The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for vulnerable and low-income people in the Commonwealth. We collaborate with public and private organizations to broaden health coverage and reduce barriers to care, through grants, research, and policy initiatives.
Dear Friends and Community Partners:

2012 marked the beginning of a significant new phase in Massachusetts health reform. With insurance coverage at the highest levels in the nation, Massachusetts enacted an ambitious law aimed at controlling future increases in health care spending. Cost containment is a huge challenge for the health care community, but it’s also absolutely essential. The Foundation is firmly committed to doing our part to address affordability while continuing to promote access to high-quality care.

Since our creation in 2001, the Foundation has been at the forefront of initiatives that helped shape health reform in Massachusetts. We are especially proud that we’ve been able to support so many organizations and individuals that are bringing about positive changes, every day, on the front lines of health care. As we thought about how to summarize our collaborative efforts for this year’s annual report, three words came to mind – impact, opportunity, and influence.

Impact – We support initiatives that improve health care access, quality and affordability.

Opportunity – We nurture advancement and opportunity among groups and individuals that share our commitment to expanding access to affordable health care for low-income and vulnerable individuals and families.

Influence – We bring information, ideas, and analysis to bear on important issues facing the health care community, helping to spur discussion, innovation and action.

We hope you’ll find this overview of our 2012 work in each of these areas to be interesting and informative, and, as always, we welcome your comments and suggestions.

With thanks and best wishes,

Celeste Reid Lee
Interim President and Senior Director of Grantmaking

Blue Cross Blue Shield of Massachusetts
Foundation Staff

Bob Pestuccia
Executive Director, Community Capital

Charlie S. Yeh, M.D., FACEP
Chair, Board of Directors

2012 Financials will be available at bluecrossmafoundation.org in April 2013.
IMPACT
OPPORTUNITY
INFLUENCE
Hospitals in three Western Massachusetts counties collaborate to help emergency room "super-utilizers" obtain more appropriate and cost-effective care.

Refugees from the Central African Republic learn about their local community health center’s services with help from a navigator who speaks their native language of Sango.

Patients with serious mental illness and multiple chronic conditions receive personalized assistance with doctor’s appointments, medications, and other interventions that help reduce hospitalization.

A community health center sends its publicly insured patients timely reminders by mail, text, and phone, explaining the steps they must take each year to ensure continuity of coverage.

Since the Foundation was created in 2001 by Blue Cross Blue Shield of Massachusetts, we have supported hundreds of community-based programs and projects that have had a sustainable, positive impact on health care for low-income, vulnerable, and uninsured residents of Massachusetts.

We organize our grantmaking into defined program areas that are consistent with the Foundation’s mission and priorities. Currently, much of our funding is aimed at supporting two core objectives — making health care in Massachusetts more affordable, and helping uninsured residents gain and maintain access to health coverage and needed care.

The two organizations profiled in this section of the annual report — Holyoke Health Center and Family Health Center of Worcester — are representative of the many ways grant recipients use our support for multi-year initiatives to innovate, experiment, supplement, and, ultimately, improve the care and support services they provide.
Making Health Care Affordable: Grants for sustainable cost management

The Massachusetts cost containment law enacted in 2012 was the culmination of several years of research, analysis, and debate concerning the causes of rising health care costs and possible solutions. Massachusetts has been, historically, among the highest ranking states for per capita health care spending, and once the coverage provisions of the 2006 health reform law were in place, attention began to shift to costs.

From the Foundation’s perspective, we recognized that the extraordinary gains Massachusetts had achieved in covering low-income residents would be unsustainable if costs were not brought under control. As a result, we decided several years ago to focus more of our attention and resources on finding ways to make health care delivery less costly, and we developed a new grant category — Making Health Care Affordable.

12 grant recipients $1,357,195 awarded

Potentially Avoidable Hospital Spending

- Potentially Avoidable Hospital Admissions $719 million
- Preventable Emergency Department Visits $571 million
- Avoidable Hospital Readmissions $704 million

Total Massachusetts Hospital Spending: $21.3 Billion

Chart shows 2009 hospital spending based on reports from Centers for Medicare & Medicaid Services and MA Center for Health Information and Analysis.

Our three-year Making Health Care Affordable grants provide Massachusetts health care organizations with the opportunity to develop, expand, test, and measure the impact of various cost containment strategies while improving quality of care. Grantees are addressing, for example, cost and quality issues related to inappropriate emergency department use, the management of chronic disease, pediatric mental health, and the social determinants of health.
Holyoke Health Center (HHC), which serves about 20,000, mostly low-income, adults and children, is using a three-year Making Health Care Affordable grant to improve the care of patients who are at high risk for hospitalization, unnecessary emergency department visits, or adverse drug events as a result of their diabetes. The program’s goals are to demonstrate improved health outcomes for an expected 300 participants and to decrease the total cost of their medical care.

In 2012, HHC created and trained a special clinical team that combines closely coordinated primary care, nurse care management, clinical pharmacy management, and patient navigation, and enrolled the first 173 high-risk patients. Two of the key indicators that a patient is at especially high risk are one or more recent hospitalizations, and having been prescribed eight or more medications, so the clinical team focuses much of its attention on medication management and transitions of care.

Miriam Reyes is a medical assistant and one of five members of the program’s multidisciplinary clinical team. She and her colleague, Miriam Reyes is a medical assistant and one of five members of the program’s multidisciplinary clinical team. She and her colleague,
pharmacy clerk Sheila Rodriguez, both act as patient navigators, especially with HHC’s predominantly Spanish-speaking population. Language barriers, combined with high levels of illiteracy, create huge obstacles for people with chronic conditions, so Reyes helps patients schedule appointments, arrange transportation, and understand how the health care system works and what they should be doing to manage their own health.

One of the first steps in improving care is to ask patients to bring all their medications to the health center’s pharmacy. Since diabetes patients often have other serious conditions like heart disease and high blood pressure, they may be taking multiple medications, and if they have been hospitalized, they may be discharged with new prescriptions. And this is where the team approach can have the greatest impact. The patient typically has an in-depth meeting with a pharmacist, primary care provider, and patient navigator to review all of his prescriptions and develop an up-to-date medication plan. The result is often that the patient ends up on far fewer medications and, most importantly, has a much clearer understanding of what they are for and how they should be used.

“Sometimes patients have a shopping bag full of medicines but they don’t know what they’re for, and they don’t know which ones they should have stopped taking.”

91% public insurance
4% private insurance
5% uninsured
The pharmacy team uses special packaging to help patients on multiple medications see exactly what they need to take and when.

“The Foundation staff come in, advise us, and ask good hard questions. They’re one of the funders that really appreciates the complexity and weight of what we do.”

The HHC pharmacy is equipped with a number of highly sophisticated tools for managing prescriptions, including a robotic pill dispenser, but the pharmacy team adds several extra steps to help ensure patients take all of the medications that are prescribed for them. Each medication is placed into a special month-long blister pack that includes all doses, arranged by day and time of the week. The blister packs include illustrations or other simple instructions that make it easier for patients to comply. And, with a full month’s supply of pills easily visible, patients are far more likely to get timely refills.

In addition to improved medication management, the program includes closer coordination of care with Holyoke Medical Center and a number of initiatives aimed at engaging patients in wellness-related lifestyle changes. Consistent with the Foundation’s goal of helping develop affordability initiatives that could be replicated across the state, HHC is working with the state’s Medicaid agency, MassHealth, to track patients’ costs and clinical outcomes starting a year before they begin participating, and continuing for the duration of their engagement in the program.
For more than a decade, organizations receiving our Connecting Consumers with Care grants have been at the forefront of developing and implementing highly effective outreach and enrollment services, along with innovative approaches to improving consumers’ understanding of how to best use their health insurance and the care options available to them.

FAMILY INCOME FOR UNINSURED IN MA

Most of the state’s residents who are still uninsured have family incomes that may qualify them for subsidized coverage.

13 grant recipients $520,000 awarded
The major goals of the *Connecting Consumers with Care* project at Family Health Center of Worcester (FHCW) are to increase patient access to insurance coverage and health care and to help patients become more self-sufficient in obtaining appropriate care from the health center and the rest of the health care system.

“We have so many services and want people to use them appropriately, but even for English speaking patients, it can be overwhelming. The grant gives us a unique opportunity to try something new.”

Enrolling patients in health coverage

The communities served by Family Health Center have experienced a large influx of uninsured, low-income immigrants and refugees in recent years, so helping patients connect with health coverage is a top priority.
priority. In 2012, FHCW’s Health Benefits Advisors helped more than 5,500 patients apply for health insurance, and another 3,500 patients were advised on how to complete the forms that are used to re-enroll members in public health coverage. Staff who work at FHCW’s six school-based health center sites were trained to assist children and their families to enroll in subsidized insurance using the state’s electronic Virtual Gateway system.

“The grant allowed us to restructure the way we handle enrollment and patient navigation. As more of our patients became insured, the amount we have to write off for free care has dropped dramatically, which was a big help to our bottom line.”

Helping patients navigate through the health care system

The health center now holds regular orientation sessions in English and Spanish that introduce new patients to the health center’s services, how to make an appointment, when to contact the health center rather than

“People who are uninsured are less likely to come in for care, which means they delay preventive care and the treatment they need for serious conditions like diabetes.”
go to an emergency room, and how to register for insurance. Once a month the session is facilitated by one of FHCW’s medical interpreters, who also speak Sango, Portuguese, Vietnamese, Albanian and Arabic. In addition, FHCW introduced Universal Health Care symbols throughout the health center and is developing “I Speak” cards, which will be available in every language spoken by health center patients and will include a written description to match each Universal Health Care symbol found within the health center.

**Maintaining health coverage**

One of the most common barriers to patients maintaining insurance is the complicated process of initially applying for and annually reapplying to receive MassHealth benefits. FHCW staff analyzed MassHealth denial and request-for-information letters and determined that MassHealth denied health insurance to patients for more than 40 different reasons. The ongoing analysis will be used to advocate for improvements in the enrollment and renewal processes.

68% public insurance 9% private insurance 23% uninsured

“I can’t think of any other foundation that’s looking at issues of navigation and how to connect people to insurance.”
The Foundation brings together grant recipients from across the state to share best practices, discuss policy issues, and receive technical assistance.

2012 Funding by Grant Program Area

- Making Health Care Affordable: $1,357,195
- Strengthening the Voice for Access: $685,000
- Connecting Consumers with Care: $520,000
- Catalyst Fund: $158,931
- Strategic Initiatives: $234,000
- Cost and Affordability Policy and Research: $575,624 ($489,280 in 2012)
2012 Grant Recipients

- Alliance Foundation for Community Health
- Behavioral Health Network
- Boston Center for Independent Living
- Boston Medical Center
- Boston Public Health Commission
- Boys and Girls Clubs of MetroWest
- The Brigham and Women's Hospital
- Brockton Neighborhood Health Center
- Brookline Community Mental Health Center
- Caring Health Center
- Cerebral Palsy of Greater New Bedford
- Commonwealth Tenants Association
- Community Action Committee of Cape Cod & Islands
- The Community Family
- Community Health Center of Franklin County
- Community Health Connections
- Community HealthLink, Inc.
- Cooperative for Human Services, Inc.
- County of Dukes County
- The Dimock Center
- Disability Advocates Advancing our Healthcare Rights (DAAHR)
- The Disability Policy Consortium
- Ecu-Health Care
- The Edinburg Center
- Ellis Memorial & Eidredge House, Inc.
- Family Health Center of Worcester
- Family Service
- Fenway Community Health Center
- Food for the World
- Franklin County DIAL/SELF
- Gavin Foundation
- Greater Boston Interfaith Organization
- Greater Lawrence Family Health Center
- Harvard School of Public Health
- Health Care For All
- Health Law Advocates
- Helping Our Women
- The Highlands Coalition
- Hilltown Community Health Centers
- Holyoke Health Center
- Hospice of the North Shore and Greater Boston
- Joint Committee for Children’s Health Care in Everett
- Judge Baker Children's Center
- Lyrin Community Health Center
- Massachusetts Association of Community Health Workers
- Massachusetts Health Policy Forum
- Massachusetts Housing and Shelter Alliance
- Massachusetts Immigrant and Refugee Advocacy Coalition
- Massachusetts League of Community Health Centers
- Massachusetts Public Health Association
- Massachusetts Senior Action Council
- Mercy Hospital
- New England Eye Institute
- New Hope, Inc.
- Parents Helping Parents
- Partners in Health – Prevention and Access to Care and Treatment Project
- The Nutrition Center
- Roca, Inc.
- Self Esteem Boston Educational Institute
- Stavros Center for Independent Living
- Steppingstone
- Tufts Medical Center
- Victory Programs
- VNA of Greater Lowell
- VNA of Middlesex-East and Visiting Nurse Hospice
- Volunteers in Medicine Berkshires
- Wayside Youth & Family Support Network
- Whittier Street Health Center
- Women of Means
Seniors at a retirement community give a veteran newspaper reporter a whole new perspective on the human side of health care policy.

- A nonprofit that serves a diverse and often vulnerable population is able to purchase new technology that speeds critical eye exams for patients with diabetes.
- The new director of a public health agency hones his leadership skills and develops a plan to involve people from different cultures in community health improvement.

These are just a few examples of how the Foundation's grants and programs provide individuals, organizations and institutions with unique opportunities for learning, growth, and professional development.

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The Massachusetts Institute for Community Health Leadership (MICHL), led by Michael McCormack, Director of Practice at the Harvard School of Public Health, is an intensive, experiential training program designed to help emerging leaders and their organizations to more effectively address future opportunities and challenges.

Participants have an opportunity to explore the challenges facing health care leaders and their organizations; develop new skills and capabilities they can apply both within and beyond their organizations; and collaborate with their peers from other private nonprofits, public agencies, and academic institutions.

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- holle gARvey
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18 days 18 participants
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18 days
18 participants

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION
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The Health Coverage Fellowship helps print, radio, television and online reporters and editors do a better job covering critical issues related to health care policy, coverage, and access. The program includes educational sessions and hands-on field trips covering a wide range of topics – medical errors and patient safety, provider payment reform, medical genetics, adolescent mental health, emergency medicine, health care for the homeless, and the “wounds of war,” to name a few.

In 2012, the Health Coverage Fellowship received additional support from the Blue Shield of California Foundation, Connecticut Health Foundation, Kaiser Family Foundation, Maine Health Access Foundation, and New Hampshire’s Endowment for Health.

**2012 fellows**
- Lisa Chedekel, Connecticut Health Investigative Team
- Erik Cohen, Business NH Magazine
- Chelsea Conboy, The Boston Globe
- Lisa Eckelbeck, Worcester Telegram & Gazette
- Margaret Evans, WBUR Radio
- Jackie Farwell, Bangor Daily News
- Shef Ali Kulkarni, Kaiser Health News
- William Mills, Cape Cod Times
- Chris Rube, San Francisco Business Times
- Lena Sun, The Washington Post
- Steven Srey, The Boston Globe

**Catalyst Fund Grants**
Grants to help organizations grow

- Financial strategy to increase access to Blue Cross Blue Shield’s plan for underserved populations
- Enhanced care management for primary care physicians
- Improvements in care management for behavioral health

**2012 Catalyst Fund grants helped pay for:**
- Psychological testing equipment
- Consultation to improve a health center’s phone system
- A telemedicine workstation for diabetic retinopathy exams
- Certification of nurses in hospital and palliative care
- Computers for a health center pharmacy
- Electric breast pumps for patients to rent
- Website redesign to meet the needs of people with disabilities
- Diabetes testing equipment
- A chair scale, aerobic steps and pedometers

"I could step back from my little world of journalism and get a grasp on the systems and issues I write about, from experts, without deadline pressure."

"The best measure of the Health Coverage Fellowship program can be seen in the scores of incisive stories published or broadcast over the ensuing year, when the journalists continued to meet with one another to hone their skills, conceive of projects, and test story ideas."

"The field trips got me thinking about how to cover health-care policy using personal stories."

"It gave me time to take a breath and decide on a course of health coverage that’s purposeful instead of reactive."

Fellows met with NewBridge Retirement Community residents to discuss their health care concerns.

New England Eye Institute used a Catalyst Fund grant to improve their ability to examine patients for serious eye damage that is frequently caused by diabetes.

36 recipients and $158,931 in total grants
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In 2012, 11 journalists from 6 states, 82 expert speakers, 9 field trips over 9 days and nights.

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The Horizon Initiative

Catalyst Fund: Grants to help organizations grow

Financial story: to make sure your Blue Cross Blue Shield of Massachusetts members feel they’re getting quality, community-based care despite the expense. In time, they teach us new angles and valiant voices.

The best examples here, from work-in-progress to fully-realized projects. These projects are supported by departments who see value in helping others, who seek new approaches in order to help others.

In 2012 Catalyst Fund helped pay for:

- Psychological testing equipment
- Consultation to improve a health center’s phone system
- A telemedicine workstation for diabetic retinopathy exams
- Certification of nurses in hospital and palliative care
- Computers for a health center pharmacy
- Electric breast pumps for patients to rent
- Website redesign to meet federal guidelines
- Diabetes testing equipment
- A chair scale, aerobic steps and pedometers

36 recipients and $158,931 in total grants
The Health Coverage Fellowship helps print, radio, television and online reporters and editors do a better job covering critical issues related to health care policy, coverage, and access. The program includes educational sessions and hands-on field trips covering a wide range of topics – medical errors and patient safety, provider payment reform, medical genetics, adolescent mental health, emergency medicine, health care for the homeless, and the “wounds of war,” to name a few.

In 2012, the Health Coverage Fellowship received additional support from the Blue Shield of California Foundation, Connecticut Health Foundation, Kaiser Family Foundation, Maine Health Access Foundation, and New Hampshire’s Endowment for Health.

2012 fellows

• Lisa Chedekel Connecticut Health Investigative Team
• Erik Cohen Business NH Magazine
• Chelsea Conboy The Boston Globe
• Lisa Eckelbecker Worcester Telegram & Gazette
• Margaret Evans WBUR Radio
• Jackie Farwell Bangor Daily News
• Shefali Kulkarni Kaiser Health News
• William Mills Cape Cod Times
• Chris Rubber San Francisco Business Times
• Lena Sun The Washington Post
• Steven Snyder The Boston Globe

“Field trips get me thinking about how to cover healthcare policy using personal stories.”

“I could step back from my little world of journalism and get a grasp on the systems and issues I write about, from experts, without deadline pressure.”

“The best measure of the Health Coverage Fellowship program can be seen in the scores of incisive stories published or broadcast over the ensuing year, when the journalists continued to meet with one another to hone their skills, conceive of projects, and test story ideas.”

Fellows met with NewBridge Retirement Community residents to discuss their health care concerns.

New England Eye Institute used a Catalyst Fund grant to improve their ability to examine patients for serious eye damage that is frequently caused by diabetes.

Catalyst Fund: Grants to help organizations grow

Financial grants to make concrete improvements in Massachusetts health care communities. Catalyst Fund’s goal is to help health care organizations expand their capacity to make health care more accessible and affordable.

The fund reached a milestone in 2012: $1 million awarded since its inception.

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  Kaiser Health News
• William Mills
  Cape Cod Times
• Chris Rauber
  San Francisco Business Times
• Lena Sun
  The Washington Post
• Steven Syre
  The Boston Globe

Catalyst Fund: Grants to help organizations grow

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• State and national news outlets report on a foundation-sponsored analysis of the economic benefits Massachusetts employers and workers could realize if health care cost growth is tamed.

• Disability advocates collaborate to influence state and federal initiatives aimed at improving health care for low-income people who are eligible for both Medicaid and Medicare.

• Academic researchers design methods to estimate the quality and cost benefits to be gained by shifting resources from low-value to high-value health care.

In 2012, the Foundation continued to bring to bear on some of the most challenging and important issues facing the state’s health care community. Just as we did a decade ago, during the initial stages of Massachusetts health reform, we sponsored and conducted stakeholder meetings, research studies and policy reports that illuminated the issues and helped spur discussion, debate and action.

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Policy and Research

Much of the work of the foundation’s policy and research team focused on three issues of vital importance to the future direction of the health care system: public and private efforts to contain health care cost increases in Massachusetts, implementation of the national Affordable Care Act, and the movement to find more efficient and effective ways to meet the complex health care needs of low-income, individuals with disabilities.

About half the reports were issued by the Massachusetts Medicaid Policy Institute (MMPi), a research and education program within the foundation.

2012 publications examined, for example:

• The potential economic benefits of slower health care cost growth for Massachusetts employers and employees

• How the 2012 Massachusetts law aimed at limiting annual health care spending increases will affect hospitals, clinicians, health plans and consumers

• The impact of the state’s fiscal 2013 budget on MassHealth and other health care programs for low-income residents

• Options for stabilizing MassHealth funding and benefits during times of economic downturn

• What other states can learn from Massachusetts in order to develop effective education, outreach, and enrollment programs aimed at people newly eligible for coverage under health reform

• Options for reconciling differences in the Massachusetts and federal individual mandates for health insurance

Policy Conferences

Foundation-sponsored conferences brought together representatives from patient and consumer advocacy groups, state and federal government agencies, and many sectors of the health care community to discuss research and policy initiatives that affect health care access, quality and costs. In October, for example, hundreds of people attended a forum on how the provisions of the 2012 cost containment law will shape the state’s health care system in the years to come.

“I was very excited to have engaged health care stakeholders in our room.”

“...and their willingness to be frank and honest with the audience.”

23 publications, 9,853 website downloads

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Panelists and audience members joined a spirited discussion on the future of health care cost containment in Massachusetts.


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35,145 42,019 24,169 30,543

140,284 149,933

23 events in 2012, more than 950 attendees

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**Policy Conferences**

Foundation-sponsored conferences brought together representatives from patient and consumer advocacy groups, state and federal government agencies, and many segments of the health care community to discuss research and policy initiatives that affect health care access, quality and costs. To date, more than 950 people attended two events in 2012 around models of dual eligibility for long-term care.

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Panelists and audience members joined a spirited discussion on the future of health care cost containment in Massachusetts.

5 events in 2012, more than 950 attendees

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Information, Ideas, and Analysis
It is not one of the most challenging and important issues facing the
debate health care currently, and we are developing during the
initial stages of Massachusetts health reform an approach and networked
researchers focused on issues that informed the move toward a new discussion, dialogue, and action.

Policy and Research
Much of the work of the Foundation’s policy and research focus on:
• the cost of health care increases in Massachusetts;
• implementation of the national Affordable Care Act;
• the movement to find more efficient and effective ways to meet the
complex health care needs of low-income, individuals with disabilities.

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With support from the Foundation, the Mass Coalition for Independent Living will conduct a study that will examine the relationship between rehabilitation services and employment-related outcomes for individuals with disabilities in Massachusetts. The data collected will be used to develop employment-focused support strategies, improve existing support strategies, and promote research and funding for employment-related services that are effective for people with disabilities.

The Coalition for the Right to Health Care, in partnership with the Health Policy Commission, will conduct research to assess the overall health care costs for residents in the Massachusetts All-Payer Claims Database. The goal is to identify areas of high productivity and high workload, and to assess the cost-effectiveness of high-value health care.

The advocates for the dual eligibles—Living Rican Policy Consortium and Disability Advocates Advancing the voice that measurably improves health care policies affecting people with disabilities—have selected six integrated care organizations, or ICOS, to provide and help test new payment models for serving this “dual eligible” population. The state demonstration program, within federal guidelines, to test new care delivery models.

The Massachusetts Alliance for a New Health Policy, Massachusetts Women’s Political Caucus, and The Women’s Fund of Massachusetts will coordinate MassHealth and Medicare benefits, behavioral health services, and independent living services, starting July 1, 2013.

Members of the DAAHR coalition meet to discuss their advocacy work. DAAHR Board of Directors, from left to right: William Hennessy, Andrew Weingart, Ilana Oliver, and executive Director of the Boston Center for Independent Living. Bill Henning, policy Analyst for the Disability Policy Consortium, and Dennis Heaphy, a Health Policy & Data Analyst for the Massachusetts Alliance for a New Health Policy.

The $1,650 per drug cost and the $2,078 per clinical service cost for Massachusetts are both higher than the national average. The Boston Globe cited a study in December 2012 that described how Massachusetts was spending an average of $9,674 per person on health care, compared to the $7,572 national average.

Research grants $685,000 awarded

• Monitor the implementation of the Prevention Trust fund established in 2012, the foundation awarded four grants to support research and policy enactment.

• Provide legal analysis and advocacy services for vulnerable populations that face changes in their public health care coverage due to new state policies affecting people with disabilities.

• Help providers develop programs and processes that will prevent avoidable readmissions after patients are discharged. Described outcome:

- Analyze how different hospitals address three common conditions that frequently lead to admissions from the emergency department. Desired outcome:

- Study diagnoses and patterns of care associated with hospital use national cost-effectiveness research and Massachusetts data on the inpatient services. Desired outcome:

- Analyze the impact of reimbursement reforms on the growth in public and private health care spending. Desired outcome:

- Develop more effective, targeted cost reductions that will prevent avoidable readmissions after patients are discharged.

- Help providers develop programs and processes that will prevent avoidable readmissions after patients are discharged. Described outcome:

We've gained credibility and a strong voice that measurably improves health care policies affecting people with disabilities in Massachusetts.

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11 grant recipients $685,000 awarded

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With support from the Foundation, the Boston Center for Independent Living (Boston Center), the DAAHR coalition, and the Boston Center, Massachusetts’ disabled residents, ages 21 to 64, who are living with disabilities and enrolled in both Medicaid and Medicare coverage. The state has selected six integrated care organizations, or ICOS, to provide and help coordinate MassHealth and Medicare benefits, behavioral health services, and independent living services, starting July 1, 2013.

“We gain credibility and a strong voice that measurably improves health care outcomes for the roughly 110,000 low-income state residents, ages 21 to 64, who are living with disabilities and enrolled in both Medicaid and Medicare,” said DAAHR executive director Laura Fink.

The advocates for the dual eligibles population are so well organized and effective, they’re really shaping how health care is being implemented in Massachusetts.”

Grants to support research and policy

In 2012, the Foundation awarded four grants to support research and analyze the impact of Massachusetts’ cost containment law (chapter 224), one year after its enactment. Foundation’s work.

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Executive Director of the Boston center for independent living.


**Grants to support research and policy**

- 131 local and national news stories related to the Foundation’s work.

- Reports analyzed by the Foundation were picked up by numerous news outlets, including The Boston Globe, the Boston Magazine, Forbes, the Telegraph, and CNN. The Foundation's work was cited in national public news stories, including the Washington Post, the Boston Globe, and Forbes.

**Healthcare Cost Containment**

- The era of “era of maximum cost containment” is over.Foundation is supporting research to improve the quality and cost of care.

**Research grants**

- 11 grant recipients
- $685,000 awarded

**Desired outcome:**

- Improve patient care and reduce avoidable hospital admissions.

**Research grants $**

<table>
<thead>
<tr>
<th>Study diagnoses and patterns of care associated with hospital care prescription</th>
<th>$2,475</th>
<th>$3,505</th>
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<tr>
<td>Clinical services</td>
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<tr>
<td>Physician and drugs</td>
<td>$1,650</td>
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**Desired outcome:**

- Help providers develop programs and processes that use national cost-effectiveness research and Massachusetts data on the cost of care to identify and reduce avoidable hospital admissions.

- Massachusetts is the first state to make health care as a priority and to address the root causes of high health care costs.

- Foundation has awarded grants to support research and policy that will improve the quality and cost of care.

**Partners**

- The Boston Globe
- Boston Magazine
- Forbes
- The Telegraph
- CNN

**Grants awarded:**

- $575,624 awarded

**Massachusetts Public Health**

- Conduct research to identify and reduce avoidable hospital admissions.

- Foundation is partnering with universities, hospitals, and community organizations to improve the quality and cost of care.
With support from the Foundation, the Boston Center for Independent Living has brought together more than 50 disability advocates known as Disability Advocates Advancing Healthcare Rights (DAAHR) to coordinate MassHealth and Medicare benefits, behavioral health services, and independent living services, starting July 1, 2013.

“With our catalytic funding and strong engagement, we’ve seen many examples improve health and health services for people with disabilities in Massachusetts,” said Laura Haddad, President of the Boston Center for Independent Living.

In 2012, the Foundation awarded four grants to support research and evaluation of new payment models for Massachusetts. The goal was to inform a state-wide payment environment for Massachusetts.

Desired outcome: Develop more effective, targeted cost containment policies, practices, and payment models for Massachusetts.

The advocates for the dual eligibles have selected six integrated care organizations, or ICOS, to provide and help coordinate MassHealth and Medicare benefits, behavioral health services, and independent living services, starting July 1, 2013.

Research has found that dual eligibles—people who face changes in their public health care coverage due to new state policies—might not be well served by traditional care delivery models.

To ensure these vulnerable populations are so well organized and effective, they’re really shaping how this program is being implemented.

Founders Michael and Marilyn Wasserkrug, who are an 80-year-old couple and prominent community philanthropists, have a personal health care spending profile that is used to estimate the cost savings and health gains that could be achieved by reallocating resources from inefficient to efficient care.

11 grant recipients $685,000 awarded

- Monitor the implementation of the Prevention Trust fund established in chapter 224, which will invest $60 million over four years in evidence-based community prevention activities, with the goal of reducing costly, preventable health conditions.
- Provide legal analysis and advocacy services for vulnerable populations that face changes in their public health care coverage due to new state policies.
- Convene an event at which representatives of health care stakeholder groups will assess the progress being made in implementing the 2012 Massachusetts cost containment law (chapter 224), one year after its enactment.
- Gain an in-depth understanding of the small percentage of patients who account for a disproportionate share of health care spending.
- Analyze how different hospitals address three common conditions in Massachusetts.

Analyze how different hospitals address three common conditions and payment models for serving this “dual eligible” population.

- Monitor data for the Commonwealth’s more than 500 hospitals to identify large differences in how providers treat similar patients. The 20% of patients with the highest health care spending are studied for their hospital admissions, other hospital care, and other medications.

- Study diagnoses and patterns of care associated with hospital readmissions.
- Help providers develop programs and processes that will prevent avoidable readmissions after patients are discharged.
- Use national cost-effectiveness research and Massachusetts data on the use of health care to identify overused, low-value care and underused, high-value care.
- Identify how different hospitals and patterns of care associated with hospital readmissions are used to estimate the cost savings and health gains that could be achieved by reallocating resources from inefficient to efficient care.

- Create a more understandable front-end patient experience as people receive a diverse range of health care services.
- Enlist support from key stakeholders to implement the Massachusetts All-Payer claims database.
- Conduct and coordinate programs and processes that will prevent avoidable readmissions after patients are discharged.
- Create a simulation model that can be used to estimate the cost savings and health gains that could be achieved by reallocating resources from inefficient to efficient care.

For full details, see the report, Improve Patient Care and Reduce Avoidable Hospital Admissions—Reducing Costs, Maintaining Quality, published by the Foundation in 2015.
Dear friends and community partners:

2012 marked the beginning of a significant new phase in Massachusetts health reform. With insurance coverage at the highest levels in the nation, Massachusetts enacted an ambitious law aimed at controlling future increases in health care spending. Cost containment is a huge challenge for the health care community, but it's also absolutely essential. The Foundation is firmly committed to doing our part to address affordability while continuing to promote access to high-quality care.

Since our creation in 2001, the Foundation has been at the forefront of initiatives that helped shape health reform in Massachusetts. We are especially proud that we've been able to support so many organizations and individuals that are bringing about positive changes, every day, on the front lines of health care. As we thought about how to summarize our collaborative efforts for this year's annual report, three words came to mind – impact, opportunity, and influence.

IMPACT – We support initiatives that improve health care access, quality and affordability.

OPPORTUNITY – We nurture advancement and opportunity among groups and individuals that share our commitment to expanding access to affordable health care for low-income and vulnerable individuals and families.

INFLUENCE – We bring information, ideas, and analysis to bear on important issues facing the health care community, helping to spur discussion, innovation and action.

We hope you'll find this overview of our 2012 work in each of these areas to be interesting and informative, and, as always, we welcome your comments and suggestions.

With thanks and best wishes,

Celeste Reid Lee
Interim President and Senior Director of Grantmaking
## Statements of Financial Position

**dollars in thousands**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 548</td>
<td>$ 723</td>
</tr>
<tr>
<td>Investments</td>
<td>97,520</td>
<td>85,799</td>
</tr>
<tr>
<td>Investments receivable</td>
<td>84</td>
<td>33</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>89</td>
<td>47</td>
</tr>
<tr>
<td>Contributions due from Affiliates</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$ 103,241</strong></td>
<td><strong>$ 91,602</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>$ 183</td>
<td>$ 25</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>54</td>
<td>97</td>
</tr>
<tr>
<td>Due to Blue Cross and Blue Shield of Massachusetts, Inc.</td>
<td>911</td>
<td>365</td>
</tr>
<tr>
<td>Federal excise tax liability</td>
<td>326</td>
<td>72</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>1,474</strong></td>
<td><strong>559</strong></td>
</tr>
<tr>
<td><strong>Net assets – unrestricted</strong></td>
<td><strong>101,767</strong></td>
<td><strong>91,043</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$ 103,241</strong></td>
<td><strong>$ 91,602</strong></td>
</tr>
<tr>
<td>REVENUES AND OTHER SUPPORT</td>
<td>2012</td>
<td>2011</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Contributions</td>
<td>$5,446</td>
<td>$5,165</td>
</tr>
<tr>
<td>Contributions in-kind</td>
<td>1,350</td>
<td>998</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,953</td>
<td>1,970</td>
</tr>
<tr>
<td>Net unrealized and realized gains (losses) on investments</td>
<td>9,966</td>
<td>(2,910)</td>
</tr>
<tr>
<td>Total revenues and other support</td>
<td>$18,715</td>
<td>$5,223</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$3,512</td>
<td>3,203</td>
</tr>
<tr>
<td>Professional services</td>
<td>2,285</td>
<td>1,832</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,322</td>
<td>1,355</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
<td>236</td>
<td>194</td>
</tr>
<tr>
<td>Occupancy and equipment maintenance</td>
<td>188</td>
<td>186</td>
</tr>
<tr>
<td>Federal excise tax expense</td>
<td>376</td>
<td>40</td>
</tr>
<tr>
<td>Other administrative expenses</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>Total expenses</td>
<td>7,991</td>
<td>6,871</td>
</tr>
</tbody>
</table>

Excess (deficit) of revenues and other support over expenses and change in net assets

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>over expenses and change in net assets</td>
<td>10,724</td>
<td>(1,648)</td>
</tr>
<tr>
<td>Net assets at the beginning of year</td>
<td>91,043</td>
<td>92,691</td>
</tr>
<tr>
<td>Net assets at the end of year</td>
<td>$101,767</td>
<td>$91,043</td>
</tr>
</tbody>
</table>
The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for vulnerable and low-income people in the Commonwealth. We collaborate with public and private organizations to broaden health coverage and reduce barriers to care, through grants, research, and policy initiatives.