

# SENATE NO. 1279

## **AN ACT** PROMOTE A STATEWIDE SYSTEM FOR CHRONIC CARE MANAGEMENT TO IMPROVE HEALTH CARE QUALITY AND CONTAIN COSTS

*Be it enacted by the Senate and House of Representatives in General Court assembled,  
And by the authority of the same, as follows:*

1 SECTION 1. Section 16 of chapter 6A of the general laws, as appearing in the 2004 Official  
2 Edition, is hereby amended by adding at the end thereof, the following:

3 Statewide Strategy for Chronic Care Management

4 Section 1. DEFINITIONS

5 For the purposes of this chapter:

6 (1) "Chronic care" means health services provided by a health care professional for an  
7 established clinical condition that is expected to last a year or more and that requires ongoing  
8 clinical management attempting to restore the individual to highest function, minimize the  
9 negative effects of the condition, and prevent complications related to chronic conditions.  
10 Chronic conditions include, but are not limited to, diabetes, hypertension, cardiovascular  
11 disease, cancer, asthma, pulmonary disease, substance abuse, mental illness, spinal cord injury,  
12 and hyperlipidemia.

13 (2) “Chronic care information system” means the electronic database developed under the  
14 Massachusetts eHealth Initiative for health that shall include information on all cases of a  
15 particular disease or health condition in a defined population of individuals.

16 (3) “Chronic care management” means a system of coordinated health care interventions  
17 and communications for individuals with chronic conditions, including significant patient self-  
18 care efforts, systemic supports for the physician and patient relationship, and a plan of care  
19 emphasizing prevention of complications utilizing evidence-based practice guidelines, patient  
20 empowerment strategies, and evaluation of clinical, humanistic, and economic outcomes on an  
21 ongoing basis with the goal of improving overall health.

22 (4) “Health care professional” means an individual, partnership, corporation, facility, or  
23 institution licensed or certified or authorized by law to provide professional health care services.

24 (5) “Health risk assessment” means screening by a health care professional for the  
25 purpose of assessing an individual’s health, including tests or physical examinations and a  
26 survey or other tool used to gather information about an individual’s health, medical history,  
27 and health risk factors during a health screening.

28 (6) “Massachusetts eHealth Initiative” means the Commonwealth’s plan for utilizing  
29 technology to manage health improvement through a public and private collaborative effort to  
30 improve quality and containing or reducing costs. Among the features of the eHealth initiative  
31 is the development of a chronic care infrastructure, prevention of chronic conditions, and  
32 chronic care management program, and which includes an integrated approach to patient self-

33 management, community development, health care system and professional practice change,  
34 and information technology initiatives.

35 Section 2. MASSACHUSETTS e-HEALTH INITIATIVE; STRATEGIC PLAN

36 (a) The secretary of health and human services, in cooperation with the commissioner of  
37 public health, is hereby authorized and directed to promote the development and  
38 implementation of a public-private partnership known as the Massachusetts e-Health Initiative,  
39 including the five-year strategic plan.

40 (b)(1) The secretary is hereby further authorized and directed to establish and implement a  
41 strategic plan for the development of the statewide system of chronic care and prevention as  
42 described under this section.

43 The secretary shall appoint a chronic care advisory committee to assist with the  
44 establishment and implementation of said strategic plan consisting of the commissioner of  
45 public health, or his designee; the commissioner of the division of health care finance and  
46 policy, or his designee; the commissioner of insurance, or his designee; the commissioner of the  
47 division of medical assistance, or his designee; the executive director of the group insurance  
48 commission, or his designee; the executive director of the Massachusetts technology  
49 collaborative or his designee; the executive director of the Massachusetts eHealth collaborative,  
50 or his designee; the executive director of the commonwealth health insurance connector, or his  
51 designee; the director of the Health Safety Net Office, or his designee; the president of the  
52 Massachusetts medical society, or his designee; the president of the Massachusetts association  
53 of health plans, or his designee; the president of the Massachusetts hospital association, or his

54 designee; the president of the institute for healthcare improvement, or his designee, the  
55 executive director of the Massachusetts coalition for the prevention of medical errors, or his  
56 designee; the president of the Massachusetts extended care federation, or his designee; the  
57 Executive Director of Health Care for All of Massachusetts, or his designee; a health care  
58 consumer; a representative of the complementary and alternative medicine profession; and a  
59 primary care professional serving low income or uninsured Massachusetts residents; and two  
60 individuals with demonstrated expertise in chronic care management or research.

61 (2) The chronic care advisory committee shall engage a broad range of health care  
62 professionals who provide services to health insurance plans, professional organizations,  
63 community and nonprofit groups, consumers, businesses, school districts, and state and local  
64 government in developing and implementing a five-year strategic plan.

65 (c)(1) The strategic plan shall include:

66 (A) a description of the Massachusetts eHealth Collaborative model, which includes  
67 general, standard elements, patient self-management, community initiatives, and health system  
68 and information technology reform, to be used uniformly statewide by private insurers, third  
69 party administrators, and public programs;

70 (B) a description of prevention programs and how these programs are integrated into  
71 communities, with chronic care management, and the Massachusetts eHealth Collaborative  
72 model;

73 (C) a plan to develop and implement reimbursement systems aligned with the goal of  
74 managing the care for individuals with or at risk for conditions in order to improve outcomes

75 and the quality of care, including, but not limited to the development of a system based on  
76 coordinated care management similar to the senior care options program established pursuant to  
77 section 9D of chapter 118E of the general laws;

78 (D) the involvement of public and private groups, health care professionals, insurers,  
79 third party administrators, associations, and firms to facilitate and assure the sustainability of a  
80 new system of care;

81 (E) the involvement of community and consumer groups to facilitate and assure the  
82 sustainability of health services supporting healthy behaviors and good patient self-management  
83 for the prevention and management of chronic conditions;

84 (F) alignment of any information technology needs with the Massachusetts eHealth  
85 Initiative, the Massachusetts eHealth Collaborative, the Massachusetts Technology  
86 Collaborative, the Massachusetts Health Data Consortium, or other health care information  
87 technology initiatives;

88 (G) the use and development of outcome measures and reporting requirements,  
89 aligned with existing outcome measures in consultation with the Cost and Quality Council  
90 established pursuant to section 16K of chapter 6A of the general laws, to assess and evaluate the  
91 system of chronic care;

92 (H) target timelines for inclusion of specific chronic conditions to be included in the  
93 chronic care infrastructure and for statewide implementation of the Massachusetts eHealth  
94 Initiative;

95 (I) identification of resource needs for implementation and sustaining the blueprint for  
96 health and strategies to meet the needs; and

97 (J) a strategy for ensuring statewide participation no later than July 1, 2010 by  
98 insurers, third-party administrators, health care professionals, hospitals and other professionals,  
99 and consumers in the chronic care management plan, including common outcome measures,  
100 best practices and protocols, data reporting requirements, payment methodologies, and other  
101 standards.

102 (2) The strategic plan shall be reviewed biennially by the chronic care advisory  
103 committee, and amended as necessary to reflect changes in priorities. Amendments to the plan  
104 shall be reported to the general court in the report established under subsection (d) of this  
105 section.

106 (d)(1) The secretary of health and human services shall report annually on the status of  
107 implementation of the Massachusetts blueprint for health to the joint legislative committee on  
108 public health, the joint legislative committee on mental health and substance abuse, the joint  
109 legislative committee on health care financing, and the House and Senate committees on ways  
110 and means. The report shall include the number of participating insurers, health care  
111 professionals and patients; the progress for achieving statewide participation in the chronic care  
112 management plan, including the measures established under subsection (c) of this section; the  
113 expenditures and savings for the period; the results of health care professional and patient  
114 satisfaction surveys; the progress toward creation and implementation of privacy and security  
115 protocols; and other information as requested by the committees. The surveys shall be

116 developed in collaboration with the public health council and its chronic care advisory  
117 committee established under subsection (b) of this section.

118 Section 3. CHRONIC CARE MANAGEMENT PROGRAM

119 (a) The secretary of health and human services is hereby authorized and directed to establish  
120 a chronic care management program as provided for in this section, which shall be administered  
121 or provided by a private entity for individuals with one or more chronic conditions who are  
122 enrolled in MassHealth, the Commonwealth Care Health Insurance program or the Group  
123 Insurance Commission. The program may provide mechanisms for collaboration with private,  
124 not for profit health plans to share information, strategies, and techniques within the privacy  
125 guidelines established by federal and state law and regulations. The program shall not include  
126 individuals who are also eligible for Medicare, who are enrolled in the Senior Care Options  
127 Section 1115 waiver or who are in an institute for mental disease as defined in 42 C.F.R.  
128 § 435.1009.

129 (b) The secretary shall include a broad range of chronic conditions in the chronic care  
130 management program.

131 (c) The chronic care management program shall be designed to include:

132 (1) a method involving the health care professional in identifying eligible patients,  
133 including the use of the chronic care information system, an enrollment process which provides  
134 incentives and strategies for maximum patient participation, and a standard statewide health risk  
135 assessment for each individual;

136 (2) the process for coordinating care among health care professionals;

137 (3) the methods of increasing communications among health care professionals and  
138 patients, including patient education, self-management, and follow-up plans;

139 (4) the educational, wellness, and clinical management protocols and tools used by the  
140 care management organization, including management guideline materials for health care  
141 professionals to assist in patient-specific recommendations;

142 (5) process and outcome measures to provide performance feedback for health care  
143 professionals and information on the quality of care, including patient satisfaction and health  
144 status outcomes;

145 (6) payment methodologies to align reimbursements and create financial incentives and  
146 rewards for health care professionals to establish management systems for chronic conditions, to  
147 improve health outcomes, and to improve the quality of care, including case management fees,  
148 pay for performance, payment for technical support and data entry associated with patient  
149 registries, the cost of staff coordination within a medical practice, and any reduction in a health  
150 care professional's productivity;

151 (7) payment to the care management organization which would put the care management  
152 organization's fee at risk if the management is not successful in reducing costs to the  
153 Commonwealth;

154 (8) a requirement that the data on enrollees be shared, to the extent allowable under  
155 federal law, with the secretary in order to inform the health care reform initiatives enacted  
156 pursuant to the provisions of chapter 58 of the Acts of 2006;

157 (9) a method for the care management organization to participate closely in the  
158 Massachusetts e-Health Initiative and other health care reform initiatives; and

159 (10) participation in pharmacy best practices and cost-control program consistent with the  
160 quality initiative of the American Society of Health Systems Pharmacists and National Quality  
161 Indicators developed by the National Quality Forum and the MassHealth preferred drug list.

162 (d) The secretary shall issue a request for proposals for the program established under this  
163 section. Any contract under this section may allow the entity to subcontract some services to  
164 other entities if it is cost-effective, efficient, or in the best interest of the individuals enrolled in  
165 the program.

166 (e) The secretary shall ensure that the chronic care management program is modified over  
167 time to comply with the Massachusetts eHealth Initiative strategic plan and to the extent  
168 feasible, collaborate in its initiatives.

169 Section 4. PREVENTION AND CHRONIC CARE MANAGEMENT; EXECUTIVE OFFICE  
170 OF HEALTH AND HUMAN SERVICES; IMPLEMENTATION PLAN

171 Notwithstanding any other general or special law to the contrary, not later than January 1,  
172 2009, the executive office of health and human services shall develop an implementation plan  
173 for prevention of chronic conditions and for chronic care management which at minimum meets

174 the criteria and requirements of this section. The implementation plan shall be revised  
175 periodically to reflect changes to the Massachusetts eHealth Initiative strategic plan. In addition  
176 to the chronic care management, the executive office of health and human services may provide  
177 additional care coordination services to appropriate individuals as specified in its strategic plan.  
178 The executive office of health and human services shall ensure that MassHealth, Medicaid  
179 waiver programs, and Commonwealth Care change the payment methodologies in order to align  
180 with the recommendation of the strategic plan. The executive office of health and human  
181 services shall analyze and include a recommendation as to any waivers or waiver modifications  
182 needed to implement a chronic care management program.

183 Section 5. PREVENTION AND CHRONIC CARE MANAGEMENT; STATE

184 EMPLOYEES

185 The group insurance commission shall include in any request for proposals for the  
186 administration of the health benefit plans for public employees a request for a description of any  
187 chronic care management program provided by the entity and how the program aligns with the  
188 Massachusetts blueprint for health strategic plan. The executive director shall also work with  
189 the secretary of health and human services or designee, and any organizations representing  
190 Massachusetts employees on how and when to align the state employees' health benefit plan  
191 with the goals and statewide standards developed by the Massachusetts blueprint for health.