

2012 ANNUAL REPORT

IMPACT
OPPORTUNITY
INFLUENCE



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



Philip W. Johnston

Chair, Board of Directors



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FOUNDATION**

I M P A C T

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.

POTENTIALLY AVOIDABLE HOSPITAL SPENDING

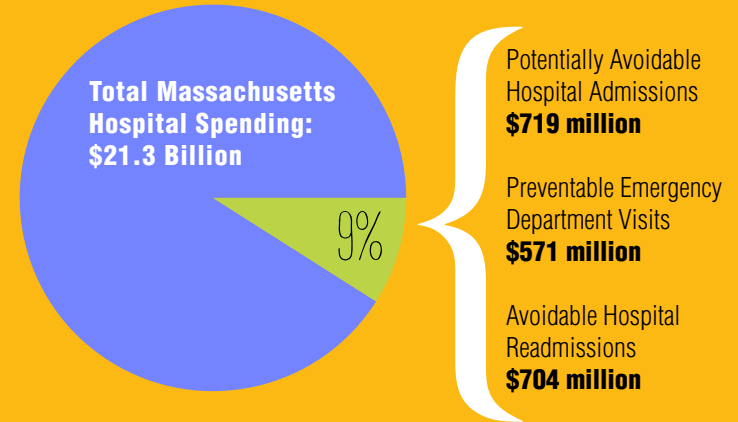


Chart shows 2009 hospital spending based on reports from Centers for Medicare & Medicaid Services and MA Center for Health Information and Analysis.

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.

12 grant recipients \$1,357,195 awarded

FEATURED GRANTEE:

Holyoke Health Center



“We operate a primary care pharmacy, which means the pharmacist is an integral part of the patient’s medical team, not just someone who dispenses pills.”

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,

20,000 patients 75% Spanish speaking

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.



Tracey Cole, Pharmacy Director, Miriam Reyes, Medical Assistant and Navigator, Cary Hardwick, Nurse Practitioner, Aimee Deetle, Pharmacist, and Sheila Rodriguez, Pharmacy Clerk and Navigator

“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.

Connecting Consumers with Care: Grants to help residents gain and maintain access to care

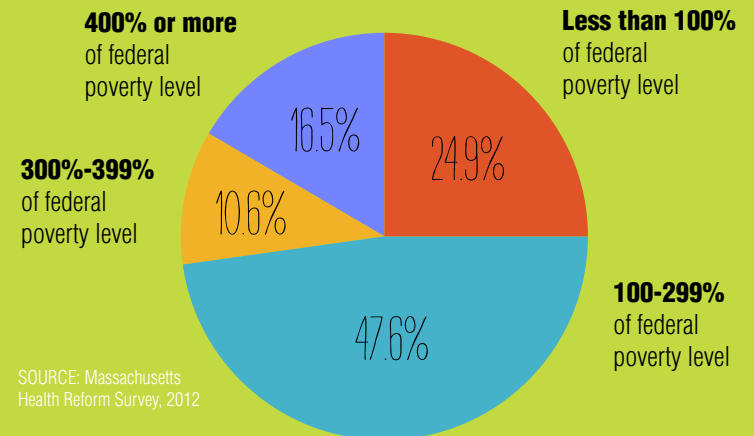
Thanks to the success of Massachusetts health reform, publicly subsidized health insurance and high-quality, community based care are widely available to the state's low-income residents. Nevertheless, our state's most vulnerable residents continue to face significant obstacles to getting and maintaining the coverage and care they need.

The process of enrolling in and maintaining coverage can be extremely challenging, especially when barriers of language, culture or literacy stand in the way. What is more, newcomers to the state and people living on the margins of society may not be aware of the coverage available to them. And, even with insurance, individuals dealing with serious medical problems are faced with all the complexities and fragmentation of an unfamiliar health care system. Connecting people to the health care they need requires continuous outreach, education, and support.

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



Health Benefits Advisor Kelvi Brea helps a new patient apply for health insurance.

FEATURED GRANTEE

Family Health Center of Worcester

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.

30,000 patients **37** different languages spoken



“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. 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



Staff Technologist Rachel Adu-Frimpong and Patient Advocate Felicia Akrie

“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



Emmanuel Okrah, NP, examines a patient

68% public 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.

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 & Eldredge 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

NAVIGATION

AFFORDABLE CARE

INDEPENDENCE

COORDINATION

CONTINUITY

COVERAGE

ENROLLMENT

OUTREACH

- 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
- Lynn 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 Law Reform Institute
- 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

SECURITY

TEAMWORK



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O P P O R T U N I T Y

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.

In our rapidly changing, increasingly complex health care environment, no one can afford to stand still, never mind fall behind.

Since its inception, the Foundation has nurtured advancement and opportunity among groups and individuals that share our commitment to expanding access to health care for low-income and vulnerable individuals and families.



Massachusetts Institute for Community Health Leadership

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.

The 18-day program takes place over the course of nine months, during which MICHL participants design and complete a project that puts into practice what they have learned.

“I appreciate the space MICHL creates for deepened learning, new ideas, and re-energizing me in my work.”

18 days 18 participants



“Personally, I’m taking home a lot of food for thought; professionally, I hope to facilitate similar discussions in my own workplace.”



development

2012-2013 PARTICIPANTS • **REBECCA BALDER** Director, Massachusetts Health Safety Net Office • **MELINDA BURRI** Director of Operations, Windsor Street Health Center • **PAULETTE RENAULT-CARAGIANES** Director, City of Somerville Health Department • **MARTA CHADWICK** Director, Violence Intervention & Prevention Program, Brigham & Women’s Hospital • **KEVIN COUGHLIN** Executive Director, Greater Lowell Health Alliance • **HOLLE GARVEY** Nurse Practitioner, Sisters of Providence Health System • **KATHERINE HOWITT** Senior Policy Analyst, Community Catalyst • **JACQUELINE JOHNSON** Chief Operations Officer, Caring Health Center • **STACEY KING** Director, Community Health & Wellness Program, Cambridge Public Health Department • **JOANNA KREIL** Quality Initiatives Manager, Massachusetts League of Community Health Centers • **NANCY MAHAN** Senior Vice President, Program Services Bay Cove Human Services, Inc. • **MATTHEW MCCALL** Senior Consultant, The Home for Little Wanderers • **ANNE MCHUGH** Director Chronic Disease Prevention & Control, Boston Public Health Commission • **LENORE TSIKITAS** Health Access & Promotion Coordinator, Massachusetts Department of Public Health • **ROSSANA VALENCIA** Clinical Policy Analyst II, UMass Medical School • **JENNIFER VALENZUELA** National Director of Program, Health Leads • **ALYSSA VANGELI** Policy Analyst, Health Care for All • **CATHY WIRTH** Project Manager, Healthy Kids, Healthy Future

[more >](#)



Fellowship director Larry Tye moderates a conversation with Massachusetts Governor Deval Patrick.

Health Coverage Fellowship

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.

i n s i g h t

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

11 journalists from **6** states,
82 expert speakers,
9 field trips over
9 days and nights

“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.

2012 FELLOWS • **LISA CHEDEKEL** Connecticut Health Investigative Team •
ERIKA COHEN Business NH Magazine • **CHELSEA CONABOY** 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 RAUBER**
San Francisco Business Times • **LENA SUN** The Washington Post • **STEVEN SYRE**
The Boston Globe •

l e a r n i n g

“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.”



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

Financed entirely by donations from Blue Cross Blue Shield of Massachusetts employees, Catalyst Fund mini-grants help community-based 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.**

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

36 recipients and **\$158,931** in total grants



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I N F L U E N C E

400 people from all segments of the health care community gather to consider the challenges and opportunities presented by the new Massachusetts cost containment law.

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

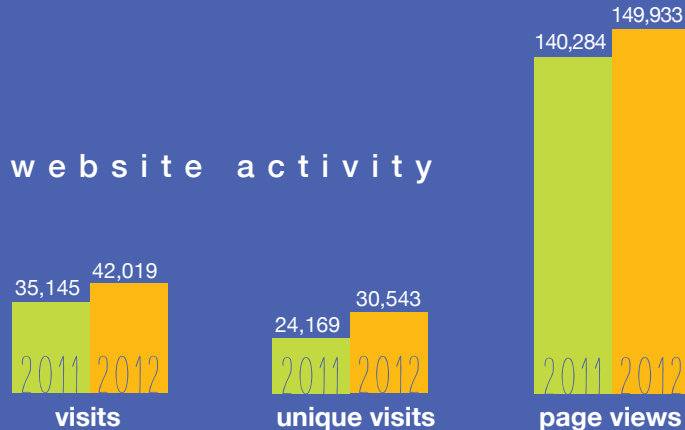
INFORMATION, IDEAS, AND ANALYSIS

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.

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.

website activity



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

23 publications, 9,853 website downloads



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



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.

“It was very exciting to have 400 engaged health care stakeholders in one room.”

“I appreciated the caliber of the panelists, and their willingness to be frank and honest with the audience.”

5 events in **2012**, more than **950** attendees



Strengthening the Voice for Access: Grants to support advocacy

Massachusetts has led the nation in expanding access to health care, thanks, in large part, to the existence of a broad coalition of supportive stakeholder groups. Our grants help fund advocacy organizations and coalitions that ensure strong and influential consumer participation as new health policies are developed and implemented.

FEATURED GRANTEE:

Disability Advocates Advancing our Healthcare Rights (DAAHR)

With support from the Foundation, the Boston Center for Independent Living and the Disability Policy Consortium joined to help form a statewide coalition of Massachusetts disability, mental health, elder, and health care advocacy groups known as Disability Advocates Advancing our Healthcare Rights, or DAAHR. The group's goal has been to influence the development of a new state initiative designed to reduce costs and improve health 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 coverage.

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

Massachusetts will be one of the first states to set up a three-year demonstration program, within federal guidelines, to test new care delivery and payment models for serving this “dual eligible” population. The state has selected six integrated care organizations, or ICOs, to provide and help

“The advocates for the dual eligibles population are so well organized and effective, they’re really shaping how this program is being implemented.”



Members of the DAAHR coalition meet to discuss their advocacy work.

coordinate MassHealth and Medicare benefits, behavioral health services, and independent living services, starting July 1, 2013.

The DAAHR coalition, which includes about three dozen health care advocacy organizations, is co-chaired by Dennis Heaphy, a Health Policy Analyst for the Disability Policy Consortium, and Bill Henning, Executive Director of the Boston Center for Independent Living.

**Other advocacy groups will use their
Foundation grants to:**

- 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.
- Provide legal analysis and advocacy services for vulnerable populations that face changes in their public health care coverage due to new state or federal policies.
- 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.

11 grant recipients
\$685,000 awarded

MEDIA

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

REPORTS ISSUED BY THE FOUNDATION WERE CITED BY NUMEROUS MEDIA OUTLETS

• THE BOSTON GLOBE • THE WASHINGTON POST • NATIONAL JOURNAL •
KAISER HEALTH NEWS • CNBC • REUTERS • FORBES • POLITICO • USA TODAY
• NATIONAL PUBLIC RADIO • WORCESTER BUSINESS JOURNAL • WORCESTER
TELEGRAM & GAZETTE • BOSTON MAGAZINE •

Understanding Health Care Costs:

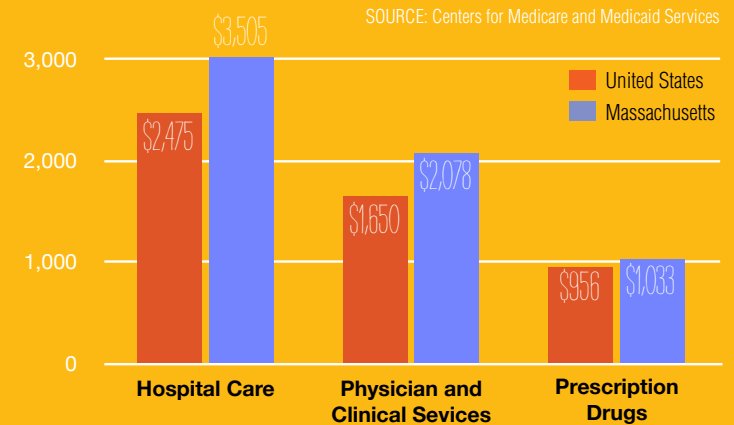
Grants to support research and policy

In 2012, the Foundation awarded four grants to support research and analysis that can guide policymakers and health care leaders as they seek to reduce the growth in public and private health care spending in Massachusetts.

Research teams from Harvard School of Public Health, Tufts Medical Center and Brigham and Women's Hospital are conducting research to:

- Analyze how different hospitals address three common conditions that frequently lead to admissions from the emergency department. *Desired outcome:* Identify best practices and strategies that will improve patient care and reduce avoidable hospital admissions.
- Gain an in-depth understanding of the small percentage of patients who consume a disproportionately large share of health care spending in the state. *Desired outcome:* Develop more effective, targeted cost containment policies, practices, and payment models for Massachusetts.

PER PERSON HEALTH CARE SPENDING IN MA IS HIGHER THAN THE NATIONAL AVERAGE



- 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. *Desired outcome:* 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.
- Study diagnoses and patterns of care associated with hospital readmissions, using the Massachusetts All-Payer Claims Database. *Desired outcome:* Help providers develop programs and processes that will prevent avoidable readmissions after patients are discharged.

4 research grants \$575,624 awarded

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Statements of Financial Position

dollars in thousands

	<i>December 31</i>	
ASSETS	2012	2011
Cash and cash equivalents	\$ 548	\$ 723
Investments	97,520	85,799
Investments receivable	84	33
Pledges receivable	89	47
Contributions due from Affiliates	5,000	5,000
Total assets	<u>\$ 103,241</u>	<u>\$ 91,602</u>

	<i>December 31</i>	
LIABILITIES AND NET ASSETS	2012	2011
Grants payable	\$ 183	\$ 25
Accounts payable and accrued expenses	54	97
Due to Blue Cross and Blue Shield of Massachusetts, Inc.	911	365
Federal excise tax liability	326	72
Total liabilities	<u>1,474</u>	<u>559</u>
Net assets – unrestricted	<u>101,767</u>	<u>91,043</u>
Total liabilities and net assets	<u>\$ 103,241</u>	<u>\$ 91,602</u>

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Statements of Activities and Changes in Net Assets

dollars in thousands

	<i>December 31</i>	
REVENUES AND OTHER SUPPORT	2012	2011
Contributions	\$ 5,446	\$ 5,165
Contributions in-kind	1,350	998
Investment income	1,953	1,970
Net unrealized and realized gains (losses) on investments	9,966	(2,910)
Total revenues and other support	<u>\$ 18,715</u>	<u>\$ 5,223</u>
EXPENSES	2012	2011
Grants	\$ 3,512	3,203
Professional services	2,285	1,832
Salaries and benefits	1,322	1,355
Conferences, conventions, and meetings	236	194
Occupancy and equipment maintenance	188	186
Federal excise tax expense	376	40
Other administrative expenses	72	61
Total expenses	<u>7,991</u>	<u>6,871</u>
Excess (deficit) of revenues and other support		
over expenses and change in net assets	10,724	(1,648)
Net assets at the beginning of year	91,043	92,691
Net assets at the end of year	<u>\$ 101,767</u>	<u>\$ 91,043</u>

