

**MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM
TRANSFORMATION COMMITTEE**

Meeting of April 27, 2016

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION COMMITTEE OF
THE MASSACHUSETTS HEALTH POLICY COMMISSION**
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, April 27, 2016, 11:00AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee held a meeting on Wednesday, April 27, 2016, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Dr. Carole Allen (Chair), Mr. Martin Cohen, Dr. Don Berwick, Undersecretary Alice Moore (Designee for Secretary Marylou Sudders), and Dr. Stuart Altman.

The presentation from the committee meeting can be found [here](#).

Dr. Allen called the meeting to order at 11:05 AM and offered a brief introduction. She thanked Committee members and HPC staff for their recent work.

ITEM 1: Approval of minutes

Dr. Allen asked for a motion to approve the minutes from March 23, 2016. **Dr. Berwick** made the motion to approve the minutes. **Undersecretary Moore** seconded the motion. The members present voted unanimously to approve the minutes.

ITEM 2: Update on the HPC PCMH PRIME Certification Program

Dr. Allen described the HPC's path to PCMH PRIME. She reviewed the HPC's goals in creating the program.

Ms. Catherine Harrison, Senior Manager for Care Delivery, updated the Committee on the HPC's patient-centered medical home (PCMH) certification program, PCMH PRIME. For more information, see slide 6.

Ms. Harrison stated that the HPC will host upcoming trainings, both online and in-person, to publicize and inform providers about the requirements to apply for PCMH PRIME certification. Ms. Katherine Barrett, Policy Director of Accountable Care, added that NCQA will lead the trainings.

Mr. Cohen asked how practices that achieve PCMH PRIME status will be able to publicize their achievement. Ms. Harrison responded that the HPC is finalizing a certification seal that

will be delivered with official letters of congratulations. She said that the HPC will publicize PCMH PRIME practices on its website.

ITEM 3: Accountable Care Organization (ACO) Certification Program Final Criteria

Ms. Barrett reviewed the values, goals, and history of the HPC's ACO certification program. For more information, see slides 8 and 9.

Dr. Berwick underscored the importance of the vision statement (on slide 8) as a "score sheet" for the success of ACOs. He stated that the vision statement and values should be consistently reviewed and refined over the existence of the ACO program to ensure the program continues to reflect the most important core values and principles. He noted that the principles of seamless care, reducing waste, pluralism in the model, keeping patients safe, and remembering that the first model tried is almost never the "right" answer are important reminders to treat this as an evolving document.

Mr. David Seltz, Executive Director, concurred with Dr. Berwick's assessment, explaining that the HPC should analyze the vision/value statement as an "evolving document" but should challenge itself to crystallize that vision in the future.

Dr. Altman suggested that this vision/value statement should guide not just ACOs, but healthcare system improvement work in general. He noted that the HPC could apply the statement to all of its work.

Dr. Allen agreed, adding that the concept of "accountable care" is not limited to ACOs.

Ms. Harrison briefly reviewed the public comment period for the HPC's ACO certification criteria. She presented a summary of revisions to the criteria. For more information, see slides 10-11.

Ms. Harrison noted that ACOs seeking HPC certification must attest to four pre-requisite criteria. She noted that these were not changed since past committee meetings. For more information, see slide 12.

Ms. Harrison provided a brief overview of the six assessment criteria. For more information, see slide 13.

Ms. Harrison described the first assessment criterion. She noted that the HPC received a large amount of substantive feedback on this topic, and the final criterion reflects this input. For more information see slide 14.

Ms. Harrison described the second assessment criterion. She noted that the language "at least one" has been added to reflect input from public comment. For more information see slide 15.

Dr. Berwick noted that the new language for the second assessment criteria reflects the importance of allowing for more than one patient or consumer advocate.

Ms. Harrison described the third assessment criterion. For more information, see slide 16. Ms. Barrett added that this criterion has been amended to revise a section of the documentation requirements which allowed for blinded performance in the performance dashboard. She noted that the HPC wants to understand each unique ACO's performance assessments.

Ms. Harrison reviewed the fourth assessment criterion, participation in quality-based contracts. She said this criterion is designed to shape the statewide system towards rewarding high-quality care through ACOs by evaluating quality within the system with a defined set of metrics. She noted that the documentation requirements for this new criterion are very similar to a supplemental information criterion from a previous iteration of the ACO program. For more information see slide 17.

Dr. Altman noted that HPC should work to ensure that the quality-based contract is "meaningful." He recommended adjusting the wording of this criterion to reflect this. Ms. Barrett responded that the wording is "high-level" and that a technical manual is being developed to define the criteria.

Dr. Allen inquired whether Dr. Altman was requesting a change in the criteria or in the description thereof. Dr. Altman responded that the criterion should establish a reality of high quality, rather than simply an assertion of high quality.

Dr. Berwick voiced his agreement with Dr. Altman's concerns regarding quality. He noted that this criterion may be redundant because, by definition, ACOs maintain risk-bearing contracts. He expressed concern that the language of the criterion may be confusing. Dr. Berwick noted that the HPC should be reluctant to certify ACOs which have risk-based contracts without a quality-based component.

Dr. Altman and Dr. Allen noted that a substantial number of risk-based contracts in the market do not have a quality component. Commissioners discussed the various levels of quality-based risk contracts and their potential for ACO certification.

Dr. Allen noted that quality is emphasized throughout the ACO certification criteria. She noted her hope that the HPC can, over time, develop a common set of quality metrics for measuring ACO quality.

Dr. Altman noted that there are two variables at play in this discussion on quality: first, there is a question of what measurements should be employed to determine whether the ACO meets the requirement of having a "quality-based" risk contract. Second, there is a question of what the phrase "quality-based" means. To his second inquiry, Dr. Altman raised the possibility of including a qualifier term such as "meaningful" to the phrase "quality based" such that HPC can reserve maximal judgment at a later date to ensure that the quality standards are met.

Ms. Barrett said that the discussion regarding the definition of “quality-based” is ongoing.

Dr. Berwick noted that this discussion is helpful and important. He voiced his concern about the protections (or lack thereof) for patients that fall outside of a “quality-based” risk contract, but still fall within the coverage of the ACO. Mr. Seltz responded that all registered ACOs will be subject to HPC’s internal appeals processes under the Office of Patient Protection.

Dr. Altman asked Ms. Lois Johnson, General Counsel, whether HPC could retain the ability to define “meaningful” or some other qualifier term at a later date. Ms. Johnson replied in the affirmative.

Mr. Cohen noted that the HPC’s ACO certification program is voluntary. He stated that the agency should be wary of creating too high a standard such that potential participants will not seek certification.

Dr. Altman stated that the HPC should enforce a minimal, but stringent, baseline that any potential participants must meet if they seek to be a part of the program.

Ms. Barrett added that HPC can ask applicants about the nature of all of their risk contracts to analyze the disparities in quality.

Dr. Allen proposed that assessment criterion four be amended to include the term “substantive” before the term “quality-based” within the language of the criterion.

Mr. Cohen voiced his support for the language change in assessment criterion four.

Ms. Harrison reviewed assessment criterion five. For more information, see slide 18.

Dr. Allen noted her support for this criterion because it focuses on social determinants of health. She suggested that the HPC edit the criterion to read “at least one program addresses behavioral health and *at least* one program addresses social determinants of health...” Commissioners present agreed that the criterion should be so amended.

Ms. Harrison reviewed assessment criterion six. More information can be found on slide 19.

Dr. Allen noted that some stakeholders have expressed concerns that there is no inclusion specifically of community-based partnerships or oral health partnerships in this criterion.

Ms. Barrett responded that the HPC expects that requirements for those services will be included in MassHealth’s ACO requirements. As such, she noted that the HPC certification may not need to include requirements for the same partnerships at this time.

Ms. Harrison noted that the ACO certification process includes supplemental information components which focus on relationships with providers of social services. She noted that

this type of relationship is better suited as a supplemental criterion because most medical providers are just beginning to incorporate these relationships into their practices.

Dr. Berwick noted that partnerships with oral health providers should be emphasized.

Ms. Barrett agreed, stating that some advocacy groups have expressed the need to integrate oral health into the HPC's ACO certification criteria. She stated that, at this stage of the certification design process, the HPC has opted to exclude oral health since many health care providers are not ready to integrate such services.

Mr. Seltz echoed these sentiments, stating that the next QIPP Committee meeting will discuss oral health care.

Ms. Harrison reviewed the supplemental information criteria that were changed since the last CDPST discussion. For more information, see slides 20-22.

Ms. Harrison reviewed the organization identification information that the HPC will collect as part of ACO certification. For more information, see slide 23.

Ms. Barrett provided an update on the HPC's alignment with MassHealth for ACO certification in the Commonwealth. For more information, see slide 24.

Ms. Barrett described the process for new ACOs to become certified in Massachusetts. For more information, see slide 25.

Dr. Berwick expressed his support for HPC's alignment with MassHealth's plans to contract with ACOs in order to minimize burden on providers without compromising patient care or safety. He suggested inclusion of immediate feedback loops, so that providers who are certified are immediately surveyed regarding their experience with the program and any suggestions for improvement.

Mr. Cohen asked how often organizations must be recertified. Ms. Barrett responded every two years.

Ms. Barrett reviewed the timeline for the HPC's ACO certification program. For more information, see slide 26.

Dr. Allen asked for a motion to move the final certification standards, as revised by the CDPST Committee, to the full Board for consideration. **Mr. Cohen** made the motion. **Dr. Berwick** seconded. The motion passed unanimously.

ITEM 4: Adjournment

Dr. Allen adjourned the meeting at 11:59 AM.