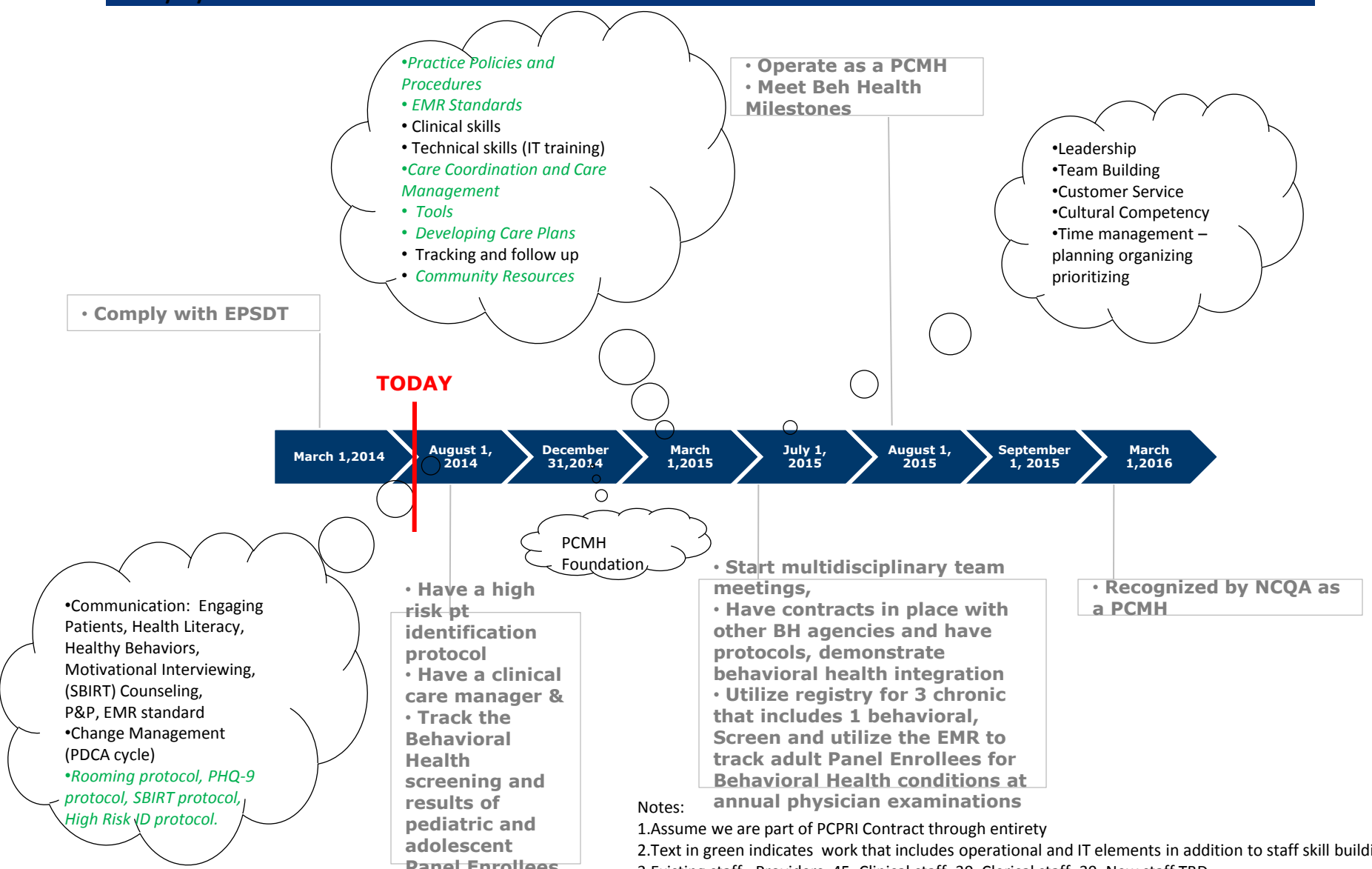
- Practice Policies and Procedures
- EMR Standards
- Clinical skills
- Technical skills (IT training)
- Time management – planning organizing prioritizing
- Care Coordination and Care Management
  - Tools
  - Developing Care Plans
  - Tracking and follow up
  - Community Resources
- Population Health Management
  - Using data and tools to effectively manage health outcomes

Training Program Approach

Four Phases

1. Organizational Readiness (6 months – July-December, 2014)
    a. Employ change management strategies
    b. Instructional design requirements gathering (3 months)
    c. Leadership engagement
    d. Technology documentation and training
    e. Champion development
    f. Course development
2. Organizational Development (12 months – January-December, 2015)
    a. Delivery of training content
    b. Ongoing support to practices by PCMH SMEs throughout implementation
3. Organizational Performance (9 months – July, 2015-April, 2016)
    a. Guide measurement of employee performance
    b. Coach managers to support continuous improvement by employees
    c. Develop reinforcement activities and job aids
4. Organizational Sustainment (4 months – January-April, 2016)
    a. Engage leaders to define behaviors and values of PCMH & translate behaviors and values to job expectations
    b. Develop/update performance feedback process and tools so that desired behavior and demonstrated values are recognized and rewarded

Proposed PCMH Staff Readiness Timeline (Draft 1)
Created 5/9/14



Notes:

1. Assume we are part of PCPRI Contract through entirety
2. Text in green indicates work that includes operational and IT elements in addition to staff skill building
3. Existing staff - Providers=45; Clinical staff=39; Clerical staff=39; New staff TBD
4. Timeline for implementation grant- Letter of Intent due: June 27, 2014, Applications due: July 31, 2014, Announcement of decisions: October 2014, Contract start date: November 2014 – January 2015

Next Steps

- External interview with Dedham Medical
- Explore funding options
- Write LOI
- Write summary report
- Write grant proposal for implementation grant

Workforce Transformation Planning

Community Healthlink, Inc.

Organizational Needs

- A behavioral health organization with a federally qualified community health center and a member of the UMass Memorial Health Care System
- Serve individuals with serious and persistent mental illness, alcohol and other drug use conditions, co-occurring disorders (behavioral, developmental, physical), homeless, and youth and families
- Approximately 1,200 employees
- Direct care staff members of SEIU Local 509

Organizational Needs

- Community health center in the process of certification as a Patient-Centered Medical Home and expanding integration of primary and behavioral health
- Behavioral health services expanding integration of primary care and wellness services
- A Primary and Behavioral Health Care Integration grantee (SAMHSA)
- A One Care provider
- Primary Care Payment Reform participant (including intensive behavioral health services)

Organizational Needs

- These initiatives, each directly related to the implementation of Chapter 224, impact most if not all of our services, and require staff to think and work differently
- Transitioning from a “behavioral health provider” to “a health care provider with specialized behavioral health care services”

Work to date

- Reviewed core competencies for integrated behavioral health, including: Patient-Centered Integrated Behavioral Health Care Principles & Tasks (AIMS Center), Core Competencies for Integrated Behavioral Health and Primary Care (Center for Integrated Health Solutions), Behavioral Health Integration Self-Assessment (Massachusetts PCMHI)
- Developed, implemented, analyzed staff survey
- Identified priority core competency training areas
- Developing curriculum outline (in process)

Major goals

- Implement a training curriculum for *all staff* on the integration of behavioral health care in health care reform.
- Implement a training curriculum for all *direct care staff, supervisors, and directors* on integrated treatment/care plan development, person-centered care and trauma-informed care, and the use of an integrated electronic health record and the Mass HIway.

1199SEIU Training &Upgrading Fund -- Planning Grant

Regional Partnership:

- North Shore Medical Center (Union Hospital)
- Lynn Community Health Center
- 1199SEIU
- 1199SEU Training Fund

Background:

- Unionized facilities
- Labor-management committees addressing workforce issues
- Covered by Training Fund (l-m workforce partnership)
- Share a patient population
- Grant provided an opportunity for regional collaboration

Planning Phase Goal

Impact of cost containment and quality improvement initiatives has resulted in:

- changing delivery model to a team based approach (integration of the Behavioral Team with the Primary Care Team); staff now interact with wide range of patients exhibiting challenging behaviors
- concentration of services (elimination of duplicative services) resulting in increased number of patients with behavioral issues coming into the ER and/or receiving medical services on the traditional Med Surg floors
- Plus…expanded access to health care coverage -- expanded safety net for a population that has historically lacked coverage – meant confusion amongst a population lacking experience managing the bureaucratic confines of the health care system (frustrations patients have with the safety net system are often overlaid onto the health care provider/facility creating stress for those workers on the front lines who are the recipients of this frustration)
- growing percentage of workers interacting with patients exhibiting aggressive and challenging behaviors
- frontline staff lack the knowledge, skills and experience to effectively manage interactions with behavioral patients, creating problems for both workers and patients.

Planning Grant Activities

Create multi-site and site-specific LM Committee(s) to oversee project/grant activities

Identify key informants for initial interviews

Draft/revise protocols for surveys, interviews and focus groups

Outreach/recruit participants to attend for focus groups

Distribute and collect surveys (online and paper)

Analyze and review results

Develop implementation plan – current activity

Assessment Specifics

Actual Activities:

- Key informants interviewed = 6
- Focus groups held = 6

  (4 frontline worker, 2 management)
- Focus group attendees = 42
- Surveys returned = 496 (42% LCHC (online), 35% Union (paper)
- Overall response rate 37%

Possible Next Steps

Data showed:

Need for training across the board (including clinical staff)

Respondents lack knowledge of population and skills to de-escalate and manage patients

Consistency between facilities – common behaviors exhibited by patients, similar challenges experienced by staff

Interest in train the trainer model, build internal capacity to ensure ongoing capacity

Additional policy and procedural issues exist – not to be addressed through training but in LM committees

CHART Investment Program Phase 2 Request for Proposals

Health Policy Commission

Health Care Workforce Transformation Fund Advisory Board
June 23, 2014

Health Policy Commission: At-a-glance

Who we are

The Massachusetts Health Policy Commission is an independent state agency governed by an 11-member board with diverse experience in health care.

Mission

Our mission is to promote informed dialogue, evidence-based policy, and innovative models to foster transformation through ongoing evaluation of the Massachusetts health care system.

Vision

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

CHART: Community Hospital Acceleration, Revitalization, and Transformation

Overview of CHART Investments

- 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 to be rolled over to following year and do not revert to General Fund
- Competitive proposal process to receive funds
- Strict eligibility criteria: ~25-30 eligible community hospitals
  - *Non-teaching, non-profit, low relative price*
- Phased allocation process, beginning with a small ($10M) opportunity in Fall 2013

Primary Goals

- Promote efficient, effective, integrated care delivery
- Improve quality and patient safety while reducing costs
- Develop capacity to become an accountable care organization
- Advance adoption of health information technology and the electronic exchange of information between providers
- Increase capacity to bear risk and adopt alternative payment methodologies

Achieve sustainable, scalable interventions that benefit communities

Phase 1 CHART awardees span the Commonwealth: $10M in six-month awards in areas of Care Coordination, Behavioral Health, and HIT

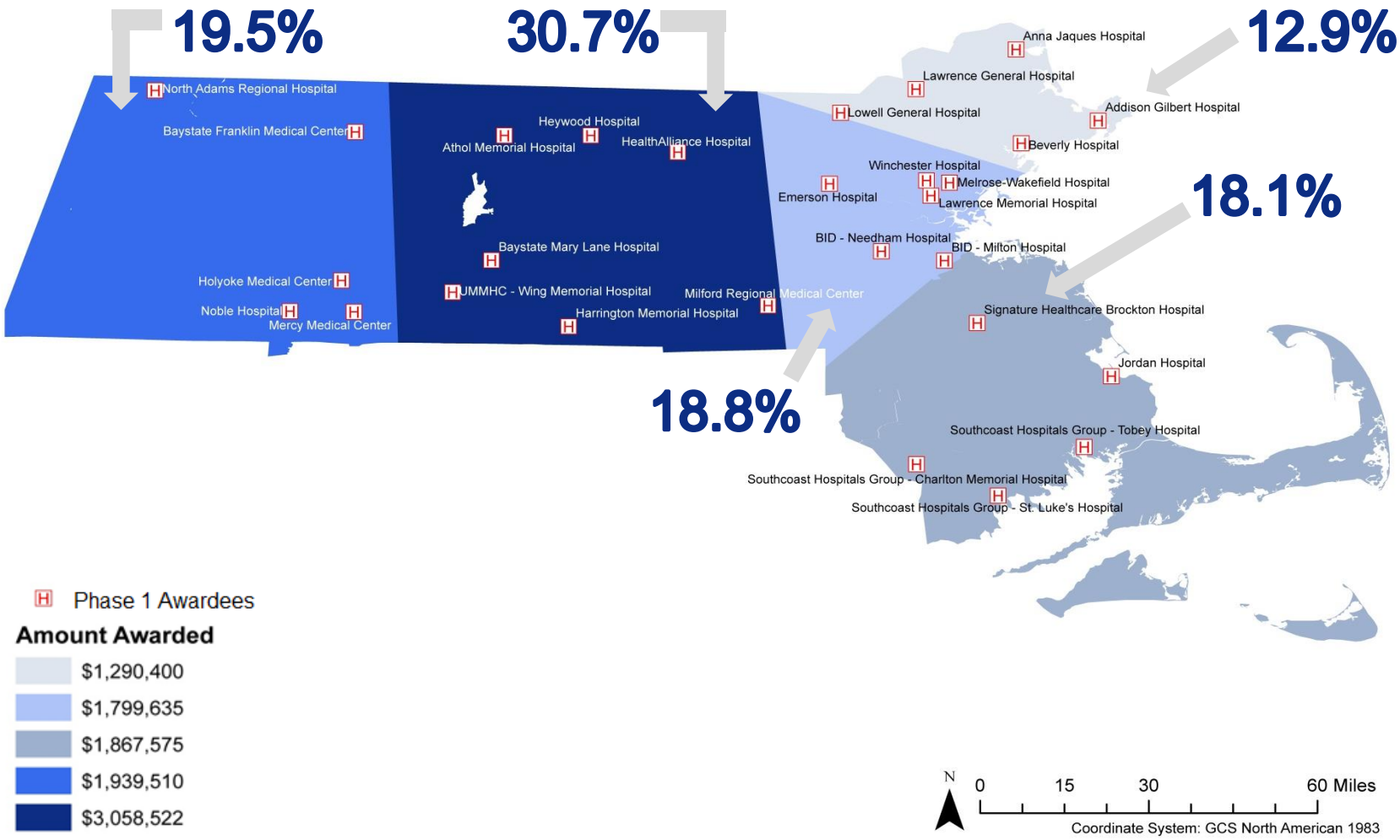
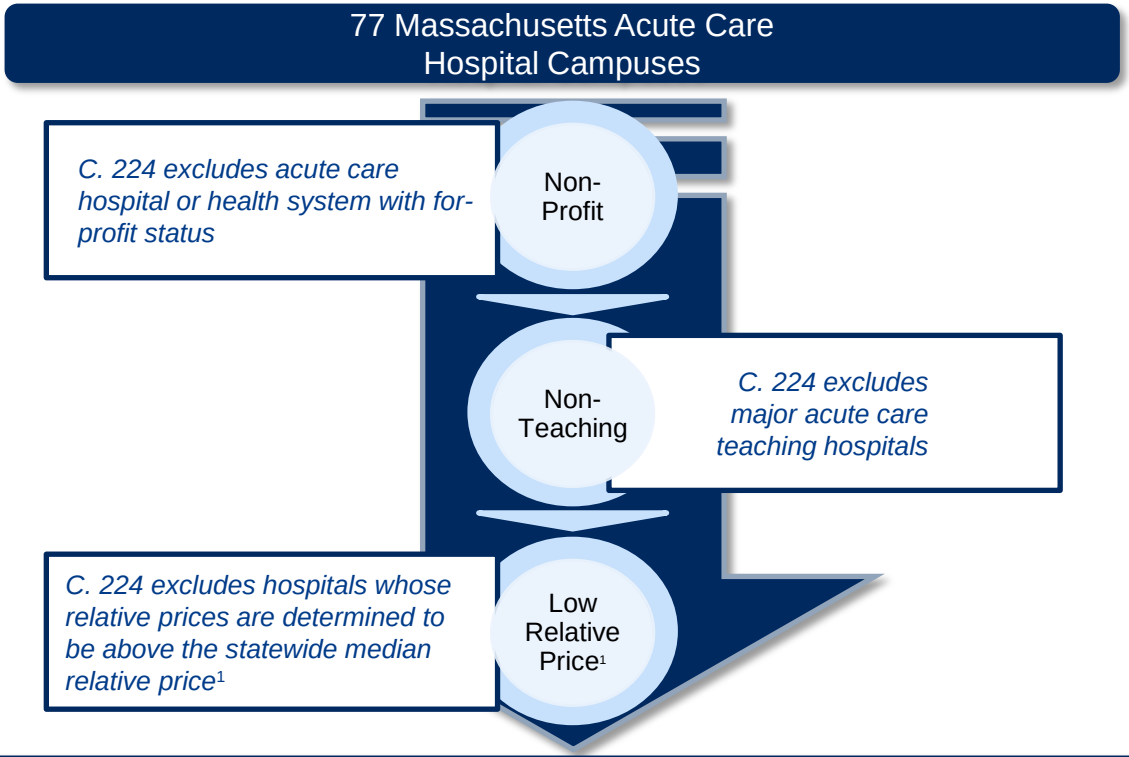


CHART Phase 2 Hospital Eligibility as determined by Chapter 224 of the Acts of 2012



Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
BID - Milton
BID - Needham
BID - Plymouth
Circle Health - Lowell General Hospital
Emerson Hospital
Hallmark Health - Lawrence Memorial Hospital
Hallmark Health - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Heywood Hospital
Holyoke Medical Center
Lahey Health - Addison Gilbert Hospital
Lahey Health - Beverly Hospital
Lawrence General Hospital
Mercy Medical Center
Milford Regional Medical Center
New England Baptist Hospital
Noble Hospital
Shriners Hospital - Boston
Signature Healthcare Brockton Hospital
Southcoast - Charlton Memorial Hospital
Southcoast - St. Luke's Hospital
Southcoast - Tobey Hospital
UMass - HealthAlliance Hospital
UMass - Marlborough Hospital
UMass - Wing Hospital
Winchester Hospital

[1] A weighted average of relative prices (by payer mix) was calculated using 2011 and 2012 data from the Center for Health Information and Analysis for all commercial payers, Medicare Advantage, and all MMCOs. This eligibility list is valid for Phase 2 only.

Key design elements for CHART Phase 2

1	**Size of total opportunity**	• **$60 million** total opportunity • Tiered, multi-year opportunities with awards stratified across hospitals
2	**Structure & caps**	• Hospital award cap of **$6M/2 years** tied to factors such as **financial / patient impact, hospital financial status,** and **community need**
3	**Specificity of project focus**	• **3 outcome-oriented project domains; behavioral health emphasized** • Required technology innovation and targeted strategic planning efforts
4	**Funding model(s)**	• **Initiation payment ($100K);** ongoing base payments for **milestones (at least 50%);** bonus payments for **achievement (up to 50%); required system contribution** where pertinent
5	**Ensuring accountability**	• **Standardized metrics** and streamlined reporting framework; strong continuation of **leadership/management/culture** development focus
6	**Leveraging partnerships**	• Appropriate **Community Partnerships** required (e.g., SNFs, CBOs, provider organizations, etc.); **Joint Hospital Proposals** encouraged
7	**Requisite Activities**	• All awardees must engage in a series of **participation requirements** (joining Mass HIway, participating in TA, evaluation, etc.)

In Phase 2, hospitals propose mechanisms to meet specified aims, with the overarching goal to drive transformation toward accountable care

CHART Phase 2: Driving transformation to accountable care

Support sustainability of outcomes-based aims

Enhance impact of outcome-based aims

Outcome-based aims

Each hospital chooses one or more

Maximize Appropriate Hospital Use	Enhance Behavioral Health Care	Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety
Maximize appropriate use of community hospitals through strategies that retain appropriate volume (e.g., reduction of outmigration to tertiary care facilities), reduce avoidable use of hospitals (e.g., PHM, ED use and readmission reduction, etc), and right-size hospital capacity (e.g., reconfiguration or closure of services)	Improve care for patients with behavioral health needs (both mental health and substance use disorders) in communities served by CHART hospitals, including both hospital and community-based initiatives	Reduce hospital costs and improve reliability through approaches that maximize efficiency as well as those that enhance safety and harm reduction

Enabling Technologies

Connected Health	Maximize use of Enabling Technologies, including innovative application of lightweight tools to promote efficient, interconnected health care delivery

Strategic Planning

Strategic Planning	Empower CHART hospitals to engage in long term (5-10 year) planning initiatives to facilitate transformation of community hospitals to meet evolving community needs; enhance efforts to sustain CHART Phase 2 activities

In Phase 2, hospitals propose mechanisms to meet specified aims, with the overarching goal to drive transformation toward accountable care

CHART Phase 2: Driving transformation to accountable care

Support sustainability of outcomes-based aims

Enhance impact of outcome-based aims

Outcome-based aims

Each hospital chooses one or more

Maximize Appropriate Hospital Use	Enhance Behavioral Health Care	Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety
• Hot-spotting and population health management approaches to reduce acute care hospital utilization (emergency department and inpatient) • Targeted reduction of readmissions after hospital -> SNF/Home Health care transition • Conversion of acute hospital to satellite emergency facility and outpatient services	• Reduce emergency department boarding of patients with mental health and substance use disorders • Integrate inpatient behavioral and physical health workflows • Build hospital - community networks for maximizing coordination of BH services	• Reduce costs through improved efficiency (e.g., Lean management applied on a system-wide basis) • Improve safety and reliability of clinical processes (e.g., implementation of checklists) • Reduce costs through improved financial management (e.g., cost accounting)

Enabling Technologies

Connected Health	• Connect to and use the Mass HIway *(required minimum element)* • Increase specialty capacity at lower-cost sites of care through telemedicine to reduce preventable outmigration and maximize care in the community • Use mobile technologies to facilitate achievement of outcome-based aims (e.g., ADT, home based monitoring, etc)

Strategic Planning

Strategic Planning	• CHART hospitals must propose efforts to engage in strategic planning to advance their ability to provide efficient, effective care and meet community need in an evolving healthcare environment

Example 1: Hospital combines programs to reduce unnecessary utilization with efforts to improve behavioral health and information connectivity

Each hospital's proposal for CHART Phase 2 is comprised of:

Hospital specific proposal activities
(Covers one or more CHART defined domains)

- **A** Maximize appropriate hospital use
- **A** Enhance behavioral health care
- *Improve hospital-wide processes to reduce waste and improve safety*
- **B** Enabling technologies
- **C** Strategic planning

ILLUSTRATIVE PROPOSAL

A
- *Intervention:* Emergency Department-based High Risk Care Team links patients to community based providers (including PCMHs, behavioral health and other supportive services)
- *Target Population:* patients with 3 or more ED visits or hospitalizations in the last 12 months
- *Outcome:* reduced avoidable ED use and readmissions by 20% among served patients

B
- Development of Mass HIway use cases for exchange of info with local PCMH & PAC
- High need patients tagged in EHR
- Cloud based individualized care plan available to cross-continuum providers

C
- Strategic planning initiative to: 1) build sustainable community-based infrastructure to reduce ED use by high need patients and 2) address the fixed and variable cost impact of volume reduction on the hospital

Common activities
(All hospitals complete these)

- Awardees must complete a common set of requisite activities, supporting many domains of transformation, including, e.g.:
  - Operational Key Performance Indicator (KPI) Benchmarking
  - Mass HIway connection and use
  - Deep engagement in Executive Leadership Academy, management practice and culture-oriented activities, and potential learning collaboratives

Example 2: Hospital focused on improving operational efficiency, quality, and connectivity

Each hospital's proposal for CHART Phase 2 is comprised of:

Hospital specific proposal activities
(Covers one or more CHART defined domains)

Maximize appropriate hospital use

Enhance behavioral health care

A **Improve hospital-wide processes to reduce waste and improve safety**

B **Enabling technologies**

C **Strategic planning**

ILLUSTRATIVE PROPOSAL

A

- *Intervention:* Development of a regional supply-chain group purchasing consortium and hospital-specific cost accounting processes to reduce operating expenses
- *Target Population:* Hospital-wide
- *Outcome:* Reduction in total hospital OpEx by #%

B

- N/A (only Mass Hiway minimum requirement)

C

- Strategic planning initiative to: 1) build sustainable community-based infrastructure to reduce ED use by high need patients and 2) address the fixed and variable cost impact of volume reduction on the hospital

Common activities
(All hospitals complete these)

- Awardees must complete a common set of requisite activities, supporting many domains of transformation, including, e.g.:
  - Operational Key Performance Indicator (KPI) Benchmarking
  - Mass HIway connection and use
  - Deep engagement in Executive Leadership Academy, management practice and culture-oriented activities, and potential learning collaboratives

Community Partnerships will be a strong emphasis of all Phase 2 projects

Substantial selection preference will be given to applicants that partner with community-based organizations (CBOs) to provide appropriate services across the continuum of care. Partnerships may be formal or informal, financial or in-kind, new or a strengthening of an existing partnership

Partner Characteristics

Potential Community Partnerships will depend on the nature of the project, but may include: SNFs, home health agencies, ASAPs, office practices, community mental health centers, faith-based organizations, etc.

Key Characteristics

- Partners should be those entities with the most overlap with the hospital in caring for the target patient population (e.g., most common senders/receivers of patients)
- Partners should represent an opportunity for close collaboration between a CHART hospital and community providers caring for the patients it serves
- Partnerships should be established early to allow shared development of applications/intervention approaches

Partnership Examples

There are many examples in care delivery transformation models in which hospital-community collaboration is a critical factor (e.g., 3026 Community-based care transitions programs, STAAR, etc)

Examples

- Referring post-treatment chemo patients to community-based chronic disease services
- Using community-based patient navigators to identify and support high-risk patients (hotspotting)
- Making pharmacists available at the worksite to provide employees with medication therapy management,
- Linking elder services with clinical care providers to enhance care transitions

Hospital-hospital collaborative proposals are strongly encouraged

CHART Hospital

Each CHART Hospital may participate in up to 2 proposals (up to one of each type below)

Joint Hospital Proposals

- Proposals with other CHART Hospitals (whether otherwise affiliated or non-affiliated)
- The Joint Hospital Proposal is intended to facilitate collaboration across both affiliated and non-affiliated CHART hospitals. Joint applications may be an opportunity to maximize impact of community oriented projects or achieve efficiency through coordinated acquisition of tools/trainings, etc.
- **Examples**
  - A regional collaborative approach to identification and management of high-risk, high-cost patients
  - A coordinated approach to Lean Management through a shared training and support model that optimizes impact through shared analytics capacity
  - A regional or statewide bulk-purchasing collaborative that optimize impact through scale
  - A statewide approach to telemedicine in low-access settings that optimizes impact

Hospital-Specific Proposals

- One hospital
- The Hospital-Specific Proposal allows an applicant to focus on unique needs of an individual institution, whether or not that hospital is also participating in a collaborative model.

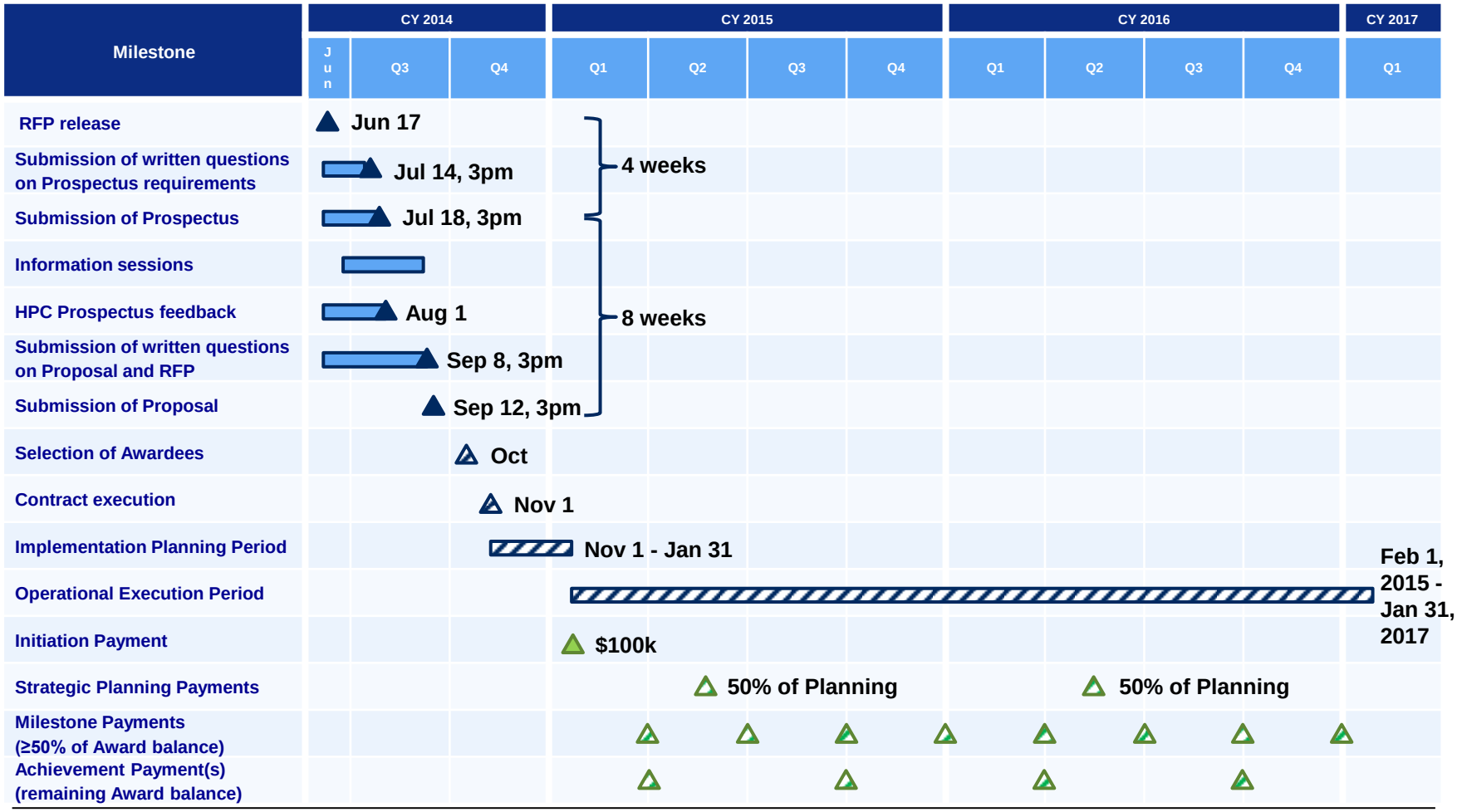
The per-hospital cap on grants of $6M will be cumulative across both proposals

Phase 2 application process

Approximate timeline		Application step	Parties involved
Jun 2014	1	RFP Release	CHART team
Jul 2014	2	Letter of Intent (Prospectus) Due	Interested Hospitals
Sep 2014	3	Full Proposal Due	
Oct 2014	4	Review & Selection	CHART team*
Oct 2014	5	Health Policy Commission Vote	HPC board
Nov 2014	6	Contracts Executed	CHART team
Nov 2014	7	90 Day Planning Period Begins	Grantees and CHART team
Feb 2015 – *Jan 2017*	8	Full Implementation begins (~2 years)	Grantees and CHART team

*Review & Selection includes Chair-designated Commissioners, HPC staff, and key content experts

CHART Phase 2 timeline



Program Milestone | Payment Milestone

- Indicates firm deadline
- Indicates tentative deadline
- Indicates firm timeframe
- Indicates tentative timeframe

Contact information

For more information about the CHART Investment Program

- Visit us: http://www.mass.gov/hpc/chart
- E-mail us: HPC-CHART@state.ma.us

Health Care Workforce Transformation Fund
Advisory Board
December 17, 2014
9:30 a.m. to 11:00 a.m.

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

1. Welcome/Introductions; 9:30-9:40
   Secretary Kaprielian

2. Update on the Health Care Workforce Transformation Fund Training Grant; 9:40-9:45
   Karen Shack

3. Presentations on Community Health Workers; Q. and A. 9:45-10:20
   Ned Robinson-Lynch, Gail Hirsch, Jessica Aguilera-Steinert, Jean Zotter
   MA Department of Public Health

4. Update on the activity of the Health Policy Commission: CHART Grant update; 10:20-10:35
   Margaret Senese

5. Quick overview of the DPH Health Professions Data Series; 10:35-10:50
   Julia Dyck

6. Announcements; 10:50-11:00
   Advisory Board Members

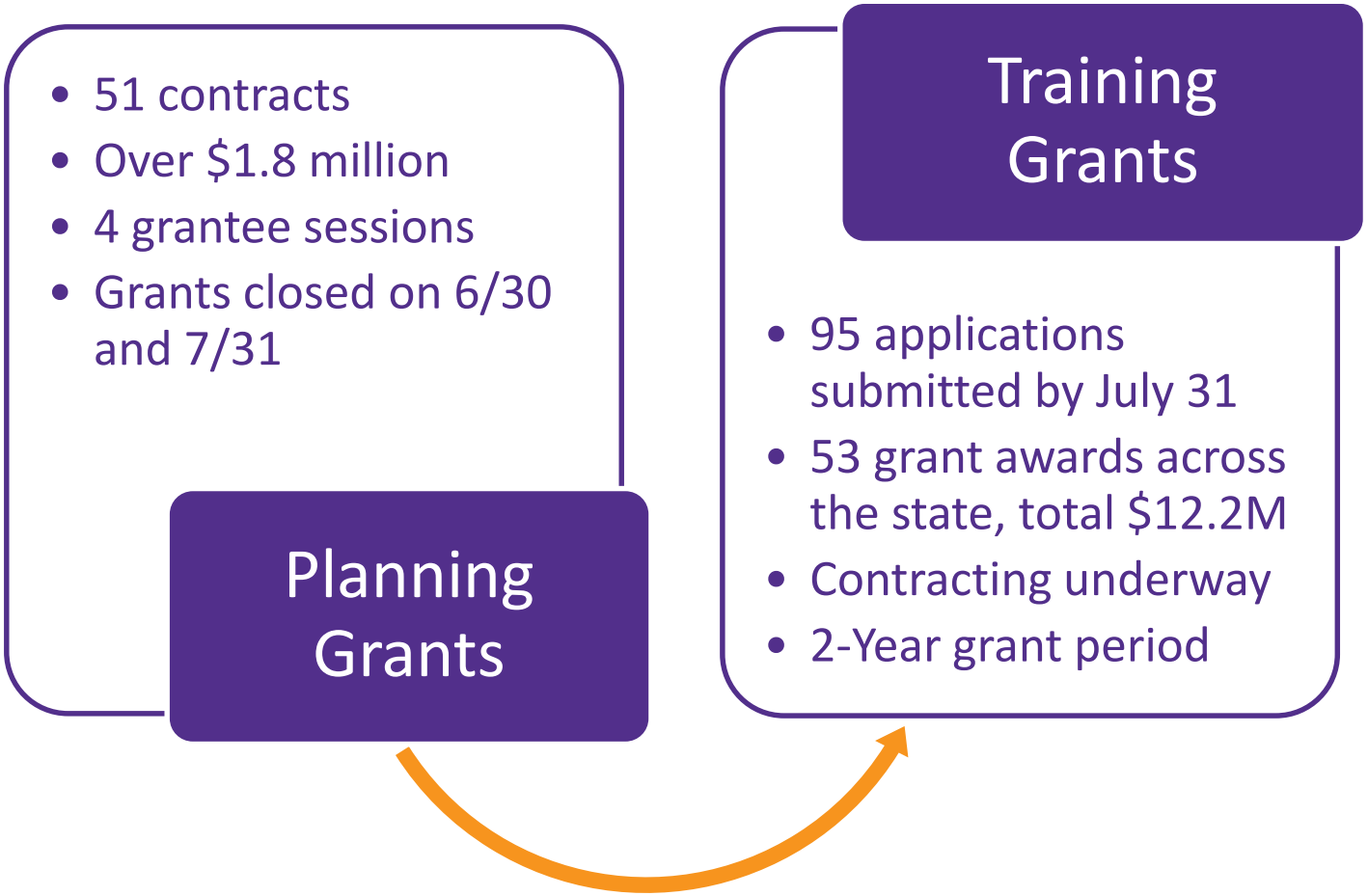
7. Closing Comments
   Secretary Kaprielian

Health Care Workforce Transformation Fund Advisory Board Meeting

December 17, 2014

COMMONWEALTH CORPORATION
Building skills for a strong economy.

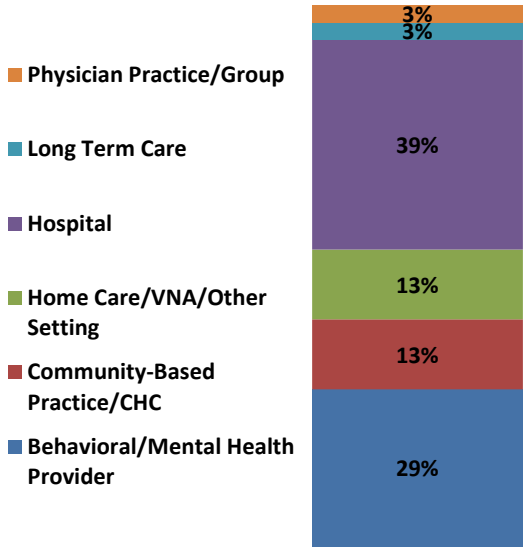
Fund's Overview & Timeline

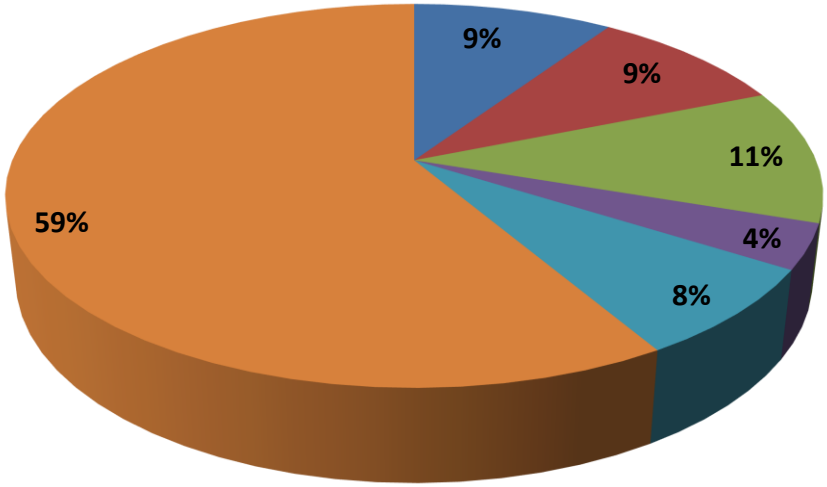


COMMONWEALTH CORPORATION
Building skills for a strong economy.

Type of Lead Applicants

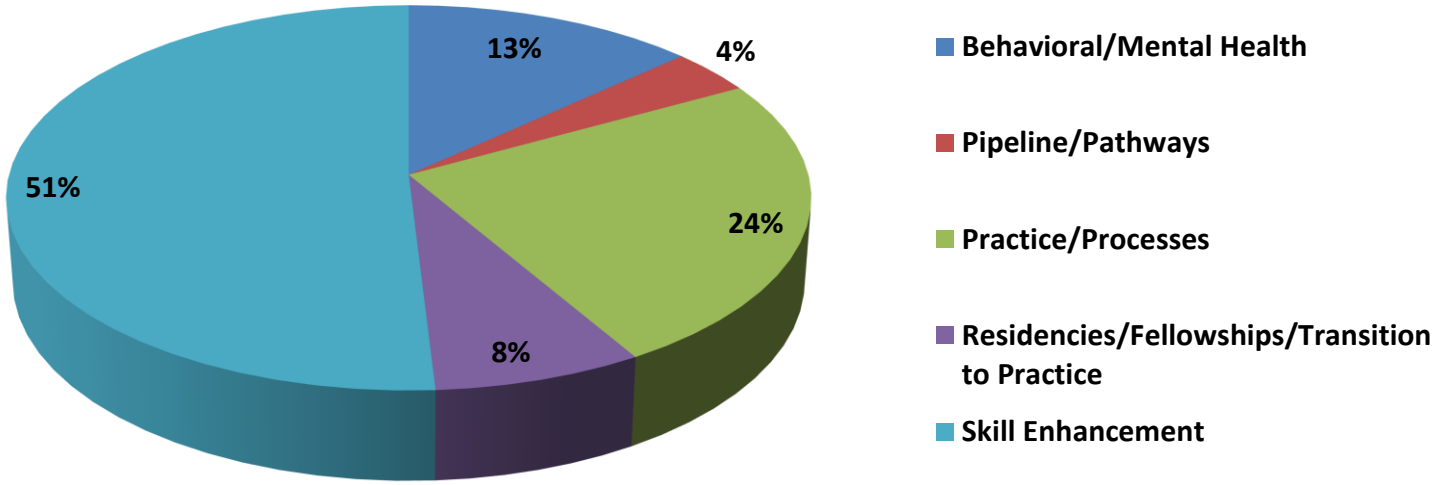
Of the 53 grants funded, 32 were planning grantees.





COMMONWEALTH CORPORATION
Building skills for a strong economy.

Major Areas of Focus



COMMONWEALTH CORPORATION
Building skills for a strong economy.

Major Areas of Focus

Area of Focus	Specialty	Number of Grants
Behavioral/Mental Health	Integration of Services	5
	New Roles	2
Pipeline/Pathways		2
Practice/Processes	EMR/Billing/Insurance readiness	4
	LEAN readiness	4
	Other	1
	PCMH Readiness	4
Residencies/Fellowships/Transition to Practice		4
Skill Enhancement	All Frontline Staff	2
	All Staff	6
	Clinicians	6
	Frontline Clinical Workers	7
	Frontline Non-Clinical Workers	4
	New Credentials	1
	Other	1

COMMONWEALTH CORPORATION
Building skills for a strong economy.

The Role of Community Health Workers in Health Care Reform

MDPH Bureau of Community Health and Prevention

Division of Prevention and Wellness

Jean Zotter, Director, Office of Integrated Policy Planning and Management

Gail Hirsch – Director, Office of Community Health Workers

Jessica Aguilera-Steinert, CHW Integration Specialist

DPH's Current Work on CHWs

Relevant health care reform work:

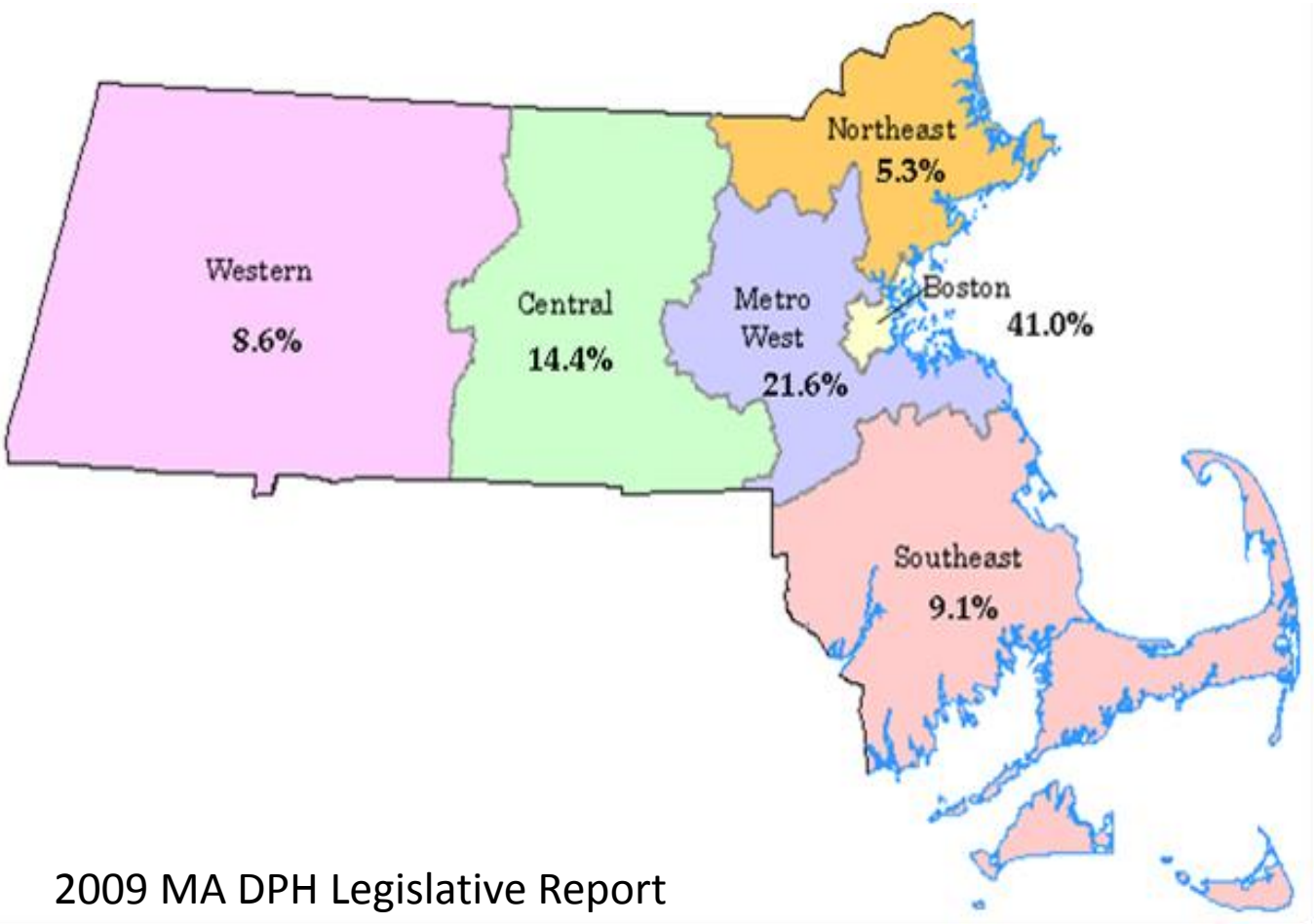
1. Ensuring a quality workforce
2. Promoting sustainability of the workforce
3. Supporting the integration of CHWs into health care teams

Current State of CHWs in MA

32 CHCs surveyed on employment of CHWs in 2014:

- All employ at least 1 CHWs
- Top 3 functions: 1) provision of information and education to patients (63%) and 2) case management (44%)
- 69% address chronic disease, 50% behavioral health and 83% act as liaison between patient and clinical staff
- 89% of CHCs said funding is a barrier to wider employment of CHWs

3000 CHWs in Massachusetts



2009 MA DPH Legislative Report

CHWs and Health Care Reform

Current focus of reform:

- cost savings and quality
- health care providers will need to focus on improving quality measures and reducing cost of high utilizers of care

Problem: care is fragmented and not always coordinated

CHWs, as team members, have helped provider groups reduce costs of high health care utilizers and to improve quality of care

Health Disparities

One core competency of CHWs is to understand and address the social determinants of health

Literature finds CHWs are particularly adept at addressing social determinants of health

- CHW Asthma home visits reduced gap between Black/Hispanic children and White children
- CHW intervention closed immunization gap between Dominican children and all other children

CHWs as Team Members

Evidence suggests CHWs will have the most impact as health care team members addressing the following:

- Delivering preventive services;
- Providing evidence-based self-management education and care coordination services; and
- Directing these services primarily to patients who have poorly controlled chronic health care conditions and/or high avoidable health service use.

Ensuring a Quality Workforce:

Board of Certification of CHWs

Gail Hirsch

CHW Definition

MA DPH uses the following definition of a Community Health Worker:

"…public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

- Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- Assuring that people access the services they need;
- Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
- Advocating for individual and community needs.

CHWs are distinguished from other health professionals because they:

- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time in one or more of the categories above;
- Have experience providing services in community settings."

CHW History in Massachsuetts

- MA DPH has had strong cross-bureau support for CHWs for 20+ years
- 4 established CHW training centers for core competencies, supervisor training, and specialty health topics
- Massachusetts CHW association (MACHW) founded in 2000

CHW Advisory Council Recommendations

2006 MA health reform - DPH convene statewide CHW advisory council to investigate the CHW workforce and make recommendations to the legislature

- 34 recommendations in 4 categories:
  - professional identity,
  - workforce development (including training and certification),
  - expanded financing mechanisms, and
  - state infrastructure (Office of CHWs)

2010 CHW Certification Law

- Ch. 322, "An Act to Establish a Board of Certification of CHWs"
- Bill drafted by MACHW in collaboration with DPH, passed in 2010, to take effect in 2012
- Includes DPH CHW definition and outline of core competencies
- Calls for 11 seat Board, appointed by governor, under the auspices of DPH Division of Health Professions Licensure
- Chaired by commissioner or designee, 4 CHW seats, health plans, primary care association, training centers, CHW employer, public, Mass. Public Health Association

CHW Certification Board Authority

Establishment of standards and requirements for:

- Certification of **individual CHWs**, including a **grandparenting option**
- Approval **of training programs**
- Certification of a **CHW tier for CHW trainers**
- **Renewal** for all three
- Individual certification is **VOLUNTARY** (title act, not practice act)

Core Competencies

Core competencies defined by CHW certification board, based on statute:

#1: Outreach Methods and Strategies

#2: Individual and Community Assessment

#3: Effective Communication

#4: Cultural Responsiveness and Mediation

#5: Education to Promote Healthy Behavior Change

#6: Care Coordination and System Navigation

7: Use of Public Health Concepts and Approaches

#8: Advocacy and Community Capacity Building

#9: Documentation

#10: Professional Skills and Conduct

CHW Core Training – Draft Regulations

- Current range for core training: 45-55 hours
- State certification will require **80 hours of core training:**
  - 80% core competencies (64 hours)
  - 20% special topics (16 hours)
- Flexibility in curriculum design and delivery;
- Based on interactive learning methods
- CHW trainers will be required in training teams

Certification Timeline

- Draft regulations almost final (Dec. 2014)
- Administrative review and public comment period follow (early 2015)
- Office of CHWs, Certification Chair and Health Professions Licensure staff developing supporting materials: applications, standards of conduct exam
- MACHW to conduct regional meetings to get CHW input
- Certification becomes operational in 2015

Sustaining the CHW Workforce: Financing Mechanisms

Jean Zotter

CHWs as Team Members

DPH promotes CHWs as team members addressing the following:

- Delivering preventive services;
- Provide evidence-based self-management education and care coordination services; and
- Directing these services primarily to patients who have poorly controlled chronic health care conditions and/or high avoidable health service use.

Federal Rule Changes Supports Inclusion of CHWs in Care Teams

July 2013 - CMS issued new regulations

- Permits states to reimburse for Medicaid-covered preventive services delivered by non-licensed providers if “recommended by a physician or other licensed provider.”

Many states are considering amending State Plans to include CHWs

Global Payments May Provide Sustainable Funding for CHWs

Chapter 224 requires the Health Connector, the Group Insurance Commission (GIC), and the Office of Medicaid to implement APMs to the maximum extent possible

Chapter 224 payment reform law requires that 80% of MassHealth members be in a global payment system

Private health plans are required, to the maximum extent possible, to reduce the use of fee-for-service payments.

Prevention and Wellness Trust Goals

1. To reduce rates of the most prevalent and preventable health conditions, and substance abuse
2. To increase healthy behaviors
3. To increase the adoption of workplace-based wellness
4. To address health disparities
5. To develop a stronger evidence-base of effective prevention programming

Integrating CHWs into Care Teams

Jessica Aguilera-Steinert

Challenges of CHW Integration

Integrating CHWs into Primary Care

1. Supervision and Training

2. Organizational Culture

3. Size of Investment

4. Data, Monitoring and Evaluation

DPH's Response

Hiring CHW Specialist

- Develop toolkit for providers
- Provide technical assistance to provider groups
- Support the role of CHWs as linking to community resources through training and technical assistance esp. through motivational interviewing

Integration: Supervision and Training

Challenges:

- Intensive work with complex patients requires significant programmatic and clinical support
- Supervisors hold multiple responsibilities, with limited time and competing priorities

Solutions:

- Supervisors should be full-time on the CHW program and significantly involved in project design from an early stage
- Supervisors and CHWs both need to participate in ongoing training

Integration: Culture

Challenges:

- The CHW's comprehensive role challenges traditional divisions and hierarchies
- RNs, NPs and MDs concerned about non-licensed CHWs discussing treatment recommendations
- Mental health specialists concerned about CHWs "doing counseling."

Solutions:

- Hierarchies and "turf" issues need to be address openly from the beginning, in particular, the "controversial" roles of the CHW

Integration: Data Monitoring and Evaluation

Challenges:

- Selecting the patients who will benefit most and who are high-opportunity for cost reductions requires significant data and analytics capacity
- In many health centers, evaluation and service can feel at odds, but rigorous evaluation is necessary for the sustainability of the model

Solutions:

- Evaluation and monitoring needs to be built-in from the start and focused on essential data
- CHCs should form partnerships with payers and hospitals to gain access to claims and utilization data

Moving Forward: Challenges and Opportunities

Jean, Gail and Jessica

Challenges

1. CHW Certification:
   - Rests on strong training programs, yet funding for these programs is sporadic
   - CHW workforce needs to be engaged and involved for its success
   - Little incentive to be certified at this time
2. Sustainable Funding:
   - Most programs are grant funded so turn over is high and skilled personnel are lost
   - Insurers and providers may still need convincing of the value of CHWs

Challenges

3. Integration into Care Teams
   - Workforce not always accepted
   - Requires reorganization of supervision and care for complex patients
   - Need strong data collection and analysis

Opportunities

1. Certification:
   - DPH hired consultant to work with insurers and employers to develop a training program business plan
   - US Department of Labor has an apprenticeship program that might be a good model for MA
   - DPH using its funding to promote certification to CHW workforce
   - Other agencies can help promote certification
   - Employers and insurers can encourage certification when hiring or covering services

Opportunities

2. Sustainable Funding:
   - CMS ruling offers opportunity to cover CHWs as providers through Mass Health
   - Promotion of CHWs to provider groups is needed by partners and DPH so that CHWs are part of global payments
   - CHAPB will look at the ROI of asthma CHW services and if cost neutral will cover service
   - PWTF will evaluate interventions – might be hard to tease out the role of CHWs in the success; if positive ROI, trust might be refunded
   - Role of private insurers and MCOs needs to be explored

Opportunities

3. Integration into Care Teams:
   - Provider champions can help promote the role of CHWs in care teams to overcome fear and turf issues
   - Supervisor training is available from training programs and should be encouraged by provider groups and insurers
   - DPH is working with providers on analyzing data to identify high-risk patients and supporting an e-referral program

Contact Information

Jean Zotter: jean.zotter@state.ma.us

617-994-9807

Gail Hirsch: gail.hirsch@state.ma.us

617-624-6016

Jessica Aguilera-Steinert: Jessica.Aguilera-Steinert@state.ma.us

617-624-5902

COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

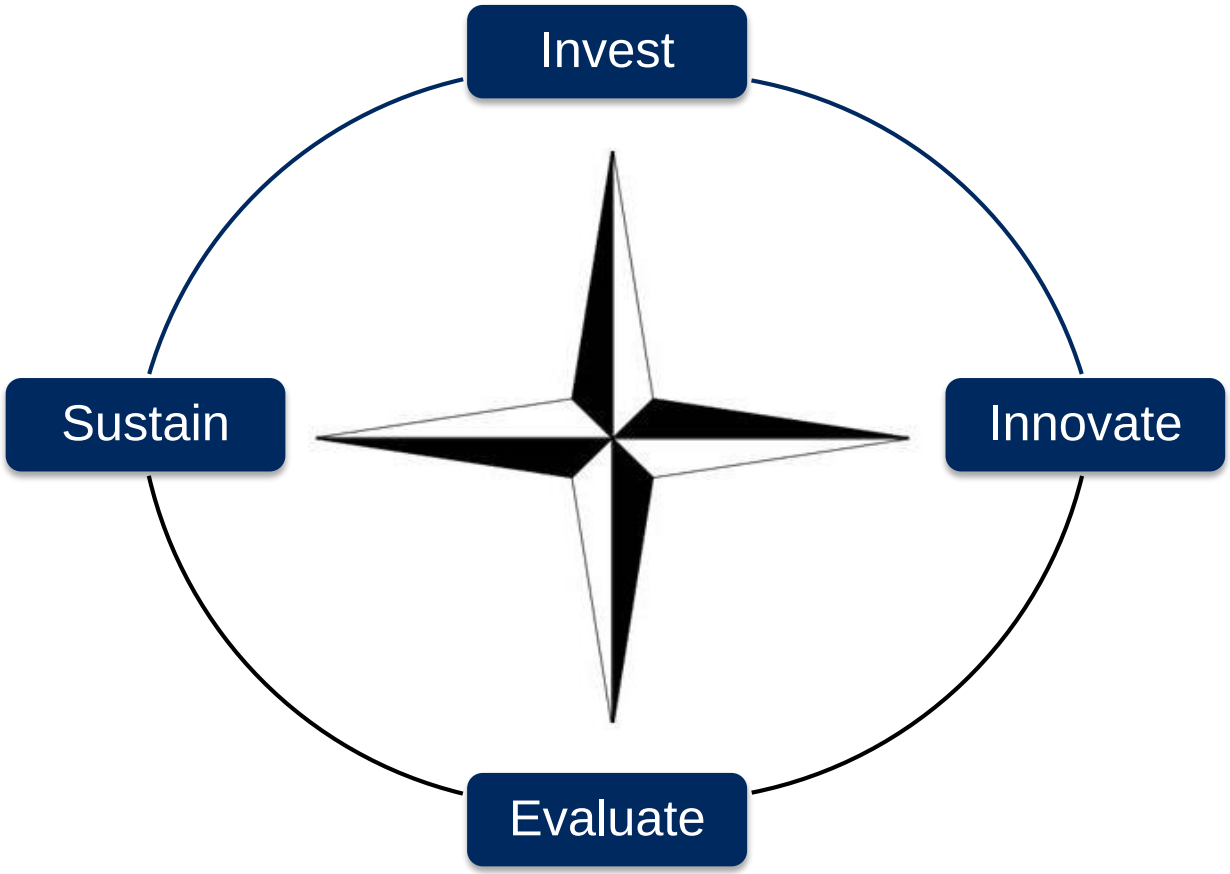
CHART Phase 2

Health Care Workforce Transformation Fund Advisory Board

December 17, 2014

Community Hospital Acceleration, Revitalization, and Transformation

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



Program Overview

From RFP to Impact

2 Years
$60 million
31 hospitals
3 primary aims

1. **RFP:** Issued in June 2014, with a 12 week application cycle including prospectus submission, review, and comment
2. **Proposal Submission and Review:** 5 week review period; robust staff and committee processes
3. **Award Recommendation:** focused on managing socially and medically complex patients and those with behavioral health needs
4. **Implementation Planning and Execution:** Engagement of HPC with awardees both in Implementation Planning and the full Period of Performance

Summary of Proposals and Recommendation

Proposals received:

On September 12, 2014, the HPC received 27 Proposals from 31 eligible hospitals

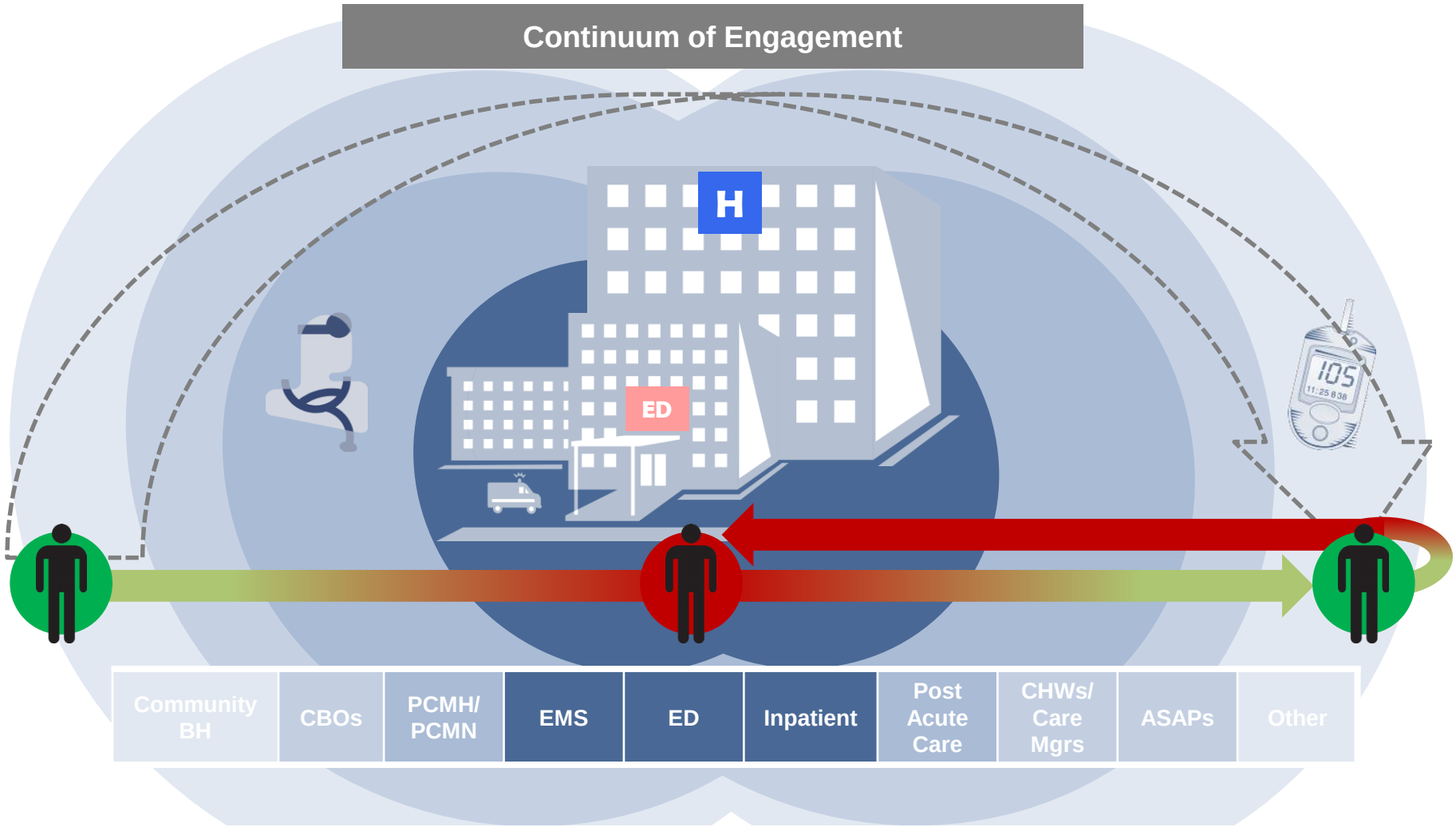
- $117 million total request
  - **93% of proposals** sought to Maximize Appropriate Hospital Use
  - **59% of proposals** sought to Enhance Behavioral Health Care
  - **45% of proposals** sought to Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety

Board voted to award funding:

- 28 hospitals across the Commonwealth representing 25 Proposals for a total award of **$59,951,711**
- The award is a groundbreaking investment in community-oriented high-risk care management and behavioral health services
  - A scale and level of coordination previously unseen
  - Awards will represent a commitment by the Commission to support focusing on the most complex patients, serving goals of reducing costs while improving quality and patient outcomes

Investments enable CHART hospitals as integrators, but engage providers across the continuum through community-oriented models

Primary focus of the majority of proposals is ↓ hospital use (↓ readmissions and ED visits) and ↑ community care; when patients are in hospital, proposals focus on ↓ LOS and ↑discharge to appropriate setting with services. Investments are distributed across the continuum.



Provider Engagement and Support

Learning, Improvement, and Diffusion

In CHART Phase 2, we look forward to continuing our partnership with CHART hospitals. HPC support in Phase 2 may include enhanced technical assistance, such as:

- **Convening**: Workshops, meetings, and collaboratives for awardees to share learning, challenges, and best practices in a facilitated setting
- **Direct Technical Assistance**: Staff and experts available to support specific needs of awardees
- **Leadership Engagement**: Development of hospital leadership engagement opportunities, including skill development related to strategy and tactics of transformation
- **Supportive Data and Analytics**: Development of data and analytic tools to support providers in driving transformation (e.g., rapid-cycle evaluation, high-risk patient identification, or performance benchmarking)
- **Training**: Large scale training opportunities in topics such as Lean, principles of quality improvement, and applied analytics
- **Dissemination**: Centralized library of tools such as videos, interactive media, and written resources to promote and share best practices and guidelines, fed by both awardees and the HPC's evaluation activities

Staff will work with Commissioners to develop this array of available supports in the coming months in parallel with and informed by development of the CHART hospitals' Implementation Plans.

Uniform approach to implementation planning

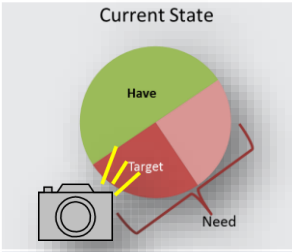
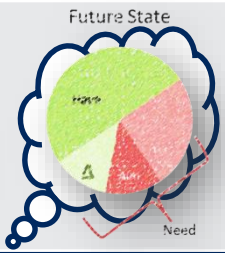
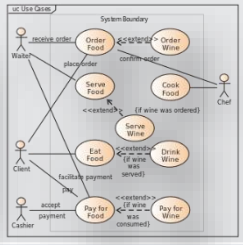
Implementation Planning Period is November 2014 through February 2015

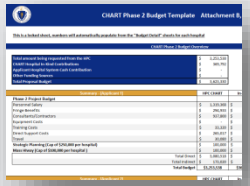
- **Objectives of IPP**
  - Ensure all projects are positioned to successfully achieve their aim
  - Establish rigorous program oversight framework and management approach
  - Standardize vetting of program elements across all projects

- **Principles of IPP**
  - **Meet the needs of communities served by CHART hospitals:**
    - Patients are the foremost priority
  - **There are no easy answers:**
    - No “off the shelf” models of care to replicate across communities
  - **Adaptation is key**:
    - Approach to learning requires that clinical models are developed, refined, and continually improved as a cohort
  - **Collaboration is essential**:
    - Collaborative approach to improvement, opportunities for shared learning in the CHART cohort

- **Outputs of IPP**
  - Detailed implementation plan so that you can be successful over the next two years
  - Baseline metrics to build milestones and payment terms

Sequence of Implementation Planning

	1. Describe Current State	2. Verify Aim	3. Refine Service Model	4. Finalize Staffing Model	5. Develop Technology Req's	6. Develop Mass Hlway cases
						
Activity Description	Utilize your data and patient interviews to be able to define your target population and describe the state of the measures you intend to affect	Using your baseline, quantify the specific impact your Initiatives will seek to have on the target population by the end of the Period of Performance	Design Initiatives that address the needs (i.e., Drivers) of the target population in order to achieve the Aim Statement	Specify the exact staffing model to support Phase 2 investments (service delivery, administrative, and leadership needs)	Specify lightweight technologies to be used to support achievement of Aim(s)	Specify intended uses of Mass Hiway (to be further developed post-IPP)

	7. Define Scope of Strategic Plan	8. Describe Non-Service Investments	9. Develop Measurement Plan	10. Submit Final Budget	11. Extrapolate Project Milestones	12. Finalize Payment Schedule
						
Activity Description	Define broad goals for strategic planning, to be refined and subject to HPC approval after release of Community Hospital Study	Specify needs and requirements for service-delivery investments (e.g., training, capital, consultants, TA, etc.)	Finalize measurement plan (including validation of data sources and ability to collect measures) for standard and award-specific metrics	Specify final budget based on prior amendments and up to Board -approved award cap	Specify all project milestones (including goals and metrics where appropriate) to assess successful completion	Align disbursement schedule with project milestones including both process and achievement based payments

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

HEALTH CARE WORKFORCE CENTER: OVERVIEW OF THE HEALTH PROFESSIONS DATA SERIES

Massachusetts Department of Public Health

December 2014

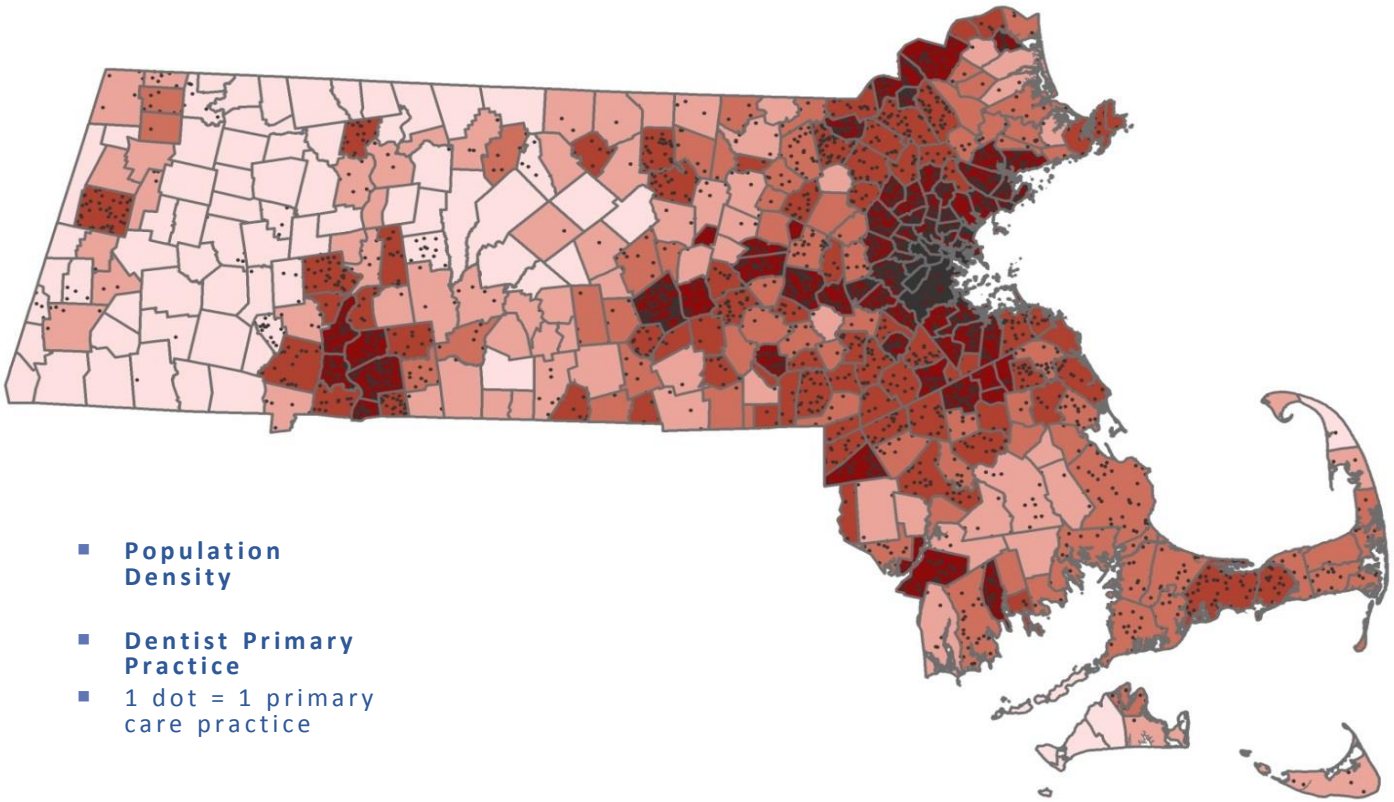
MASSACHUSETTS HEALTH PROFESSIONS DATA SERIES

- The Data Series provides information about workforce demographics e.g. employment characteristics, education, future plans, of seven (to date) health professional disciplines licensed to practice in Massachusetts
  - Dentists
  - Dental hygienists
  - Pharmacists
  - Physicians
  - Physician assistants
  - Registered nurses – includes advanced practice
  - Licensed practical nurses.

HEALTH PROFESSIONS DATA SERIES

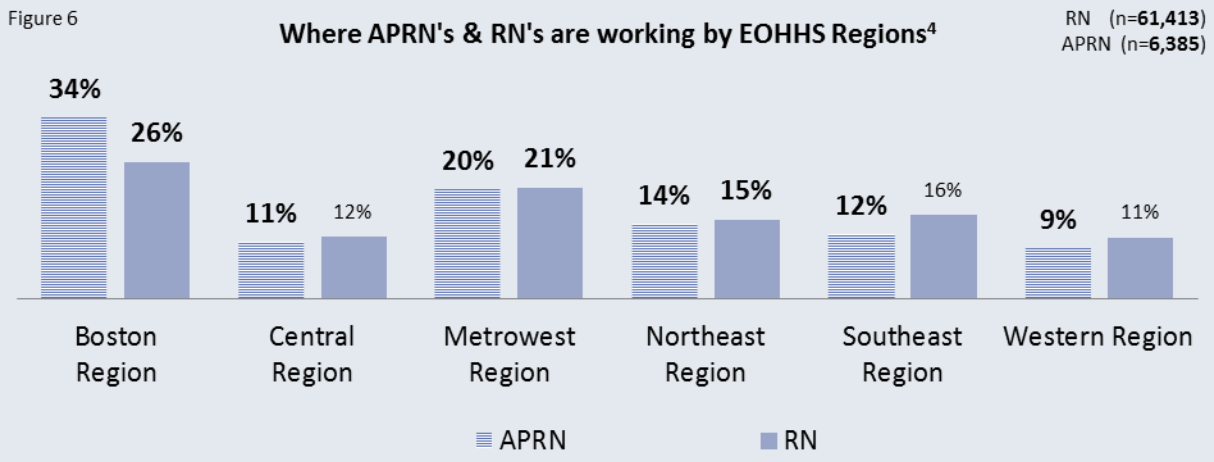
- Establishes an effective, efficient and sustainable system for the ongoing collection and analysis of relevant and timely workforce data in conjunction with license renewal to:
  - Facilitate coordination
  - Identify and monitor trends
  - Inform policy-and-decision-makers
  - Assessments
- Uses a core or minimum data set of questions across disciplines in order to better inform health workforce assessment, trends and resource allocation

POPULATION DENSITY[7] AND NUMBER OF DENTIST PRIMARY PRACTICES[8] AT THE CITY/TOWN LEVEL



FROM 2012 REGISTERED NURSE REPORT

- **GEOGRAPHIC DISTRIBUTION OF NURSING POSITIONS**
- Of the **67,798** RNs and APRNs that report currently working in Massachusetts, **17,937** (**33.8**%) reported that their primary place of employment was in the Boston Region



HEALTH PROFESSIONS DATA SERIES

- The Initiative, and subsequent data analysis and reports, responds to the need for quality and timely data on workforce demographics and employment characteristics of the Commonwealth's healthcare workforce. With a response rate of 80% to 95%, the reports are a timely source of robust data.

- **www.mass.gov/dph/hcworkforcecenter**
- Julia Dyck, Director, Health Care Workforce Center
  - Julia.dyck@state.ma.us

THANK YOU