Joint Committee Meeting

Quality Improvement and Patient Protection
Care Delivery and Payment System Transformation

Health Policy Commission
April 9, 2014
Agenda

- Approval of Minutes from the February 12, 2014 Meetings
- Presentation by Ms. Nancy E. Paull, Chief Executive Officer, STARR Addiction Treatment
- Presentation by Dr. Judith L. Steinberg, Deputy Chief Medical Officer, Commonwealth Medicine, UMass Medical School
- Behavioral Health Integration within the HPC’s Patient-Centered Medical Home (PCMH) Certification Program
- Public Listening Session on Draft Data Submission Manual (DSM) for the Registration of Provider Organizations (RPO) Program
- Schedule of Next Committee Meetings (June 11, 2014)
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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 February 12, 2014, as presented.
Vote: Approving minutes

**Motion:** That the Care Delivery and Payment System Transformation Committee hereby approves the minutes of the Committee meeting held on February 12, 2014, as presented.
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Behavioral health integration into HPC PCMH certification

- Importance of integrating behavioral health into HPC’s framework
  - Patients with behavioral health conditions often have complex care needs
  - Many patients have comorbid physical and behavioral health conditions
  - Costs for these patients are high
  - PC settings offer the opportunity to assess patients for health risk behaviors, screen for behavioral health conditions, and provide appropriate referrals and follow-up

- National PCMH certification standards continue to recognize its importance
  - NCQA 2008, 2011, and 2014 standards increasingly include behavioral health components
## Behavioral health criteria for PCMH certification

<table>
<thead>
<tr>
<th>HPC PCMH DOMAIN</th>
<th>Proposed HPC PCMH Criteria</th>
<th>NCQA PCMH 2011 Criteria</th>
<th>NCQA PCMH 2014 Criteria</th>
<th>Joint Commission Criteria</th>
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</table>
| **Care coordination** | • Team-based care includes BH  
• Referral/specialty care tracking (including BH) | | • Team-based care includes BH  
• Practice has least one agreement with BH specialist  
• Practice informs patients on how BH care needs are met | |
| **Enhanced access & communication** | • Active, ongoing communication between the primary care, specialty care (including BH), and acute care providers | | | |
| **Integrated clinical care management (Focus on BH)** | • BH/SU screening and referrals  
• Multi-disciplinary care planning  
• Comprehensive assessment/ intervention (including BH)  
• Comprehensive BH CM | • Arranges for or provides MH/SU treatment  
• Comprehensive health assessment includes MH/SU history and depression screening  
• Implements evidence-based guidelines (conditions related to unhealthy behaviors) | • Comprehensive health assessment includes MH/SU history and depression screening  
• Criteria for identifying patients for care planning include BH factors  
• Evidence-based decision support must include at least one condition related to MH/SU  
• Up-to-date problem list with current and active dx (including BH) | • Interdisciplinary team assesses patients for health risk behaviors  
• Transitions in care & providing or facilitating access to care, treatment, or services include BH/SU needs and treatment |
| **Population health management** | • Risk stratification for at-risk/complex care/high-risk patients includes patients with a MH or SU condition  
• Care reminders, including for patients with BH needs | • Point-of-care reminders for patients with conditions related to MH/SU | • Practice establishes a systematic process for identifying patients who may benefit from CM (including BH conditions) | • Increased awareness of behavior-related health risks through focus on identified groups of patients |
| **Data management/ performance measurement** | • Performance reporting (includes BH measures) | | • Practice measures or receives data on preventive care measures, which may include behaviors affecting health and SU disorders | |
| **Resource stewardship** | • Preferred use of specialty care (including BH providers) | | | |
Overview of feedback from public comment period

- Public comment period: March 5 – April 4, 2014
  - Listening session: March 18, 2014

- Participation: 37 organizations (physician groups, health plans, stakeholder organizations) provided feedback

- Themes included:
  - Focus on community integration
  - Interest in a focus on performance and transparency for validation
  - Considerations around third party certification

- Enhanced Payment
  - Questions about payer involvement and roles

- Stakeholder Engagement
  - Recommendation to continue participation during final design
Next steps (April – July 2014)

- Revise criteria for PCMH certification based on feedback from public comment period
  - Consider two levels of certification
  - Continued engagement and solicitation of technical advisory groups to inform criteria

- Finalize criteria, measures, and validation tools for stakeholder engagement/public comment period

- Continue to work with payers, purchasers, and providers to share goals on HPC approach for primary care transformation
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- **Public Listening Session on Draft Data Submission Manual (DSM) for the Registration of Provider Organizations (RPO) Program**

- Schedule of Next Committee Meetings (June 11, 2014)
A public hearing on the Data Submission Manual will be held on:

Wednesday, April 9, 2014
11:30AM
Daley Room, Two Boylston Street, Boston

Members of the public who wish to submit comments may do so by 12:00PM on April 25, 2014 to HPC-Testimony@state.ma.us.
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**Schedule of Next Committee Meetings (June 11, 2014)**
For more information about the Health Policy Commission:

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