

**MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM
TRANSFORMATION COMMITTEE MEETING**

Meeting of May 12, 2014

MASSACHUSETTS HEALTH POLICY COMMISSION

**CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION COMMITTEE
MASSACHUSETTS HEALTH POLICY COMMISSION
Center for Health Information and Analysis
Two Boylston Street
Boston, MA 02116**

Docket: Monday, May 12, 2014, 9:30 AM – 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee held a meeting on Monday, May 12, 2014 at the Center for Health Information and Analysis, Two Boylston Street, Boston, MA.

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

Dr. Stuart Altman, Commission Chair, and Ms. Marylou Sudders attended via phone.

Commissioner Jean Yang was not present.

ITEM 1: Approval of minutes

Dr. Allen asked for approval of the minutes from the April 9, 2014 CDPST meeting. She asked if any Committee members had changes for the minutes. Seeing none, she asked for a motion to accept the minutes. Dr. Cutler made the motion and Dr. Hwang seconded. Members voted unanimously to approve the minutes.

ITEM 2: Discussion of the Patient-Centered Medical Home (PCMH) Certification Program

Dr. Allen stated that the Committee would hear an update on the PCMH Certification Program. She noted that the meeting will include a review of public comment on the draft criteria for the PCMH program. Dr. Allen stated that staff and commissioners have met extensively with outside consultants throughout this process.

Dr. Allen reviewed the timeline of work completed on the PCMH program. She stated that staff originally presented the Committee with four possible paths to PCMH certification: (1) certifying national accreditation, (2) validating national accreditation, (3) adding HPC-specified criteria to existing standards, and (4) focusing on HPC-specific criteria for certification and validation. She stated that the Committee elected to pursue the fourth pathway to certification. Dr. Allen noted that, by creating HPC-specific criteria for certification and validation, the agency would focus on high-value elements that do not currently exist in the national standards. She highlighted the addition of standards on

behavioral health integration, population health, resource stewardship, and family/patient engagement.

Dr. Allen commented on the certification process. She stated that the HPC's certification would be streamlined to reduce the burden on providers and maximize the potential for transformation. She added that the certification process would include an on-site validation. She noted that staff was still considering options for acknowledging third party certification, such as NCQA.

Mr. Seltz noted that there are many other efforts in the Commonwealth that tie into the HPC's PCMH program. He stated that Chapter 224 of the Acts of 2012 includes an option for certain ACOs certified by the HPC to receive preferred contracts from the Commonwealth. He added that the Executive Office of Health and Human Services (EOHHS) recently released a series of grants that will assist certain practices as they align with the HPC's PCMH program. Mr. Seltz stated that the ongoing state budget process also includes funding that would facilitate the PCMH program. These efforts signify that the patient-centered medical home program is an important process with the potential for statewide benefits.

Mr. Seltz noted that the PCMH program should add to the evidence base on medical homes through a strong evaluation process. He stated that this will enable the HPC to assess how PCMH certification impacts health care cost and quality. Dr. Allen stated this was one of the rationales for having on-site validation. Dr. Cutler stated that, to be most effective, shared learning and evaluation should occur in-person.

Dr. Cutler asked how the PCMH program dovetails with other HPC efforts. Dr. Allen responded that the PCMH certification will eventually develop into a certification for ACOs. She stated that PCMH is practice based and, therefore, a smaller group than ACOs. Dr. Allen further stated that the ACO program will impact a larger population with closer community links. Mr. Seltz added that the HPC is thinking about how the PCMH program will align with other efforts in the Commonwealth. He reiterated that this conversation will be continued throughout the process.

Dr. Hwang stated that the ACO program creates a medical neighborhood for the PCMH organizations. She added that EOHHS has been working to create pathways to integrate for the HPC PCMH initiative.

Dr. Cutler suggested that the full board review the four broad goals from the 2013 Cost Trends Report (CTR) to make sure the PCMH program is making a meaningful impact on the Commonwealth's health care market. Mr. Seltz affirmed that a Commission-level discussion to understand how the major themes from the cost trends report align with the HPC's certification programs would be productive. Dr. Hwang noted the importance of including changes in both the Medicare and commercial insurance markets in such a conversation.

Dr. Allen introduced Dr. Judith Steinberg, Chief Medical Officer, University of Massachusetts Medical School, and Ms. Marit Boiler, Policy Associate for Care Delivery and Quality Improvement at the Health Policy Commission.

Dr. Steinberg stated that the PCMH criteria were developed with the principles of accountable care in mind. She added that the criteria are the starting point for growing into the accountable care organization (ACO) model. She noted that payment alignment with the insurers is important to create financial cost-savings.

Dr. Allen stated that the HPC held a public comment period on the PCMH certification standards from March 5, 2014 to April 4, 2014. She noted that 38 organizations submitted feedback and gave a brief overview of comments, including input on the certification process, demonstration period, payer engagement, standards and criteria, and measurement. Dr. Allen noted that the feedback also asked the HPC to consider including additional criteria on patient, family and caregiver advisory councils, palliative care, and oral and eye health.

Ms. Boiler noted that the many comments focused on the need for further integration of community programs and clarification on how the certification will unfold.

Ms. Kathy Keough of Atrius Health asked for clarification regarding the inclusion of oral and eye health. Dr. Allen stated the Committee was still analyzing the comments received and had not yet specified the inclusion of such criteria.

Mr. Seltz added that a full list of public comment is listed on the HPC website.

Ms. Sudders asked whether the comments reviewed in the meeting were themes across many organizations or specific comments. Mr. Seltz clarified that Committee members were hearing overall themes across the testimony. He noted that the additional criteria recommended in the comments represent input from one to two organizations.

Dr. Allen reviewed changes to the HPC's proposed PCMH certification program stemming from public comments. She stated that the HPC was adopting a two-tier certification pathway, rather than a three-tier one. She noted that this will streamline the process and create a meaningful difference between HPC PCMH certification and other third-party accreditation bodies by classifying on high-value standards.

Dr. Cutler asked if there would be further clarification about a simplified process for third-party accredited organizations to become HPC PCMH certified. Dr. Allen stated there would be.

Dr. Hwang asked when there would be more specificity on how the HPC would address third party accreditation. Mr. Seltz responded that these measures would be teased out before the Committee would be asked to vote on the draft criteria.

Dr. Altman stated that he was most interested in the comments from Blue Cross Blue Shield (BCBS). He reiterated the importance of involving payers in this conversation. He stated that the BCBS comments were critical of the approach taken by the HPC and noted that the newly proposed two-tier approach towards PCMH addressed some of BCBS's main concerns.

Dr. Steinberg added that there were minimal definitions when these standards were released for public comment. She stated that this may be one reason for the comments surrounding the need for more clarification. She stated that as the validation criteria are in development.

Ms. Boiler presented on the revised PCMH certification pathway standards. She stated that these revisions reflected public and committee comment. She added that two-tiers of certification had been dubbed "Advanced" and "Advanced Plus." She added that it is important to note that the "Advanced Plus" criteria have a strong focus on community-integration.

Dr. Cutler expressed concern that none of the criteria implied a measurement of cost. Dr. Allen stated that two of the criteria for the ACO certification program related to cost and were not included in the PCMH standards. She noted that cost should be embedded throughout the programs. Dr. Steinberg stated that cost and utilization measures come from claims while the proposed PCMH criteria relate to care.

Dr. Cutler further asked if a standard for payment systems would be included in the final draft. Dr. Steinberg stated that this was in development. Mr. Seltz stated that, in the public comments, payers said they wanted control over their payment system. Dr. Cutler noted that it may be useful to investigate the payment models used by each payer to understand where models were similar. Ms. Lois Johnson, General Counsel, stated that the HPC is creating standards for practices through the PCMH program, not for payers. She noted that the standards will not include how payers are paying practices. Dr. Cutler reiterated the need for engagement from the payer community.

Mr. Seltz stated that the current standards reflect a reduction in criteria in order to achieve a more streamlined approach that is focused on high-value standards. He stated that these standards should be broad enough to allow practices to evolve on their own, while also providing guidelines on topics, such as behavioral health integration, that the HPC flags as important.

Dr. Steinberg reviewed four additional changes to the standards: (1) a better defined integrated care management, (2) the inclusion of care coordination across different settings, (3) the importance of care-giver engagement, and (4) a refined process for integrating behavioral health.

Dr. Allen asked if the Committee was in agreement about the two-tier approach. All members noted their agreement.

Ms. Boiler reviewed the HPC's proposed approach to validation. She stated that the PCMH certification is focused heavily on results, which the HPC will obtain through clinical, utilization, and patient experience measures.

Dr. Allen stated that the application would be extremely simple to reduce administrative burden.

Dr. Cutler asked what share of primary care practices are already part of an ACO. He added it would be interesting to see which PCPs are affiliated with NCQA and other organizations for a broader landscape. Ms. Johnson stated that the HPC staff could provide a landscape of the Commonwealth's market.

Ms. Boiler presented preliminary information about the HPC process for addressing practices that have invested resources and effort into third-party PCMH certification. She stated that the HPC certification process for these practices would be a streamlined approach that would ensure that the HPC's high-value, MA-specific PCMH standards were met.

Dr. Hwang asked whether practices would be able to apply for both third-party and HPC certification for PCMH in the future. She further asked how organizations would decide whether to pursue the HPC or third-party standards. Dr. Hwang asked if a practice could have NCQA certification but not obtain HPC certification. She encouraged the Committee to consider all outcomes for certification when drafting the standards.

Ms. Johnson stated that for third party certification through NCQA 2011 is not an automatic HPC certification. A provider would still have to submit an application to the HPC to prove they have met the HPC's high-value standards.

Mr. Seltz noted that an open policy question is whether the HPC would consider updated standards from third-party accreditation bodies as a substitute for the HPC PCMH certification process if the standards included a focus on the high-value areas.

Dr. Allen asked for any further questions. Seeing none, the Committee moved to the next agenda point.

ITEM 3: Update on the Registration of Provider Organization (RPO) Program

Mr. Seltz introduced Mr. Iyah Romm, Director of System Performance and Strategic Investment, to give a brief update on the HPC's RPO process.

Mr. Romm stated that the HPC conducted a lengthy and robust public comment period for draft regulations for the RPO Program and the accompanying Data Submission Manual (DSM). Mr. Romm introduced Ms. Kara Vidal, Program Manager for System Performance, to present a high-level overview of the comments received.

Ms. Vidal noted that the HPC released the draft regulations for RPO in January 2014. Additionally, the DSM was released in April 2014. She stated that the DSM describes each element of data that RPOs will have to submit and the options for submitting the information. She noted that the DSM was developed through stakeholder engagement and collaboration with other agencies.

Ms. Vidal stated that 17 organizations offered comments on the draft regulations and DSM. She noted that many comments included broad support for the HPC's proposed framework

Ms. Vidal reviewed high-level themes in the public comment and the HPC's analysis of these notes. She highlighted the broad support for the registration plan and the requests for additional time and clarity on the process. Mr. Romm stated that a goal of the RPO program is to remove administrative burden on providers. He added that the HPC would incorporate further clarity on process in the final DSM.

Dr. Cutler asked when the Committee would be able to review the final Data Submission Manual. Ms. Vidal stated that the final DSM would be provided to the Committee in June and presented to the Commission in July. She added that live trainings and webinars for provider organizations would begin in August with the RPO Program on track to receive initial registration materials in early fall 2014.

ITEM 5: Adjournment

Seeing no further comments, Dr. Allen adjourned the committee meeting at 11:13 AM.