

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

Meeting of March 23, 2016

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION COMMITTEE OF
THE MASSACHUSETTS HEALTH POLICY COMMISSION**
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, March 23, 2016, 11:00AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee held a meeting on Wednesday, March 23, 2016, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Dr. Carole Allen (Chair), Mr. Martin Cohen, Dr. David Cutler, Dr. Don Berwick, and Undersecretary Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services.

The presentation from the committee meeting can be found [here](#).

Dr. Allen called the meeting to order at 11:15 AM.

ITEM 1: Approval of minutes

Dr. Allen asked for a motion to approve the minutes from January 6, 2016. **Dr. Cutler** made the motion to approve the minutes. **Mr. Cohen** seconded the motion. The members present voted unanimously to approve the minutes.

ITEM 2: Update on the HPC PCMH PRIME Certification Program

Ms. Catherine Harrison, Senior Manager for Care Delivery, updated the committee on the HPC's patient-centered medical home (PCMH) certification program, PCMH PRIME. She noted that 21 practices submitted applications for PRIME thus far. More information can be found on slide 6.

Dr. Allen commented that she had heard from several small practices that they are interested in perusing PRIME and will be submitting applications.

Ms. Harrison noted that the volume of applications received was likely influenced by the intensive outreach completed by both the HPC and NCQA. More information can be found on slide 7.

Ms. Harrison introduced the technical assistance (TA) component of PCMH PRIME. She noted that TA is a key provision of PCMH PRIME, especially for practices that require assistance to meet the certification criteria. Ms. Harrison added that the HPC will issue a request for proposals (RFP) for vendors to facilitate TA. She noted that the HPC will be looking for organizations that have clinical experience in pertinent fields and can work in

conjunction with other state agencies to avoid duplication of services. More information can be found on slide 8.

Dr. Berwick asked why webinars and online modules were excluded from the modes of TA that were going to be offered. Ms. Harrison replied that, based on feedback from surveys to potential PCMH PRIME practices, staff found that webinars and online modules were not a preferred method of TA.

Dr. Allen noted that not all web-based services are the same. She stated that the appeal of the service might change if practices knew what different interfaces and outcomes are available.

Dr. Allen asked whether the HPC received from insurers on PCMH PRIME. Ms. Katie Barrett, Policy Director for Accountable Care, replied that the staff has been primarily focused on launching PCMH PRIME and working on ACO certification. She noted that once both programs are established, staff will approach payers to garner feedback.

Dr. Cutler commented that the TA portion of PRIME is extremely important and warrants further attention from the committee. Ms. Barrett noted that the plan was to identify a TA vendor who could help design and implement the assistance. She added staff would come back to the committee for input.

ITEM 3: Discussion of Public Comment on the Accountable Care Organization (ACO) Certification Process.

Ms. Barrett provided an overview of the vision and goals of the ACO certification program. More information can be found on slides 11-12.

Ms. Barrett explained that the HPC received 52 written comments during the public comment period. She added that in addition to the written comments, staff had met with representatives of 13 stakeholder groups. A list of respondents can be found on slide 13.

Dr. Allen reiterated the usefulness of the comments to the HPC's work.

Ms. Barrett reviewed themes from the public comment period. More information can be found on slide 14.

Ms. Barrett overviewed the arc of the ACO certification program. Ms. Barrett added that the overarching goal of the HPC's program is to move away from structural standards and towards more performance based metrics. More information can be found on slide 15.

Dr. Allen noted that the ACO certification process should minimize burden on providers and maximize benefits for the participants while also aligning with other certification and reporting programs. Ms. Barrett noted that the HPC has been working closely with other agencies to ensure that there are not duplicative requests of providers.

Mr. David Seltz, Executive Director, stated that the HPC is interested in public feedback on the proposed ACO design. He explained that the HPC is aligning the release of its ACO certification program with concurrent work at MassHealth.

Dr. Cutler asked for clarification on timeline for ACO certification. Ms. Lois Johnson, General Counsel, replied that the HPC hopes to finalize details regarding certification this spring with the goal of launching certification at the end of the summer. Ms. Barrett added that this timeline includes dedicated time to build the online certification platform.

Ms. Harrison reviewed the revised ACO certification program design and the pre-requisites of the program. For more information, see slides 18-19.

Ms. Harrison overviewed the certification program's five assessment criteria. A full list of criteria can be found on slide 20.

Ms. Harrison reviewed the assessment criteria #1. Details can be found on slide 21.

Dr. Allen asked whether "participating providers" could include behavioral health providers. Ms. Barrett replied in the affirmative, noting that such providers must have a participation agreement with the ACO.

Dr. Berwick noted that an ACO can be a part of a larger organization. As such, he stated that the HPC should be careful not to require potentially duplicative boards and governing structures. Ms. Barrett agreed. She noted that this clarification is outlined in the revised assessment criteria.

Ms. Harrison reviewed the assessment criteria #2. Details can be found on slide 22.

Dr. Berwick commented that there is evidence that a single patient and/or consumer representative on a board can be an isolating experience. He suggested requiring more than one representative. Ms. Barrett noted that Medicare requires only one patient on the board. Dr. Allen noted that the representative should not be disease specific.

Ms. Harrison reviewed the assessment criteria #3. Details can be found on slide 23.

Reflecting on the reporting requirements, Dr. Cutler suggested that the HPC determine in which areas ACOs are deficient in reporting.

Dr. Allen stated that the HPC should be specific on which quality measures it would like reported. Ms. Barrett replied that the Board will need to decide what measures ACOs should report in this area.

Dr. Berwick commented that the triple aim of better care, better health, and lower costs could be a guide for the assessment of ACOs. Dr. Allen agreed with the use of the triple aim.

Dr. Berwick asked whether ACOs would be expected to have an impact on the income effects of health status. Ms. Barrett replied that ACOs will be asked to provide information on how they collect data on the demographic and socioeconomic status of the populations they serve. Dr. Cutler asked if ACOs were required to report on demographic factors to payers. Ms. Barrett replied that ACOs do not have to report such information.

Ms. Harrison reviewed assessment criteria #4. Details can be found on slide 24.

Dr. Berwick commented that this criterion is pushing the envelope in terms of policy and symbolizes a good direction for the state.

Ms. Harrison reviewed assessment criteria #5. Details can be found on slide 25.

Dr. Allen noted that oral health is very important and is not listed in the criterion.

Ms. Harrison provided an overview of the supplemental information required of ACOs. She noted that this requirement has been streamlined and revised to be framed as questions to gather additional data. For more information, see slide 26.

Ms. Harrison reviewed supplemental information request #1. Details can be found on slide 27.

Dr. Allen stated that the ACO should be asked to list other certification programs in which it participates. This will allow the HPC to get a better map of the certification landscape. Mr. Seltz replied that that was the intent of the section.

Ms. Harrison reviewed supplemental information request #2. Details can be found on slide 28.

Ms. Harrison reviewed supplemental information request #3. Details can be found on slide 29.

Ms. Barrett noted that the HPC has already begun discussions with the Department of Public Health and would continue working with the agency to focus on how ACOs address social determinants of health.

Mr. Seltz noted that any information collected as supplemental information could become an assessment criteria as the certification program evolves over time.

Ms. Harrison reviewed supplemental information request #4. Details can be found on slide 30.

Ms. Harrison reviewed supplemental information request #5. Details can be found on slide 31.

Dr. Allen suggested that ACOs are asked to report patient reported outcome measures in addition to patient experience measures. Ms. Barrett replied that this metric would fall into supplemental information request #4.

Ms. Harrison reviewed supplemental information request #6. Details can be found on slide 32.

Dr. Allen noted that quality measures, as referenced in this request, should be written in quotation marks. She stated that ACOs are being asked to report on metrics that they have been previously told to track, not necessarily quality measures as patients and other stakeholders understand them.

Ms. Harrison reviewed supplemental information request #7. Details can be found on slide 33.

Ms. Harrison reviewed supplemental information request #8. Details can be found on slide 34.

Dr. Allen noted that request #8 may be difficult for ACOs to accomplish. Ms. Barrett responded that, during the application process, organizations will be able to rate the difficulty of the application to provide feedback to the HPC.

Ms. Harrison provided an overview of how the ACO certification process was revised pursuant to the public comments. For more information, see slide 35.

Dr. Berwick noted that he concurred that no undue burdens should be placed on providers. He stated that the true priority should be patient care and protection. He further recommended bringing back the palliative care and consumer price transparency criteria, which had been deleted from the HPC's revised design. Dr. Allen agreed. Ms. Barrett noted that in the public comments, organizations highlighted the palliative care component as a large burden.

Dr. Allen asked if the consumer price transparency information was being gathered elsewhere. Ms. Barrett responded that the issue is being addressed by hospitals and providers.

Mr. Seltz noted that both issues were deserving of further examination by the staff before the final version of the ACO certification program.

Ms. Harrison noted that confidentiality was a major theme of the public comments and stakeholder discussions. She explained that staff tried to strike the right balance between confidentiality and market transparency. Details can be found on slide 36.

Ms. Barrett emphasized that, due to the voluntary nature of the certification program, in order to get meaningful participation that benefits all stakeholders, there does need to be a level of confidentiality.

Ms. Harrison reviewed the ACO public comment review process timeline. Details can be found on slide 37.

ITEM 4: Update on Process for ACO Quality Measures

Ms. Barrett provided an update on the role of quality measures in the performance assessment of ACOs by reviewing MassHealth's draft measure set. She noted the state's efforts to balance obtaining meaningful quality data and reducing administrative burden. Ms. Barrett highlighted the HPC's work with the Statewide Quality Advisory Committee. More information can be found on slide 39.

Ms. Barrett overviewed the CMS/AHIP ACO core measure set. Details can be found on slide 40. She asked the committee if this was relatively the right set of measures to start working with.

Dr. Allen noted two issues: (1) should the HPC employ a measure set since organizations are measuring quality in different ways and (2) is the measure actually tracking improved health and care.

Undersecretary Moore noted that the HPC should consider how measures are used in addition to which measures are used.

Dr. Berwick suggested that the HPC only adopt measures that have already been adopted by MassHealth and CMS/AHIP.

Mr. Seltz noted that the day's meeting was just an introduction to the discussion on quality measures.

ITEM 5: Adjournment

Dr. Allen adjourned the meeting at 12:32 PM.