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Massachusetts Senators Hold Healthcare Roundtable Discussions

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This past August, the Massachusetts Senate and the Millbank Memorial Fund Healthcare Working Group held three roundtable discussions geared towards finding solutions to rising healthcare costs and providing patients with more coordinated care. The roundtables come almost two months after both the Senate and House **rejected** Governor Charlie Baker's proposed healthcare reforms aimed at curbing rising MassHealth spending.

Each of the roundtable discussions was focused on a specific topic in the healthcare sector. The first discussion focused on care delivery systems and behavioral health integration, the second looked at long term care, and the final roundtable was dedicated to chronic and acute care management.

These roundtable discussions also incorporated case studies from healthcare industries in other states. Each discussion opened with a brief policy overview of innovative cost-saving healthcare initiatives in Minnesota, Oregon, Washington, Vermont, and Maryland. This information was collected from conversations that senators had with healthcare experts in those states. Senators took these policy initiatives and used them to guide the discussion at each of the roundtable sessions.

The senators participating in the discussion were Senate President Stan Rosenberg, Majority Leader Harriette Chandler, Ways and Means Chairwoman Karen Spilka, Health Care Financing Chairman Jim Welch, Public Health Chairman Jason Lewis, Acting Mental Health & Substance Abuse Chairman John Keenan, and Patrick O'Connor.

Roundtable Discussion on Care Delivery Systems and Behavioral Health Integration

The first roundtable discussion took place on August 17th and included Senators James Welch, Harriette Chandler, and John Keenan. Senator Welch began the meeting with a presentation of findings gathered from conversations with healthcare stakeholders in other states. Senator Welch highlighted key examples from Minnesota, Oregon, and Washington, noting the various collaborations between public entities and private healthcare providers in each state. The roundtable discussion included recognizing barriers to optimizing behavioral health patients' treatment, how best to support relationships between MassHealth Accountable Care Organizations (ACOs) and community partners, the need for increased flexibility in integrating services, and obstacles to extending ACOs and new care delivery models to the commercial market.

Participants from Blue Cross Blue Shield, Mass Community Health Center, Cambridge Health Alliance, the Association for Behavioral Health, and Beacon Hill Health Options, as well as Former House Chair of Health Care Finance and current CEO of the Massachusetts Council of Community Hospitals, Rep. Steve Walsh, all weighed in when discussing barriers to optimizing behavioral health treatment. Commenters praised the growing integration of mental health providers into primary and other traditional medical care settings, argued for the need to make crucial regulatory changes and think of mental health on an urgent care basis, underscored the critical supply and demand issues surrounding available beds, and highlighted the necessity of working with ACO partners in structuring contracts. Rep. Walsh also commented that more psychiatrists need to accept MassHealth patients.

When discussing how to improve the relationship between MassHealth and ACOs, a participant from Baystate Health responded that reducing regulation, oversight, and documentation would help to ensure the success of ACOs. That participant also said that MassHealth may need to play a more proactive role in bringing communities together. Generally, the roundtable participants all agreed on investing more in telehealth and data-driven solutions. In addition, participants mentioned the need to improve oral health as linked to saving money in the physical health arena. All three of these topics are in line with the Health Policy Commission's focus on better utilizing data to improve the quality of care while reducing costs.

Roundtable Discussion on Long-Term Care

The second roundtable discussion took place on August 23rd. The Senate members began the conversation by providing an overview of alternative care programs in Minnesota and Washington, and then dove into the topic of long-term care. Five targeted questions guided the discussion for the day. They focused on how to incentivize choice in home and community-based care, integrate different care

systems, include different services in ACOs, measure savings and quality of care in home- and community-based services, and make reforms within existing funding levels**.**

Despite these guiding questions, the majority of the discussion focused on the use of ACOs with regards to long-term care. At one point, the conversation was split between two camps. One side, mainly led by Al Norman, the Executive Director of Mass Home Care, was skeptical about the working group's ability to draft legislation that would successfully incentivize ACOs. Others strongly disagreed, however, and were optimistic about their ability to do just that.

Another major focus of the conversation was the importance of understanding the overlay of existing programs. Senators and working group members alike agreed that while Massachusetts has numerous healthcare services that are successfully aiding various groups, these services are decentralized and siloed, which makes it difficult for patients to understand their available options. The discussion participants all agreed on the necessity of creating an educational campaign about existing programs for the general population as a way of ensuring that patients are aware of their options.

Lastly, in keeping with several conversations about Massachusetts healthcare reform, several participants mentioned the necessity of adding a telemedicine and dental health component to the MassHealth ACO program.

Roundtable Discussion on Chronic and Acute Care Management

The final healthcare roundtable discussion took place on August 30th. The discussion questions for the session touched on how to support MassHealth ACOs in addressing social determinants of health, how to encourage collaboration amongst entities targeting these issues outside of the healthcare industry, what to expect from different programs like mobile integrated healthcare, potential barriers to cost reduction, and missed opportunities for identifying innovative practices.

The conversation during this roundtable discussion primarily focused on two topics. The first half of the conversation centered on addressing the social determinants of health. Several of the participants spoke about the work that different community partners were doing to address those factors, and the difficulties that MassHealth ACOs face when trying to go into communities and understand the social determinants of the health problems that their patients are displaying. The Health & Human Services' Prevention and Wellness Trust Fund was used as an example of how MassHealth ACOs and Community Partners can work together to address the social determinants of health. The community benefits program that the Attorney General's office oversees was also used as an example of a place where communities and ACOs might be able to partner in order to address this question.

The second half of the session focused on the roles that cities and towns can play in chronic and acute care management and emergency room diversion. A majority of this discussion focused on the use of emergency medical services, particularly ambulances. This conversation touched on the ways in which ambulances have been successfully used to curtail the extreme emergency room admission rate. Also highlighted were the major regulatory and financial restrictions that limit the impact that ambulatory services can have in cities and towns.

Other topics that arose in the course of the roundtable included telemedicine and the impact of the Tier 2 Tax on small businesses.

Next Steps

The Senate roundtable participants and Millbank Working Group members hope to use these three roundtables as a springboard for drafting substantive healthcare legislation to address rising MassHealth spending. They have indicated that they hope to file the legislation in late September or early October.

ML Strategies will continue to monitor and periodically report on discussions among political and industry leaders as they debate healthcare reform proposals.

Authors

Julie Cox

Olivia Castor

Sarah Engell