

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

**Meeting of October 29, 2014**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**THE CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION**  
**Center for Health Information and Analysis**  
**Daley Room, Two Boylston Street, 5<sup>th</sup> Floor**  
**Boston, MA 02116**

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**Docket: Wednesday, October 29, 2014, 9:30 AM – 10:30 AM**

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**PROCEEDINGS**

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee held a meeting on Wednesday, October 29, 2014 in the Daley Room at the Center for Health Information and Analysis (CHIA) located at Two Boylston Street, 5<sup>th</sup> Floor, Boston, MA 02116.

Members present were Dr. Carole Allen (Chair); Ms. Jean Yang; and Dr. Ann Hwang, designee for Mr. John Polanowicz, Secretary of Health and Human Services. Dr. David Cutler and Ms. Marylou Sudders arrived late.

Dr. Stuart Altman, Chair of the Commission, participated via phone.

Dr. Allen called the meeting to order at 9:35 AM.

**ITEM 1: Approval of minutes**

Dr. Allen asked for any changes to the minutes from August 13, 2014. Dr. Hwang noted that "ACO" on the second page should read "MCO." Dr. Allen called for a motion to approve the minutes as amended. **Ms. Yang** made the motion and **Dr. Hwang** seconded. The minutes were unanimously approved by members present.

At this point, Ms. Sudders arrived.

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

Dr. Allen reviewed the day's agenda. She stated that the committee would spend a majority of the meeting discussing the HPC's work on PCMH certification standards. She noted that work on the PCMH program reflects a robust conversation with multiple stakeholders to ensure high standards.

**ITEM 2a: Agenda and Timeline**

Mr. David Seltz, Executive Director, provided a brief update on the HPC's PCMH certification program, a program mandated by Chapter 224 of the Acts of 2012. He noted that the HPC views PCMH certification as one tool to advance patient-centered accountable care. He stated that the

HPC is examining how PCMH certification aligns with other initiatives, such as Accountable Care Organizations (ACOs) and payment incentives. He added that the success of this initiative is measured by the development of standards as well as the implementation of a robust program.

Mr. Seltz introduced Ms. Ipek Demirsoy, Policy Director for Accountable Care, to review the agenda and timeline of the HPC's PCMH certification program.

Ms. Demirsoy stated that the day's conversation would frame the CDPST committee's role in the PCMH certification process. She stated that the HPC had identified three priority issue areas for the committee: (1) care delivery transformation, (2) payment system transformation, and (3) key enablers. She added that the timeline for developing ACOs standards has been considered when pacing work on PCMH. Ms. Demirsoy noted that the HPC has been communicating with MassHealth about their work on ACOs.

### **ITEM 2b: PCMH Certification Program**

Ms. Demirsoy stated that the HPC had received feedback that PCMH standards proposed in early 2014 were duplicative of standards used by the National Committee for Quality Assurance (NCQA). Noting this, the HPC reassessed its certification program to ensure that it aligned with new and existing PCMH certification models and reduced administrative burden.

Ms. Demirsoy reviewed "high bar" and "low bar" standards for recognition found throughout the United States. She stated that the HPC should take a high bar approach to standards, which pushes organizations to meet aggressive standards. She noted that many primary care practices in Massachusetts already have pursued these "high bar" standards.

Ms. Yang stated that selecting either a high or low set of standards represented a larger question of whether the HPC is seeking to engage the existing market (low bar) or stringently guide it to a particular set of results (high bar). Ms. Yang stated that she liked a high bar for standards. She noted that the evaluation of the program should be based on the journey as well as the final result.

Ms. Sudders stated that the HPC should review how it will help practices navigate the certification process. Mr. Seltz responded that the program will provide resources on obtaining certification. He stated that the HPC would use the \$2 million for behavioral health integration, allocated to the HPC through the FY15 state budget, to maximize these resources.

Ms. Demirsoy stated that there had been significant conversation around key design elements for the certification, including certifying based on capabilities or outcomes, validating through documentation or site visits, and assessing the level of standardization. She reviewed the HPC's recommendations on each of these key design elements. She stated that on the first design element, capabilities versus outcomes, the HPC recommends first certifying based on capabilities. Over time, as data becomes standardized and accessible, the HPC would build on outcomes. On the second element, the preferred method for validation, the HPC recommends validation based on documentation with site visits that provide support and learning opportunities. On the third element, level of standardization, the HPC recommends that the program certify based on a limited

number of capabilities, as to emphasize flexibility at the practice level. Ms. Demirsoy noted that these design recommendations largely align with NCQA's philosophy, making it worthwhile to consider NCQA as a potential partner.

Ms. Yang asked for clarification on how the HPC would partner with NCQA. Ms. Demirsoy responded that an organization that met NCQA standards would not automatically meet those of the HPC. The HPC is developing high value standards, such as those around behavioral health integration, that will build upon NCQA.

Ms. Sudders asked if NCQA has acknowledged their own need for growth, specifically in behavioral health integration standards. Ms. Demirsoy stated they NCQA had reflected the need for development. NCQA sees the partnership with the HPC was an opportunity for learning and national leadership.

Ms. Yang reiterated that the HPC's program could be a collaborative pilot program for NCQA to reduce burden on practices nationwide.

Ms. Demirsoy reviewed data on PCMH programs in other states. She noted some states adopted NCQA standards (Vermont, Rhode Island), some states adopted modified NCQA standards (Maryland, Pennsylvania), and some developed their own standards (Minnesota, Illinois). She noted that the outcomes of the three different certification paths varied, but that the structure and implementation of the program drove impact on cost and quality. Across all states, the development of payer alignment, payment incentives, technical assistance, and data transparency drove successful outcomes.

Ms. Demirsoy reviewed potential issues with NCQA standards. First, she stated that NCQA criteria does not focus on high-value elements, but that NCQA indicated willingness to address this issue by adding Massachusetts-specific criteria and modules. Second, she stated that many organizations were concerned with the added administrative burden of certification. She noted that NCQA had already addressed the increased administrative burden in the 2014 certification. Ms. Demirsoy stated that the partnership with the HPC also afforded additional opportunities to further reduce administrative burden through simpler documentation and user-friendly technology. Finally, Ms. Demirsoy reviewed other potential issues with NCQA certification, including cost burden on practices, on-site validation, and evaluation of the PCMH program.

Mr. Seltz stated that NCQA has self-identified these areas as places for improvement and indicated a strong desire to partner with Massachusetts and address them.

Ms. Demirsoy reviewed potential changes to NCQA criteria to ensure that Massachusetts certification emphasizes behavioral health, resource stewardship, and population health.

Dr. Hwang stated that the HPC should selectively prioritize these changes to ensure high value certification and decrease administrative burden. Ms. Sudders concurred with Dr. Hwang. Mr. Seltz stated that the HPC would continue to focus on these key issues as the program is developed.

Dr. Allen noted that NCQA has three tiers and the HPC is exploring two.

Mr. Seltz stated that a potential partnership with NCQA allows the HPC to access clinical expertise and, in turn, assess best practices. He stated that the program timeline would release draft criteria for public comment by February 2015.

Ms. Sudders encouraged staff to explore outcomes and lessons learned from state-specific "high bar" programs. Dr. Allen indicated that the HPC would continue to work on state-by-state examinations to inform best practices.

Ms. Demirsoy reviewed the benefits and drawbacks of pursuing a partnership with NCQA. Since the NCQA standards are already developed, the HPC would benefit from a faster market time, an ability to leverage existing NCQA experience, an opportunity to influence national dialogue, and potentially decrease cost. She recognized that roughly 30% of Massachusetts practices are already in the process of obtaining NCQA certification. Ms. Demirsoy stated that the drawbacks include limitations on the HPC's ability to customize standards and a longer time period for small, resource-constrained practices to be certified.

Ms. Demirsoy reviewed the timeline for the PCMH program. She stated that Phase 1 would include NCQA core criteria and a focus on technical assistance and interagency collaboration. Phase 2 would seek to layer in additional high-value elements defined by the HPC, such as population health, behavioral health, resource stewardship, and patient-centered specialty certification. Ms. Demirsoy stated that Phase 2 would also include the concepts of PCMH certification as a pre-requisite for ACO certification, the Center for Health Information and Analysis (CHIA) Provider Portal, and consumer incentives.

Ms. Yang asked if the evolving nature of the criteria would require a practice to be certified annually. Dr. Allen responded that statute requires recertification every two years.

Dr. Hwang stated that criteria must be released with enough implementation time for practices.

Dr. Altman stated his appreciation of the work on the PCMH certification program. He noted the need for consumer engagement to improve care. He stated the HPC should collaborate with organizations such as the Greater Boston Interfaith Organization (GBIO) and Health Care for All (HCFA).

Ms. Demirsoy stated that the PCMH certification process will be tailored to meet the needs of all practices in Massachusetts.

Ms. Demirsoy stated that the HPC would work with NCQA over the next three months to create Massachusetts-specific PCMH criteria, which would be released for public comment in early February 2015. She added that the HPC plans on accepting applications for PCMH certification in summer 2015.

Ms. Demirsoy asked for comment from the committee.

Dr. Hwang stated that she supported further collaboration with NCQA.

Dr. Allen stated the HPC would work to make this process collaborative and inclusive to achieve robust standards.

Ms. Yang asked about the members of staff working to support program development and implementation. Ms. Demirsoy stated that the HPC is actively hiring and that resources would be heavily dedicated to supporting this program.

Ms. Yang stated that the HPC should continue its work on PCMH certification independent of its decision to pursue a partnership with NCQA. Ms. Demirsoy stated that the HPC would support practices throughout the process and that NCQA would assist on technical standard development.

Ms. Sudders stated that this process has been a constant evolution and that the HPC appears to be on the right track in this implementation process and further collaboration with NCQA.

**ITEM 3: Schedule of Next Committee Meeting (December 10, 2014)**

Seeing no further comment, Dr. Allen announced the next meeting of the Care Delivery and Payment System Transformation Committee (December 10, 2014) and adjourned the meeting at 10:26 AM.