

**MINUTES OF THE QUALITY IMPROVEMENT AND
PATIENT PROTECTION COMMITTEE**

Meeting of September 9, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF
MASSACHUSETTS HEALTH POLICY COMMISSION**

**Charles F. Hurley Building, Minihan Hall
19 Staniford Street
Boston, MA 02114**

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

PROCEEDINGS

The sixth meeting of the Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee was held on Monday, September 9, 2013 in Minihan Hall located in the Charles F. Hurley Building at 19 Staniford Street, Boston, MA.

Members present were Ms. Marylou Sudders (Chair), Dr. Wendy Everett, Dr. Carole Allen, and Dr. Ann Hwang, designee for Mr. John Polanowicz, Secretary of Health and Human Services.

Ms. Veronica Turner was absent from this meeting.

Executive Director, Mr. David Seltz, and the Director of the Office of Patient Protection (OPP), Ms. Jennifer Bosco, also participated in the meeting.

Chair Sudders called the meeting to order at 9:36 AM.

ITEM 1: Approval of Minutes

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

ITEM 2: Presentation of Behavioral Health Task Force Report

Chair Sudders introduced Commissioner Marcia Fowler from the Department of Mental Health (DMH). Commissioner Fowler provided Committee members with an overview of the 2013 Behavioral Health Task Force Report.

In her presentation, Commissioner Fowler highlighted opportunities to integrate behavioral health into primary care, with the ultimate goal of closing the gap between the number of individuals who need care and the number receiving care. She noted that the priority for DMH is payment reform. As such, she commented on the need for behavioral health services to be included in alternative payment methodologies, the need care coordination to be paid for within the payment methodology, and the need to develop a trained workforce.

Commissioner Fowler next reviewed two key datasets from the Task Force's report. The main theme of this data was the need to work early to address behavioral health issues. Commissioner Fowler stated that 50% of adult mental health conditions present themselves prior to age 14 and 70% present before age 24. Additionally, she stated that adults with mental health issues are the only discrete group with a decreasing lifespan. The current average lifespan for this subset is 53 years.

Finally, Commissioner Fowler discussed the role of health home initiatives and their importance in integrating behavioral health.

Committee members and Commissioner Fowler engaged in a brief discussion regarding the Behavioral Health Task Force Report.

Dr. Ann Hwang asked Commissioner Fowler what role she envisioned for the HPC with respect to the report. Commissioner Fowler suggested meeting with other Task Force members as a good first step. She also encouraged the HPC to look at the easier regulatory changes that could be made to ease the burden of behavioral health integration. She reiterated the primary need for payment reform.

Chair Sudders asked Commissioner Fowler to distinguish between case management and care coordination. Commissioner Fowler noted that case management consists of referrals to other practitioners whereas care coordination requires a practitioner who is fully knowledgeable of the treatment plan.

Commissioner Fowler noted that the HPC is in a unique position to move regulations forward because of its independent role.

Chair Sudders asked for any further questions or comments, seeing none, she thanked Commissioner Fowler for her presentation and moved to the next agenda item.

ITEM 3: Presentation of Results of MassHealth PCMHI

Chair Sudders introduced Ms. Jean Carlevale, Project Director for the Primary Care Medical Home Initiative at MassHealth. Ms. Carlevale presented on the results of the Primary Care Medical Home Initiative (PCMHI). Her presentation is available on the HPC's website.

Ms. Carlevale outlined the current status of PCMHI. It includes 46 primary care practices chosen through a competitive Request for Responses (RFR). These practices receive technical assistance to aid in their transformation to a medical home. Thirty-two of the 46 receive supplemental payments from multi-payer participation. Ms. Carlevale noted that a formal evaluation of the program is underway.

Ms. Carlevale outlined various models for behavioral health integration. She highlighted the importance of practice location, pointing to the differences between co-located and fully integrated care with respect to behavioral health. Ms. Carlevale also reviewed various types of integration, both within providers as well as communities, necessary to achieve fully

integrated behavioral health care. Ms. Carlevale noted that MassHealth was launching a behavioral health integration toolkit online to aid in the transition.

Dr. Wendy Everett asked how MassHealth was marketing the Behavioral Health Integration Toolkit. Ms. Carlevale responded that they are disseminating the information online and through in-person presentations. The toolkit formally launches in the third week of September. Once live, the website will allow providers to complete a self-assessment that will point to areas of focus for behavioral health integration. These areas will link to resources within the toolkit.

Dr. Allen asked how many of the 46 practices are focused on pediatrics. Ms. Carlevale responded that 12 are focused on pediatrics as it is a large priority for the program.

Chair Sudders asked about payment reform within PCMH. Ms. Neha Sahni, Director of Primary Care Payment Reform at MassHealth, noted that within the payment model, participants get a capitated payment, part of which goes towards the medical home load which covers non-medical services like care coordination. Dr. Allen asked whether patients would be able to see multiple doctors in one day under this system. Ms. Sahni responded that since its practices are not being reimbursed under fee-for-service, it would be possible to have multiple visits in one day.

Dr. Allen asked whether there has been a lot of interest in MassHealth's Primary Care Payment Reform Initiative. Ms. Carlevale responded that the procurement is ongoing but there has been a robust interest.

Chair Sudders asked for any further questions or comments, seeing none she thanked MassHealth for their presentation. The Committee moved to the next agenda item.

ITEM 4: Update on Office of Patient Protection Data

Ms. Jennifer Bosco, Director of the Office of Patient Protection (OPP), offered data on the external reviews requests received by OPP. She discussed the disproportionately large amount of behavioral health cases received in 2012.

Chair Sudders asked Ms. Bosco for the main takeaway from the data. Ms. Bosco noted that the data highlights an opportunity to examine why behavioral health constitutes such a large percentage of external reviews.

Dr. Everett suggested a more detailed examination of the data at the next QIPP meeting to allow Committee members time to review the graphs and formulate questions on the data.

ITEM 5: Closing

Chair Sudders thanked everyone for coming and adjourned the meeting at 10:59 AM.