MASSACHUSETTS
HEALTH POLICY COMMISSION

Care Delivery Transformation Committee

10/10/2018

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes
- Accountable Care Organization (ACO) Certification
- Health Care Innovation Investment (HCII) Evaluation
- 2018 Cost Trends Hearing: Summary of Pre-Filed Testimony
- Program Updates
- Schedule of Next Meeting (November 28, 2018)

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VOTE: Approving Minutes

MOTION: That the Committee hereby approves the minutes of the CDT Committee meeting held on June 13, 2018, as presented.

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Health Policy Commission Care Delivery Vision

The vision of the HPC's care delivery transformation is that providers and payers are patient-centered and accountable for high-value care across a patient's medical, behavioral, and health-related social needs.

ACO Certification Program Values

- Support the HPC's **care delivery vision** through certification standards-setting
- Encourage ACOs to **work with non-medical providers** in the community as needed to support the full spectrum of patient needs
- Commit to regular **assessment of the program** to ensure continuous improvement and market value
- Increase **public transparency** while balancing administrative burden for providers in Massachusetts

HPC

ACO Certification aims to promote ongoing transformation and improvement over time

Current market

- Multiple ACO programs in the market
  - Medicare ACOs (i.e., MSSP, Next Gen)
  - Commercial programs (e.g., BCBSMA's AQC)
  - MassHealth ACOs
- Evidence on the relationship between ACO capabilities and outcomes is still developing

Initial focus of HPC ACO Certification

- Create a set of **multi-payer standards** for ACOs to enable care delivery transformation and payment reform
- Build **knowledge and transparency** about ACO approaches
- Facilitate **learning** across the care delivery system
- Align with and complement **other standards and requirements** in the market, including MassHealth, Connector, and Dept of Public Health (DPH) requirements

Vision for Future Certification

- Develop the **evidence base** on how ACOs achieve improvements in quality, cost and patient experience
- Move certification standards from structural/process requirements to **quality outcomes and cost performance requirements**
- Encourage additional payers and purchasers to adopt certification standards

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Overview of 2017 ACO Certification Criteria

Pre-requisites

4 pre-reqs.
Attestation only

- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1 Assessment Criteria

6 criteria
Sample documents, narrative descriptions

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

2 Required Supplemental Information

9 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
- ✓ Supports patient-centered advanced illness care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption
- ✓ Commits to consumer price transparency

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HPC ACO Certification and the MassHealth ACO Program

- ACOs seeking to participate in the MassHealth ACO program were **required by MassHealth to obtain HPC certification** by the start of the performance year (3/1/2018)
- Newly formed ACOs seeking to participate in the MassHealth ACO program were eligible for **"Provisional Certification"** if they met certain criteria and demonstrated substantive plans to meet others before ACO program launch. These ACOs will reapply for "Full Certification" in 2018
- HPC has collaborated extensively with MassHealth to align components of the certification and bid processes in order to **reduce administrative burden**

Alignment without unnecessary duplication

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2017 HPC-certified ACOs

Certified ACOs

- Atrius Health, Inc.
- Baycare Health Partners, Inc.
- Beth Israel Deaconess Care Organization
- Boston Accountable Care Organization, Inc.
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Community Care Cooperative, Inc.
- Lahey Health System, Inc.
- The Mercy Hospital, Inc.
- Partners HealthCare System, Inc.
- Reliant Medical Group, Inc.
- Signature Healthcare
- Southcoast Health System, Inc.
- Steward Health Care Network, Inc.
- Wellforce, Inc.

ACOs with Provisional Certification

- Health Collaborative of the Berkshires, LLC
- Merrimack Valley Accountable Care Organization, LLC

ACO Transparency and Reporting

An Introduction to ACOs in Massachusetts

Provides background information and highlights key facts about the certified ACOs, such as:

- The certified ACOs hold more than 65 commercial risk contracts, 17 MassHealth risk contracts, and 11 Medicare risk contracts.
- Over 80% of ACOs have at least one hospital as an ACO participant.

How ACOs in MA Manage Population Health

Describes activities performed by the HPC-certified ACOs related to:

- Risk stratification
- Assessment of patient needs and preferences
- Population health management programs that address behavioral health and the social determinants of health

Profiles of the 2017-2019 HPC-certified ACOs

Provides a snapshot of the ACOs using information ACO Certification and other public data (e.g. from the Registration of Provider Organizations program). Each profile provides key facts about the certified ACOs and their corporate parents, including:

- Payers with whom the ACO has risk contracts;
- Where in the Commonwealth the ACO provides care; and
- The ACO's approximate patient count.

Lessons Learned/Key Findings Informing 2019 Criteria

Governance Structures

Some ACOs manage all risk contracts through a single governing body, but many choose to create different governing bodies and/or governance structures (“Component ACOs”) to separately manage commercial, Medicare, and MassHealth risk contracts.

Performance Improvement

ACOs manage performance improvement activities in a variety of ways, often involving layers of both operational staff and governance structures.

Population Health Management

ACO risk stratification and needs assessment activities may not consistently inform the development of PHM programs. Opportunities exist to strengthen partnerships between ACOs and communities to address the SDH.

Patient-centered Primary Care

Almost all ACOs support PCMH transformation in some way. Opportunities exist to further develop primary care capabilities related to behavioral health integration.

Care Coordination and Information Technology

ACOs continue to face challenges in sharing and exchanging clinical data, particularly between ACO Participants and external providers. This is a critical aspect of improving care coordination and providing comprehensive, patient-centered care.

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Updates in State and National ACO Models

Program	Updates/Changes Since 2016
MassHealth ACO Program	Implemented in 2018; strong focus on care model requirements relevant to serving populations with complex needs
Medicare Shared Savings Program	Regulatory changes related to topics such as benchmark, beneficiary assignment, and quality reporting. July 2018 proposed rule proposes changes to quality measure set. August 2018 proposed rule proposes major program updates, including retiring some risk tracks and encouraging transition to downside risk.
Medicare NextGen ACO Program	Minor updates and clarifications in 2016 application, certified EHR technology requirement, offering a Population-Based Payment option
National Committee for Quality Assurance ACO Accreditation	No changes since 2012; provides ACO standards in areas such as program operations, access, primary care capabilities, care management, information exchange, patient rights and performance reporting
Accountable Care Learning Collaborative Accountable Care Atlas	Released in 2017; provides roadmap of core competencies for ACOs in several domains: governance, finance, care delivery, and health IT

State and national ACO models' emphasis on health information technology, patient-centered care and care coordination are informing the HPC's proposed updates to ACO Certification criteria for 2019.

Operational Lessons Learned by the HPC in Implementing 2017 ACO Certification

- Continue to seek appropriate balance of thorough documentation versus provider administrative burden; leverage other data sources with similar information where feasible
- Reconsider some documentation requirements to ensure alignment with the intent of the standard
- Collect more responses in structured formats (e.g. multiple choice) to simplify the application, review, and reporting processes
- Clarify requests for background information versus Assessment Criteria

Pre-requisites and Background Information Section

Reorganization

Purpose: new section of the application combining Applicant contact info, pre-requisite attestations, and some background information previously collected in Assessment Criteria.

	ACO Contact Information	Similar to 2017
	Pre-requisite Attestations	Similar to 2017, with additional attestation that the ACO has at least one substantive quality-based risk contract (2017 AC-4)
Background Information	**Summary of Applicant Organization**	ACO organizational chart (2017 AC-1), plus additional questions
	Risk Contract Information	Similar to 2017 AC-4.a
	Risk Contract Performance	Similar to 2017 AC-4.b
	ACO Participants	New questions about ACO participants, to replace 2017 AC-6

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2017 vs. Proposed 2019 Assessment Criteria Domains

2017	2019
1 Governance structure	1 Patient-centered, accountable governance — Similar to 2017 AC 1 & 2
2 Patient/consumer representation	2 Goal-oriented performance improvement strategy — Revised 2017 AC3
3 Performance improvement	3 Comprehensive population health management strategy — Revised 2017 AC5
4 Quality-based risk contracts	4 Patient-centered primary care — New
5 Population health management	5 Health information technology-enabled care coordination — New
6 Cross-continuum care	

Proposed New Set of Supplemental Information Standards

2017	2019
1 Patient-centered primary care	1 Patient-centered advanced illness care
2 Assessing needs and preferences of ACO patient population	2 Distribution of shared savings and performance-based provider compensation
3 Community-based health programs	3 Oral health integration
4 Patient-centered advanced illness care	4 Resource stewardship
5 Quality and financial analytics	5 Early childhood development
6 Patient experience of care	6 Addressing chronic pain
7 Distribution of shared savings or deficit	7 Medication assisted treatment strategy
8 Advanced health information technology	8 Team-based care: peers and community health workers
9 Consumer price transparency	9 Crisis care

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Stakeholder Engagement and Other Key Process Steps

July-September 2018	HPC drafts initial ACO criteria proposal for stakeholder review
October 2018	Stakeholder engagement begins
October 10, 2018	Care Delivery Transformation Committee meeting
November 2018	Stakeholder engagement continues: Meetings with ACOs, state agencies, and consumer groups to gather input
November 28, 2018	Care Delivery Transformation Committee meeting final review of draft standards
December 14, 2018	Proposed Board vote on criteria proposal for public comment
Dec 14, 2018-Jan 11, 2019	Public comment period
Jan 11-Feb 2019	HPC makes final revisions to proposal
February 2019	HPC Board votes to approve final ACO Certification criteria

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Three Pathways of the Health Care Innovation Investment (HCII) Program

Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions

- **Goal:** To **improve care** for substance-exposed newborns who may develop Neonatal Abstinence Syndrome (NAS) and for women in treatment for opioid use disorder during and after pregnancy

Telemedicine Pilots

- **Goal:** To **increase access** to behavioral health care using telemedicine for children and adolescents, older adults aging in place, and individuals with substance use disorders residing in the Commonwealth.

Targeted Cost Challenge Investments (TCCI)

- **Goal:** To **reduce health care cost growth** while improving quality and access

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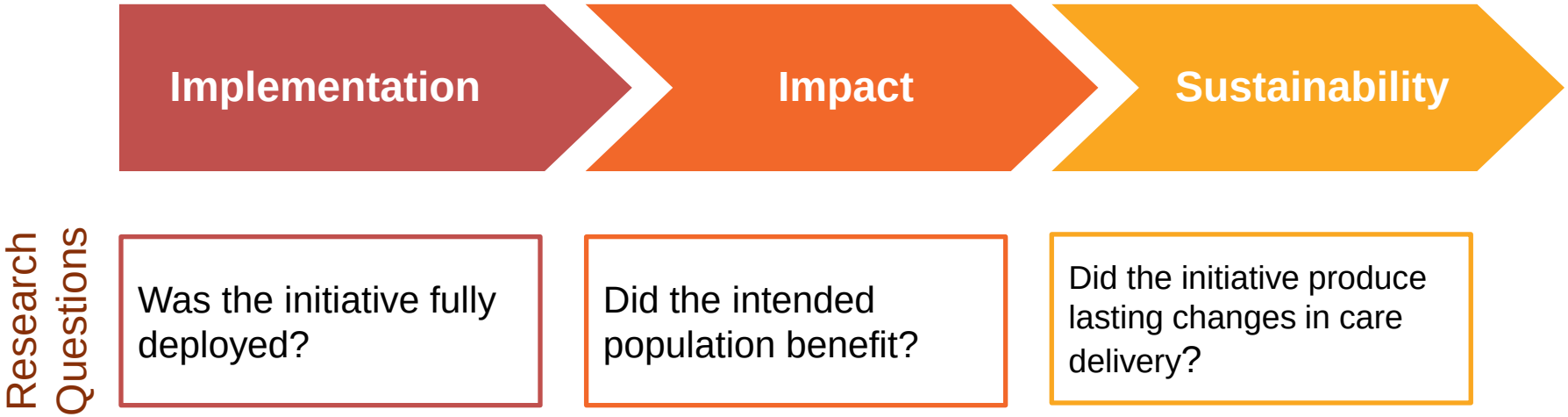
L+D, TA, Evaluation, and Admin + Operations – although distinct functions – designed to complement each other

Learning + Dissemination	**Communicate lessons learned and broaden the adoption of promising practices identified within HPC programs**
Technical Assistance	**Coach or assist an entity or cohort to succeed in a given initiative**
Evaluation	**Conduct a holistic analysis of an initiative to understand the implementation, impact, and sustainability of the program**
Administration + Operations	**Administer certification and investment programs**

HPC

How do we evaluate a care delivery initiative?



Framework adapted from Berry SH, Concannon TW, Gonzalez Morganti K, et al. CMS innovation center health care innovation awards: Evaluation plan. RAND Corporation, 2013.

A Mixed Methods Approach to Evaluating Impact

Mixed Methods

- Synthesize quantitative and qualitative data to validate findings

Key Performance Indicators
Monitor outcomes as reported by the awardees on a standard set of measures

Written Deliverables
Provide narrative context

Key Informant Interviews
Probe the why and how

Mixed methods: Synthesis of Information Sources
NAS Example

Research question

Impact: *Was breastfeeding increased?*

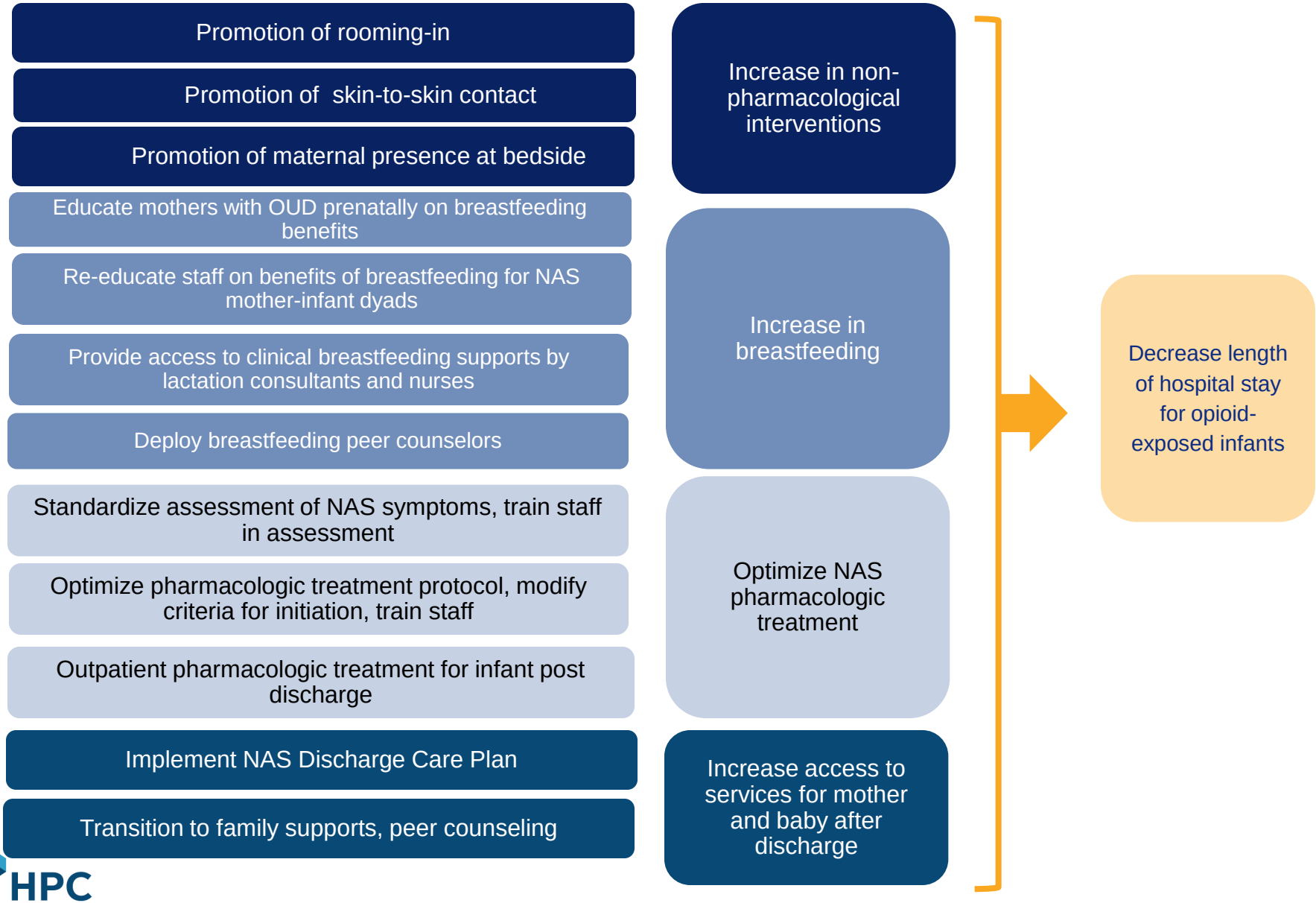
Key Performance Indicators

- Percent of NAS infants who receive any human milk
- Percent of NAS infants who are breastfeeding at discharge

"Providing additional hours for lactation consultant to explicitly focus on the NAS population, in conjunction with weekly lactation lunches and utilizing the peer counselor, has improved breastfeeding rates in the NICU within the NAS population."

(Source: NAS awardee program update)

NAS Initiative Logic Model: Improve Care



External Qualitative Evaluation: Resonance + Relevance in Care Coordination

Brandeis University

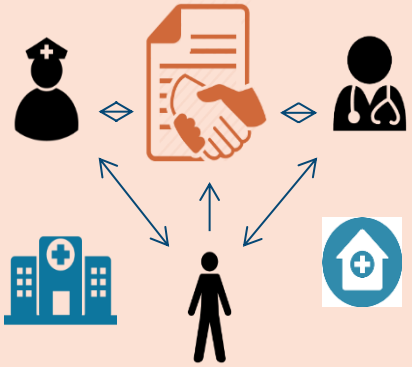
Principal Investigator: Palmira Santos, Ph.D.
Schneider Institutes for Health Policy
Brandeis University

The Brandeis research team worked with the HPC to design and conduct a qualitative study of patient-centered care planning as implemented by four TCCI programs.

Patient Centered Care Planning: a theme spanning TCCI awards

Multiple awardees are innovating around:

- Goals of care conversations
- Collaborative needs assessment
- Care plan document structure
- Information sharing
- Integration of social, behavioral, and medical care planning



HPC

Evaluation Reports by Pathway

Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions

Findings for the cohort, and for each award, on:

- Implementation of the care model
- Impact on rates of breastfeeding, parental contact, and pharmacologic treatment
- Impact on infant length of stay (hospital and NICU)
- Institutional change: structure and culture

Telemedicine Pilots

Findings for each award on:

- Implementation of tele-behavioral health services
- Impact on patient access to behavioral health services
- Patient satisfaction
- Acceptability of the telemedicine model to providers and sites of care

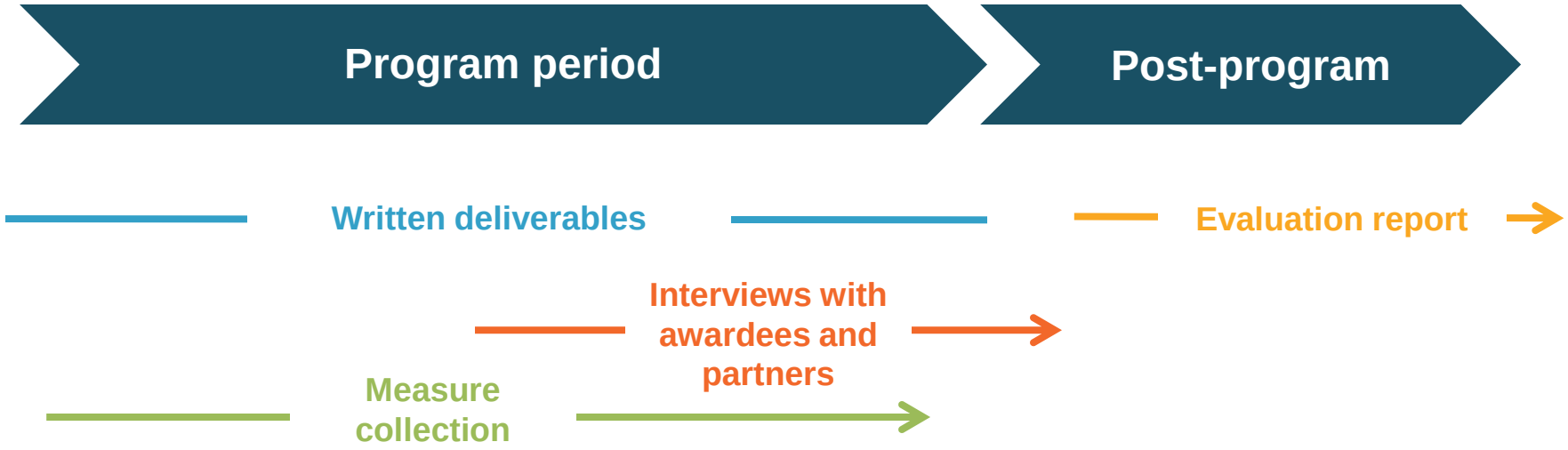
Targeted Cost Challenge Investments (TCCI)

Findings for each award on:

- Implementation of the care model
- Impact on patient outcomes
- Impact on acute care utilization (as a proxy for cost)
- Sustainability planning

HPC

Timeline of HCII Evaluation Reports



	Program period end		Evaluation report
Telemedicine	Spring 2018	- - - ->	Fall 2018
TCCI	Fall 2018	- - - ->	Spring 2019
Brandeis R2C2 Study	Fall 2018	- - - ->	Fall 2019
NAS	Spring 2019*		Fall 2019

* Three NAS programs were funded for one year, which ended Spring 2018.

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2018 Pre-Filed Testimony

- In preparation for the 2018 Health Care Cost Trends Hearing, the HPC required pre-filed testimony from 36 health care providers and 14 health care plans.
- The HPC sought responses, under pains and penalties of perjury, on a number of timely health care issues, including identified concerns for the state's ability to meet the 3.1% health care cost growth benchmark.
- Other topics of inquiry include the growth in urgent care centers, addressing the health-related social needs, uptake of alternative payment methodologies, and the role of pharmacy benefit managers.
- All responses are posted to the HPC's website, and available to the public.

Top areas of concern for meeting the benchmark in 2018, as identified by Massachusetts providers and health plans:

Rising Pharmaceutical Costs

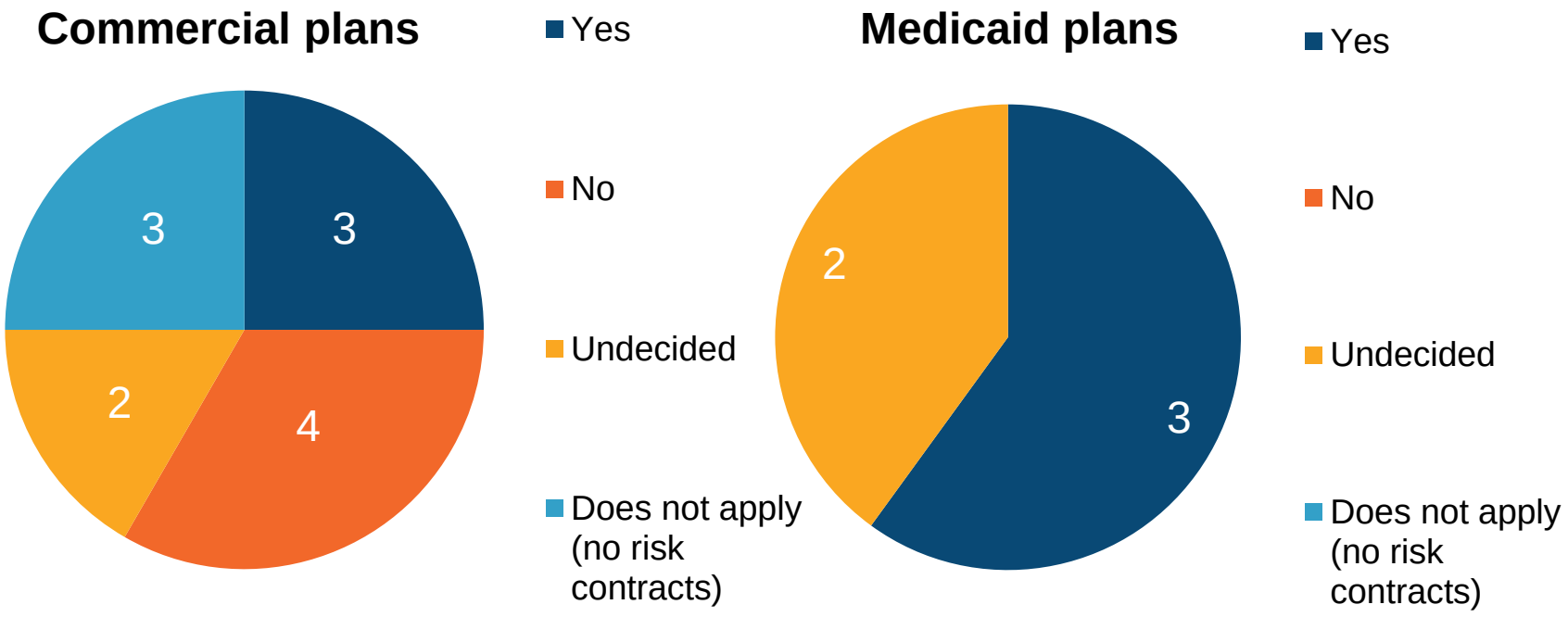
Mandated Nurse Staffing Ratios

Provider Price Variation

Lack of Resources and Access to Behavioral Health Care

Policy Theme: Quality Measure Alignment

Payer responses (14) on intent to adopt of the Massachusetts aligned measure set



Respondents: Aetna, Blue Cross Blue Shield of MA, Beacon Health Options, Boston Medical Center HealthNet*, Cigna, Commonwealth Care Alliance*, Fallon Health*, Harvard Pilgrim Health Care, Health New England*, Neighborhood Health Plan*, Tufts Health Plan, Tufts Public Plan*, Unicare, and United HealthCare.
* Indicates Medicaid plan

Source: Health Policy Commission. Pre-filed Testimony Pursuant to the 2018 Annual Cost Trends Hearing.

Policy Theme: Quality Measure Alignment

Payer priority areas for measurement in ACO contracts:

Patient-Reported Outcome Measures (PROM)	Substance Use Disorder Outcomes (e.g. medication assisted treatment adherence)	Depression Response and Remission for Adolescents and Adults
HEDIS	Stratify existing measures by sociodemographic factors	Chronic Disease Management and Outcomes

Source: Health Policy Commission. Pre-filed Testimony Pursuant to the 2018 Annual Cost Trends Hearing.

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SHIFT-Care Challenge: Initiating Activities

- All Awardees have completed initial onboarding calls
- Contracting with Awardees is on track for program launch later this year

- SHIFT Care profiles slated for January 2019 release
- Planning for Awardee learning opportunities is underway

- Cohort wide evaluation design for Awardees implementing pharmacologic treatment initiation for patients with opioid use disorder (track 2b) is in development
- Procurement for an evaluation contractor is in progress

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Basis for Report on Availability of Providers Treating Co-occurring Mental Illness and Substance Use Disorder

Ch. 52 of the 2016 Session Laws, *An Act Relative to Substance Use, Treatment, Education and Prevention,* charged the HPC, in consultation with DPH and DMH, with assessing the availability of providers treating "dual diagnosis", or co-occurring mental illness and substance use disorder (SUD).

1 ***Inventory***

- Create an inventory of health care providers capable of treating patients (child, adolescent, and/or adult) with dual diagnoses, including the location and nature of services offered at each such provider.

2 ***Assessment***

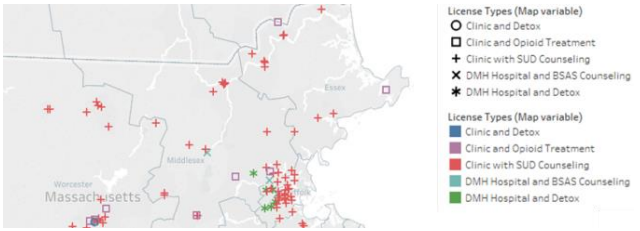
- Assess sufficiency of and barriers to treatment, given population density, geographic barriers to access, insurance coverage and network design, and prevalence of mental illness and SUD.

3 ***Recommendations***

- Make recommendations to reduce barriers to care.

Status Update

1 **Inventory:** HPC will publish a Tableau map and searchable index of dually licensed providers



2 **Assessment:** HPC-contracted vendor fielded a survey in Spring 2018; responses received from 405 sites (~50% of MA licensed behavioral health treatment sites). Findings include providers reflections on wait times and other barriers to access for clients with co-occurring disorder, provider capabilities to serve vulnerable clients with co-occurring disorder (e.g. deaf, non-English speaking), and providers use of evidence based treatment (e.g. medication assisted treatment for Opioid Use Disorder).

3 **Recommendations:** Topics may include licensing standards; residential treatment; evidence-based approaches to treatment; primary care capacity for behavioral health services; and data-sharing processes.

The HPC will continue to engage with stakeholders and other state agencies, including DMH and DPH, for feedback.

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Practices Participating in PCMH PRIME

Since January 1, 2016 program launch:

79 practices
are PCMH PRIME Certified

21 practices
are on the **Pathway to PCMH PRIME**

1 practice
applying for NCQA PCMH Recognition and PCMH PRIME concurrently

101 Total Practices Participating

Two practices are currently engaged in PCMH PRIME TA

Greater New Bedford Health Center

Implementing new workflow and tools to routinely screen patients for anxiety and substance use disorder

Practice coaching will help the practice:

- Implement a new workflow for BH screening and follow-up
- Identify appropriate screening tools
- Create a follow-up plan for positive screens
- Select appropriate metrics to measure and evaluate success

Family Health Center of Worcester

Overcoming barriers to effective BHI in the primary care setting

Practice coaching will help the practice:

- Identify and re-introduce a model for BHI
- Effectively communicate with and engage practice clinicians and staff
- Understand and overcome barriers to BHI adoption, including cultural

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HPC Collaboration with MassChallenge HealthTech (MCHT)

Through the its collaboration with MCHT (formerly known as “PULSE”) the HPC issued five challenge areas for digital health startups

1. Enabling health care providers and patients to prevent avoidable emergency department visits
2. Enabling employers and employees to prevent avoidable emergency department visits

3. Enabling health care providers and patients to prevent avoidable hospital readmissions

4. Enabling health care providers and patients to address health-related social needs
5. Enabling providers and patients to enhance timely access to behavioral health care

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2018 Meetings and Contact Information

Board Meetings

Thursday, December 13, 2018

Committee Meetings

Wednesday, November 28, 2018

Contact Us

Mass.Gov/HPC
@Mass_HPC
HPC-Info@state.ma.us

Special Events

Tuesday and Wednesday, October 16 and 17, 2018: Cost Trends Hearing

Appendix

Three Pathways of the Health Care Innovation Investment (HCII) Program

NAS Interventions

Lawrence General Hospital

Beverly Hospital
A member of Lahey Health

Lowell General Hospital

UMassMemorial Medical Center

Baystate Health

Boston Medical Center

Telemedicine Pilots

Heywood Hospital
Member of the Heywood Healthcare Family

Riverside Community Care
THE HELP YOU NEED CLOSE TO HOME

UMassMemorial Medical Center

PPOC
Pediatric Physicians' Organization at Children's
A preferred Boston Children's Hospital Community of Care Member

Targeted Cost Challenge Investments

bhn Behavioral Health Network, Inc.

Berkshire Medical Center
Berkshire Health Systems

Boston Health Care for the Homeless Program

the brookline center
for Community Mental Health

CareDimensions
Hospice | Palliative Care | Support Services

Spaulding Rehabilitation Hospital

Commonwealth Care Alliance

Hebrew SeniorLife

Lynn Community health Center

Boston Medical Center

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