

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of February 14, 2018

MASSACHUSETTS HEALTH POLICY COMMISSION

Care Delivery Transformation Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, February 14, 2018, 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, February 14, 2018, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Martin Cohen, Dr. John Kryder, and Undersecretary Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services.

The meeting notice and agenda can be found [here](#).
The presentation from the meeting can be found [here](#).
A recording of the meeting can be found [here](#).

Mr. Cohen called the meeting to order at 11:06 AM. He welcomed members of the public to the first meeting of the newly formed CDT Committee and offered a brief introduction.

ITEM 1: COMMITTEE CHAIR APPOINTMENT

Mr. Cohen noted that the first order of business for the Committee was to appoint a Chair. Undersecretary Peters motioned to approve Mr. Cohen as the Chair of the Committee. Dr. Kryder seconded. Mr. Cohen was unanimously approved as the Chair of the CDT Committee.

ITEM 2: APPROVAL OF MINUTES FROM THE October 18, 2017 MEETING

Mr. Cohen asked for a motion to approve the minutes from a joint meeting of the Care Delivery and Payment System Transformation (CDPST) and Quality Improvement and Patient Protection (QIPP) Committees held on October 18, 2017. Dr. Kryder motioned to approve the minutes. Undersecretary Peters seconded. Committee members voted unanimously to approve the minutes, as presented.

Mr. Cohen reviewed the agenda for the day's meeting.

ITEM 3: PROPOSED RBPO/ACO APPEALS REGULATION FOR PUBLIC COMMENT

Mr. Cohen introduced Ms. Nancy Ryan, Associate Council, and Mr. Steve Belec, Director, Office of Patient Protection (OPP), to discuss the proposed regulation governing ACO and RBPO appeals.

Ms. Lois Johnson, General Counsel, noted that the HPC had taken a deliberative approach to developing this first-in-the-nation consumer protection regulation. She noted that the regulation is the culmination of experience from the interim guidance issued by the HPC.

Ms. Ryan reviewed the statutory requirements and purpose of the proposed regulation. For more information, see slides 9-10.

Ms. Ryan reviewed the current carrier external review process as well as the differences between the carrier and RBPO/ACO processes. For more information, see slide 11-12.

Ms. Ryan reviewed the HPC's work developing this regulation. She echoed Ms. Johnson's earlier comments that this has been an extremely deliberate and iterative process. For more information, see slide 13-14.

Mr. Belec stated that OPP has been monitoring the implementation of the interim guidance over the last 15 months. He said that organizations have provided quarterly reports to OPP. Additionally, OPP has been working to train organizations and respond to inquiries about the process. He noted that the HPC is continuing to reach out to stakeholders about this regulation. He stated that, to date, the feedback has been positive. Mr. Belec noted that, at listening sessions, RBPOs and consumer groups have noted that the process is working well.

Mr. Belec reviewed the reporting to date. For more information, see slide 15.

Mr. Cohen asked for a specific example of an appeal through this process to demonstrate when it would be implemented by organizations. Mr. Belec responded that this process could be used when an ACO refers a patient to a specialist within the ACO. He noted that patients may want to continue care with their specialists outside of the ACO. He stated that patients would then meet with their primary care provider and a care coordinator to understand the network within the ACO. He noted that, with this process, many patients are satisfied seeing the specialist in the ACO moving forward.

Ms. Ryan reviewed key considerations in regulatory development as well as the elements of the proposed regulation. For more information, see slides 16-19.

Undersecretary Peters asked for staff to highlight some of the differences between MassHealth and HPC processes. Ms. Ryan responded that MassHealth has a 30-day timeline for external review, while the HPC's process has a 14-day timeline. She further noted that that HPC does not have medical expertise in-house, so the appeals will be sent to an external review agency. She noted that the HPC and MassHealth processes for expedited review are similar.

Ms. Ryan reviewed the proposed external review process. For more information, see slide 20

Ms. Ryan reviewed the standard of review and annual reporting requirements. For more information, see slides 21-22.

Dr. Kryder asked about issues of language access for those participating in this review process. Ms. Ryan responded that this issue is not specifically addressed in the regulation. She stated that this is a key difference between this regulation and that of the carrier process. Ms. Johnson added that barriers to access in the RBPO/ACO context could include a variety of barriers to patient care, such as language or geography.

Undersecretary Peters asked for clarification on the review standard for the RBPO/ACO appeals process. Ms. Ryan stated that both the MassHealth and carrier process follow the medical necessity standard by statute. She noted that, for the RBPO/ACO appeals process, the HPC wanted to ensure that the issue of access was included. She also noted that the process had to be able to make selections among comparable providers. She noted that opting to not adopt the medically necessary standard for the RBPO/ACO appeals process avoids confusion. She stated that, instead, the HPC is adopting a relatively high bar but encompasses all factors and is based on New York insurance law.

Mr. Cohen asked for clarification on the timeline for the regulatory process. Ms. Ryan reviewed the timeline and next steps. For more information, see slide 23.

Dr. Kryder asked whether the HPC can disclose the names of the organizations from which the appeals originate to isolate patterns. Ms. Johnson responded that the HPC used the interim guidance as a learning experience for the data collection. She noted that the HPC observed a large variety among the RBPOs. She stated that one should be mindful that many appeals does not mean that an organization is doing poorly. Instead, it could indicate that the organization is doing a good job educating consumers on their appeal rights.

ITEM 3: PCMH PRIME PROGRAM UPDATE

Ms. Catherine Harrison, Deputy Policy Director, Care Delivery Transformation and Strategy, provided updates on the HPC's patient-centered medical home (PCMH) PRIME Certification Program and associated technical assistance. For more information, see slides 26-28.

Ms. Katie Shea Barrett, Policy Director, Care Delivery Transformation and Strategy, provided a brief overview of the first phase of the HPC's PCMH technical assistance program.

Ms. Kelsey Brykman, Manager, ,Accountable Care, provided an overview of the new technical assistance process and timeline. For more information, see slides 29-32.

Mr. Cohen asked whether the HPC identified any areas for learning and improvement from the first round of technical assistance. Ms. Brykman responded that the HPC identified a few areas for improvement based on feedback from participants. She noted that the first cohort found technical assistance for some PCMH PRIME criteria more helpful than others. She further stated that the challenge of technical assistance is that the organizations find in-person coaching sessions helpful, but difficult to attend during the workday.

ITEM 4: ACO REPORTING

Ms. Barrett introduced Courtney Anderson, Policy Associate, Accountable Care, and outlined the agenda for the presentation.

Ms. Barrett reviewed the criteria for ACO certification as well as the list of HPC certified ACOs. For more information, see slides 34-36

Ms. Harrison reviewed information on the data from ACO certification. She noted that some of the reported data must be held confidential by the HPC, meaning that it will be reported by the HPC in aggregate only. For more information, see slide 37.

Dr. Kryder asked how such confidentiality protections compare with those of MassHealth. Ms. Barrett stated that the MassHealth contracts with ACOs are public documents. She noted that the information collected by the HPC is not related to a contract but to a certification program. She likened the data collected by the HPC to information that MassHealth may collect through the ACO readiness process.

Ms. Harrison reviewed the goals and key external audiences for year one reporting for ACO certification data. For more information, see slides 38-39.

Ms. Harrison reviewed the factors to determine reporting topics as well as the proposed deliverables from reporting. For more information, see slides 40-42.

Mr. Cohen asked whether there was enough information in the certification data to produce the briefs. He further asked whether the HPC would need to reach out to organizations for additional reporting. Ms. Harrison responded that the HPC will use information from the certification process as well as other datasets, such as the Registration of Provider Organizations program filings, to develop the briefs. She stated that there are no additional reporting requirements as part of certification. Ms. Harrison stated that organizations are asked to notify the HPC only of significant changes within the two year certification cycle that may affect their ability to meet the certification criteria.

Dr. Kryder stated that the HPC should consider how ACOs are working in other spaces. Specifically, he asked how we can address the growing amount of money in the health care system going to nursing home and similar types of care. He asked whether the HPC has the necessary data to do such an analysis. Ms. Harrison responded that this is partially covered within the data collected through certification. She noted that it also may appear in the data around population health management and social determinants of health.

Ms. Harrison reviewed the proposed spotlight briefs on topical information as well as the proposed reporting timeline. For more information, see slides 43-44.

Undersecretary Peters asked whether the HPC could adjust the sequencing of the briefs to ensure that ACOs can implement proposed changes prior to the next certification cycle. Ms. Harrison responded that the HPC is open to changing the order of the briefs. She stated that, prior to publishing the standards for the second round of ACO certification, the HPC will visit the ACOs this fall.

Undersecretary Peters expressed concern about requesting additional reporting from ACOs for the development of the briefs. She asked staff to keep the Board up-to-date on the amount of interaction between the ACOs and HPC staff. She said that the state should work to minimize the reporting burden for ACOs. Ms. Harrison responded that the HPC does not have plans to formally request information from the ACOs. She noted that the HPC remains mindful of the burden facing these organizations.

ITEM 5: GUEST PRESENTATION

Ms. Hannah Kloмок, Senior Program Associate for Strategic Investment, provided brief background on the HPC's Health Care Innovation Investment program and the associated neonatal abstinence syndrome investments. For more information, see slides 46-50.

Representatives from Lawrence General Hospital presented on their experience with the neonatal abstinence syndrome investment program. The full presentation is [here](#).

ITEM 6: NOTICE OF CARE DELIVERY EVENT

Ms. Barrett announced the HPC's upcoming event on Partnering to Address Social Determinants of Health. She noted that this event would be held on May 17 at the UMass Club.

ITEM 7: ADJOURNMENT

Mr. Cohen adjourned the meeting at 12:38AM.