



HEALTH POLICY RESEARCH CENTER
THE MONGAN INSTITUTE



MGH HEALTH POLICY ROUNDS

Science informing policy and policy informing science



What is the Health Policy Research Center?

Mission and Focus

- Located in **The Mongan Institute**
- Health policy and health services research externally and here at MGH/Partners
- Broad expertise implementation, team science, health economics, qualitative and quantitative methods, social determinants, equity and access to care, workforce research

Faculty

- Stephen Bartels, MD, MS, Director
- Karen Donelan, ScD, EdM
- Vicki Fung, PhD
- Daniel Hall, MD
- John Hsu, MD, MBA, MSCE
- Lisa Iezzoni, MD, MSc
- Doug Levy, PhD
- Christina Luberto, PhD
- Elyse Park, PhD, MPH
- Giselle Perez, PhD
- Nancy Rigotti, MD, MPH
- Alexandra Shields, PhD
- Christine Vogeli, PhD

Coming Up in Spring, 2020

FEBRUARY 3: Nancy Goodman, JD, MPP: Executive Director and Founder, Kids v Cancer, Member NCI Board of Scientific Counselors, Vice-President Moonshot Committee, Stand Up to Cancer Scientific Advisory Committee

“Changing the Landscape of Pediatric Cancer Research: Advancing Regulatory Reform in Pediatric Cancer Drug Development”

MARCH 2: Benjamin Sommers, MD, PhD, Professor of Health Policy and Economics, Harvard School of Public Health; former Senior Advisor in the Office of the Assistant Secretary for Planning and Evaluation, U.S. HHS

APRIL 6: Dhruv Khullar, MD, MPP, Assistant Professor, Department of Healthcare Policy, Weill Cornell Medicine; Physician, New York-Presbyterian Hospital; Contributing Writer, The New York Times

Timothy G. Ferris, MD, MPH

*Chairman and Chief Executive Officer, Massachusetts General Physicians Organization
Professor of Medicine, Harvard Medical School*

- Primary Care Physician, Internal Medicine and Pediatrics
- Past Senior VP for Population Health, Partners HealthCare
- Chair, Steering Committee, National Quality Forum
- Member, Secretary of HHS Independent Advisory Council on Physician Payment Policy
- Has led multiple innovations in design and implementation of system-wide care redesign for complex patients
- Broad research expertise in quality measurement, risk adjustment, health disparities and health information technology



Can We Decrease Administrative Costs in Healthcare?

Health Policy Rounds

January 13, 2020

Timothy G. Ferris, M.D.
CEO, Mass General Physicians Organization
Massachusetts General Hospital

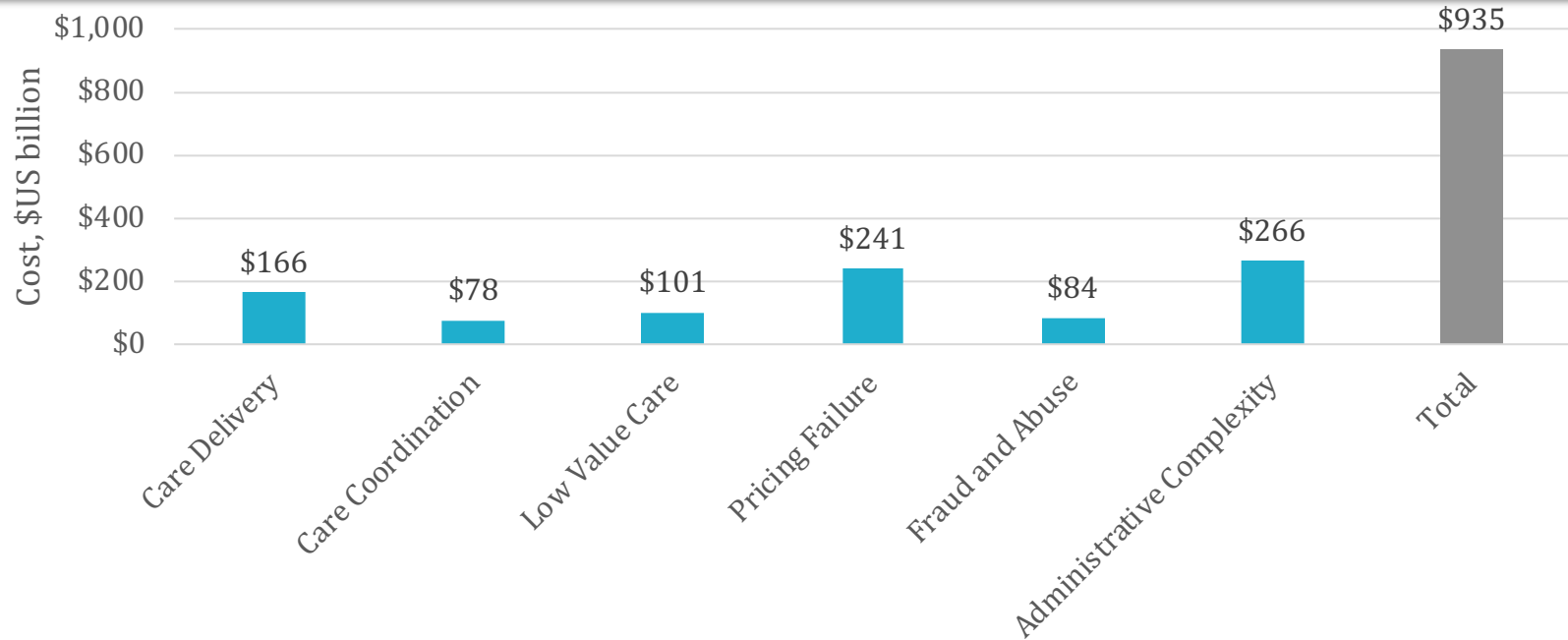


MASSACHUSETTS
GENERAL HOSPITAL



MASSACHUSETTS GENERAL
PHYSICIANS ORGANIZATION

Annual Cost Estimates by Type of Waste



Types of Waste

Care Delivery

- Hospital-acquired conditions and adverse events
- Clinician-related inefficiency (variability in care, inefficient use of high-cost physicians)
- Lack of adoption of preventative practices (obesity, vaccines, diabetes, hypertension)

Care Coordination

- Unnecessary admissions and avoidable complications
- Readmissions

Low-Value Care

- Low-value medication use
- Low-value screening, testing, or procedures
- Overuse of end-of-life care

Pricing Failure

- Medication pricing failure
- Payer-based health services pricing failure
- Laboratory and ambulatory pricing

Fraud and Abuse

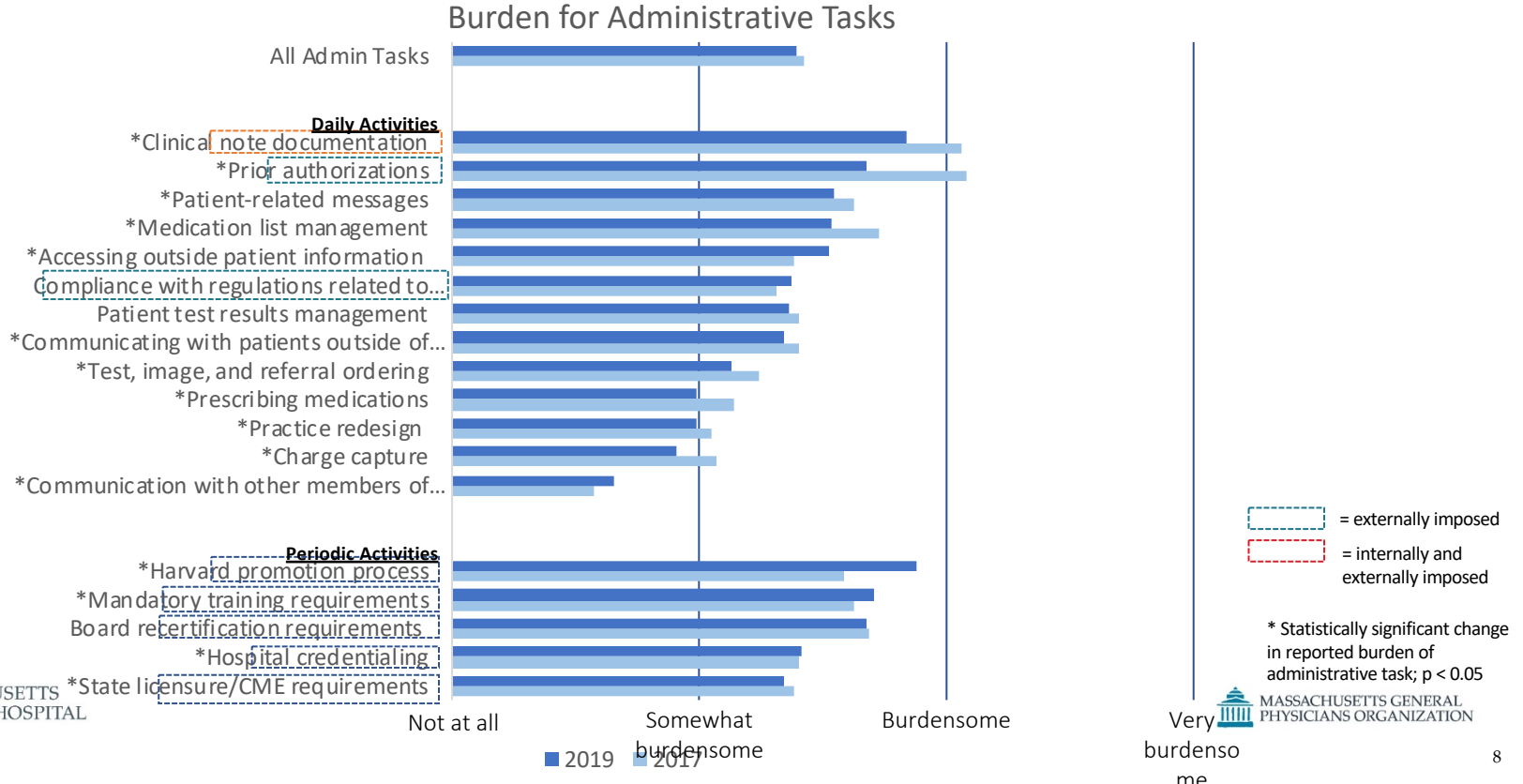
- Fraud and Abuse in Medicare

Administrative Complexity

- Billing and Coding waste
- Physician time spent reporting on quality measures

MGPO Survey: Burden of Administrative Tasks

66% of administrative tasks were less burdensome in 2019 than in 2017



HPC Advisory Council Survey

Administrative Complexity: Key focus areas



Policy Recommendation: The Commonwealth should take action to identify and address areas of administrative complexity **that add costs** to the health care system **without improving the value or accessibility of care.**

Top Priority	Medium Priority	Lower Priority
<ul style="list-style-type: none">• Prior Authorization• Provider Credentialing• Variations in Benefit Design	<ul style="list-style-type: none">• Billing and Claims Processing• EHR Interoperability• Eligibility/Benefit Verification	<ul style="list-style-type: none">• Clinical documentation and coding• Clinician licensure• Provider directory management• Quality measurement and reporting• Referral management• Variation in payer-provider contract terms

Each of the top priority areas were identified by multiple types of organizations (i.e., a combination of payers, providers, employers, and patient advocates).