

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

Meeting of May 20, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION**
Center for Health Information and Analysis
Daley Conference Room
Two Boylston Street
Boston, MA 02116

Docket: Monday, May 20, 2013, 9:00 AM – 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform Committee held a meeting on Monday, May 20, 2013 in the Daley Conference Room within the Center for Health Information and Analysis located at Two Boylston Street, Boston, MA.

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

Chair Allen called the meeting to order at 9:00AM.

ITEM 1: Approval of Minutes

Chair Allen postponed the approval of the minutes, pending the arrival of Dr. Ann Hwang, to secure a quorum for the vote.

ITEM 2: Patient-Centered Medical Home (PCMH): Overview of Models and Massachusetts Activity

After postponing the approval of minutes, Chair Allen turned the meeting over to Executive Director David Seltz.

Mr. Seltz discussed the staff's research on PCMH in Massachusetts and nationally. He stressed the Health Policy Commission's goal is to understand existing programs and the payment systems that support them. He noted the HPC's goal to create a model payment system to support PCMH.

Mr. Seltz then pointed to specific actions taken by the staff since the last meeting of the Committee. He noted that the staff has catalogued activities that are occurring with PCMH. While no comprehensive inventory exists, the staff is creating this catalogue by interviewing a variety of people and consulting a number of sources. He affirmed that the staff is continuously refining information. He posed several questions to Committee members, asking them what they believe the Commission's priorities should be with respect to PCMH,

what opportunities there are for coordination with existing programs, and in what ways the HPC could advance the model of a PCMH.

Chair Allen interrupted Mr. Seltz's presentation upon the arrival of Dr. Ann Hwang to proceed with the approval of the minutes. Chair Allen asked for a motion to accept the minutes. Dr. Hwang made the motion and Ms. Yang seconded. Members voted unanimously to approve the minutes.

After approving the minutes, Commissioners resumed discussion on the progress made by staff. Ms. Yang asked Mr. Seltz to clarify the vision of the Committee and its goals. Mr. Seltz noted that this definition was still in development and that they were looking for direction from the Committee on the staff's next steps and regulatory priorities.

Mr. Seltz then provided the definition of a PCMH pursuant to Chapter 224 and reviewed the statutory responsibilities that the HPC must fulfill. He noted that the law provides the Commission with some flexibility to go beyond the minimum standards for certification and urged the Commissioners to weigh in on what they envisioned as key priorities.

Chair Allen presented her definition of PCMH. She emphasized the need for quality and relationships as keys to success.

ITEM 3: Presentation on Patient-Centered Medical Homes

Mr. Seltz then introduced Dr. Patricia Boyce, Policy Director, Care Delivery and Quality Improvement.

Dr. Boyce began her presentation by reviewing the national context for PCMH. She discussed the research completed by the staff on implementation efforts in each state. She noted that states generally used a combination of national standards (such as NCQA and JC) and state-specific criteria of performance measures to deal with PCMH.

Dr. Boyce reviewed the two main options for the qualification of a PCMH. Committee members and staff reviewed both options and discussed a third option which would compromise between the two extremes. Mr. Seltz proposed a tiered system to help bridge the two concepts, citing the PCPR program as a successful example of such a system.

Dr. Boyce then provided an overview of Oregon and Minnesota as two state models of successful PCMH certification programs. She noted that programs in these states have matured in less than six years. Commissioners then discussed the details of each program, pointing to key similarities and differences. Ms. Sudders asked how mental illness played into each of these models. Dr. Boyce noted that it is part of the supplemental factors in the tiered programs.

Based on her research, Dr. Boyce highlighted several key recommendations for PCMH and how they can be achieved in Massachusetts. She noted that 10% of total primary care practices in Massachusetts are considered PCMH. Dr. Cutler asked whether the HPC had the

data for patients rather than just providers. Dr. Boyce noted that she was working on gathering this information.

Committee members and staff discussed opportunities for integrating the HPC's certification into the accreditation process. Following this, Dr. Boyce reviewed the accrediting organizations that certified 149 PCMH practices in Massachusetts. She noted that PCMH are geographically clustered in the Boston area, central Massachusetts, and around Springfield. She also highlighted the scattering of PCMH along coastal Massachusetts.

Dr. Boyce asked for any questions from Committee members. Seeing none, the Committee moved on to the next order of business.

ITEM 4: Discussion of PCMH Certification Process

Dr. Boyce reviewed national payment models used for the PCMH certification process. Chair Allen asked if there were any states rewarding PCMH for practicing preventative medicine. Dr. Boyce noted that many state-led programs are tending toward adult and adolescent screening.

Committee members and staff discussed various payment models and how they could complement one another. Dr. Hwang asked if the accreditation models specified a payment structure for PCMH. Dr. Boyce responded that they do not. An HPC staff member noted that the lack of a specific payment structure creates an area where the Commission could find more latitude for decision making.

Dr. Boyce summarized the models of PCMH payments and highlighted trends across her research. She also highlighted areas that the HPC is just beginning to investigate, such as cost-quality outcomes associated with each of the different payment models.

Mr. Seltz affirmed that one of the key ways in which the HPC can play a role is by focusing on evidence and research. Ms. Yang urged the staff to look at the true evidence underlying PCMH and not just the indicators. Staff then reviewed the evidence they currently have access to and projected data they expect shortly. Dr. Hwang noted that the staff should tease out which features of the PCMH drives change and then focus on that aspect.

Dr. Boyce summarized her research on PCMH payment model considerations. She highlighted the need for a multi-payer model to demonstrate the real effects of PCMH.

Finally, the Committee and staff reviewed the current strategic initiatives supporting public-sector delivery system integration. They discussed how the HPC could measure progress by highlighting examples from these initiatives.

Ms. Yang affirmed that the HPC needs to look at both successful programs and unsuccessful programs. She insisted that the HPC must play the role of tying everything together rather than just establishing another venue of regulation.

Mr. Seltz agreed with Ms. Yang and noted that the staff welcomes the Commissioners' input to create a baseline understanding and determine what opportunities are open for HPC. He noted that the staff was working on a strategy to tie all of the pieces together and create value along specific lines to advance PCMH.

ITEM 5: Atrius Presentation

Dr. Lopez, Chief Medical Officer at Atrius Health presented to the Committee. Presentation available here: <http://www.mass.gov/anf/docs/hpc/cdpsr/20130520-atruius-pcmh-presentation.pdf>

ITEM 6: Adjournment

Chair Allen adjourned the meeting at 11:00AM.