MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION COMMITTEE

Meeting of December 10, 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, 5th Floor
Boston, MA 02116

Docket: Wednesday, December 10, 2014, 11:00 AM – 12:30 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee held a meeting on Wednesday, December 10, 2014 in the Daley Room at the Center for Health Information and Analysis (CHIA) located at Two Boylston Street, 5th Floor, Boston, MA 02116.

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

Ms. Jean Yang was absent.

Dr. Allen called the meeting to order at 11:10 AM.

ITEM 1: Approval of minutes

Dr. Allen asked for any changes to the minutes from October 29, 2014. Seeing none, Dr. Allen called for a motion to approve the minutes as presented. **Ms. Sudders** made the motion and **Dr. Hwang** seconded. The minutes were unanimously approved by members present.

ITEM 2: Discussion of HPC Certification Programs

Dr. Allen reviewed the day's agenda. She stated that the committee would receive an update on the three HPC programs: (1) the patient-centered medical home (PCMH) certification program, (2) the accountable care organization (ACO) certification program, and (3) the Registration of Provider Organizations (RPO) program.

Dr. Allen stated that she attended the Patient-Centered Primary Care Conference (PCPCC) in Washington, D.C., with Ms. Ipek Demirsoy, Policy Director for Accountable Care. A key takeaway from this conference was that the PCMH and ACO programs will need the capability to differentiate types of care and stratify resources based on the needs of individual patients. Dr. Allen stated that identifying appropriate levels of intervention would greatly improve health outcomes in the long-term.

Dr. Hwang stated that patients can move between "buckets" of need. She added that physical health is only one factor and that social determinants must also be considered. Dr. Allen stated that she always includes social determinants when identifying risk stratification.

ITEM 2a: PCMH – Program Design

Dr. Allen stated that the HPC will be using the National Committee for Quality Assurance (NCQA) certification standards as a base for the PCMH program. Ms. Demirsoy stated that she had received significant positive feedback from the provider community on using NCQA standards. Dr. Allen added that the PCMH program would emphasize behavioral health integration.

Ms. Demirsoy reviewed the overall design for the PCMH certification program. She stated that the program would consist of two tiers. She noted that the HPC would *not* be adapting NCQA's three-tier structure to ensure administrative simplification and state-specific certification. She noted the two-tier system would consist of very high standards that encouraged the industry to improve. Ms. Demirsoy stated that the HPC's certification would encourage and facilitate practices that are on track for certification through the development of the overall process.

Dr. Cutler asked what percentage of Massachusetts practices and physicians are currently certified by NCQA. Ms. Demirsoy stated that 20% are certified and 15% are in the certification process. Dr. Hwang asked for clarification as to what type of practice was generally certified. Ms. Demirsoy stated that she would examine data and report back to the committee.

Dr. Allen stated the intent to include smaller practices in the HPC's certification program.

Dr. Cutler asked if there was a distinction between "best practice" and "qualified" PCMH standards. Ms. Demirsoy stated the distinction would be based on specific criteria, which would be reviewed later in the presentation.

Dr. Cutler asked for clarification on the timeframe for merging the HPC's standards with payment. Ms. Demirsoy stated that the payer community would be engaged through the framing and implementation of the certification program.

Ms. Demirsoy stated that the HPC would modify four priority domains from the NCQA criteria: behavioral health, resource stewardship, population health management, and patient engagement. She added that these modifications would be evidence-based and build off of the existing NCQA framework.

In making these modifications, the HPC would consult and engage a wide variety of stakeholders, including providers, payers, consumers, NCQA, national experts, and other state PCMH programs. Such modifications would be released for public comment in the middle of February.

Ms. Demirsoy explained that certain additional elements "required" in NCQA 2014 will not be required for HPC certification. She added that certain NCQA 2014 "must pass" standards are a reflection of the HPC's overall agenda around issues of resource stewardship and behavioral health integration.

Seeing no further comment, Dr. Allen moved to the next agenda item.

ITEM 2b: PCMH – Modifications for Behavioral Health-Related Criteria

Ms. Demirsoy introduced Ms. Katherine Record, Senior Manager for Behavioral Health Integration, to present on the HPC's modifications to NCQA behavioral health criteria for PCMH certification.

Ms. Record reviewed five specific modifications to NCQA behavioral health domain.

Ms. Record reviewed modifications regarding screening and health assessment. She stated that providers should be familiar with this standard since NCQA has emphasized it since 2011. She added that the HPC would place a higher emphasis on screening for behaviors affecting physical health, mental health/substance abuse history, developmental screening, and depression screening. She noted that the best practice level would mandate anxiety and SUD screening.

Dr. Cutler asked how the HPC would know if a provider is meeting these extra requirements. Ms. Demirsoy responded that NCQA would operationalize these HPC-required criteria.

Ms. Demirsoy added that many other states are utilizing these types of standards and have not reported increased administrative burden. Ms. Record added that many practices already possess such screening tools.

Dr. Cutler asked if costs to practices had been evaluated in these standards. Ms. Demirsoy responded that practices would be required to perform a cost-assessment during implementation of standards, but that initial estimates ranged around $300,000 per practice.

Dr. Hwang noted that it would be important to assess how NCQA plans to document screenings. Ms. Demirsoy responded that the HPC would work with NCQA to operationalize these items.

Dr. Allen stated that the HPC may assist providers regarding screening these tools.

Ms. Record reviewed modifications regarding referral tracking. She stated that the HPC would require NCQA factors that maintained agreements with behavioral health care providers, tracked referrals, and co-managed documents in the medical record. She stated that the HPC would place more emphasis on the consideration of available performance information on consultants and specialists when making a referral. She added that the HPC "best practice" level would require practices to assess effectiveness of annual agreements and adjust patterns accordingly.

Ms. Record reviewed modifications regarding care management of high-risk patients. She stated the HPC would require practices to establish a systematic process and criteria for identifying patients who may benefit from care management, specifically those with behavioral health conditions. She noted the HPC would include a new factor requiring a care manager to be trained to identify and coordinate behavioral health needs.

Ms. Sudders asked if the care manager must have additional training to meet this standard. Ms. Record responded that care managers would need to be trained to meet this standard.

Dr. Hwang suggested the alternative language of "s/he must have the ability to" instead of "must be trained." Dr. Allen stated that this language is amendable. Ms. Sudders suggested using the word "qualified" instead of "trained".

Ms. Demirsoy stated that the HPC would need to receive documentation regarding this capability. Ms. Sudders suggested that the HPC look at individual resumes for examples of qualification.

Ms. Record reviewed modifications on evidence-based protocols. She stated that the HPC would place more emphasis on practices implementing clinical decision support following evidence-based guidelines for a mental health and substance use disorder.

Ms. Record reviewed modifications on performance improvement. She stated that the HPC would emphasize that practices measure their performance on at least one behavioral health clinical measure.

Ms. Record reviewed a potential timeline for implementation of additional behavioral health-related HPC PCMH certification requirements. She stated that the majority of the HPC requirements were either included in the 2011 NCQA or were added in the 2014 NCQA, thus reducing administrative burden on practices.

Dr. Hwang stated her appreciation for efforts to align with NCQA standards.

Ms. Demirsoy stated that the HPC would present more specific standards for these criteria at the next committee meeting.

Dr. Cutler asked if there is evidence of financial savings associated with meeting best practices on behavioral health. Ms. Demirsoy stated that evidence of payers participating varies across the country and that the HPC would continue to examine this moving forward. Ms. Record added that there is evidence of cost savings in pilots screening for depression and substance abuse disorders.

Mr. Seltz stated that the HPC is trying to set a higher bar that brings value and encourages payer engagement.

Seeing no further comment, Dr. Allen moved to the next agenda item.

ITEM 2c: ACO Certification

Ms. Demirsoy provided a brief overview of the HPC's work on ACO certification. She reviewed the three models of ACOs.

Ms. Demirsoy reviewed a Level 1 ACO which focuses on essential physical and behavioral health issues. She stated that Oregon currently uses this model.

Ms. Demirsoy reviewed a Level 2 ACO, which focuses on the integration of social services and essential physical and behavioral health issues. She stated this is in practice in the Hennepin County ACO in Minnesota.

Ms. Demirsoy reviewed a Level 3 ACO, which is a "totally accountable care organization" that incorporates responsibility for various outcomes. There is not currently an example of this model.

Dr. Hwang stated that there is a lot of heterogeneity in the discussion of ACOs. She added that major implications for certification include who can participate in the ACO and whether a certification program uses evidence-informed or evidence-based models.

Dr. Cutler stated that the creation of ACO certification coincides with payment initiatives. He added that the HPC should be careful not to overburden payers in this process.

Dr. Allen stated that focusing on outcomes may be less prescriptive. She added that an ACO dealing with home-bound patients would have a totally different approach than an ACO in a suburban community.

Dr. Cutler stated it would be helpful to speak with a variety of providers to assess different health systems and determine how an ACO would operate in different care settings. Ms. Demirsoy responded that the HPC is engaging stakeholders in that type of conversation.

Dr. Cutler suggested there should be a focus group of existing ACOs in order to glean best practices and approaches for ACO certification.

Dr. Hwang stated that the HPC and MassHealth have been in close communication regarding their ACO processes. She suggested that the HPC also consider the input of the patient throughout the certification process.

Ms. Demirsoy stated that the MassHealth Technical Assistance Group (TAG) meetings have been extremely useful to inform the HPC's ACO certification process. She added that this process would continue to evolve.

Seeing no further comment, Dr. Allen moved to the next agenda item.

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

Mr. Iyah Romm, Policy Director for System Performance and Strategic Investment, stated that the HPC made significant progress on the RPO Program. He introduced Ms. Kara Vidal, Program Manager for System Performance, to review this work.

Ms. Vidal stated that provider organizations were required to submit Initial Registration: Part 1 materials to the HPC by 5:00 PM on November 14, 2014. She stated that the HPC received 62 applications on or before the deadline and nine following the deadline. She noted that the HPC expects the total number of RPO applications to remain in flux over the next few weeks.

Ms. Vidal provided an overview of the RPO application review process. She stated that, as of December 8, 45 applications are awaiting review, 11 are under review, eight are awaiting updates, and seven are complete.

Mr. Romm stated that the HPC received a significant amount of positive feedback about resources available to provider organizations throughout Part 1 and that these would continue into Part 2.

Ms. Vidal reviewed next steps for the RPO program. She stated that the HPC would finish review of Part 1 materials by early February. These materials would then be uploaded to a web portal. She added that the HPC would release the Part 2 DSM in early summer. She stated that the HPC would hold Part 2 training sessions and 1-on-1 meetings throughout the summer. Ms. Vidal added that the Part 2 registration window would remain open for a period of 60 days.

Dr. Allen asked if the provider community offered any feedback on the administrative burden of the program. Ms. Vidal stated that provider organizations utilized HPC resources and that overall feedback had been positive.

Public comment was offered by Kathy Keough of Atrius Health and Claudine Schwartz of Massachusetts General Hospital.

Seeing no further comment, Dr. Allen moved to the next agenda item.

ITEM 4: Schedule of Next Committee Meeting (January 13, 2015)

Dr. Allen announced the next meeting of the Care Delivery and Payment System Transformation Committee (January 13, 2015) and adjourned the meeting at 12:24 PM.