

**MINUTES OF THE JOINT COMMITTEE MEETING**  
**CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION**  
**QUALITY IMPROVEMENT AND PATIENT PROTECTION**

**Meeting of November 2, 2016**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**JOINT COMMITTEE MEETING  
Health Policy Commission  
50 Milk Street, 8th Floor  
Boston, MA**

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**Docket: Wednesday, November 2, 2016, 9:30 AM**

**PROCEEDINGS**

The Massachusetts Health Policy Commission's (HPC) Care Delivery & Payment System Transformation (CDPST) and Quality Improvement & Patient Protection (QIPP) Committees held a joint meeting on Wednesday, November 2, 2016, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Dr. Carole Allen (Chair, CDPST), Mr. Martin Cohen (Chair, QIPP), Dr. David Cutler, Dr. Don Berwick, Undersecretary Alice Moore, and Dr. Stuart Altman (Chair, HPC). Dr. Wendy Everett participated via phone.

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

Dr. Allen called the meeting to order at 9:40 AM and offered a brief introduction.

**SECTION I: Care Delivery and Payment System Transformation**

**ITEM 1: Approval of minutes from April 27, 2016**

Dr. Allen asked for a motion to approve the minutes from CDPST's April 27, 2016 meeting. Dr. Berwick made a motion to approve the minutes. Mr. Cohen seconded. Committee members voted unanimously to approve the minutes, as presented.

**ITEM 2: Registration of Provider Organization (RPO) Program Updates**

Mr. David Seltz, Executive Director, provided an overview of the updates to the HPC's Registration of Provider Organizations (RPO) Program.

Ms. Kara Vidal, Senior Manager, Market Performance, and Ms. Elizabeth Reidy, Senior Policy Associate, Market Performance, provided an overview of the Massachusetts RPO program. Staff described some of the key results of the 2015 initial registration process. For more information, see slides 6-9.

Staff described plans for the 2017 RPO filing process, including various data reporting requirements. Staff discussed some planned updates to existing files and an anticipated timeline. For more information, see slides 11-18.

Dr. Cutler commended the staff for their work, noting that stakeholders have been relatively positive about the process.

Dr. Cutler stated that the staff should consider collaborating with ongoing research, such as that of Dr. Elliott Fisher, a researcher compiling ACO survey data. Ms. Vidal responded that the HPC is interested in this topic. She added that RPO data was designed to be collaborative with other datasets.

Dr. Berwick said that the HPC staff's consideration of feedback loops is a positive aspect of the RPO program. He asked if staff has noticed any difference between survey results from in-person and online surveys. Ms. Vidal responded that, anecdotally, the in-person feedback includes more brainstorming of solutions. She stated that the concerns raised were similar across both survey types.

Dr. Berwick asked whether there is a timeline for the "future data collection" described by staff in their presentation. Ms. Vidal responded that the timeline is uncertain at this point. Mr. Seltz added that this data set is built to be cross-examined by other agencies.

Mr. Cohen complimented the staff for their work and asked whether the HPC knows the percentage of behavioral health providers captured by the RPO data. Ms. Reidy responded that the staff is unsure about the exact percentage, but that many behavioral health providers do not meet the threshold for submission which is based off of commercial payments.

Mr. Cohen suggested that the HPC consider changing the threshold for behavioral health providers. He encouraged the staff to align their efforts with those of other government and non-profit organizations.

Dr. Allen inquired about the status of mapping the RPO data. Ms. Vidal responded that the staff is working on a data visualization resource for the RPO data.

## **ITEM 2: Care Delivery Certification Programs: Status and Updates.**

Ms. Catherine Harrison, Senior Manager, Care Delivery, and Ms. Kelsey Brykman, Policy Associate, Accountable Care, provided an update on PCMH PRIME. They noted that Boston Health Care for the Homeless Program is the newest practice to receive the HPC's certification and many other practices are under review. For more information, see slide 20.

Ms. Brykman discussed some of the program's recent outreach efforts. For more information, see slide 21.

Mr. Brykman introduced the technical assistance contract for the PCMH PRIME program with contractor Health Management Associates. For more information, see slides 22-25.

Mr. Cohen said that the staff should consider working with the Massachusetts League of Community Health Centers throughout the PCMH PRIME application process.

Dr. Berwick noted that the staff should ensure that the HPC's technical assistance includes patients and families at all stages of the process.

Dr. Altman noted that the ultimate goal of this program is the reduction of costs and improvement of quality. He suggested that the HPC analyze the data from the program to determine the extent to which it is helping to reach these goals. He noted that this work, if successful, will be a model for other states.

Dr. Allen and Ms. Harrison echoed the importance of program analysis.

Ms. Harrison introduced the HPC's Accountable Care Organization (ACO) certification program. She described the approach employed by the HPC to develop the online certification platform. For more information, see slides 26-30.

### **ITEM 3: Current State of Quality Measurement in Massachusetts.**

Ms. Katherine Barrett, Policy Director, Accountable Care, and Ms. Vivian Haime, Manager of Payment and Quality, introduced the topic of quality measurement and initiatives.

Ms. Barrett discussed the case for advancing a coordinated quality strategy and outlined some factors in favor of this effort. For more information, see slides 32-34.

Ms. Haime noted that new analytics from the HPC staff indicate that there is presently little alignment across reporting platforms in Massachusetts. Ms. Haime said that staff examined other states and found that the development of infrastructure that allows for central reporting is advantageous and can lead to the health system setting common goals. For more information, see slides 36-40.

Ms. Barrett said that the state should discuss warranted vs. unwarranted factors for differentiation across quality measure sets. For more information, see slide 42.

Dr. Berwick expressed his excitement about work on this topic. He noted his hope that Massachusetts takes a national leadership position in this area. He said that the goal ultimately is to restore time and money to the care of patients, and that all efforts toward alignment must maintain that goal. He also noted that patient-reported experiences are a central aspect of quality measurement and should be considered for future work.

Dr. Altman asked Dr. Berwick how the United States compares to Europe on quality measurement alignment. Dr. Berwick said that it varies country by country in Europe, but that countries with central reporting see positive results. He also noted that the Organization for Economic Co-operation and Development (OECD) had undertaken a strong effort on this topic.

Undersecretary Moore asked if staff could describe the administrative difficulties perceived by providers. She also noted that Governor Baker's regulatory reform effort created a statewide healthcare reporting group to address administrative burden.

Dr. Cutler asked what it would take to move forward with quality measure alignment. Ms. Barrett responded that the Massachusetts system is lacking in comparison to other states. Mr. Seltz said that the Board should discuss the HPC's path forward on this topic.

Dr. Cutler said that he hopes that the HPC will move forward as fast as possible on this work.

Dr. Allen said that the annual Cost Trends Hearing elicited strong support for a coordinated quality measurement effort. She noted that physicians are mobilizing on this topic and that the Commonwealth needs a high-level consensus on what it wants to achieve.

## **Section II: Joint Meeting on Serious Illness Care in Massachusetts.**

### **ITEM 1: Presentation of Findings by HPC Staff**

Ms. Sara Sadownik, Deputy Director, Research and Cost Trends (RCT), and Ms. Rose Kerber, Research Associate, provided an outline of the day's agenda. Ms. Sadownik discussed the importance of serious-illness care. For more information, see slides 46-47.

Dr. Altman noted that organized medicine has generally been opposed to many forms of palliative care in the past. Ms. Sadownik responded that education efforts, especially at medical schools, could help decrease that opposition. She noted that physicians are the key drivers in the patient's decision as to whether to seek palliative/hospice care. For more information, see slides 48-50.

Ms. Sadownik provided an overview of HPC findings on spending and utilization for serious-illness care among Medicare dependents in Massachusetts. For more information, see slides 52-69.

Dr. Altman discussed some of the variables that may contribute to the utilization of serious-illness care, such as age, race, education, income, and resource availability. He said these should all be areas of future research for the HPC.

Ms. Sadownik presented conclusions from the HPC's research and described some recent initiatives in Massachusetts focused on serious-illness care. For information, see slides 70-72.

Dr. Altman said that it is not clear that the health care system is pushing unnecessary treatment on patients. He said that a good deal of research shows that patients and families demand more care than is needed and providers respond to that call.

Dr. Allen said that she hopes the HPC is discussing the topic with the Massachusetts Medical Society as well as nurses, who have historically been interested in this topic.

Ms. Sadownik outlined proposed next steps in this area. For information, see slides 72-75.

### **Section III: Quality Improvement and Patient Protection Committee Meeting.**

#### **ITEM 1: Approval of the Committee Meeting Minutes of June 22, 2016.**

Mr. Cohen asked for a motion to approve the minutes from QIPP's June 22, 2016 meeting. Dr. Allen made a motion to approve the minutes. Undersecretary Moore seconded. Committee members voted unanimously to approve the minutes, as presented.

#### **ITEM 2: Overview of New Grant Pilot Program: Initiation of Pharmacologic Treatment for Substance Use Disorders in the Emergency Department (ED).**

Ms. Record and Ms. Kathleen Connolly, Director, Strategic Investment, introduced the HPC's new pilot program for substance use disorder treatment in the emergency department. They noted that this pilot program was mandated in the state's FY17 budget. For more information, see slides 80-81.

Ms. Record provided background on the evidence base for the initiation of pharmacologic treatment for substance use disorders in the emergency department. For more information, see slides 82-87.

Dr. Allen asked about different possible investment models, noting that the need for such programs is certain to outweigh the resources.

Mr. Cohen said that he believed that the staff had identified the key problems and solutions in their proposed program design.

#### **ITEM 3: VOTE: Office of Patient Protection Regulations.**

Ms. Lois Johnson, General Counsel, and Mr. Steven Belec, Director, Office of Patient Protection, introduced the regulatory amendment to the HPC's Office of Patient Protection (OPP). For more information, see slide 89.

Ms. Johnson described the legislative requirement that necessitated an update to the OPP regulation, staff's considerations in the development process, the substantive information to be reported by carriers as part of the update, and the proposed timeline. For more information, see slides 90-93.

Dr. Allen motioned that the QIPP Committee approve the advancement of the proposed updates to the Office of Patient Protection regulation, 958, CMR 3.00, *Health Insurance Consumer Protection*, to the Board for review. The motion was seconded by Undersecretary Moore and unanimously approved by the committee.

Mr. Cohen adjourned the meeting at 12:10 PM.