

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

Meeting of February 10, 2016

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02109**

Docket: Wednesday, February 10, 2016 9:30 AM-11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Wednesday, February 10, 2016 at the Health Policy Commission's offices, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Mr. Martin Cohen (Chair); Dr. Wendy Everett; Ms. Veronica Turner; and Undersecretary Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services.

Dr. Carole Allen was not present at the meeting.

Mr. Cohen called the meeting to order at 9:32 AM and reviewed the day's agenda.

Item 1: Approval of Minutes

Mr. Cohen asked for any changes to the meeting minutes from December 9, 2015. Commissioners noted a small edit. **Undersecretary Moore** made a motion to approve the minutes, as amended. **Dr. Everett** seconded the motion. The motion passed with four votes in the affirmative.

Item 2: Discussion of Relevant Findings from the 2015 Cost Trends Report and 2016 QIPP Agenda

Commissioners tabled this agenda item for discussion later in the meeting.

Item 3: Discussion of Appeals Process for Risk Bearing Provider Organizations

Ms. Lois Johnson, HPC General Counsel, provided a process update on the development of a bulletin guiding the patient appeals process for risk bearing provider organizations (RBPO) and certified accountable care organizations (ACO). Ms. Johnson reviewed the statutory requirements for both appeal processes. Information can be found on slides 11-13.

Ms. Johnson noted that the HPC is continuing stakeholder outreach to better understand the various structures of RBPOs. She noted that the HPC requires additional data and will

use the process outlined in the proposed bulletin to gather information that will inform eventual regulations in this area.

Dr. Everett asked for clarification on the HPC's data needs. Ms. Johnson responded that the HPC needs additional data to better understand patient choice and referral management in these organizations.

Ms. Johnson reviewed slides 14-19, which summarize the work completed to date by the Committee. She provided an overview of the proposed bulletin.

Dr. Everett asked whether the HPC would hire additional staff in the Office of Patient Protection (OPP) to provide notice and assistance to individuals appealing through these new processes. Ms. Johnson responded that the providers are responsible for disseminating information on the appeals process. She added that providers' "Notice to Patients" will include contact information for OPP.

Dr. Everett asked how many RBPOs and ACOs would be subject to the bulletin. Ms. Johnson responded that it would apply to approximately 50 ACOs.

Ms. Johnson reviewed next steps in the regulation development process for patient appeals on RPBOs and ACOs.

Mr. Seltz, HPC Executive Director, added that one of the proposed HPC ACO certification criteria is that providers are compliant with HPC's ACO patient appeals process.

Mr. Cohen asked for clarification on the timing of the bulletin and promulgated regulation. Ms. Johnson responded that the HPC plans to release the bulletin in spring 2016. She noted that the HPC will collect data through the bulletin for a minimum of six months. Ms. Johnson stated that the full regulation is expected in 2017.

Mr. Seltz stated that the bulletin only addresses the internal appeals process. He noted that a next step for the HPC is to frame the external patient appeals process for RBPOs and ACOs.

Dr. Everett emphasized the need to reduce the administrative burden on providers.

Mr. Cohen announced that the HPC posted the draft bulletin online. He noted that the QIPP Committee will discuss this item again on March 23, 2016.

Item 4: Discussion of Behavioral Health Integration Technical Assistance for Organizations seeking PCMH PRIME

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 stated that two practices have applied for PCMH PRIME since it launched in January 2016.

Ms. Harrison reviewed upcoming communications on the program and the HPC's ongoing partnership with NCQA.

Mr. Cohen asked how many practices in Massachusetts have achieved NCQA PCMH recognition. Ms. Harrison responded that there are 315 NCQA practices that are eligible for PCMH PRIME.

Ms. Katherine Record, Deputy Director of Accountable Care, introduced the HPC's behavioral health integration technical assistance program for organizations seeking PCMH PRIME certification. See slides 22-27 for more information.

Undersecretary Moore asked how the HPC would provide direct access to subject matter experts through the technical assistance program. Ms. Record responded that the HPC would deploy clinical experts to the organizations.

Ms. Record summarized stakeholder feedback on the proposed technical assistance framework and goals. She noted the five highest areas of need for technical assistance. See slide 26 for more information.

Ms. Record reviewed program design considerations. She noted that the HPC will hire a vendor to manage and provider technical assistance. Ms. Barrett emphasized that the vendor would need to be flexible to serve all PCMH PRIME eligible organizations. See slide 27 for more information.

Ms. Record discussed the timeline and next steps for the PCMH PRIME technical assistance program.

Mr. Cohen stated that vendor selection will be key. He noted that the HPC should seek vendors who have a depth of experience in key focus areas.

Undersecretary Moore emphasized the need for continued collaboration with the Department of Public Health and the Department of Mental Health.

Dr. Everett asked how many vendors in Massachusetts offer technical assistance for behavioral health integration. Ms. Record responded that there are several vendors in Massachusetts. She added that none of these vendors would be able to provide technical assistance across all PCMH criteria. Ms. Record stated that the HPC may have to contract with a larger national vendor to obtain technical assistance across all thirteen certification criteria. Ms. Barrett added that the HPC will be looking for vendors that are familiar with the Massachusetts provider market.

Mr. Seltz stated that the HPC will be sharing the RFP with other state agencies for comments.

Item 5: Discussion of Relevant Findings from the 2015 Cost Trends Report and 2016 Quality Improvement and Patient Protection Agenda

Mr. Seltz reviewed select findings from the 2015 Cost Trends Report. He focused on findings related to emergency department behavioral health use and out-of-pocket spending for behavioral health. See slide six for more information.

Dr. Marian Wrobel, Director of Research and Cost Trends, highlighted a strong negative correlation between the number of behavioral health providers in each region and rate of behavioral health-related emergency department visits. Mr. Seltz stated that the HPC hypothesizes that there is an issue of access. He noted that the HPC will continue analysis in this area.

Dr. Everett asked whether the HPC is able to analyze the data on out-of-pocket spending by payer. Dr. Wrobel responded that the data was for commercial payers only.

Mr. Seltz presented findings relative to income disparities in preventable hospital admissions and affordability and access to care. See slide seven for more information.

Mr. Seltz briefly reviewed select recommendations from the 2015 Cost Trends Report. See slide eight for more information.

Mr. Seltz provided a high level summary of the areas of focus for the QIPP Committee in 2016. He noted that many of the activities are familiar to the Committee members. The list of activities can be found on slide nine.

Mr. Cohen stated that the 2016 QIPP areas of focus are comprehensive. He added that the Committee should continue to focus on emergency department use for behavioral health.

Dr. Everett stated that the HPC should continue to fund pilot methods of behavioral health treatment, such as the pilot program on Paramedicine in Quincy. She highlighted the HPC's role in sharing best practices from these programs. She stated that, if these pilots demonstrate cost saving, the HPC can create an evidence base for payers for cover innovative forms of behavioral health integration.

Mr. Seltz stated that the HPC will continue to conduct research and use it to inform policy and agency work.

Dr. Wrobel stated that future research will continue to study variation in emergency department use for behavioral health across different geographic areas and sectors of the workforce.

Ms. Turner noted her appreciation for limiting the focus of the research to these two analyses.

Undersecretary Moore stated that Secretary Sudders is convening a group of key stakeholders to examine the issue of emergency department boarding to determine potential solutions.

Item 5: Schedule of Next Meeting

Mr. Cohen announced that the next meeting is scheduled for Wednesday, March 23, 2016 at 9:30 AM.

Item 6: Adjournment

Mr. Cohen adjourned the meeting at 10:24 AM.