MASSACHUSETTS
HEALTH POLICY COMMISSION

Care Delivery and Payment System Transformation Meeting

March 23, 2016

MASSACHUSETTS
HEALTH POLICY COMMISSION

- Approval of Minutes from the January 6, 2016 Meeting
- Update on the HPC PCMH PRIME Certification Program
- Discussion of Public Comment on the Accountable Care Organization (ACO) Certification Program
- Update on Process for ACO Quality Measures
- Schedule of Next Committee Meeting (April 27, 2016)

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Vote: Approving Minutes

Motion: That the Committee hereby approves the minutes of the Care Delivery and Payment System Transformation Committee meeting held on December 9, 2015, as presented.

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Practices showing interest in PCMH PRIME

Since PCMH PRIME launch on January 1, 2016, 40 practices have inquired about or applied for certification

21 practices

have submitted applications to HPC to participate in PCMH PRIME:

Lynn Community Health Center
Whittier Street Health Center
Family Doctors, LLC
Acton Medical Associates
Emerson PHO (14 practice sites)
Family Practice Group
Harvard University Health Services
East Boston Neighborhood HC

9 practices*

have sent written questions to HPC about:

Specific criteria/documentation requirements
Application process
Cost

10 additional practices*

have requested more information about PCMH PRIME via NCQA website

*Includes inquiries from individual practice site staff as well as from corporate/organization-level staff requesting information on behalf of affiliated practice sites.

PCMH PRIME communications

Activity	Date Implemented
Dedicated page on NCQA website • One-page overview flyer • FAQ document	Feb. 12
Email sent to NCQA PCMH Recognized practices (~315 practices)	Feb. 17
Press release (HPC NCQA joint release)	Feb. 22
Social media (Twitter, Facebook, LinkedIn)	Feb. 18
Postcards sent to Massachusetts practices (~720 sites and 21 health systems)	Feb. 24
HPC Communications Strategy (social media, website, public meetings, etc.)	Ongoing
Additional practice emails and mailings	TBD

Considerations for primary care BHI TA program design

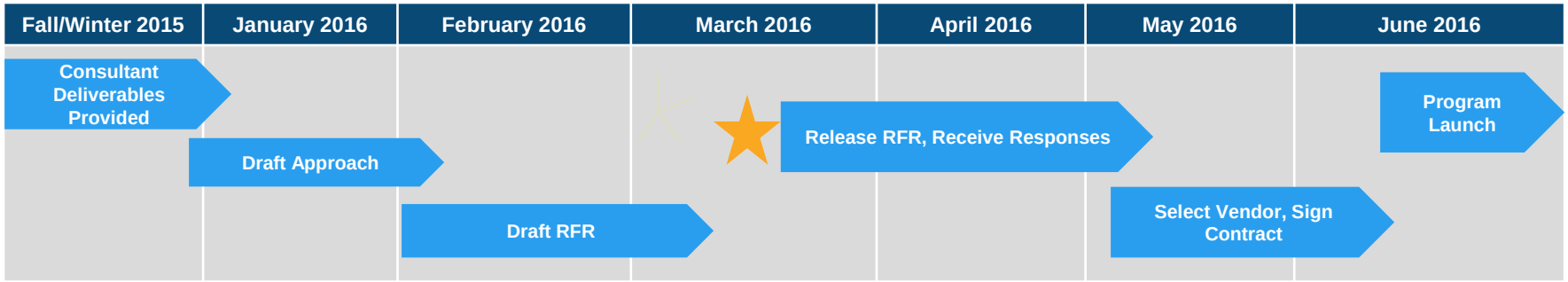
HPC will procure a vendor to manage and provide technical assistance. HPC and the vendor will work in close collaboration to understand progress of the practices on behavioral health integration criteria.

Requirement for TA vendor	Description
Includes mix of broad and practice-specific TA modes	• Includes some one-on-one practice coaching opportunities • Includes broad-based learning opportunities for all practices (e.g. learning collaboratives) • Does not rely on webinars or online modules • Matches practices with appropriate content and mode
Focuses on most challenging PCMH PRIME criteria	• Prioritizes delivering TA on the criteria practices need most help with • Able to offer TA on any of the 13 PCMH PRIME criteria as needed • Works with HPC to ensure strategy is aligned with, and not duplicative of, TA provided by other state agencies (e.g., DPH, DMH, MassHealth) • Forecasts potential future need and advises HPC on planning for TA development over time
Accommodates practices on different timelines	• Allows multiple opportunities for practices to receive similar content/assistance • Ensures whenever a practice enters the TA program, it has opportunities to learn from other practices
Delivers maximum value to practices and HPC	• Hiring one vendor instead of multiple minimizes administrative costs and maximizes the share of contract dollars spent on direct practice TA • Utilizes current TA available / partners with MA organizations already providing support to practices • Reports regularly to HPC on practice progress

Allow flexibility for bidders to propose how they will fill these needs within budget:
$1 M over 2 years

Timeline and next steps

The HPC anticipates releasing an RFR for the primary care BHI TA program in March 2016



	Goal Setting	Program Design	Implementation
Activities	☑ Meet with subject matter experts and stakeholders on program design considerations ☑ Scan MA for existing BHI TA models ☑ Decide on TA framework, present to QIPP (Feb. 10)	☐ Draft RFR ☐ Release RFR ☐ Receive and review proposals from vendors ☐ Selection of vendor	☐ Finalize program design, measurable goals, and contract requirements with vendor'(s) ☐ Begin TA program ☐ Support program implementation as needed and monitor performance
Output	• Program Goals • Current Landscape	• RFR development • Proposal process • Vendor selection	• Operational planning • Program monitoring

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ACO certification program goals

Vision of Accountable Care

A health care system that efficiently delivers well coordinated, patient-centered, high-quality health care, integrates behavioral and physical health, and produces optimal health outcomes and health status through the support of alternative payment.

1. Create a **roadmap** for providers to work toward **care delivery transformation** – **balancing** the establishment of **standards** with room and assistance for **innovation**
2. Establish a **common framework** for data collection, information gathering, evaluation and dissemination of best practices to promote transparency for future learning
3. Develop standards that **align with payers' own principles for accountable care** to further link accountability and enhance administrative simplification
4. Assure **patient engagement and protection**, especially for vulnerable populations

HPC previously proposed ACO certification program design

33 total criteria

1 Mandatory Criteria

- ✓ Legal and governance structures
- ✓ Risk stratification and population specific interventions
- ✓ Cross continuum network: access to BH & LTSS providers
- ✓ Participation in MassHealth APMs
- ✓ PCMH adoption rate
- ✓ Analytic capacity
- ✓ Patient and family experience
- ✓ Community health

15 criteria
Doc requirements: sample documents, reports, narrative descriptions

2 Market and Patient Protection

- ✓ Risk-bearing provider organizations (RBPO)
- ✓ Material Change Notices (MCNs) filing attestation
- ✓ Anti-trust laws
- ✓ Patient protection
- ✓ Quality and financial performance reporting
- ✓ Consumer price transparency

6 criteria
Doc requirements: attestations, descriptions, and/or reports

3 Reporting Only Criteria

- ✓ Palliative care
- ✓ Care coordination
- ✓ Peer support
- ✓ Adherence to evidence-based guidelines
- ✓ APM adoption for primary care
- ✓ Flow of payment to providers
- ✓ ACO population demographics and preferences
- ✓ EHR interoperability commitment

12 criteria
Doc requirements: sample documents, reports, narrative descriptions

Public comment respondents (52 total)

- American Academy of Pediatrics, MA Chapter (MCAAP)
- American Physical Therapy Assoc. of MA (APTAMA)
- Assoc. for Behavioral Healthcare (ABH)
- Assoc. of Developmental Disabilities Providers (ADDP)
- Atrius Health
- Beacon Health Options
- Beth Israel Deaconess Care Org. (BIDCO)
- BI-Plymouth *(same as BIDCO)*
- Boston Medical Ctr. (BMC)
- Boston Public Health Commission (BPHC)
- Business Architects
- Cambridge Health Alliance (CHA)
- Children's Hospital Integrated Care Org. (CHICO)
- Children's Mental Health Campaign (CMHC)
- CliniciansUNITED (Local 590 SEIU)
- Conference of Boston Teaching Hospital (COBTH)
- Ctr. for Health Law & Policy Innovation (CHLPI)
- Disability Advocates Advancing our Healthcare Rights (DAAHR)
- Fenway Health Ctr. *(same as BIDCO)*
- Fresenius Medical Care
- Health Care For All (HCFA) & Health Law Advocates (HLA)
- Home Care Alliance of MA
- Joslin Diabetes Ctr.
- Lawrence General Hospital (LGH) *(same as BIDCO)*
- Lowell General PHO *(same as MHA)*
- Massachusetts Assoc. of Health Plans (MAHP)
- Massachusetts Home Care
- Massachusetts Hospital Assoc. (MHA)
- Massachusetts Assoc. of BH Systems (MABHS)
- Massachusetts Health Quality Partners (MHQP)
- Massachusetts League of Community Health Ctrs. (MLCHC)
- Massachusetts Medical Society (MMS)
- Massachusetts Neurological Society (MNS)
- Massachusetts Public Health Assoc. (MPHA)
- Massachusetts Public Health Assoc. (MPHA) et al.
- Massachusetts Society of Optometrists (MSO)
- MassMEDIC & AdvaMed
- Medical-Legal Partnership (MLP)
- Mental Health Legal Advisors Committee
- Mount Auburn Cambridge Independent Practice Assoc. (MACIPA)
- New England College of Optometry (NECO)
- New England Quality Care Alliance (NEQCA)
- Partners HealthCare System (PHS)
- Planned Parenthood League of MA (PPLM)
- Representative Carolyn Dykema
- Southcoast Health System
- Steward Health Care, LLC
- Sturdy Memorial Hospital
- Tufts Health Plan
- UMass Memorial HealthCare, Inc. (UMass ACO)
- United Healthcare Workers East (1199 SEIU)
- Vinfen

Key themes in public comments

- Reporting burden
- Confidentiality vs. transparency
- Consistency with Medicare legal requirements
- System or care delivery improvement goal/rationale for each criteria
- Plans and advocates perspective vs. providers
- Scope of all-payer certification program vs. plan specific contracts

Arc of the ACO certification program

Current market

- Multiple ACO programs in the market
  - Medicare ACOs (i.e., MSSP, Pioneer, Next Gen)
  - Commercial programs (e.g., BCBSMA's AQC)
  - Medicaid ACOs
- General lack of evidence on the relationship between ACO capabilities and outcomes

First year certification focus

- Build baseline knowledge and transparency around current ACO capabilities
- Articulate standards for ACOs to enable payment reform
- Facilitate learning as a program and across ACOs

Vision

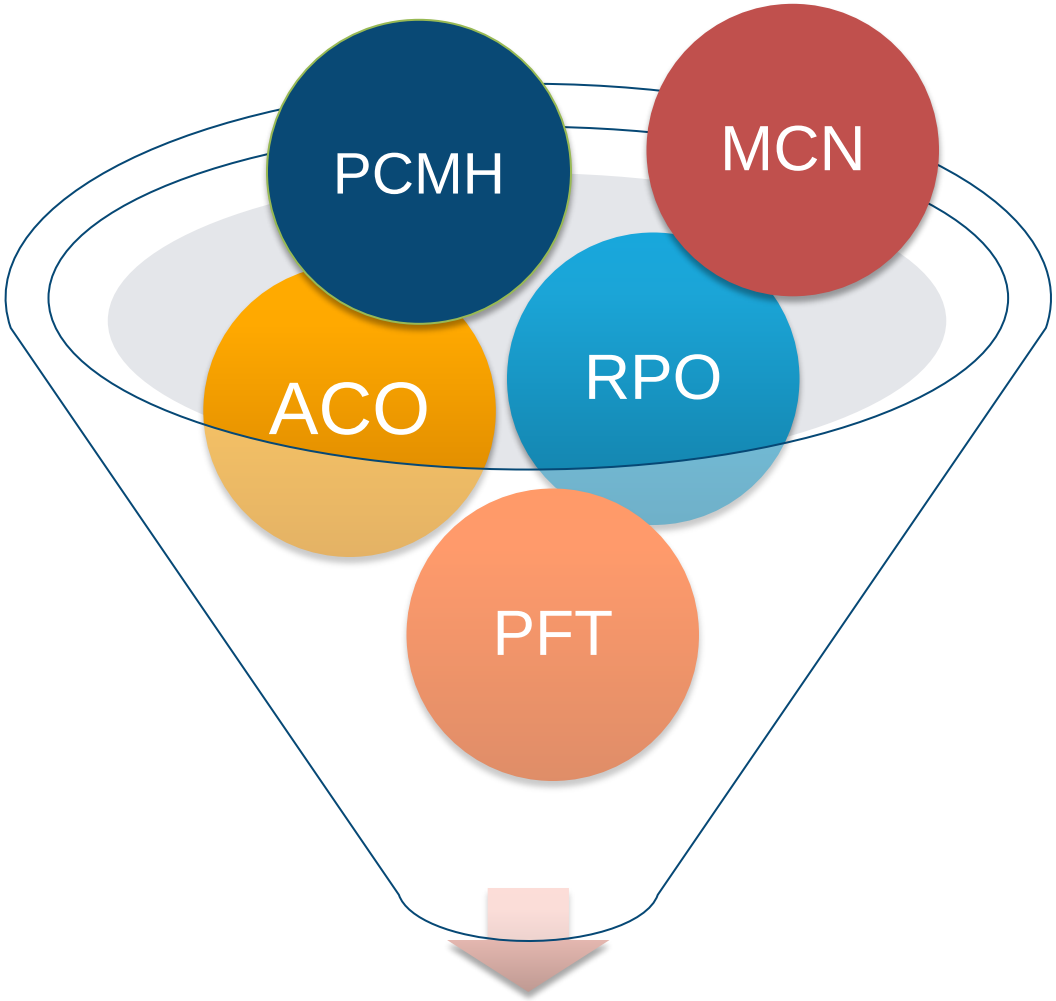
- Develop evidence on what advances transparency and efficiency in the market
- Move from structural requirements to outcomes and performance requirements

Overall ACO program structure

I	II	III
Certification Standards (2016)	**Performance on Quality Measures (2017 onward)**	**Performance on Total Medical Expense (TME) (2017 onward)**
- Governance structure - Population health management - Cross continuum care - Patient-centered primary care - Needs and preferences of patient population - Community-based health programs - Quality and financial analytics - Patient experience - High quality care - Shared savings/losses - HIT	- Prevention and wellness - Chronic care - Behavioral health - Care coordination - Patient and family experience - Efficiency (e.g., hospital-wide readmissions) - Overuse (e.g., imaging, antibiotic use)	- TME data (from CHIA)

ACO Technical Assistance

HPC seeks to minimize reporting burden for ACO certification through aligning information requests with other HPC-specific reporting programs



Aligned provider reporting to HPC

Revised ACO certification program design

Pre-requisites

5 pre-reqs.
Attestation only

- ✓ Participation in at least one quality-based risk contract
- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1 Assessment Criteria

5 criteria
Sample documents, narrative descriptions

- ✓ Patient-centered, accountable governance structure
- ✓ Population health management programs
- ✓ Cross continuum care: coordination with BH, hospital, specialist, and long-term care services

2 Required Supplemental Information

8 criteria
Narrative or data
Not evaluated by HPC but must respond

- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ Develops community-based health programs
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Provides high quality care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption

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Pre-requisites

ACO must attest to the following
ACO currently participates in **at least one quality-based risk contract (upside or downside risk)**, *or* has submitted an application to participate in a such a contract with MassHealth in 2017.
ACO has obtained, if applicable, a **risk-bearing provider organization (RBPO)** certificate or waiver from **DOI**.
ACO has filed all required **Material Changes Notices (MCNs)** with the **HPC**.
ACO is in compliance with all **federal and state antitrust laws and regulations.**
ACO is in compliance with the HPC's **Office of Patient Protection (OPP)** guidance regarding an **appeals process to review and address patient complaints** and provide notice to patients.

Assessment criteria

Patient-centered, accountable governance structure

1. Meaningful participation of ACO participants in the governance structure
2. Patient/consumer representation in governance structure, and Patient and Family Advisory Committee (PFAC)
3. Responsibility for assessment and improvement of the quality of and access to care

Population health management programs

4. Risk stratification and program implementation

Cross continuum care: coordination with BH, hospital, specialist, and post-acute services

5. Effectiveness of collaborations and test/referral tracking

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Assessment criteria #1

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO has an identifiable and unique governing body with authority to execute the functions of the ACO. The ACO provides **for meaningful participation in the composition and control of the governing body for its participating providers** or their representatives (at least 75% of participating providers are represented)..	– Governing body charter and organizational chart, including titles and clinical degrees/specialty for provider representatives. Indicate which ACO participant each governing body member represents. If there are participating providers not reflected in the governing body, provide a narrative with rationale. – Description of the types of risk contracts (commercial, Medicare and Medicaid) that this governing body oversees, including a narrative description of how participating providers participate in different risk contracts (Medicare, Medicaid, commercial).

Assessment criteria #2

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO governance structure is designed to serve the needs of its patient population, including by having a **patient or a consumer advocate within the governance structure *and* having a Patient and Family Advisory Committee.**	- *Governance structure* is: governing body, committees, and executive management team(s). - Provide all committee charters and organizational charts depicting governing committees and executive management team(s), including titles and clinical degrees/specialty, if relevant. - Identify the patient or the consumer advocate in the materials provided for Criterion 1. - Include PFAC description or charter, including meeting frequency and relationship to the governing board. Multiple, local PFACs would also fulfill this criterion. - Text of and link to a public-facing narrative about how the governance structure is designed to meet the needs of the ACOs patient population.

Assessment criteria #3

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO governing body regularly **assesses the access to and quality of care** provided by the ACO, in measure domains of access, efficiency, process, outcomes, and patient experiences of care, **for patients of the ACO overall and for key subpopulations (e.g. high needs individuals and vulnerable populations).** The ACO has clear mechanisms for implementing strategies to improve its performance as needed.	- Performance dashboard(s) with measure name detail (performance may be blinded) and a description of how often the governing body reviews the dashboard *(at least quarterly).* - Governing body meeting minutes (redacted if necessary) from a recent meeting when the dashboard was reviewed. - A narrative description of the ACO's mechanisms/process for implementing and executing on strategies to improve performance on dashboard metrics as needed.

Assessment criteria #4

Domain	Criterion	Documentation requirements
Population health management programs	The ACO routinely **stratifies** its entire patient population and uses the results to **implement programs** targeted at **improving health outcomes for its highest need patients. At least one program addresses behavioral health and one program addresses social determinants of health.**	- Description of stratification approach including frequency. An ACO may use payer reports to meet this requirement. - For each program (one addressing BH, one addressing SDH), a description that includes: • How participating patients are identified or selected; • The specific interventions; • The targets/performance metrics by which the ACO will monitor/assess the programs; • Number of patients in the programs or that the ACO projects the programs will reach; and • Any linkages to community resources or organizations. - A single program that addresses both BH and SDH would satisfy this criterion; ACO could describe additional programs.

Assessment criteria #5

Domain	Criterion	Documentation requirements
Cross continuum care: coordination with BH, hospital, specialist, and long-term care services	To coordinate care and services across the care continuum, the ACO **collaborates** with providers outside the ACO as necessary, including: - Hospitals - Specialists, including any sub-specialties - Long-term care providers (i.e., SNFs, LTACs) - Behavioral health providers (both mental health and substance use disorder providers) Providers and facilities within the ACO collaborate to coordinate care, including **following up on tests and referrals across care rendered within the ACO.**	- A list of key clinical partners, including strategic clinical affiliations, that ensure the ACO provides cross-continuum care. - Narrative regarding how the ACO collaborates with each category of clinical partners (hospitals, specialist, long-term care and behavioral health). ACO must provide evidence that the collaboration in each of the 4 categories (hospitals, specialists, LTC providers, and BHPs) addresses at least 3 of the following factors: 1. Access and appropriate breadth of services 2. Use of team-based care, including case conferences/collaborative clinical programs 3. Measurement of quality, cost, and patient experience 4. Communication and/or data-exchange (incl. interoperability) procedures and capabilities 5. Access to and coordination with community-based providers/services 6. Comprehensive care transition protocols - Description of ACO processes for tracking and following up on tests and referrals across providers and facilities within the ACO, including behavioral health providers (if within the ACO).

Supplemental information (no assessment)

1. Supports patient-centered primary care
2. Assesses needs and preferences of ACO patient population
3. Supports community-based health programs
4. Performs quality, financial analytics and shares with providers
5. Evaluates and seeks to improve patient experiences of care
6. Provides high quality care
7. Distributes shared savings or deficit in a transparent manner
8. Commits to advanced health information technology (HIT) integration and adoption

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Supplemental information #1

ACO criterion	Certification question	Response format/fields

Supports patient-centered primary care	How does the ACO support patient-centered primary care transformation? Please describe plans to increase PCMH recognition rates, including any plans to achieve PCMH PRIME certification.	- Does your ACO currently include NCQA recognized PCMHs?
		  - Yes/No
		  - If Yes, fill in % of practices with NCQA recognition
		- ACO supports PCMH by (check all that apply):
		  - Financial support/supp payments to practices
		  - TA to practices
		  - Infrastructure (e.g. EHR)
		- Do you currently have plans to achieve HPC PCMH PRIME certification?
		  - Yes/No
		  - If yes, general narrative describing plans
		- Narrative about other ways ACO supports patient-centered primary care

Supplemental information #2

ACO criterion	Certification Question	Response format/fields

Assesses needs and preferences of ACO patient population	How does the ACO assess the needs and preferences of its patient population with regard to race, ethnicity, language, culture, literacy, gender identity, preference to sexual orientation, income, housing status, food insecurity history, and other characteristics?
	How does the ACO use this information to inform its operations and care delivery to patients?
		- ACO assesses its patient population on the following: (check all that apply)
		  - Race
		  - Ethnicity
		  - Language
		  - Culture
		  - Literacy
		  - Gender identity
		  - Preference to sexual orientation
		  - Income
		  - Housing status
		  - Food insecurity history
		  - Other _____
		- ACO uses a standard assessment tool to gather these data?
		  - Yes/No
		  - If yes, commercial tool or proprietary? (select one)
		  - If no, what method does ACO use? (free text)
		- ACO utilizes these data to inform its operations and care delivery to patients?
		  - Yes/No
		  - If yes, brief narrative of how
		  - If no, list key barriers/reasons

Supplemental information #3

ACO criterion	Certification Question	Response format/fields

Supports community-based health programs	How does the ACO use the information gathered in the criterion above to develop and support community-based policies and programs to address social determinants of health for the ACO population? Social determinants of health (SDH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.	- Check all that apply:
		  - ACO funds/invests in existing community-based programs to address the impacts of SDH
		  - ACO runs programs in collaboration with organizations in the community to address the impacts of SDH
		  - Other (if checked, provide brief narrative description)
		  - None of the above
		
		- Does the ACO compare and benchmark information gathered from the assessment in the previous criterion with community needs assessment results from the hospitals within the ACO's geography? (Y/N and open narrative)

Supplemental information #4

ACO criterion	Certification question	Response format/fields

Performs quality, financial analytics and shares with providers	How does the ACO conduct performance analyses, including measure domains of access, efficiency, process, and outcomes?
	
	Does the ACO generate its own reports, collaborate with a vendor, or rely on payer reports?
	
	What process does the ACO have to disseminate reports to providers, in aggregate and at the practice level?
		- ACO performs the following types of analyses (check all that apply):
		  - Efficiency (e.g. readmissions, avoidable admissions)
		  - Quality outcomes
		  - Quality process
		  - Access
		- Check all that apply:
		  - ACO develops its own reports
		  - ACO uses payer reports
		  - ACO collaborates with vendor for reporting
		- Does the ACO disseminate reports to providers? (select from drop-down menu)
		  - Yes, in aggregate
		  - Yes, in aggregate and at the practice level
		  - No
		- Types of measures used for quality performance
		  - Claims-based process measures
		  - Clinical health outcomes that require clinical data
		  - Patient surveys
		  - Patient reported outcomes
		- Brief narrative of dissemination process

Supplemental information #5

ACO criterion	Certification question	Response format/fields

Evaluates and seeks to improve patient experiences of care	Describe how the ACO evaluates patient and family experience on access, communication, and coordination.
	
	What survey tool does the ACO employ? What is the frequency of such evaluation?
	
	How does the ACO develop plans, based on evaluation results, to improve patient and family experience?
		- ACO utilizes one or more of the following survey tools to assess patient and family experience (check all that apply)
		  - Press Ganey
		  - CAHPS (C/G, PCMH)
		  - Proprietary tool
		  - Other _____
		- How frequently does ACO field survey tool(s)? (select from drop-down menu)
		  - Annually
		  - Quarterly
		  - Monthly
		  - Other _____
		- General narrative of how ACO utilizes survey results to improve P/F experience

Supplemental information #6

ACO criterion	Certification question	Response format/fields

Provides high quality care	How has the ACO's performance on quality measures improved?
	
	Report ACO-level final quality performance on the measures associated with each commercial risk contract for the last 2 performance years (if available).
		- Upload document or enter info on quality performance for:
		  - BCBSMA
		  - Tufts Health Plan
		  - Harvard Pilgrim
		  - Other national carriers
		
		- Brief narrative of ACO's improvement strategies

Supplemental information #7

ACO criterion	Certification question	Response format/fields

Distributes shared savings or deficit in a transparent manner	How does the ACO distribute funds among participating providers? What is the process for making distribution and/or reinvestment decisions? Please include methodology(ies) used.
	
	How does the ACO take into consideration quality, cost, and patient satisfaction data when developing its methodology?
		- General narrative of how ACO distributes funds/reinvests
		
		- ACO considers the following when developing distribution methodology (check all that apply):
		  - Quality
		  - Cost
		  - Efficiency
		  - Patient satisfaction data
		  - Adoption of HIT
		  - Other _____
		
		- General narrative of how each is used

Supplemental information #8

ACO criterion	Certification Question	Response format/fields

Commits to advanced health information technology (HIT) integration and adoption	What is the ACO's providers connection rate to the Mass HIway?
	
	What is the ACO's plan to increase adoption and integration rates of certified EHRs and connection rates to the Mass HIway?
	
	What are the ACO's plans and timelines to increase the current capacity for interoperability and real-time event notification between entities within and outside the ACO?
		- Current connection rate of ACO providers to Mass HIway (fill in %)
		- Percent of practices within ACO capable of interacting with interoperable EHRs, including real-time notification (fill in %)
		- Number of facilities or provider groups outside the ACO with which interoperability and real-time event notification is possible (fill in #)
		- The ACO has specific plans to increase rates of (check all that apply):
		  - Connection to Mass HIway
		  - Adoption and integration of certified EHRs
		  - Interoperability and real-time event notification
		  - Patient access to EHR
		  - Decision support tools embedded within the EHR
		- For all checks above, brief narrative of plan
		- Types of providers with whom ACO has prioritized rate increase (check all that apply)
		  - PCPs
		  - SCPs
		  - Community-based orgs.
		  - SNFs, long-term care orgs.
		  - Other _____

Summary of revisions to ACO certification criteria in response to public comment

Eliminated criteria:

Participating providers & TINs
Participation in MassHealth APMs
Consumer price transparency
Palliative care
Preferred providers
Medication reconciliation
Peer support programs
Adherence to evidence-based guidelines
APM adoption for primary care

Simplified criteria:

Separate legal entity
Patient and consumer representative within governance structure & PFAC
Meaningful participation within governance structure & quality committee representation
Risk stratification & population-specific interventions
Effectiveness of collaborations, agreements with mental health providers, & test/referral tracking
Event notifications, EHR interoperability & HIway

Removed assessment component:

PCMH adoption
Patient and family experience
Community health

HPC

Confidentiality and transparency

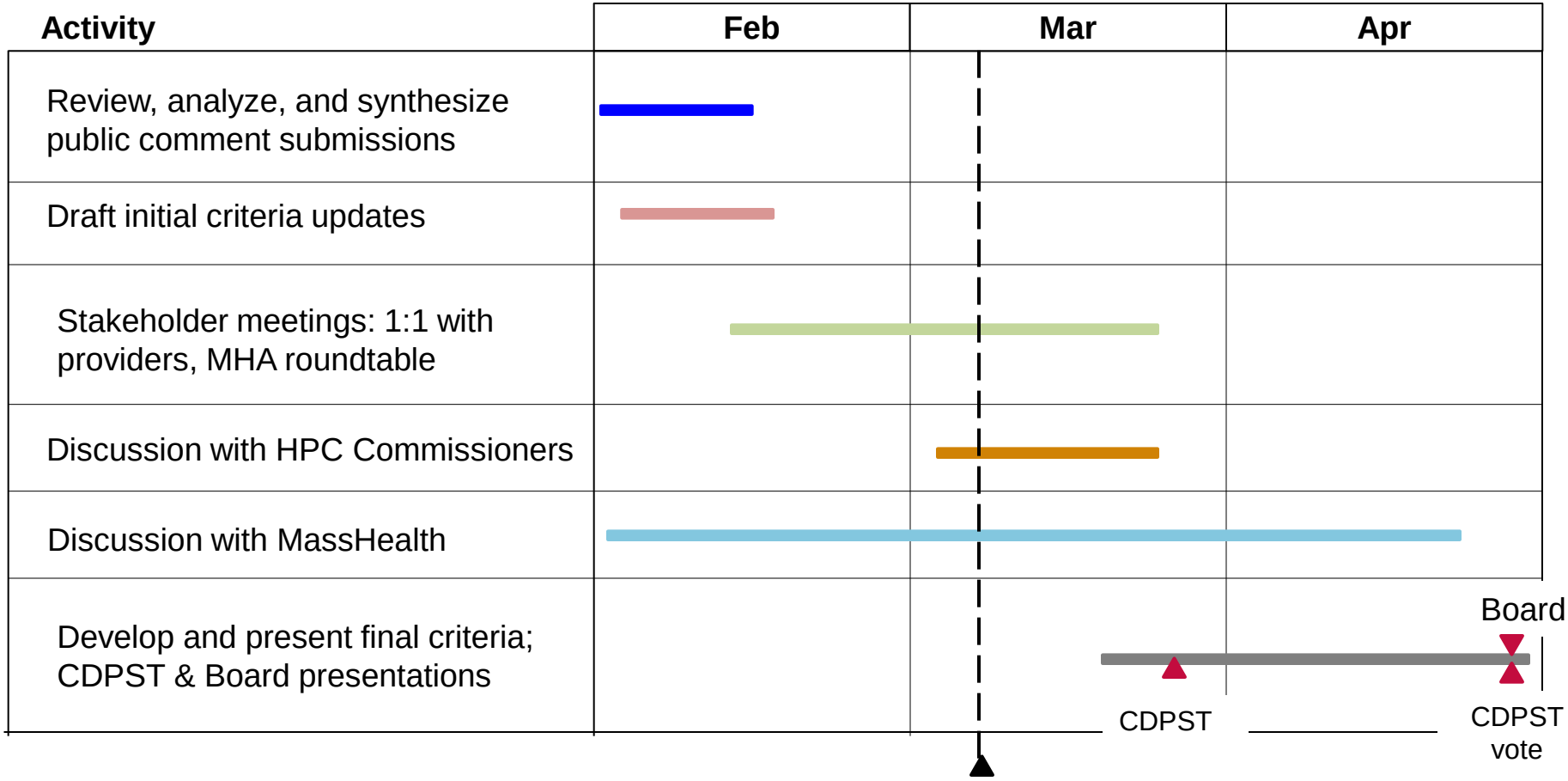
Nonpublic clinical, financial, strategic or operational documents or information submitted to the HPC in connection with ACO certification have confidentiality protections pursuant to M.G.L. c.6, sec. 2A. The HPC may make the information public in de-identified summary form, or when the commission believes that disclosure is in the public interest.

Principles for balancing ACO confidentiality with market benefits of transparency

Market value:
HPC will report public information about ACOs and information submitted in the certification process that does not contain nonpublic information.

Protection for proprietary information:
For certain nonpublic information, ACOs may request confidentiality; the HPC may still report this information in aggregate or summary form.

ACO public comment review process timeline



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MassHealth measure set - *DRAFT under development*

Measure
Patient Experience Survey (in development)
Prevention & Wellness
Pediatrics
Well child visits in first 15 months of life (W15)
Well child visits 3-6 yrs (W34)
Adolescent
Adolescent well-care visit (AWC)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
Maternity
Prenatal and postpartum care
PC-01 Elective Delivery
Oral
Oral Evaluation, Dental Services
Adult (emphasis on SDH)
Tobacco use assess and cessation intervention
Adult BMI Assessment (ABA)
Avoidable Utilization
% reduction in avoidable inpatient admissions
% reduction in hospital all-cause readmissions

Measure
Chronic Disease Management
Controlling high blood pressure (CBP)
PQI-5: COPD
PQI-8: Congestive Heart Failure Admission Rate
Medication Management for People with Asthma (MMA)
Comprehensive diabetes care: A1c poor control (CDC)
Comprehensive diabetes care: High blood pressure control (CDC)
Behavioral Health / Substance Abuse
Screening for clinical depression and follow-up plan: Ages 12-17
Screening for clinical depression and follow-up plan: Age 18+
Depression remission at 12 months
Initiation and Engagement of AOD Treatment (IET)
Follow-Up After Hospitalization for Mental Illness (FUH)
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
Follow-up care for children prescribed ADHD medication
Long Term Services and Supports
Patients 18 and older with documentation of a functional outcome assessment and a care plan
Service/care plans address participants' assessed needs (including health and safety risk factors) either by the provision of waiver services or through other means

HPC

CMS/AHIP ACO core measure set
released 2/6/16

Cardiovascular Care
- Controlling high blood pressure
- Persistent beta blocker treatment after heart attack
- Ischemic vascular disease: use of aspirin or another antithrombotic

Diabetes
- Comprehensive diabetes care: HbA1c poor control (>9.0%)
- Comprehensive diabetes care: eye exam
- Comprehensive diabetes care: hemoglobin A1c (HbA1c) testing
- Comprehensive diabetes care: foot exam
- Comprehensive diabetes care: medical attention for nephropathy

Prevention and Wellness
- Cervical cancer screening
- Non-recommended cervical cancer screening in adolescent females
- Breast cancer screening
- Colorectal cancer screening
- Preventive care screening: tobacco use: screening and cessation
- Preventive care and screening: body mass index (BMI) screening and follow-up

Utilization and Cost/Overuse
- Use of imaging studies for low back pain

Pulmonary
- Medication management for people with asthma
- Avoidance of antibiotic treatment in adults with acute bronchitis

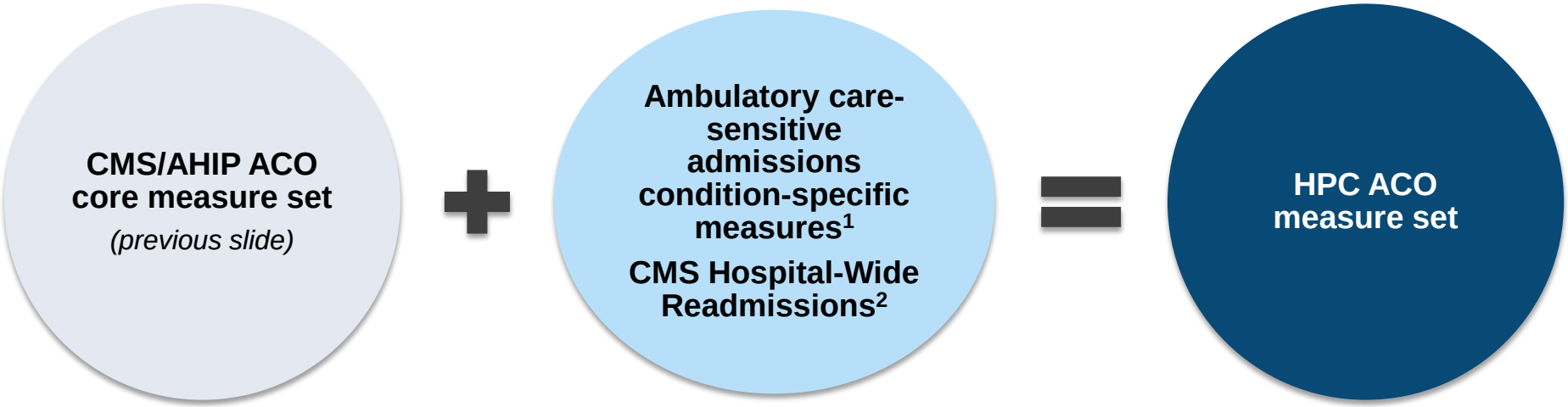
Behavioral Health
- Depression remission at 12 months
- Depression remission at 12 months – progress toward remission

Care Coordination / Patient Safety
- Medication reconciliation

Patient Experience
- CG CAHPS
  - Getting timely care, appointments, and information
  - How well your doctors communicate
  - Patients' rating of doctor
  - Access to specialists
  - Health promotion and education
  - Shared decision making
  - Health status/functional status
  - Stewardship of patient resources

** Overlap with MassHealth measures indicated in red*

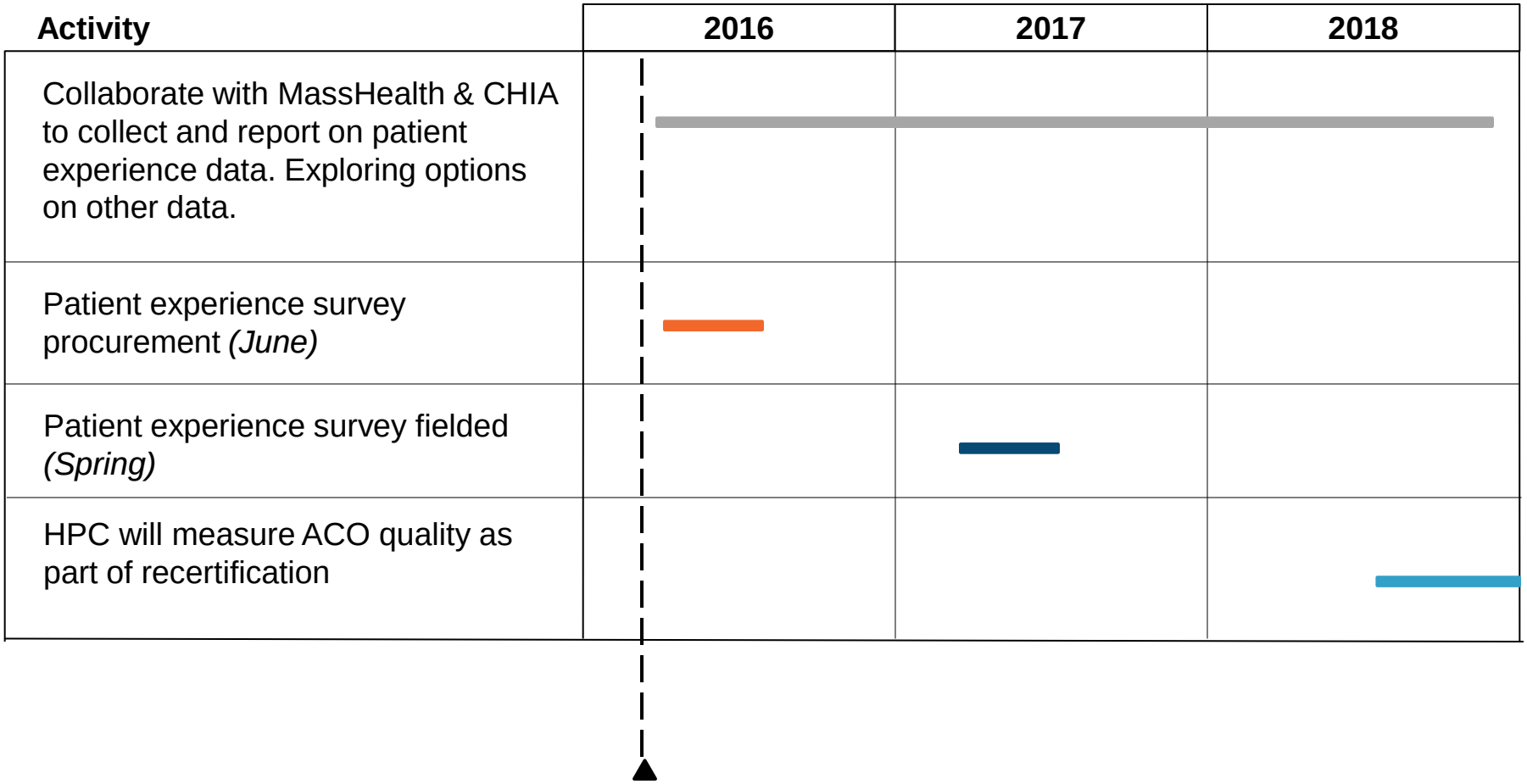
Proposed HPC ACO measure set



Pediatric measures for ACOs in development

[1] AHRQ's Prevention Quality Indicators (PQI); data source: CHIA/Hospital Discharge Database (HDD)
[2] Hospital-Wide-All-Cause Unplanned Readmission (Yale/CMS); NQF#1789; data source: CHIA/Hospital Discharge Database (HDD)

ACO quality measurement process timeline



MASSACHUSETTS
HEALTH POLICY COMMISSION

- Approval of Minutes from the January 6, 2016 Meeting
- Update on the HPC PCMH PRIME Certification Program
- Discussion of Public Comment on the Accountable Care Organization (ACO) Certification Program
- Update on Process for ACO Quality Measures
- **Schedule of Next Committee Meeting (April 27, 2016)**