

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

Meeting of October 29, 2014

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION**
Center for Health Information and Analysis
Daley Room, Two Boylston Street, 5th Floor
Boston, MA 02116

Docket: Wednesday, October 29, 2014, 10:30 AM – 11:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Wednesday, October 29, 2014 in the Daley Room at the Center for Health Information and Analysis located at Two Boylston Street, 5th Floor, Boston, MA 02116.

Committee members present were Ms. Marylou Sudders (Chair), Dr. Carole Allen, and Dr. Wendy Everett. Dr. Ann Hwang, designee for Mr. John Polanowicz, Secretary of Health & Human Services, arrived late. Dr. Stuart Altman, Chairman of the Board, participated via phone.

Ms. Veronica Turner was absent.

Ms. Sudders called the meeting to order at 10:35 AM.

ITEM 1: Approval of minutes

Ms. Sudders asked for any changes to the minutes from August 13, 2014. Seeing none, Ms. Sudders called for a motion to approve the minutes, as presented. **Dr. Everett** made the motion, and **Dr. Allen** seconded. Members voted unanimously to approve the minutes.

ITEM 2: Update on Office Patient Protection 2013 Annual Report

Ms. Sudders reviewed the day's agenda. She introduced Mr. David Seltz, Executive Director, to discuss the HPC's work on the Office of Patient Protection's (OPP) 2013 Annual Report.

At this point, Dr. Hwang arrived.

Mr. Seltz reviewed the history of the Office of Patient Protection, noting that it was transferred from the Department of Public Health (DPH) to the HPC in April 2013. Under the leadership of Director Jenifer Bosco, OPP has added staff to meet its expanded workload. Mr. Seltz stated that the day's discussion would focus on a draft of the 2013 Annual Report.

Dr. Everett asked when the HPC would issue the final report. Mr. Seltz stated that the report would be released following comments from QIPP committee members. He expected it to be online in early November.

Ms. Bosco reviewed the data employed in the Annual Report. She described two types of data: reports from payers on the number of internal reviews and data maintained by the HPC on the number and type of external review cases received. She clarified that the external review cases were only for members of fully insured Massachusetts health plans.

Ms. Bosco stated that the internal review process is the first step for a consumer to appeal their insurance company's denial of coverage for medically necessary treatment. In 2013, health plans reported 11,334 internal review cases. Ms. Bosco noted that, in 2012, health plans reported 12,783 internal reviews.

Dr. Everett asked for a brief review of how the health plan data was weighted to control for plan size. Ms. Bosco stated that calculation would be included in the final 2013 Annual Report.

Dr. Hwang stated that it would be helpful for charts to include the total number of members in each plan to help control for variation in plan size. Ms. Bosco stated that the HPC had this information from the Center for Health Information and Analysis (CHIA) and would include such a figure in the report.

Ms. Bosco stated that the OPP received 277 eligible external review cases in 2013. She added that OPP received 287 in 2012 and 328 in 2011. Ms. Bosco stated that 148 external reviews were for medical/surgical care and 129 for behavioral health. She noted that external review agencies ruled in favor of the insurance company for 54% of 2013 cases and in favor of the consumer for 40%. She noted this data is consistent with previous years.

Dr. Altman asked whether the data could be further broken down by insurers. Ms. Bosco stated this would be included in the final report. Ms. Sudders stated that the board would hear further data, especially pertaining to behavioral health, after the report was released.

Ms. Bosco reviewed subcategories of medical and surgical treatment. She stated that OPP received the largest number of experimental and out-patient care external review cases in 2013. She noted that the HPC launched a new database in 2014, which incorporates more detail on external review cases.

Ms. Bosco reviewed subcategories of behavioral health treatment. She noted that the HPC received the highest number of inpatient care (not medically necessary) behavioral health cases. She stated that external review agencies frequently upheld insurers' decisions pertaining to substance abuse disorder treatment.

Mr. Seltz thanked Ms. Bosco and the OPP staff for their hard work on this report. He added that the HPC would incorporate their comments into the final report and issue it within the week.

ITEM 3: Update from the Department of Public Health on Mandatory Nurse Overtime Reporting

Ms. Sudders introduced Ms. Madeline Biondolillo, Associate Commissioner for the Department of Public Health, to present on mandatory nurse overtime reporting. A full copy of this presentation can be found on the HPC's website.

ITEM 4: Update from the Division of Insurance on Mental Health Parity

Ms. Sudders introduced Mr. Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau of the Massachusetts Division of Insurance (DOI), to present on enforcement provisions for mental health parity. A full copy of this presentation can be found on the HPC's website.

ITEM 5: Discussion of Behavioral Health Task Force Report and HPC's Behavioral Health Agenda

Given time constraints, Ms. Sudders tabled this agenda item. She stated that this work is extremely important and would be discussed at the next QIPP meeting on December 10, 2014.

ITEM 6: Review of ICU Nurse Staffing Requirements

Ms. Sudders reviewed the HPC's statutory requirements regarding nurse staffing in hospital intensive care units (ICU). Ms. Sudders stated the legislation establishes a nurse to patient staffing ratio of 1:1 or 1:2 in hospital ICUs depending on the stability of the patient as assessed by staff nurses, a nurse manager, or an acuity tool. She added that the HPC is charged with promulgating regulations on the formulation of an acuity tool, a method of reporting hospital compliance, and the identification of three to five patient safety quality indicators.

Ms. Sudders reviewed the HPC's process regarding these requirements. She stated that the HPC is completing background research on acuity tools, reporting methodologies, and quality measures. She added that the HPC would continue to engage with various stakeholders through meetings and public listening sessions before entering the regulatory process. Ms. Sudders stated that a public listening session would follow the day's meeting.

ITEM 7: Schedule of Next Committee Meeting (December 10, 2014)

Ms. Sudders announced the next meeting of the Quality Improvement and Patient Protection Committee (December 10, 2014) and adjourned the meeting at 11:34 A.M.