Quality Improvement and Patient Protection

Health Policy Commission

Committee Meeting
September 9, 2013

Agenda

- Approval of minutes from the July 23, 2013 meeting
- Presentation of the Behavioral Health Integration Task Force Report by Commissioner Marcia Fowler, Massachusetts Department of Mental Health
- Presentation of results of MassHealth PCMHI
- Update on Office of Patient Protection data
- Schedule of next Committee meeting (November 13, 2013)

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Vote: Approving minutes

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the minutes of the Committee meeting held on July 23, 2013, as presented.

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MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

Update

Massachusetts Patient-Centered Medical Home

Quality Improvement and Patient Protection Committee

September 9, 2013

Agenda

- **Overview of program**
- Behavioral Health Integration
- Accomplishments & Challenges
- Transitioning to Primary Care Payment Reform

Overview

- Multi-payer, 3-year demonstration project (April 2011 to April 2014)
- Governance included a council, a steering committee and multiple work groups
- Currently includes 46 primary care practices, selected through a competitive RFR
- Practices receive technical assistance on transforming into PCMHs, delivered through a Learning Collaborative model
- Formal Evaluation underway (completed October 2014)

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Governance

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

Governing body	Membership	Primary role
Sponsor	EOHHS	■ Set policy and strategy
Council	Payer, purchasers, employers, healthcare professionals, advocates	■ Sounding board for sponsor
Steering Committee	Practices and select council members	■ Evaluate performance and make recommendations
Workgroups	Practices, payers, stakeholder agencies, clinical experts	■ Specific workgroups on: – Evaluation – Shared savings and data sharing – Behavioral Health integration – Clinical care management – Consumer and community engagement

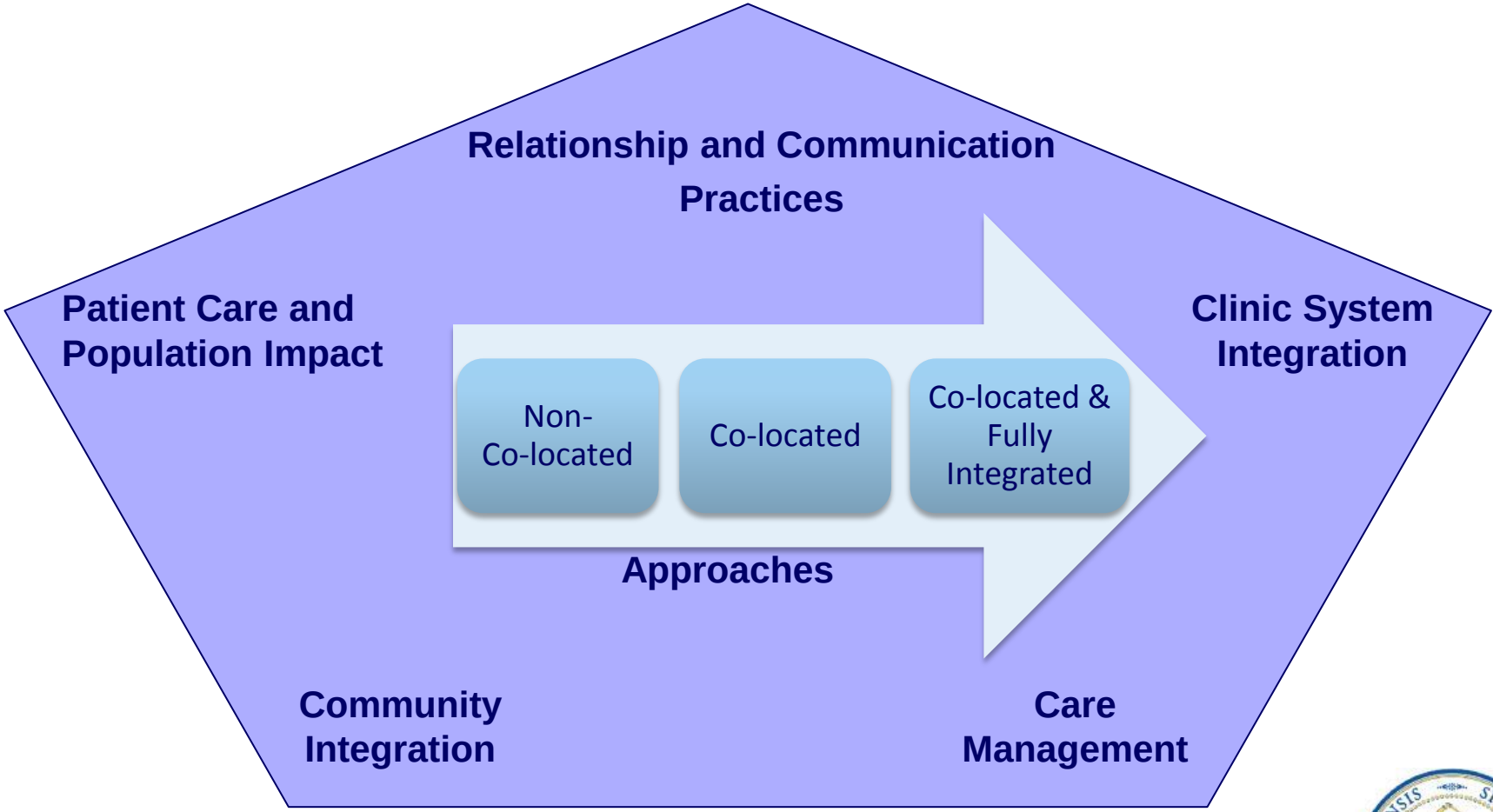
Agenda

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

- Overview of program
- **Behavioral Health Integration**
- Accomplishments & Challenges
- Transitioning to Primary Care Payment Reform

Approaches and Elements

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative



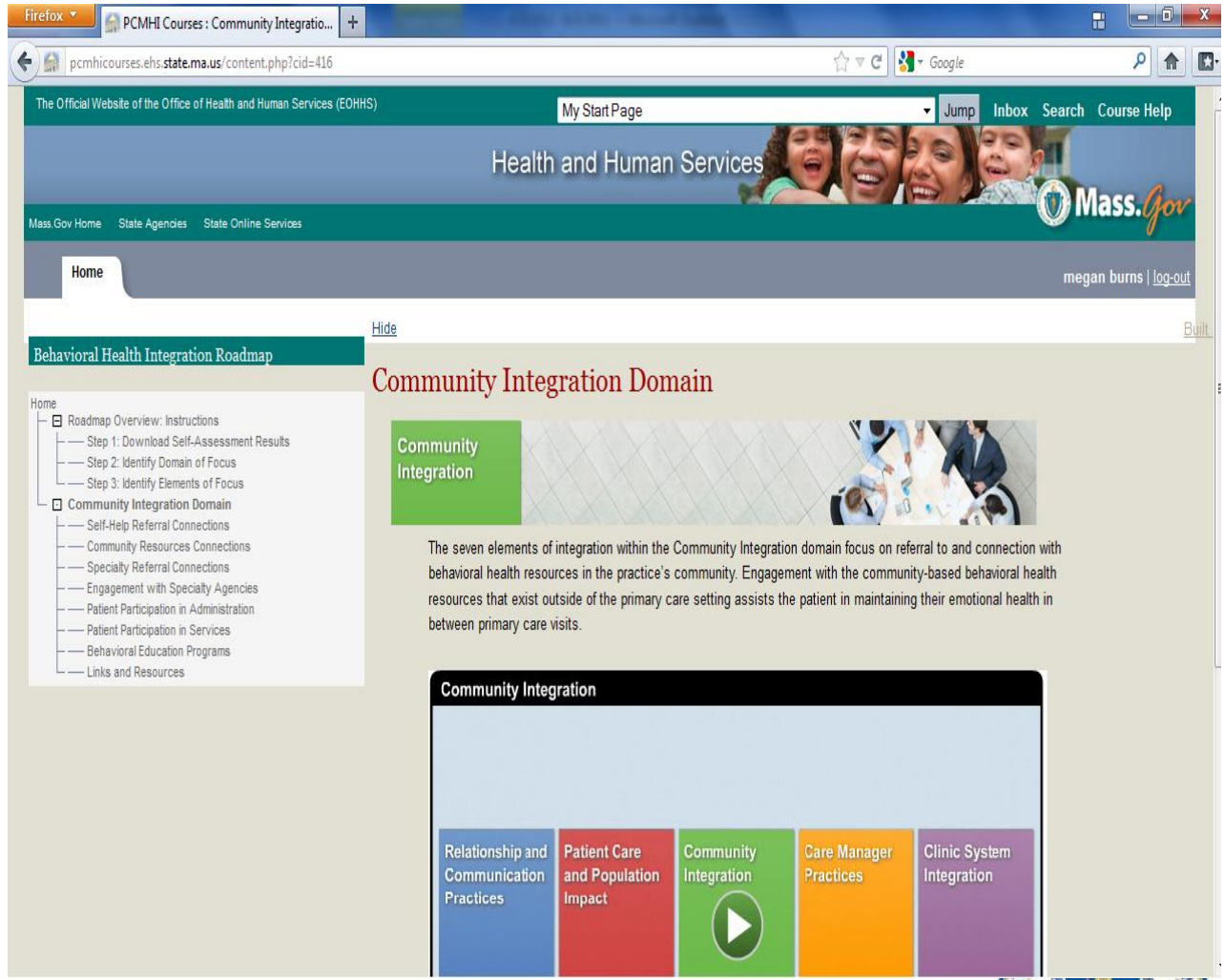
Elements of Integration

Relationship & Communication Practices	Patient Care and Population Impact	Community Integration	Care Management	Clinic System Integration
Triaged access	BH screening and referral	Self help & community resource connections	Coordination of integrated treatment plan	Schedule accessibility
Smooth hand-offs	BH skills used by primary care team	Specialty mental health & substance use referral	Use of behavioral health skills	Program Integration
Team membership	Integrated clinical pathways	Community resources connections	Use of community resources	Health information exchange
Program leadership	Health care team leader			Coordinated scheduling and same day visits
Sharing expertise	Family focused care			
	Patient safety practices			
	Patient feedback			
	Supporting health behavior change			

Integration Toolkit

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

- Web based technical assistance resource
- User friendly
- Provides detail guidance and multiple resources to support primary care practices in their efforts to integrate behavioral health
- Publically Available



Agenda

- Overview of program
- Behavioral Health Integration
- **Accomplishments & Challenges**
- Transitioning to Primary Care Payment Reform

Accomplishments

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

	Key accomplishments and findings
Program	• 44 of 46 practices remain in initiative • Nearly 100% attendance to seven learning collaboratives held to date • 95 % compliance with NCQA recognition • 85% compliance with reporting clinical measures
Practice transform-ation	• Statistically significant increase across: access, patient-centered care, practice-based care teams, care coordination, care management
Patient experience	• Adult patients positively perceived communication with providers and office staff • Experience of children with chronic conditions similar to the experience of children without chronic conditions • Parents/guardians report excellent communication with providers and courteous office staff • Provision of more comprehensive care

Accomplishments

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

Key accomplishments and findings

Staff experience

- Moderate adoption of a culture of quality and development of teamwork
- Practices with strong leadership showed greater adoption of a quality culture and teamwork
- Smaller practices had higher adoption of a quality culture and development of teamwork

Clinical

- Five of the twenty two clinical measures showed improvement from April 2011 to June 2013:
  - *Screened for depression for adult diabetic patients,*
  - *Immunization status of multiple vaccines in pediatric patients,*
  - *Action plan for children diagnosed with persistent asthma,*
  - *Adult highest-risk patient who have care plan,*
  - *Pediatric highest-risk patient who have care plan*
- None of the measures showed a statistically significant decrease from baseline to June 2013

Challenges

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

Level	Challenge
■ State	■ Involvement and investment across all payers
■ EOHHS/MassHealth	■ Alignment of medical home model across diverse programs, plans and initiatives ■ Funding to support transformation
■ Provider Community	■ Leadership involvement ■ Initial technological shortcomings ■ Adequate composition for lost FFS revenue ■ Limited engagement from non-clinical staff
■ Patient/Member	■ For adult patients, weak experience of: – "Knowing the patient as a person" – Providers encouraging questions – Shared decision making – Behavioral health integration – Access after-work and on weekends

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- **Transitioning to Primary Care Payment Reform**

Transitioning PCMHI to PCPRI

- The Primary Care Payment Reform Initiative (PCPRI) builds off of PCMHI's strong foundation to reach more providers in an impactful way
  - The health care delivery model embedded in PCPRI centers around a medical home model that parallels the model in PCMHI and emphasizes behavioral health integration
  - Clinical measures monitored in PCPRI include PCMHI clinical measures
  - Provider data portal in PCPRI is an enhanced version of PCMHI portal
- PCMHI sites that elect to participate in PCPRI will receive PCPRI payments in lieu of PCMHI payments at the initiation of the program

MASSACHUSETTS PCMHI
Patient-Centered Medical Home Initiative

QUESTIONS

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2012 Internal Reviews

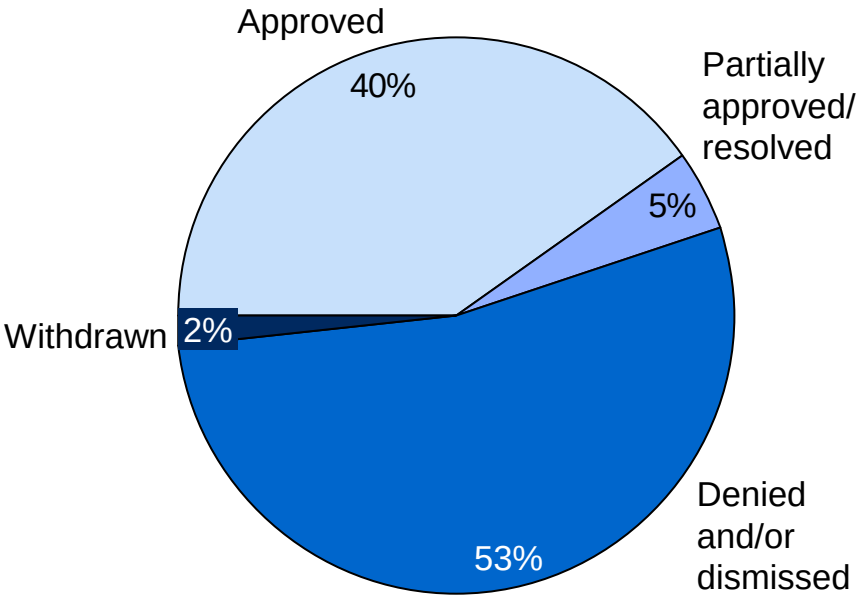
Number of internal reviews*

12,783 total internal reviews

- 5,058 approved
- 570 partially approved or resolved
- 6,689 denied or dismissed
- 215 withdrawn

Results in 2012*

Results for grievances received by carriers
100% = 12,783



* Data as reported by carriers to OPP

2012 External Reviews

2012 Requests for external review

387 total cases

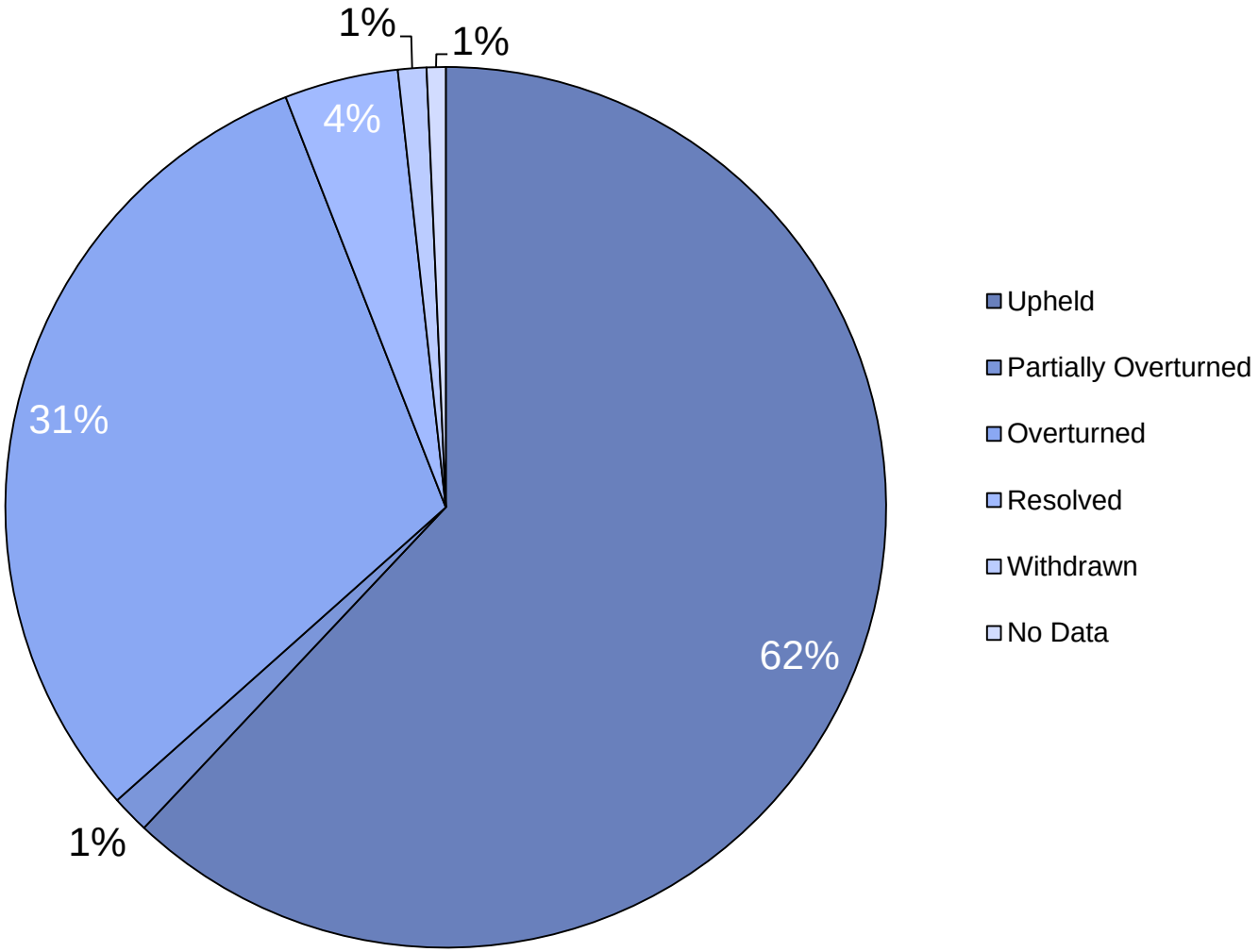
- 287 eligible
- 100 ineligible

Outcomes of eligible external review requests

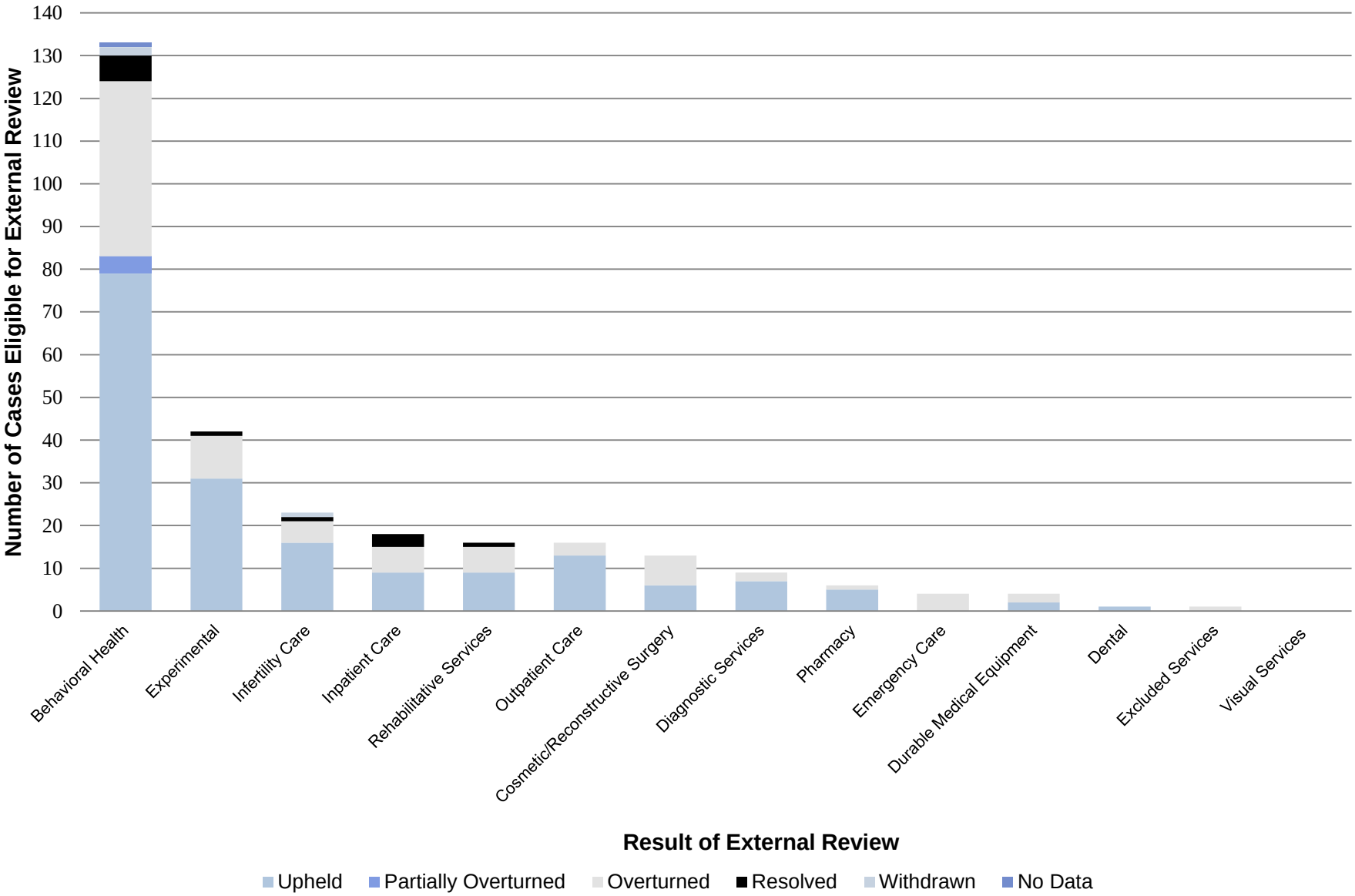
Results for 287 eligible cases:

- 178 upheld
- 88 overturned
- 4 partially overturned
- 12 resolved
- 3 withdrawn
- 2 no data

Office of Patient Protection 2012 External Reviews Results for Eligible Cases



2012 Disposition of Cases Eligible for External Review



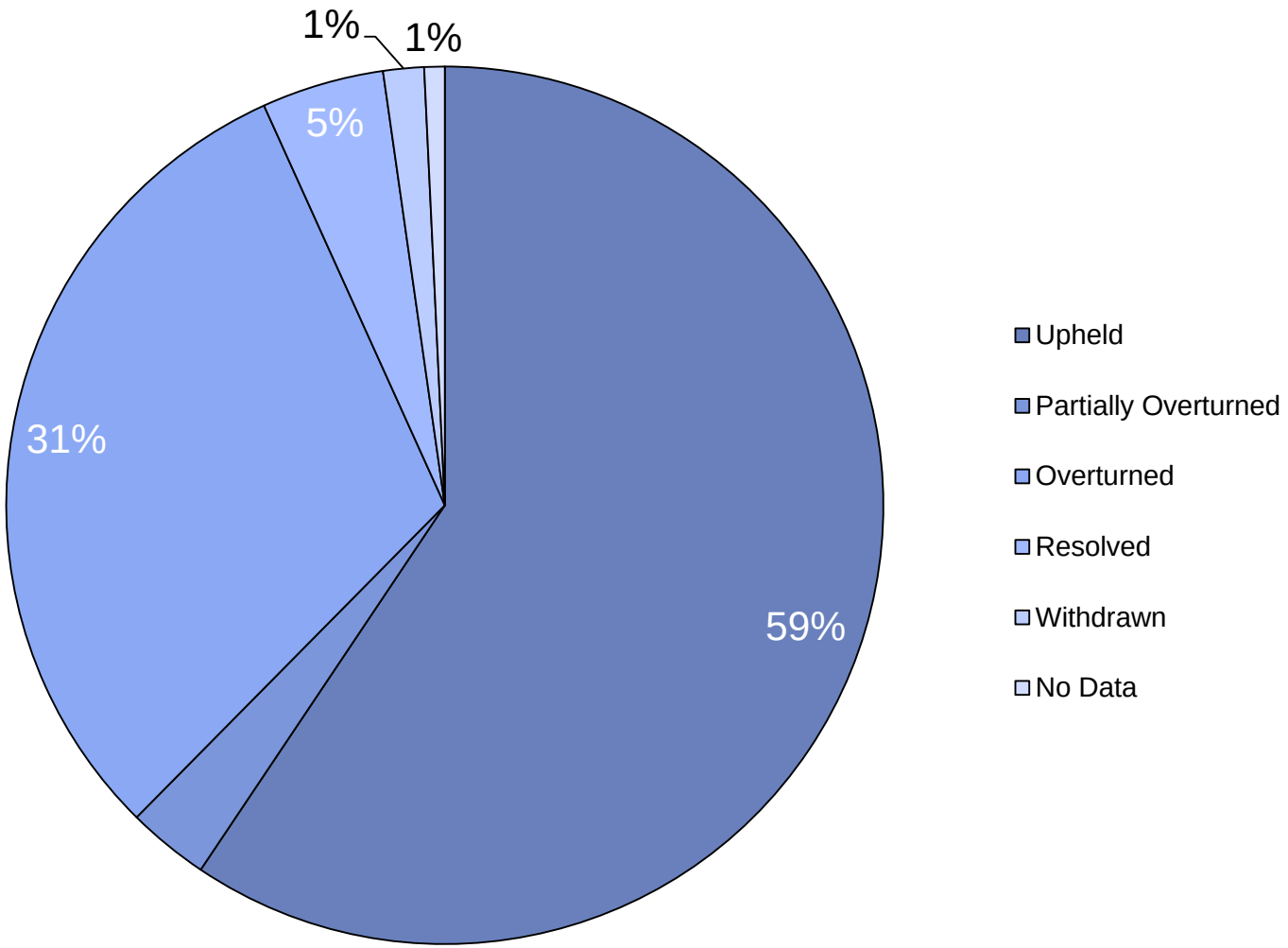
2012 Behavioral Health External Reviews

2012 Behavioral Health (percentages given for eligible cases only)

147 total cases (132 eligible, 1 no data, 14 ineligible)

Requests	Total	Eligible	Upheld	Partially Overturned	Overturned	Resolved	Withdrawn	No Data
Behavioral Health	147	132	79 59.8%	4 3.03%	41 31.1%	6 4.55%	2 1.52%	1 0.08%

Office of Patient Protection
2012 Behavioral Health External Reviews



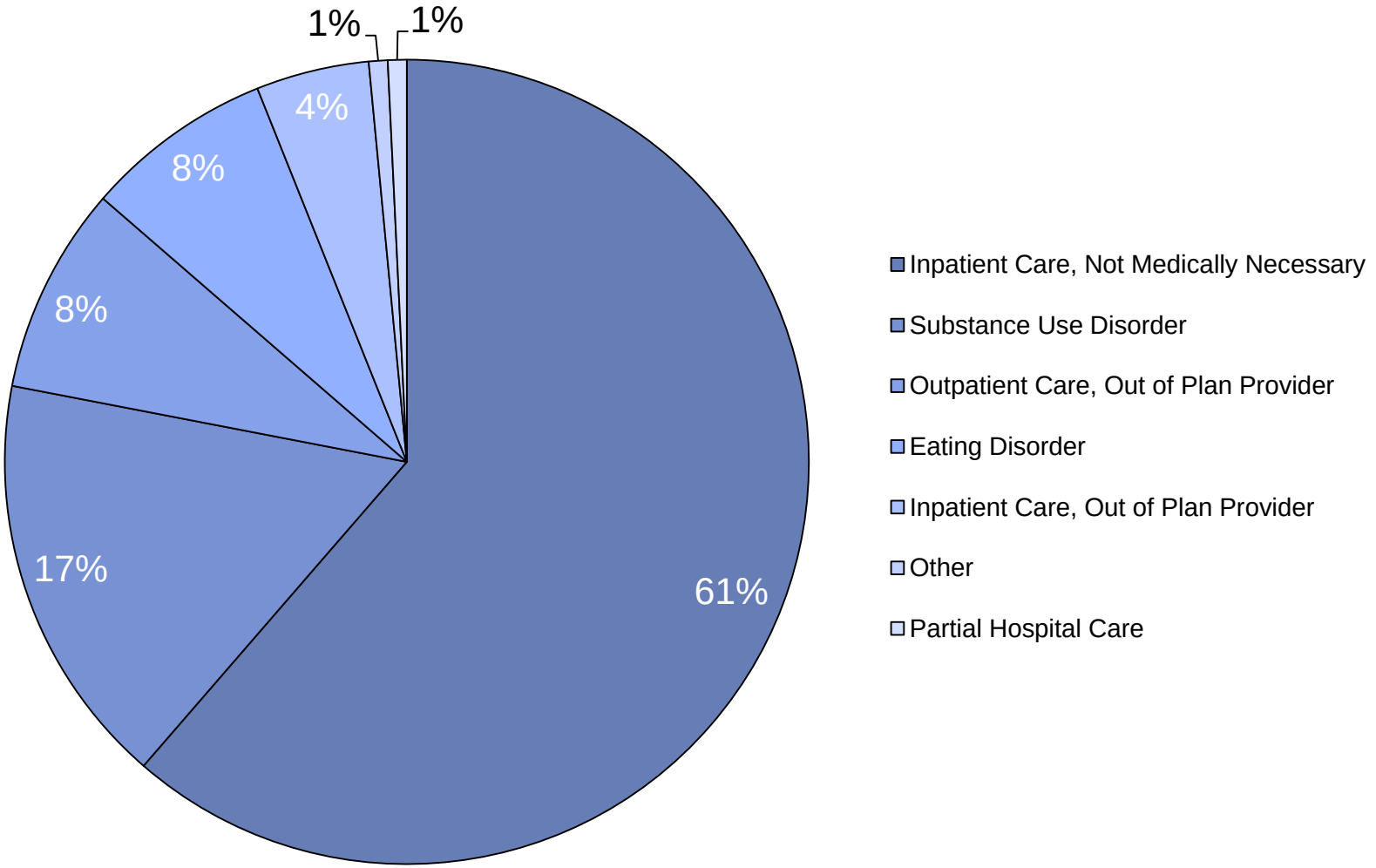
2012 Behavioral Health External Reviews (by type of treatment of service)

2012 Behavioral Health – Detail by Type of Service (eligible cases only)

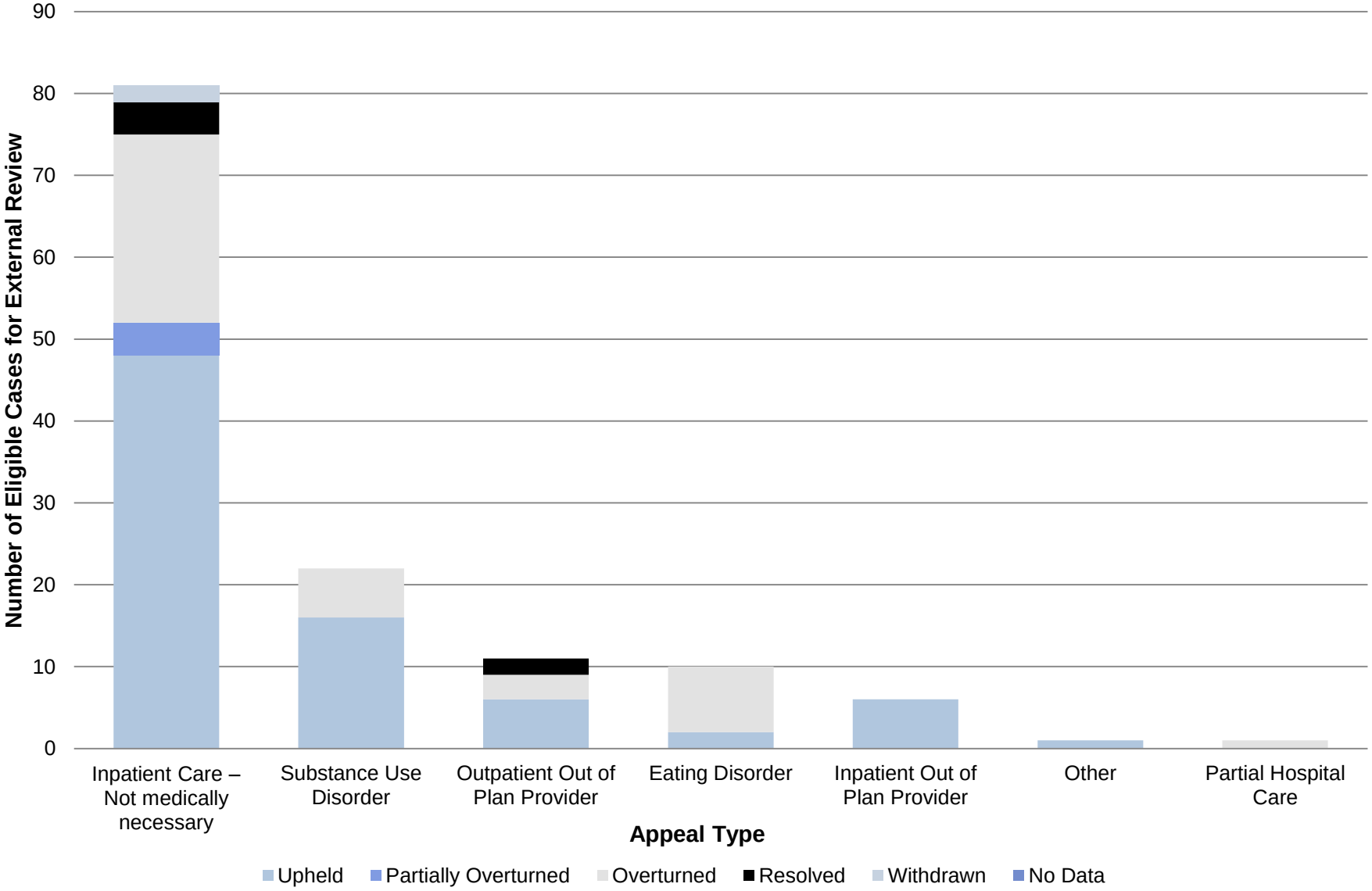
147 cases, 132 eligible

Subcategory	Eligible	Upheld	Partially Overturned	Overturned	Resolved	Withdrawn	No Data
Eating Disorder	10	2 20.0%		8 80.0%			
Inpatient Care – not medically necessary	81	48 59.3%	4 4.94%	23 28.4%	4 9.84%	2 2.47%	
Inpatient out of plan provider	6	6 100%					
Other	1	1 100%					
Outpatient out of plan provider	11	6 54.5%		3 27.3%	2 18.2%		
Partial Hospital Care	1			1 100%			
Substance Use Disorder	22	16 72.7%		6 27.3%			
TOTAL Behavioral Health	132	79 59.8%	4 3.03%	41 31.1%	6 4.55%	2 1.52%	0 0.00%

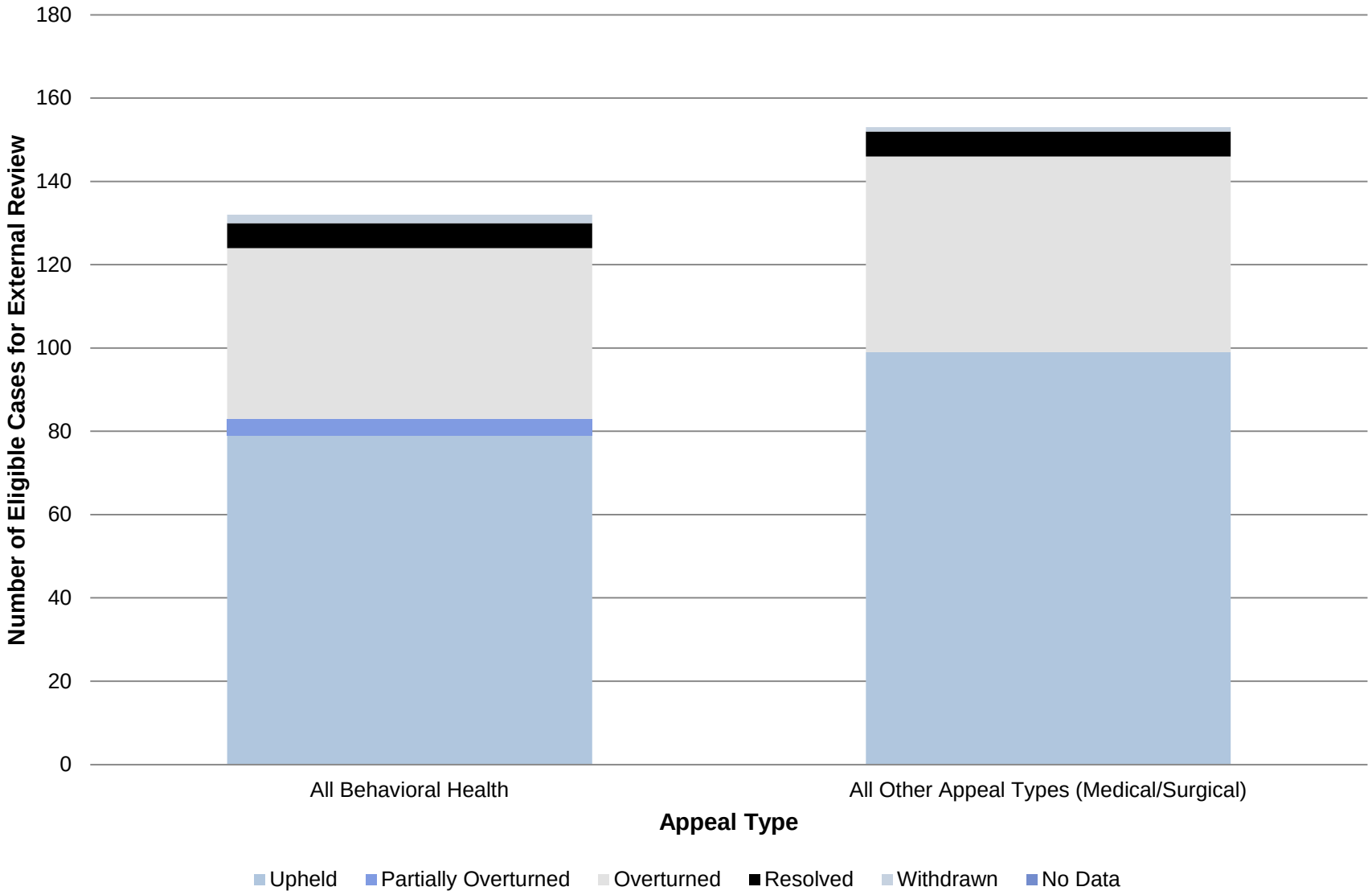
2012 Behavioral Health External Reviews (by type of treatment or service)



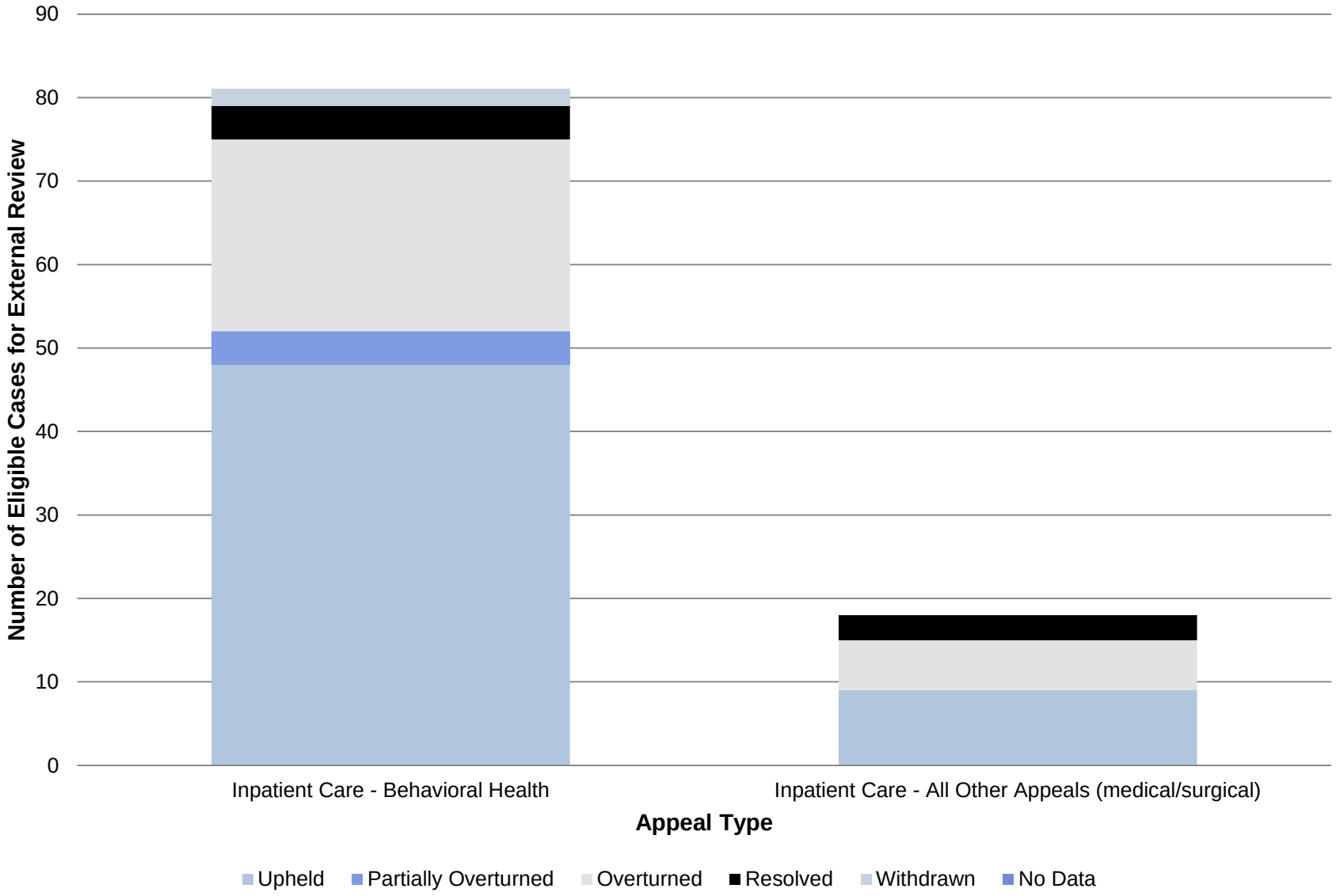
2012 Disposition of Behavioral Health Cases Eligible for External Review (by type of treatment or service)



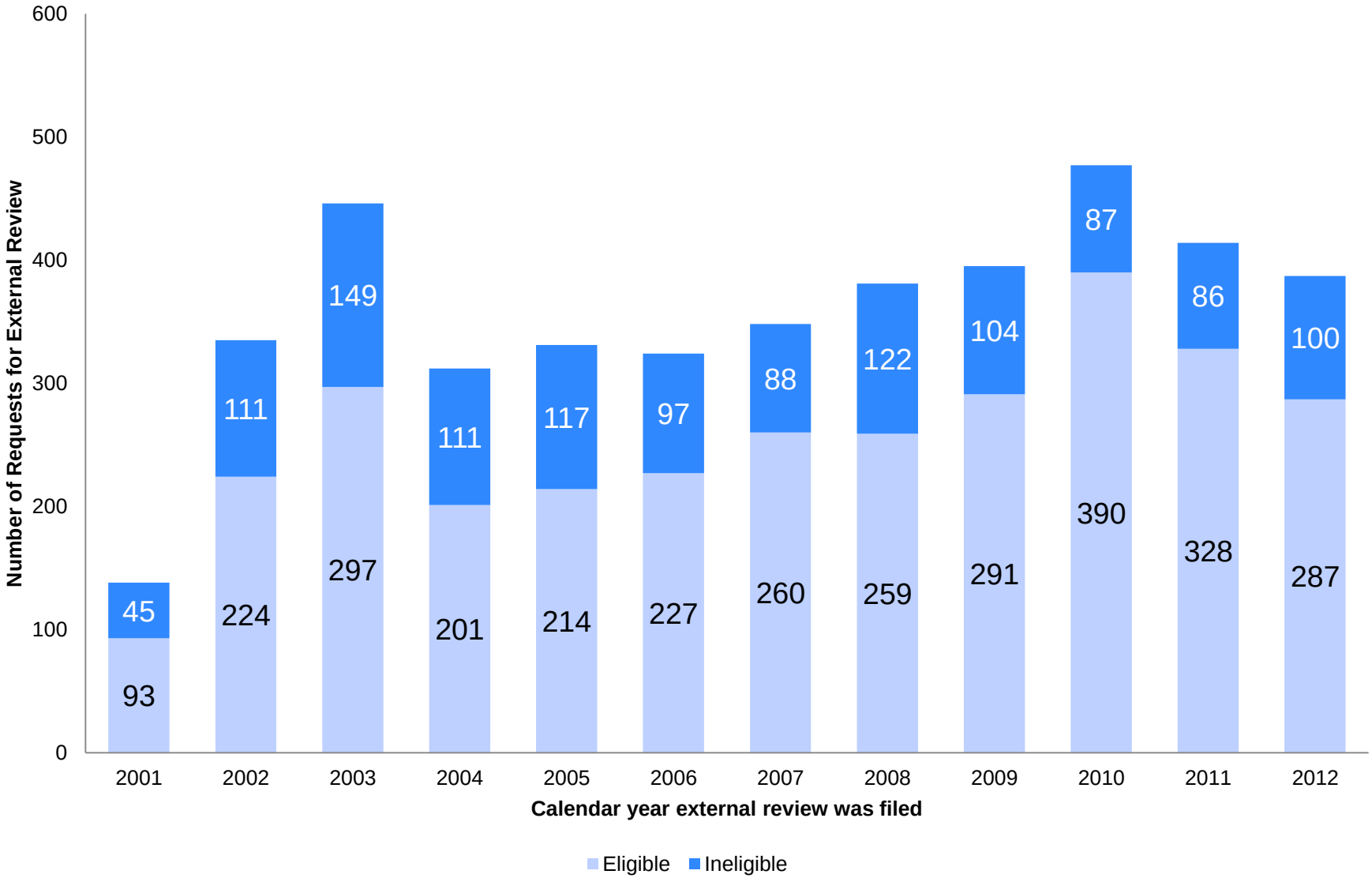
Comparison of 2012 Eligible External Reviews for Behavioral Health and All Other Appeal Types



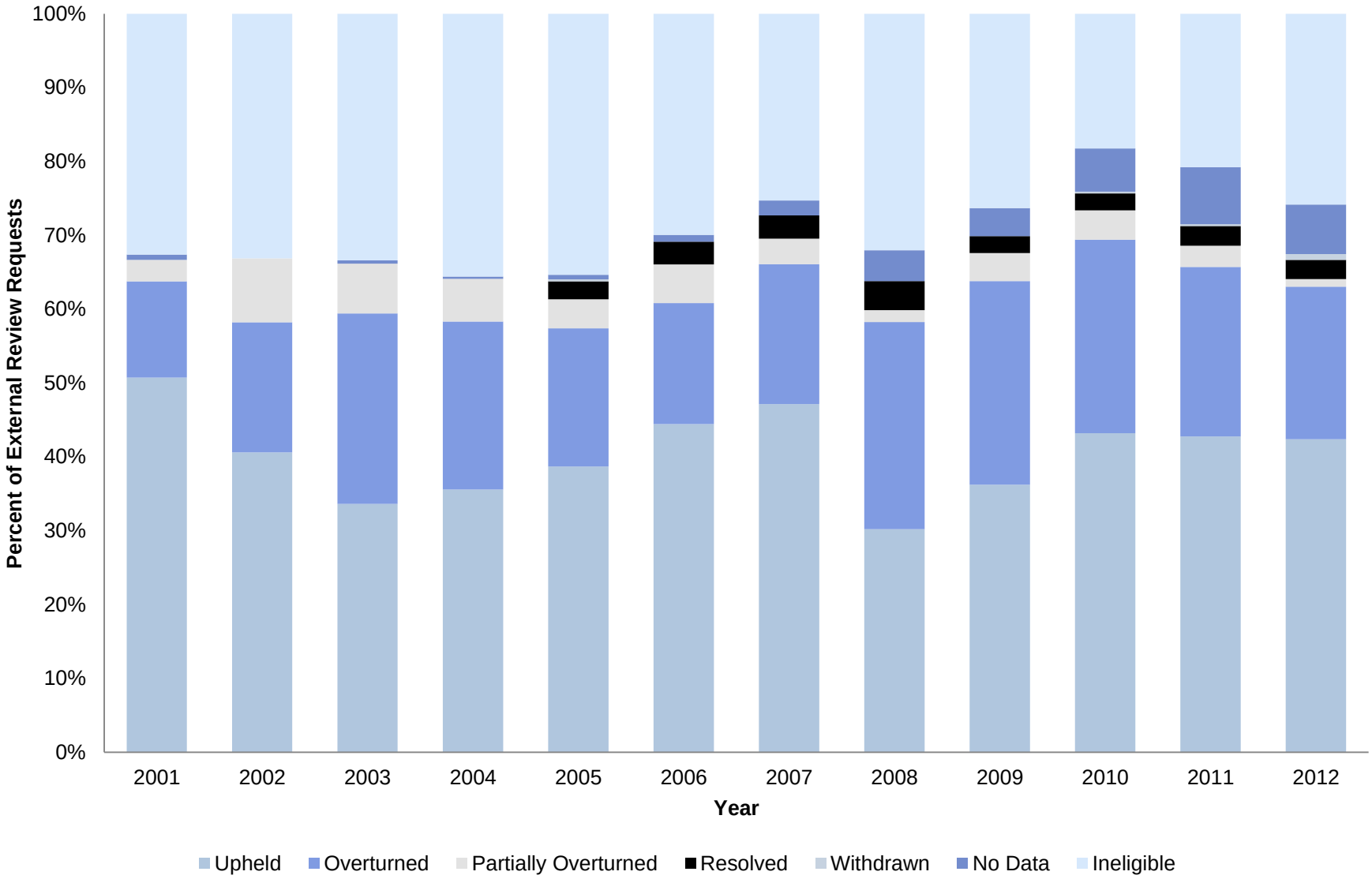
Comparison of 2012 Eligible Inpatient Care Cases for Behavioral Health and All Other Appeal Types



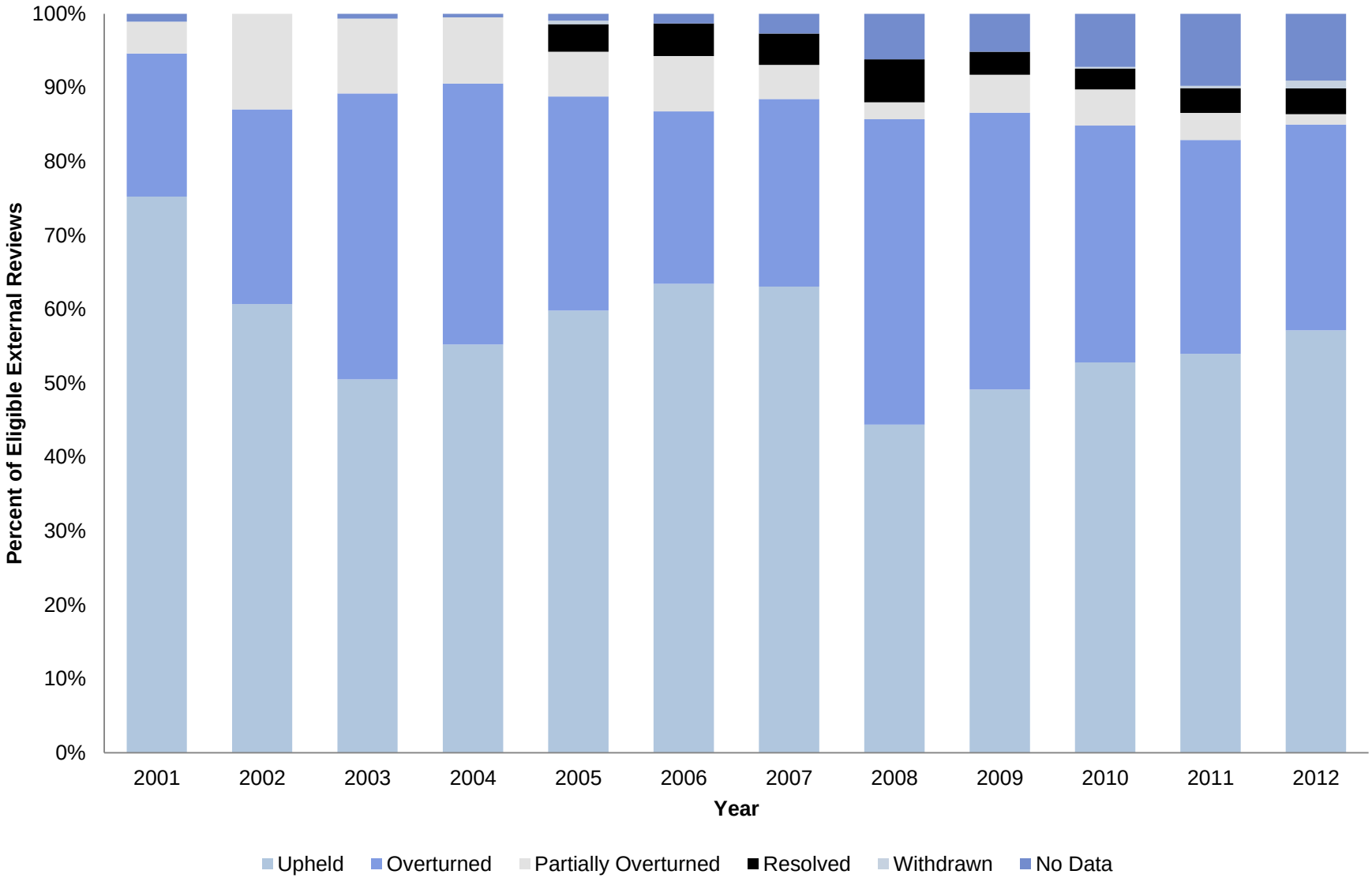
All External Review Requests, 2001-2012



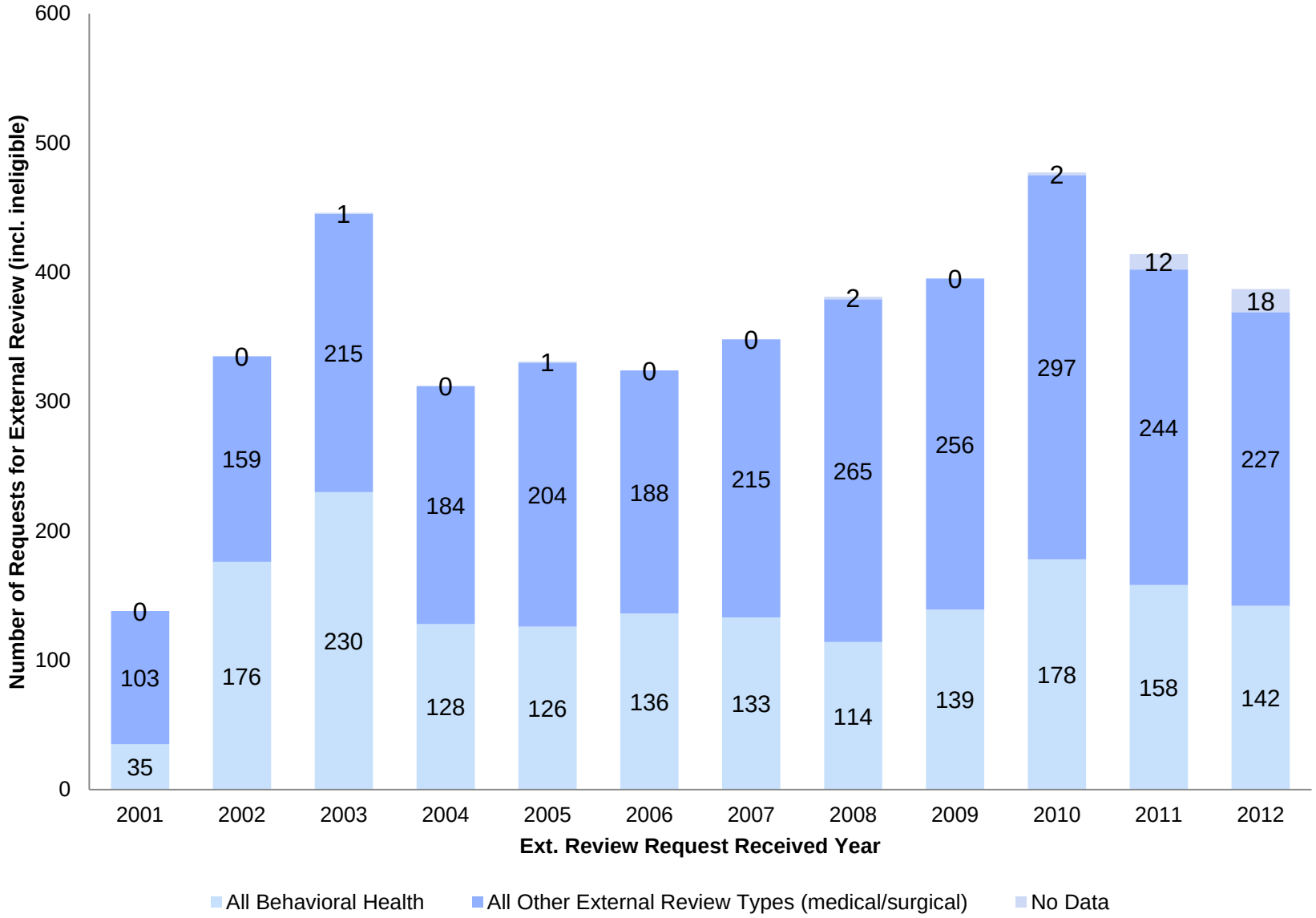
Percent Outcomes of All External Review Requests, 2001-2012



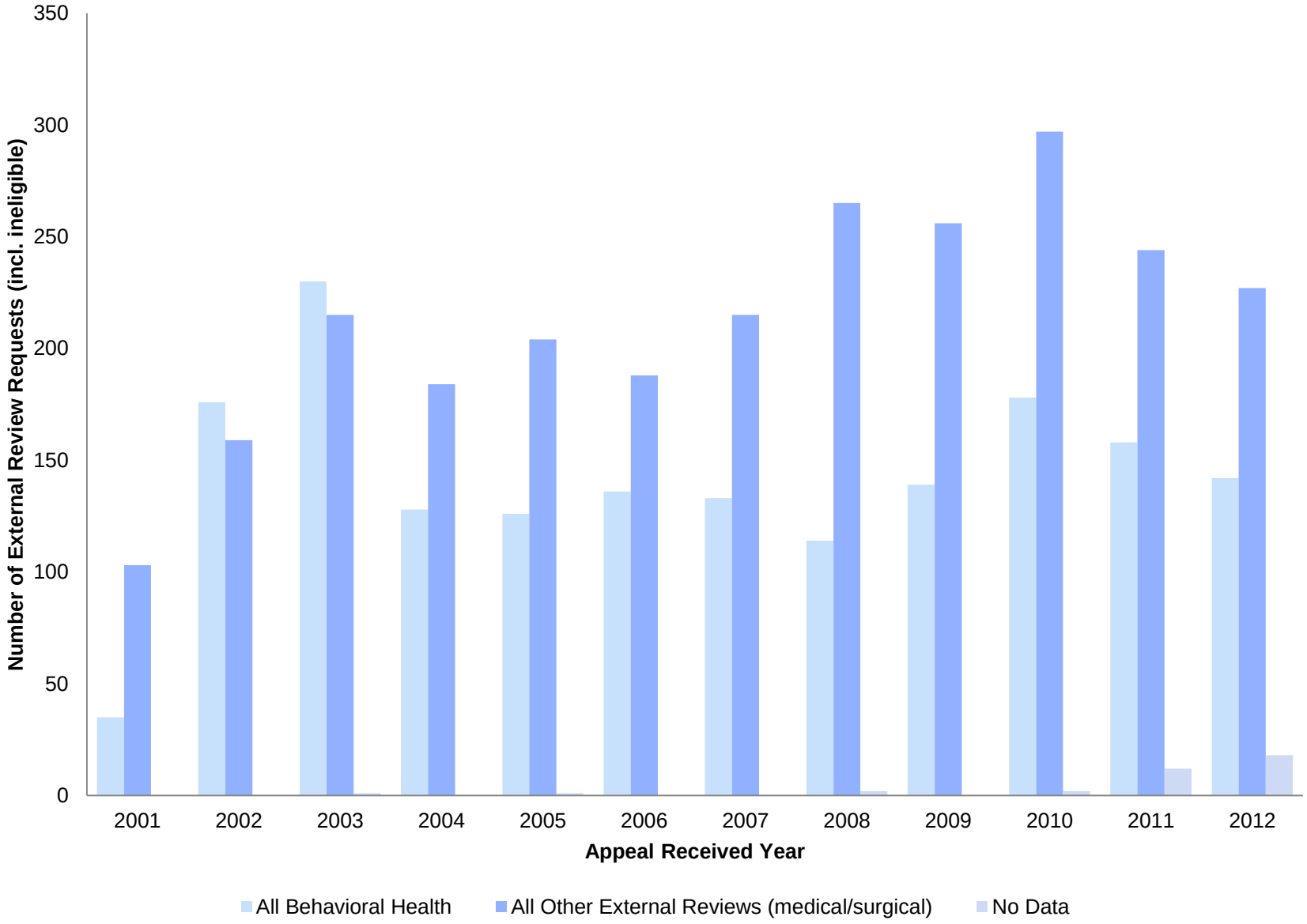
Percent Outcomes of *Eligible* External Reviews, 2001-2012



2001-2012 External Review Requests: Comparison of behavioral health with medical/surgical



External Review Requests: Behavioral Health and Medical/Surgical



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Contact Information

For more information about the Health Policy Commission and the Office of Patient Protection:

- Visit us: http://www.mass.gov/hpc
- Follow us: @Mass_HPC
- E-mail us: HPC-Info@state.ma.us or HPC-OPP@state.ma.us