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

HPC PCMH DOMAIN	Proposed HPC PCMH Criteria	NCQA PCMH 2011 Criteria	NCQA PCMH 2014 Criteria	Joint Commission Criteria
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 Comment Period and Hearing Schedule

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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Contact information

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