

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

Meeting of March 23, 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, March 23, 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, March 23, 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. Carole Allen; Dr. Wendy Everett; and Undersecretary Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services.

Dr. Don Berwick was also present at the meeting. Ms. Veronica Turner was absent from 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 February 10, 2016. Dr. Everett made a motion to approve the minutes, as presented. Dr. Allen seconded the motion. The motion passed with five votes in the affirmative.

Item 2: Discussion of Preliminary Findings from the Upcoming Opioid Report

Mr. David Seltz, HPC Executive Director, provided a brief overview of the meeting's agenda. He outlined the HPC's work to date on a report assessing the impact and use of opioids in the Commonwealth. He thanked Secretary Sudders for the Administration's leadership in this area.

Ms. Katherine Record, Deputy Director for Accountable Care and Behavioral Health Integration, provided a summary of *An Act Relative to Substance Use, Treatment, Education and Prevention*, a bill signed by the Governor on March 14, 2016. A summary of the Act and sections relevant to the HPC can be found on slides 7 and 8.

Dr. Everett highlighted the section of the Act that amends the statute governing the consumer appeals process for RBPOs and ACOs and mandates that they inform patients of the right to appeal their denial decisions to the Office of Patient Protection. She asked whether ACOs and RBPOs needed to inform patients of this right before the bill was signed.

Ms. Lois Johnson, General Counsel, responded that this change represented a small tweak in statutory language.

Undersecretary Moore applauded the collaboration of all areas of government in dealing with the opioid epidemic. She noted that the Act is just one step in addressing this problem.

Dr. Everett asked whether the Baker Administration had considered an evaluation process to measure the success of the new Act. Undersecretary Moore responded that success will be measured by outcomes and output, adding that information will be regularly shared with the HPC. Dr. Everett said the committee would be happy to provide input to the evaluation process.

Dr. Berwick asked how regularly the state receives overdose data. Undersecretary Moore responded that the state generally receives the data monthly through a variety of reporting mechanisms. She noted that a primary use of the data is mapping overdose hot spots.

Ms. Record reviewed the primary aims of the HPC's analysis of the opioid epidemic in Massachusetts. More information can be found on slide 10.

Dr. Marian Wrobel, Director of Research and Cost Trends, provided an overview of the report's methodology. More information can be found on slide 11.

Ms. Record stated that the number of opioid-related hospital visits have increased substantially since 2007. She noted that there was a 201% increase in heroin-related hospital visits between 2007 and 2014.

Dr. Everett asked whether the HPC could compare these rates to national data. Ms. Record responded that the HPC would work on obtaining that analysis. She noted that, generally speaking, New England and Appalachia look similar to each other and are worse off than most other regions of the country. Dr. Wrobel reiterated that the HPC will look at national discharge data to obtain the comparison.

Mr. Cohen stated that, in this analysis, the HPC should be mindful that there are regional drugs of choice.

Undersecretary Moore stated that Massachusetts is ahead of many of states in addressing this epidemic through policy and research.

Ms. Record reviewed a heat map showing that opioid-related hospital visits vary significantly across the Commonwealth. Mr. Seltz noted that opioids are a problem throughout the state. Dr. Allen noted that this epidemic also permeates through all socioeconomic groups.

Ms. Record reviewed a heat map of opioid-related inpatient admissions by zip code in the Metro Boston area. She noted that the highest rates occurred in Boston, Lynn, and Roxbury.

Ms. Record stated that the state and federal government is paying for 75% of opioid-related inpatient admissions.

Ms. Record reviewed inpatient admissions by gender, age, and income. More information can be found on slide 16.

Dr. Everett asked whether pregnant women were included in this analysis. Ms. Record responded that all women are included in the denominator, but highlighted that not all patients are treated in the emergency department. Dr. Wrobel further explained that the analysis only includes individuals who had a diagnosis of addiction.

Ms. Record reviewed medication-assisted treatment (MAT) as an evidenced-based protocol for individuals with opioid use disorder.

Dr. Berwick asked for clarification on the services included in MAT. Ms. Record provided a summary of the three MAT drugs (Naltrexone, Methadone, and Buprenorphine).

Dr. Berwick asked for clarification on the social services included in MAT. Ms. Record responded that Medicaid requires counseling with buprenorphine administration. She noted that more could be done to provide social support to those receiving MAT.

Dr. Berwick stated that the HPC should develop ideal models of treatment, which include social services as well as medication.

Ms. Record presented on the availability of MAT statewide, noting that the “right” supply of providers is unknown.

Dr. Allen asked how many of the providers treat children. Ms. Record stated that the data was not available.

Undersecretary Moore noted that the Governor is encouraging work with the federal government to help close the data holes related to MAT.

Ms. Record stated that the HPC conducted a survey of MAT providers to determine how close they are to the federally mandated 100 patient limit on buprenorphine prescriptions. She noted that PCPs averaged 30-40 patients, while addiction specialists tended to be closer to the cap. She noted that this limit on prescribing does not seem to be a barrier to treatment.

Mr. Cohen asked whether MAT is available in community health centers (CHCs). Ms. Record responded that MAT is concentrated in CHCs. She further noted that the provision of MAT is a criterion of the HPC PCMH PRIME program.

Ms. Record stated that patients with opioid-related hospital visits often must travel more than five miles to access MAT. She highlighted three regions in the Commonwealth and reviewed key data on MAT accessibility. More information can be found on slides 20-23.

Dr. Allen asked whether the HPC mapped MAT providers in New Hampshire for individuals seeking treatment on the North Shore. Ms. Record said that that information was not included in the analysis.

Ms. Record reviewed CHART Phase 2 programs that focus on interventions for patients with opioid dependence.

Dr. Berwick asked how CHART programs disseminate learnings. Ms. Margaret Senese, Deputy Director of Strategic Investments, responded that HPC Program Officers have frequent calls with hospitals to share learnings. She also highlighted regional convenings of CHART hospital CEOs and staff.

Ms. Record stated that the HPC has released a procurement for the Neonatal Abstinence Syndrome (NAS) investment opportunity. She noted that the rate of NAS is increasing significantly in Massachusetts. Ms. Record reviewed NAS discharge volume by hospital. She noted that discharge volume is very high in Boston. More information can be found on slides 26-30.

Ms. Record reviewed next steps for the opioid abuse report.

Mr. Cohen asked staff to create heat maps for opioid-related admissions in communities across the Commonwealth.

Dr. Berwick stated that the HPC should focus on complete care for MAT.

Dr. Berwick noted the large cost related to infants exposed to opioids. He stated that this is a huge burden on the system. He urged the HPC to focus on the dissemination of best practices from existing programs. Dr. Everett asked that the HPC bring staff from CHART hospitals to the next meeting to present on their opioid-related projects.

Undersecretary Moore stated that the Executive Office of Health and Human Services is holding a series of workgroups on emergency department boarding. She noted that a key focus of these sessions is substance abuse and mental health.

Mr. Seltz thanked the commissioners for their feedback.

Item 3: Approval of Bulletin Governing the RBPO and ACO Appeals Process

Ms. Johnson reviewed the HPC's statutory requirements to create a patient appeals process for risk bearing provider organizations (RBPOs) and accountable care organizations (ACOs). She reviewed objectives and work completed to date on this process. More information can be found on slides 34-36.

Ms. Johnson provided an overview of key developments since the previous QIPP meeting. More information can be found on slide 37.

Mr. Cohen emphasized that this is still interim guidance.

Dr. Everett asked staff to create a diagram which represents the various patient appeals processes and their intersections.

Dr. Berwick asked whether the Office of Patient Protection (OPP) stays in touch with families to determine whether their appeal has been resolved. Mr. Seltz responded that OPP has a consumer hotline. He noted that HPC staff tries to answer all consumer questions or redirect them to appropriate contacts.

Dr. Everett said that the yearly OPP report is a resource for information on the patient appeals process.

Undersecretary Moore made a motion to advance the bulletin to the full commission. Dr. Allen seconded the motion. The motion passed unanimously.

Item 4: Update on Substance Use Disorder Privacy Regulation, 42 CFR Part 2

Ms. Lisa Snellings, Assistant General Counsel, provided background on 42 CFR Part 2 and highlighted proposed revisions. More information can be found on slides 41-45.

Dr. Allen asked how long consent lasted once the consent form is signed. Ms. Snellings replied that the form itself must specify for how long the consent is active.

Commissioner Cohen asked if there was anything that needed to be updated in the CMR, not just the CFR. Undersecretary Moore noted that it is important to note that any proposed amendments to the state regulations are constrained by the language of the federal statute. She noted that any changes to Massachusetts law or regulations will depend on the outcome of the federal regulatory process.

Dr. Everett asked whether the HPC intends to comment on the impact of these changes on the APCD. Staff replied that CHIA was currently working on preparing comments, with input from the HPC.

Item 5: Schedule of Next Meeting

Mr. Cohen announced that the next meeting is scheduled for Wednesday, April 6, 2016 at 10:00 AM.

Item 6: Adjournment

Mr. Cohen adjourned the meeting at 10:36 AM.