

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

**Meeting of June 22, 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

---

**Docket: June 22, 2016, 11:00AM**

**PROCEEDINGS**

The Massachusetts Health Policy Commission (HPC) held a meeting of the Quality Improvement and Patient Protection (QIPP) Committee on Wednesday, June 22, 2016, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Martin Cohen (Chair), Dr. Carol Allen, Dr. Wendy Everett, and Undersecretary Alice Moore, designee for Secretary Marylou Sudders.

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

Mr. Cohen called the meeting to order at 11:02 AM and offered a brief introduction.

**ITEM 1: Approval of minutes**

Mr. Cohen asked for a motion to approve the minutes from May 18, 2016. **Dr. Everett** motioned to approve the minutes. **Dr. Allen** seconded the motion. The members voted unanimously to approve the minutes.

**ITEM 2: Information Sessions for Providers on RBPO Appeals**

Mr. David Seltz, Executive Director, noted that today marked the one year anniversary of the creation of the Governor's task force on opioid addiction in the Commonwealth. He thanked the Governor and Secretary Sudders for their leadership on this issue.

Mr. Seltz stated that the HPC can play an important role in addressing the opioid crisis through its research, data analysis, investment, and certification programs. He stressed that the HPC's role must be complementary to other state agencies and consistent with the mandate of the HPC.

Mr. Seltz provided an overview of upcoming HPC informational sessions on the appeals process for patients of Risk-Bearing Provider Organizations (RBPOs). For more information, see slide 5.

**ITEM 3: Presentation on HPC's Report on Opioid Use Disorder in Massachusetts**

Mr. Seltz stated that the day's meeting would be an update on findings relative to the HPC's Report on Opioid Use Disorder in Massachusetts. For more information, see slides 7 to 16.

Mr. Cohen asked whether any state agency is tracking the use of Narcan by municipality. Ms. Katherine Record, Deputy Director, Accountable Care and Behavioral Health Integration, responded that Narcan use is being tracked by first responders. She said that the most comprehensive reports available are published by EMTs.

Mr. Cohen asked if anything was being done to expand data collection on Narcan statewide. Ms. Record responded that HPC staff would check with the Department of Public Health (DPH) to find out.

Dr. Everett suggested adding year-by-year opioid deaths to slide 9. Mr. Seltz responded that such data was collected by DPH and that staff could add it to the presentation.

Mr. Cohen suggested also presenting overdose data by zip code. Mr. Seltz noted that the HPC would work to attain such data.

Reflecting on the data provided on opioid-related hospital visits by zip code, Mr. Cohen commended the staff for presenting such at the zip-code level, noting that it would be a powerful tool for local communities.

Mr. Seltz turned the presentation over to Ms. Record who provided an update on a survey of Massachusetts buprenorphine providers. For more information, see slide 20.

Mr. Seltz stated that the HPC's Patient Centered Medical Home (PCMH) PRIME certification program requires that medication assisted treatment (MAT) be available from primary care physicians (PCPs). He noted that the HPC is seeking a contractor to aid in developing a technical assistance program to support PCPs.

Mr. Seltz continued the update on the HPC's Report on Opioid Use Disorder in Massachusetts. For more information, see slides 21 to 27.

Mr. Cohen added that Ms. Marian Ryan, Middlesex County District Attorney, had reported that her county had seen 101 overdoses so far in 2016.

Dr. Allen asked whether there was a way to track what treatments had been most effective and whether the data showed a reduction in the number of infants exhibiting Neonatal Abstinence Syndrome (NAS). She suggested that tracking this kind of outcome data might be useful. Mr. Seltz agreed and said that this was a good suggestion.

Mr. Cohen said that he was interested in determining successful ways to connect MAT providers with behavioral health (BH) resources so that pharmacologic treatment and counseling could be linked.

Mr. Seltz said that the staff had thought about some of those questions regarding dual-diagnosis providers and not only linking BH to the medical system but also linking substance abuse (SA) and mental health to each other.

Undersecretary Moore noted that the Department of Mental Health (DMH) and DPH are currently working on ways to integrate treatment and counseling.

Dr. Everett suggested that the HPC might be able to address some of the issues raised in the payer supports section on slide 20. She said that combining the recommendations on improving counseling by partnering people with community providers and incorporating the payment aspect, could be valuable.

Dr. Everett asked if there were any national models of using telemedicine for substance use disorder (SUD). Mr. Seltz responded that the staff had identified national models and could make recommendations after further exploration.

#### **ITEM 4: Presentation from Hallmark Health on COACHH CHART Phase 2**

Mr. Seltz introduced Ms. Carol Plotkin, System Director for Behavioral Health at Hallmark Health and Executive Director of the COACHH Program, and Ms. Beth Lucy, a social worker on the COACHH program. Ms. Plotkin and Ms. Lucy provided an overview of the COACHH CHART Phase 2 project.

#### **ITEM 5: Update on Neonatal Abstinence Syndrome (NAS) Investment Opportunity**

Mr. Seltz provided a brief review of the HPC's NAS investment opportunity. For more information, see slides 68 to 70.

Mr. Cohen asked whether the Board would be voting to release the Opioid Report at the July 27 meeting. Mr. Seltz responded in the affirmative.

#### **ITEM 4: Adjournment**

Mr. Cohen adjourned the meeting at 12:29 PM.