

**MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM  
REFORM COMMITTEE**

**Meeting of September 9, 2013**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE  
MASSACHUSETTS HEALTH POLICY COMMISSION**  
Charles F. Hurley Building, Minihan Hall  
19 Staniford Street  
Boston, MA 02114

**Docket: Monday, September 9, 2013, 11:00 AM – 12:30 PM**

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**PROCEEDINGS**

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform (CDPSR) Committee held a meeting on Monday, September 9, 2013 in Minihan Hall located in the Charles F. Hurley Building at 19 Staniford Street, Boston, MA.

Members present were Dr. Carole Allen (Chair), Dr. David Cutler, Ms. Marylou Sudders, and Dr. Ann Hwang, representing Mr. John Polanowicz, Secretary of Health and Human Services.

Commissioner Jean Yang was not present.

Chair Carole Allen called the meeting to order at 11:06 AM.

**ITEM 1: Approval of Minutes**

Chair Allen asked if any Committee members had changes for the minutes. Seeing none, she asked for a motion to accept the minutes. Dr. Ann Hwang made the motion and Dr. David Cutler seconded. Members voted unanimously to approve the minutes.

**ITEM 2: Discussion of HPC Certification Programs in Chapter 224**

Chair Allen began the meeting by outlining prior work by the Committee and detailing the goals for the HPC's certification programs. She stated that the overall goal of the certification programs was trifold: to create standards and processes that are sustainable, to achieve alignment between Patient Centered Medical Homes (PCMH) and Accountable Care Organizations (ACO), and to integrate behavioral health. She further noted that the goal for the day's CDPSR meeting was to reach a consensus among Committee members on an approach for PCMH certification.

Chair Allen introduced Dr. Patricia Boyce, HPC's Policy Director for Care Delivery and Quality Improvement, to discuss the staff's work on the HPC's certification programs.

Dr. Boyce reviewed the statutory obligations, minimum certification standards, and HPC priorities for PCMHs and ACOs. She also highlighted the statutory alignment between ACOs and PCMHs. Dr. Boyce commented that the HPC would first create a certification program around PCMHs, making them the cornerstone of the new certification programs. She noted

that the process of creating PCMH standards will provide staff a chance to be thoughtful and deliberative in its approach to the certification program.

Dr. Cutler suggested that the Commission link the standards with the payment side as it creates the certification program. Chair Allen agreed that this was a valid point and noted that this had been discussed by the Quality Improvement and Patient Protection (QIPP) Committee. Dr. Cutler asked whether the implication was that CDPSR will handle the payment side. Chair Allen and Ms. Sudders both agreed that the payment side should be considered across all committees. Dr. Boyce noted that the staff views payment reform as interlocked with the creation of standards and criteria around PCMHs.

### **ITEM 3: Status of PCMH and Outstanding Issues for HPC Certification**

Dr. Boyce outlined the current status of PCMH certification in Massachusetts. She asserted that the HPC has the opportunity to set the direction for PCMH efforts in the state.

Dr. Boyce provided an overview of research concerning other state-led PCMH certification programs and highlighted key considerations for the HPC's work. In other states, more public and commercial payer involvement has led to more rigorous standards. Additionally, most states adopted or amended criteria based on state-specific priorities. Dr. Boyce noted that the main take-away from this analysis was that the certification program must be performance-based and data-driven.

Chair Allen commended Dr. Boyce on the huge research undertaking and affirmed the importance of ensuring that the HPC is on the right track as it begins framing its certification process.

Dr. Boyce noted that, moving forward, the HPC's framework will focus on three areas for certification: monitoring, engaging payers and providers, and transforming the care system. She then outlined the core components of the HPC's care model framework. The ultimate goal of this framework is the movement to a more coordinated, patient-centered health care system that is value-based and performance-driven.

Dr. Boyce next differentiated between the definitions for certification and validation. She stated that certification aims for an organization to achieve a certain level of proficiency after it agrees to certain standards or criteria. Within the HPC's framework, Dr. Boyce stated that certification for PCMHs would entail an online application with a self-assessment to be confirmed by the HPC prior to certification. Alternatively, she defined valuation as evaluating a system to determine whether an organization has satisfied specified requirements. Within the HPC's framework, a valuation of PCMHs would include the staff reviewing documents and data in addition to completing a site visit prior to certification.

Dr. Boyce next defined four different types of certification programs. She noted that the staff recommends that the HPC move forward with the forth pathway, creating new HPC-specific criteria for certification rather than validating or certifying existing national

standards. The fourth pathway would allow the HPC to create focused, high-value criteria that could then be aligned with national standards of accreditation.

Chair Allen stated that she would like to discuss the four pathways for certification and the staff's decision to pursue the forth with the full Commission. She noted that it will be important to ensure that the HPC's standards are not form over function.

Dr. Cutler asked about the general view of the certification process among the provider and payer communities. Dr. Boyce noted that they have not been fully engaged, but early conversations indicate support for a subset of focused standards for certification. Dr. Boyce noted that there was a willingness and interest around these high-valued areas.

Dr. Boyce then outlined the staff's proposed approach for the implementation of the certification program. She noted that it would occur over two phases. The first phase would occur over the next 18-24 months and involve having two payers and various providers volunteer for certification, providing them training, evaluating their engagement, and hiring program staff. The second phase would include a review of the initial program, a revision to the communication practices, and an expansion of practice and payer participation.

Dr. Ann Hwang asked how the staff envisioned limiting participation during Phase 1. Dr. Boyce stated that staff would look at early demand and then assess participation capabilities.

Mr. David Seltz, Executive Director of the Health Policy Commission, commented that the evidence base for PCMHs is still developing. He stated that the HPC sees the certification process as one that is evolving and, as such, will use the best evidence and best models in creating its certification. He noted that, through its upcoming work on certifications, the HPC can add to the evidence base and be part of the national dialogue on the selected focus areas.

Dr. Cutler asked about the timeline for creating the criteria and the payment model. Dr. Boyce noted that the HPC has a statutory obligation to launch the certification program by early 2014.

Dr. Cutler asked whether other states have similar certification framework. Dr. Boyce responded in the affirmative, noting that certifications have been in place for nearly five years in some states. She noted that several states developed their own standards with an extensive vetting process. Chair Allen again commended Dr. Boyce on her extensive research and its potential to reduce the vetting process that the HPC will have to undertake.

Dr. Boyce reviewed the projected resource demands from the certification program. These varied from online web portals to administrative staffing. Mr. Seltz noted that there is some overlap with the needs of the PCMH certification and other HPC programs. He confirmed the HPC's commitment to finding areas of overlap within the agency and across state government to reduce the overhead of the program.

Dr. Boyce offered a final review of the HPC's recommendation for the certification program. Chair Allen then asked for the members' permission to move the framework to the full Commission for discussion. Dr. Hwang furthered two comments for the staff to bear in mind as the framework moved forward to the full Commission. First, she reiterated the importance of stakeholder involvement throughout this process. Second, she noted that the HPC needs to hold itself accountable to be less burdensome than existing national standards for certification, such as NCQA. With these comments in mind, the Committee agreed to move the proposed certification framework to the full Commission for discussion.

With the Committee's approval, Dr. Boyce reviewed the certification program's timeline for the remainder of the fiscal year. September will be spent creating the HPC certification framework. This will allow staff to finalize the process so that the HPC can engage stakeholders this winter.

Ms. Sudders asked how staff planned to better integrate behavioral health. Dr. Boyce responded that this will be done by looking at available information, national accreditation processes, and relevant literature to find gaps in regulations around behavioral health. Staff would then use the list of gaps to engage stakeholders. Ms. Sudders expressed a desire for patients to be included as part of the group of stakeholders surveyed. Chair Allen noted that staff has begun speaking with patient representatives, but are having a hard time identifying the best people with whom to speak.

Mr. Seltz noted that the staff is proposing an aggressive timeline with many question marks that will be filled as the HPC builds the system and its capabilities.

#### **ITEM 4: Public Comments**

Rebecca Butler, from the Division of Insurance, noted that part of the burden to certification is likely financial, with an extremely large administrative burden. She urged the HPC to remove less valuable criteria to decrease the barriers to certification.

#### **ITEM 5: Adjournment**

Seeing no further comments, Chair Allen adjourned the meeting at 12:09 PM.