

**Minutes from the Health Information and Analysis
Oversight Council Meeting
June 18, 2024**

Council members present:; Ms. Fay Donohue; Dr. Adrianna McIntyre; Mr. Niels Puetthoff, designee of Acting-Commissioner Kevin Beagan, Division of Insurance; Ms. Dana Sullivan, designee of Secretary Matthew Gorzkowicz, Executive Office for Administration and Finance; Dr. Alan Sager; Executive Director David Seltz, Health Policy Commission; Ms. Karen Tseng, designee of Secretary Kate Walsh, Executive Office of Health and Human Services; Ms. Sandra Wolitzky, Office of the Attorney General; and Ms. Jean Yang.

Ms. Donohue called the meeting to order at 2:04 p.m.

I. APPROVAL OF PRIOR MEETING MINUTE [VOTE]

Ms. Donohue opened the meeting by noting that she wished she had been able to attend in person and welcomed Ms. Dana Sullivan as the new Council designee for the Executive Office for Administration and Finance.

Ms. Donohue next called for a motion to approve the minutes from the March 20, 2024, meeting, which was followed by a formal roll call vote; the minutes were unanimously approved. Dr. Sager requested that going forward Council members receive the draft minutes one to two weeks following the meeting; Ms. Peters agreed. Ms. Donohue then provided a high-level overview of the meeting's agenda before segueing to the first presentation.

II. PROVIDER PERFORMANCE DASHBOARD

Ms. Donohue introduced Ms. Liz Almanzor, Director of the Provider Finance Operations, to present on CHIA's Provider Performance Dashboard. Ms. Almanzor began by providing an overview of CHIA's hospital financial monitoring and highlighted recent updates and improvements. She then demonstrated how to use the dashboard on CHIA's website and where to access certain metrics for hospitals and health systems.

Ms. Almanzor answered several questions from Council members on the specifics surrounding the data metrics and cadence of updating the dashboard, including what new metrics displayed are included. Council members asked about CHIA's role in identifying hospitals and systems that are in financial trouble and whether CHIA should generate a list of distressed hospitals. Ms. Almanzor responded that CHIA compares data to identify troubling trends or outliers in the data and that we collaborate with CHIA's state partners. Mr. Seltz noted that the Health Policy Commission (HPC) uses this data for material change notices and other analyses.

Ms. Peters noted that CHIA's statute contemplates a role for CHIA in identifying systems that are experiencing financial challenges and that, absent a standardized definition of financial distress, CHIA compiled a suite of metrics that are indicative of the financial health of a hospital or health system. She noted that CHIA's role is to organize and report the data to allow state agencies and the public to draw conclusions from the data and decide whether the financial trends necessitate action.

Ms. Almanzor then shifted the discussion to CHIA's nursing facility transparency proposal. She noted that the goal of the proposal is to increase transparency of nursing facilities' financial performance, similar to how CHIA currently reports on hospitals. She covered the metrics that would be included and that an initial analysis could be completed by this fall.

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Council members were supportive of the initiative and noted that staffing and quality metrics will be important for understanding nursing facility financials. Ms. Peters agreed and offered to discuss further with the Council at the September meeting.

III. CHIA PRIORITY AREAS

Next, Council members received brief updates on CHIA's key priority areas. Ms. Erin Bonney, Director of Health Informatics and Reporting, began by sharing findings from the recently published Primary Care dashboard. Dr. McIntyre highlighted recent research on the adverse impact of losing a primary care provider (PCP), including higher emergency department utilization, and noted that it may be a topic for CHIA to consider in future iterations of the dashboard. Dr. Sager expressed interest in tracking the number of PCPs working in Massachusetts, quantifying the number of PCPs needed to meet demand and the number of primary care residencies that are filled. Ms. Bonney agreed these were important metrics and noted that the dashboard includes a measure of number of PCPs per population.

Ms. Bonney then gave an update on the Behavioral Health dashboard, which had previously been discussed at a Council meeting. She shared that the new dashboard will be similar to the Primary Care dashboard and is intended to give an overview of the current state of behavioral health care in Massachusetts. The dashboard is slated to be published this summer.

Ms. Haley Farrar-Muir, Senior Research Manager, then walked through the results from the Health Care Workforce Survey and shared plans for the 2025 survey. Council members were interested in what feedback CHIA has received on the survey findings and how the findings showing high levels of vacancies would be received. Ms. Peters emphasized that CHIA's objective role increased the value of the findings, and that the agency will collaborate with its industry partners for future iterations of the survey.

Ms. Farrar-Muir then updated Council members on CHIA's health equity strategy, focusing on the proposal for CHIA to collect RELD/SOGI data from payers via the APCD. She finished by providing a proposed timeline for the new data collection, noting that the goal is to begin collecting this data by August 2025.

IV. EXECUTIVE DIRECTOR'S REPORT

Ms. Peters began the Executive Director's report by providing an update on the FY2025 budget, noting that since the last Council meeting the House and Senate had each passed their own budget proposals and that a conference committee has been appointed to reconcile the differing versions. She noted that both chambers' budgets included a modest increase for CHIA and that the agency feels confident that either amount would allow CHIA to carry out its responsibilities and priorities in the next fiscal year.

Ms. Peters then gave Council members a brief legislative update, including an overview of potential new directives for CHIA included in a major market oversight bill passed by the House in May. She highlighted that the bill included a new reporting requirement for hospitals to

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disclose additional data on their out-of-state finances and operations to CHIA, expanded criteria for CHIA to refer entities to the HPC for consideration of a performance improvement plan (PIP), and that CHIA would likely play a significant role in revitalized state health planning efforts. Ms. Peters noted that the Senate is drafting their own health care bill and that a more definitive update will be provided at the September Council meeting. Responding to a question from Ms. Donohue, Ms. Peters shared that the formal legislative session will conclude on July 31.

Following the legislative update the agenda moved to a discussion item requested by Dr. Sager, pertaining to CHIA's role in evaluating essential hospitals. The Council discussed whether it was within CHIA's scope to evaluate which Steward hospitals are essential to protect access to care. Ms. Peters noted that CHIA has actively supported its sister agencies across state government, through the provision of data and analysis related to hospital utilization and financial performance.

The conversation centered on what analyses have been done at the state level on hospital capacity, and Dr. Sager stated that CHIA could play a larger role. Several Council members noted that there are other state agencies, and a new Incident Command Center run by the Department of Public Health, that are focused on contingency planning. There was consensus that this evaluation was more appropriate for regulatory and oversight agencies and that expanding CHIA's analytic scope may result in duplication of efforts. Ms. Tseng offered to connect Dr. Sager with the appropriate staff at EOHHS to further discuss how the state is monitoring hospital capacity.

Ms. Donohue requested that the Council move to the eAPCD update. Ms. Peters shared with Council members that CHIA continued to be confident with the decision to bring operations in-house after the contract with IBM ended and that a more concrete update would be provided at the next Council meeting.

V. CLOSING

With no other business to discuss, Ms. Donohue thanked Council members for the discussion and sought to adjourn the meeting; the meeting concluded at 4:00 p.m.