

**MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM
REFORM COMMITTEE**

Meeting of April 23, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION**
Minihan Hall
Charles F. Hurley Building
19 Staniford Street
Boston, MA 02114

Docket: Tuesday, April 23, 2013, 10:30 AM – 12:00 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform Committee held a meeting on Tuesday, April 23, 2013 at Minihan Hall within the Charles F. Hurley Building located at 19 Staniford Street, Boston, MA.

Members present were Dr. Carole Allen (Chair), Dr. David Cutler, Ms. Marylou Sudders, Ms. Jean Yang, and Dr. Ann Hwang, representing Mr. John Polanowicz, Secretary, Health and Human Services

Chair Allen called the meeting to order at 10:30AM. Executive Director David Seltz asked Dr. Patricia Boyce, the HPC's new Director of Policy for Care Delivery and Quality Improvement, to introduce herself to the committee.

ITEM 1: Approval of Minutes

Chair Allen asked for a motion to accept the minutes. Ms. Sudders made the motion and Dr. Cutler seconded. Members voted unanimously to approve the minutes.

ITEM 2: Summary of Listening Sessions on the Registration of Provider Organizations

Ms. Karen Tseng, HPC Director of Policy for Market Performance, opened with an overview of Chapter 224 as it relates to the registration of provider organizations. She stated the purpose of registering provider organizations is to determine how providers are organized and delivering care. Certain provider organizations will be registered for a two-year term. Provider organizations with more than 15,000 patients who collectively receive more than \$25 million in annual net patient service revenue are required to be registered. Ms. Tseng stated the HPC will work alongside other state agencies that collect information relevant to provider organizations.

The HPC held three joints hearings with the Division of Insurance (DOI) related to registering provider organizations and certifying risk-based provider organizations. The hearings highlighted DOI's sole focus on risk born by the provider organizations and determining which entity within the provider organization actually bears those risks. Ms.

Tseng stated the hearings illustrated the complexity of these organizations and the various forms they can take.

ITEM 3: Presentation on Patient-Centered Medical Homes

Mr. Seltz provided an overview of the HPC's role in developing a state registration process for Patient-Centered Medical Homes (PCMH). The main themes surrounding the PCMHs are 1) personal relationships, 2) team-based care delivery for the whole person, 3) care coordination, 4) quality improvement, and 5) open access to services. The regulations must be developed by January 1, 2014, and the HPC must consider current national standards in that development process. In addition to developing the regulations for registering PCMHs, the HPC will develop a model payment system for insurers to use, a directory of community services for referrals, and a training program for PCMH personnel by July 1, 2014.

Chair Allen presented to the committee on the medical home concept. The medical home must meet the goals of the "triple aim" by improving the experience of care, improving population health, and reducing the cost of care. Chair Allen viewed the medical home as providing protection to patients through care delivery, supporting health maintenance, improving quality through outcome measurements, developing relationships between provider and patients, having a foundation based on infrastructure such as health IT, and providing staff with tools to coordinate care.

Mr. Seltz provided committee members with information regarding national medical home programs. He provided an overview of the National Committee on Quality Assurance (NCQA) and the Joint Commission's medical home requirements for certification by each respective entity. The committee members then discussed the need to identify the landscape of medical homes in Massachusetts. Ms. Sudders emphasized the need to review behavioral health integration within medical homes.

ITEM 3: Adjournment

Chair Allen adjourned the meeting at 12:00PM.