

**MINUTES OF THE QUALITY IMPROVEMENT AND PATIENT PROTECTION/CARE  
DELIVERY AND PAYMENT SYSTEM TRANSFORMATION JOINT COMMITTEE**

**Meeting of July 8, 2015**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**THE QUALITY IMPROVEMENT AND PATIENT PROTECTION/CARE DELIVERY AND  
PAYMENT SYSTEM TRANSFORMATION JOINT COMMITTEE OF THE  
MASSACHUSETTS HEALTH POLICY COMMISSION  
HEALTH POLICY COMMISSION  
50 MILK STREET, 8<sup>TH</sup> FLOOR  
BOSTON, MA 02114**

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**Docket: Wednesday, July 8, 2015 9:30-12:30 AM**

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**PROCEEDINGS**

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee and Care Delivery and Payment System Transformation held a joint meeting on Wednesday, July 8, 2015 at the Health Policy Commission, 50 Milk Street, 8<sup>th</sup> Floor, Boston, MA 02114.

Committee members present included Dr. Wendy Everett (Acting Chair, QIPP); Dr. Martin Cohen; Dr. David Cutler; Dr. Carole Allen (Chair, CDPST); Dr. Paul Hattis; Dr. Stuart Altman; and Mr. Ron Mastrogiovanni.

Ms. Veronica Turner participated over phone.

Dr. Everett reviewed the day's agenda. She stated that the Joint Committee would hold a public hearing on proposed updates to regulations governing the Office of Patient Protection. She stated that the Committee would also hear updates on proposed nurse staffing quality measures.

Dr. Everett stated that the Joint Committee would hear a presentation from the Office of the Attorney General on their behavioral health report, which examines cost trends and cost drivers, as well as a presentation from the Executive Office of Health and Human Services on the Opioid Task Force Report. Dr. Everett noted that the meeting would conclude with a discussion on the Substance Abuse Disorder Report created by HPC staff.

**Item 1: Public Hearing on Proposed Updates to the Office of Patient Protection (OPP) Regulations**

Dr. Everett reviewed the proposed regulations governing the Office of Patient Protection and opened the meeting for public comment.

Ms. Laura Goodman, staff attorney for Health Law Advocates (HLA) and Ms. Susan Curry, Senior Health Policy Manager at Healthcare for All offered testimony.

Dr. Allen asked Ms. Jenifer Bosco, Director of the HPC Office of Patient Protection, about the origin of the 30 day timeline for insurers to respond to plan information requests.

Ms. Bosco responded that it came from ERISA timeline for requesting plan information. She continued to say that the way the regulation is written, if there is a shorter timeline due to the appeals process or a grievance being filed then that's the timeline that the plans would follow. She then stated if there is no appeal or grievance than the 30 day timeline would apply.

## **Item 2: Update on Nurse Staffing Quality Measures**

Ms. Johnson, General Counsel, updated the Joint Committee on the proposed quality measures for ICU nurse staffing. Ms. Johnson stated that the HPC is in the process of creating a bulletin with the four quality measures that were endorsed by the Committee and Commission.

Ms. Johnson noted that NQF's endorsement of the pressure ulcer prevalence measure had expired in May 2015. She stated that staff's understanding is that the endorsement expired automatically due to a lack of sponsor rather than a flaw with the measure. She went on to say that the HPC is in the process of determining whether hospitals will continue to report that measure.

Dr. Allen said that a skin infection measurement for pediatric patients would be another measurement to consider.

Dr. Everett asked if the HPC had a sense of the timeframe for NQF resolving the status of this measure. Ms. Johnson responded that the HPC will reach out to NQF and update Commissioners with any information.

## **Item 3: Presentation on "Examination of Health Care Cost Trends and Cost Drivers"**

Ms. Courtney Aladro and Ms. Emily Cabral, Assistant Attorneys General at the Office of the Attorney General (AGO), presented on the AGO's recent behavioral health report, "Examination of Health Care Cost Trends and Cost Drivers."

## **ITEM 4: Presentation on the Governor's Opioid Task Force Report**

Ms. Leslie Darcy, Director of Policy and Strategic Initiatives at the Executive Office of Health and Human Services (EOHHS), presented on the findings and recommendations of the Governor's Opioid Task Force.

## **ITEM 5: Discussion of HPC's Opioid Abuse Report**

Mr. Seltz, Executive Director, addressed how the federal regulation around confidentiality of substance abuse disorder may affect care coordination. He stated that this federal regulation impacts the state's ability to collect information in order to track trends and make policy recommendations.

Mr. Seltz acknowledged Commissioner Bharel of the Department of Public Health (DPH), who convened a working group of state agencies to examine some of these data issues. Mr. Seltz stated that the HPC is working with the Center for Health Information and Analysis (CHIA) to include information from free-standing psychiatric hospitals in the hospital discharge database.

Mr. Seltz stated that he is pleased to make behavioral health a large part of the HPC's work. He echoed the AGO's finding that system's fragmentation contributes to increased spending for behavioral health conditions. He added that a patient-centered approach to healthcare could lead to stabilization in overall healthcare spending.

Mr. Seltz said that when the legislature passed *An Act to Increase Opportunities for Long-Term Substance Abuse Recovery*, it included a provision requiring the HPC to issue a report with policy recommendations. The legislation asked the HPC to focus on (1) improving the adequacy of coverage, (2) improving the availability of opioid therapy, and (3) identifying the need for further analyses by CHIA.

Mr. Seltz said that the HPC's report would be data-driven and evidence-based with focused and actionable recommendations. He said the HPC could contribute to the policy development by (1) providing new research and data, (2) supplementing previous reports with things that are even more specific, (3) identifying strategic opportunities for care delivery and payment reform, (4) drawing on experience from investment and technical assistance programs, and (5) recommending specific data needs.

Dr. Everett said (1) and (3) are consistent with the overall mission of the Commission. She added that (4) could inform (1) and (3).

Dr. Hattis said that he supported Dr. Everett's recommendation to focus on (1) and (3). He said that (3) should have a wide scope and focus on different areas, such as Medicaid and the Department of Corrections.

Dr. Cutler said that (5) was important because it would direct the actions and areas of focus. He said there should be a prioritization on obtaining data.

*At this point, Dr. Everett and Dr. Hattis left the meeting.*

Mr. Seltz stated that he has spoken with Secretary Sudders, Commissioner Bharel, and the AGO to determine how HPC's report can complement ongoing efforts in the Commonwealth.

Ms. Katherine Record, Senior Manager for Behavioral Health Integration, stated that providers need the best clinical support tools to help decrease unnecessary prescribing of opioid based medications. She said the prescription monitoring program (PMP) should be designed to help providers decide when an opioid is clinically appropriate and when it could do greater harm to the patient. She added, in addition to reducing the incidence of

addiction, that the HPC's work should help those who are already addicted or are on the path to developing an addiction.

Ms. Record stated that the HPC is geo-mapping methadone clinics as well as buprenorphine and naltrexone prescribers to discover areas where there is low access to these services. She said that the HPC is researching the effect of having non-addiction specialists prescribe buprenorphine and naltrexone. She added that the HPC is assessing the number of opioids prescribed by specific specialties, with a focus on non-oncologic chronic pain and acute pain.

Dr. Altman asked if the opioid problem stemmed from the use of heroin or prescription opioids. Ms. Record responded that it was complicated, but added that 80% of people who died from heroin overdose started using opioids via medically necessary prescribed medication.

Dr. Allen echoed Dr. Altman's concerns about illegal drug use.

Ms. Record said that heroin use is rapidly increasing. She cited a CDC report that said most people are moving to heroin from medically prescribed opioids rather than from illegal drugs, such as cocaine and heroin.

Dr. Cohen asked if the increase was age based. Ms. Record responded that the rate among men has increased by 50% and women 100%. She added that the highest addiction rate was in the younger age bracket, 20s-40s.

She continued to talk about the need for more education of doctors about prescribing and the use of PMP as a decision making support tool and not a law enforcement tool. She said the HPC is also looking at utilization review tools being used by payers to identify outliers in prescribing patterns. She said the HPC is also looking at non-medical addiction specialists, (e.g., counselors), to determine if they are ready to bill insurers pursuant to Ch 258. Ms. Record also described academic detailing processes to counter pharma-detailing by going into doctors' offices to educate them on evidence based treatment modalities.

Ms. Record stated that HPC is assessing the status quo for needle exchanges in the Commonwealth, in the event that more people move to heroin from pills. She stressed the importance of having harm reduction in place in case there is a spike in transmitting disease.

Mr. Seltz asked for input from Commissioners on where the HPC staff should direct their work moving forward.

Dr. Allen emphasized that addiction this is a chronic disease. She said it increases the burden of disease at all levels as well as costs.

Dr. Altman expressed interest in having a consumer advocate groups actively involved in this process.

Mr. Seltz stated that the HPC will continue to update the board and public on the report. He said the HPC hopes to have a report by the end of the calendar year.

**ITEM 6: Adjournment**

Dr. Allen adjourned the meeting at 12:10PM.