

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

Meeting of July 25, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION
Ashburton Café Function Room
One Ashburton Place
Boston, MA 02108**

Docket: Thursday, July 25, 2013, 1:00 PM – 2:30 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform (CDPSR) Committee held a meeting on Thursday, July 25, 2013 in the Ashburton Café Function Room located at One Ashburton Place, 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 of Health and Human Services.

Commission Chair Stuart Altman was also present.

Chair Allen called the meeting to order at 1:01 PM.

ITEM 1: Approval of Minutes

Chair Allen asked if any Committee members had changes for the minutes. Seeing none, she 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: Update on Framework of Patient Centered Medical Home (PCMH) Certification

Chair Allen introduced Dr. Patricia Boyce, HPC's Policy Director for Care Delivery and Quality Improvement, to make a presentation on the framework for Patient Centered Medical Homes (PCMHs).

Before Dr. Boyce began her presentation, Dr. Cutler asked for the staff to clarify the goal of the discussion. Chair Allen clarified that she hoped the discussion would determine whether staff is on the right track and define the next steps in the process. Mr. David Seltz, Executive Director, echoed this notion. He stated that the goal of the day's discussion was to lay out principles and ideas for the Committee's consideration. He noted that this was the start of the conversation of PCMHs, not the final answer.

Dr. Boyce introduced the staff's approach to defining PCMHs and reviewed the standards that currently exist as well as the outline of the proposed certification program. She noted

that the HPC's proposed PCMH framework has four elements: Certification Pathway, Payer Engagement, Provider Engagement, and Accountability.

Dr. Boyce reiterated that the goal of this framework was a patient centered model. Dr. Altman recommended that the staff define what qualifies as a PCMH by considering what entities would not qualify as a PCMH. Dr. Boyce noted that the HPC will need to create a rigorous set of evidence based standards with a performance based evaluation process.

Dr. Boyce commented that the outcome desire from this framework is care transformation with a more coordinated patient centered health care system that is value based and performance driven.

Dr. Boyce next reviewed the components of PCMH versus an ACO. She looked at the common set of considerations of criteria shared by these two types of organizations. She delved into the role that the HPC will play in defining PCMHs in Massachusetts. She noted that the HPC will mainly focus on adopting a performance based approach for the verification of PCMHs and on monitoring/evaluating the impact of PCMHs/ACOs on cost, quality, and patient experience. In doing this, Dr. Boyce highlighted that staff will work with other accrediting bodies in the state and nation.

Dr. Boyce provided an overview of the HPC's proposed voluntary certification for PCMHs. To create this certification, the staff looked towards other states that have completed a similar process. Dr. Boyce outlined the key principles and features of certification programs and highlighted considerations for the HPC.

Dr. Hwang suggested that staff consider the implications that the design of the program will have on the operation of PCMHs. Dr. Altman noted that creating the certification program is a large task. He proposed an alternative scenario in which the HPC creates criteria for certification which is then enforced by the private sector.

Dr. Boyce next outlined the HPC's proposed standards on care coordination. Upon review, Ms. Sudders noted that she would like a revision to the definition of care coordination so that it reads "Focuses on patients with chronic **and/or** complex care needs..." to ensure that children are included in the definition. Dr. Allen noted that the definition for resource stewardship needs to address both the over- and under-utilization of services.

Dr. Boyce then introduced the tiered model framework for PCMHs. She differentiated between the basic, advanced, and optimal tiers. She then highlighted the alignment of the proposed standards for both PCMHs and ACOs. Ms. Yang suggested the HPC address two additional standards – governance structure and financial risk arraignment – for PCMHs.

In order to further understand of the HPC standards, Dr. Boyce presented them in conjunction with other state-defined medical home standards. She noted that the standards proposed by the HPC, in almost all cases, are aligned with those in other states.

Additionally, Dr. Boyce compared the proposed PCMH standards with national medical home accreditation standards. Noting that the HPC was almost entirely aligned with existing national standards, Ms. Yang asked whether this data suggests that the HPC should adopt and enhance existing standards. Ms. Sudders noted that this is not completely possible because NCQA creates only minimal standards surrounding behavioral health.

Dr. Boyce reviewed the 2014 NCQA PCMH Standards and their implications for the Health Policy Commission. She stated that the HPC will integrate behavioral health into its PCMH standards. Ms. Yang asked what that meant for the regulation. Ms. Sudders responded that it would be a way to look at an individual's health status so that he/she improves both physically and behaviorally. Ms. Yang added that when it comes to behavioral health, it is not always about creating standards that would save money.

Dr. Boyce next forwarded a series of ten questions for consideration by the Commissioners. She noted that these will be further discussed at future meetings. Mr. Seltz commented that the staff is looking to Commissioners for guidance on how to proceed, what to focus on, etc. He stated that these areas needed to be further defined before creating performance based standards.

Dr. Cutler suggested that the best path may be to start with a lighter version of the NCQA standards and then add to them so that they meet the state's needs. Chair Allen recommended that staff draft regulations and ideas for the next meeting of the Committee. She reiterated that the NCQA standards are a good place to start, but must have additions to ensure the inclusion of behavioral health.

ITEM 3: Update on the Registration of Provider Organizations

Mr. Iyah Romm, HPC's Director of System Performance and Strategic Investment, presented on the registration of provider organizations (RPO). He provided an overview of the three key aims of the program and reviewed the process used by the HPC to identify and register these organizations.

Dr. Hwang asked how broadly staff was defining health care services. Mr. Romm responded that the staff will look to Commissioners to define this term because it is not clarified in statute.

Mr. Romm next reviewed the reporting requirements mandated by the statute. He noted that in addition to these statutory requirements, the staff of the HPC and Center for Health Information and Analysis (CHIA) can propose additional regulations. Chair Allen highlighted this as an area where the HPC can work with other organizations and agencies.

Ms. Margaret Anshutz, Senior Policy Associate, Market Performance, presented on the HPC's registration of provider organizations. She outlined the HPC's three step work plan of stakeholder meetings, consensus building, and finalizing deliverables.

Mr. Romm then briefly presented a draft RPO timeline. Dr. Allen asked if there were any statutory deadlines for the regulations. Mr. Romm responded in the negative. Dr. Cutler asked if staff had received any comments on the process. Mr. Romm responded that the comments to date had been nuanced, but generally focused on the administration of the registration and pushed for simplification of the process. Ms. Yang asked what the end product of the process would be. Mr. Romm responded that the result would be an information repository.

ITEM 3: Public Comments

With the end of the formal agenda, Chair Allen asked if any audience members had comments or questions.

An audience member asked if it was the HPC's goal in creating the PCMH standards to ensure that all providers can apply for certification as either an ACO or a PCMH. Dr. Allen responded that this was still being discussed by the Committee and the larger Commission. Mr. Seltz echoed this notion, affirming that the HPC is working to define ACOs and what they will do.

A second audience member asked if there was a way for HPC staff to make available the NCQA standards on which the public should comment. Dr. Boyce noted that the public should consider, at minimum, the 2011 standards. She noted, however, that these may not be publicly available.

ITEM 4: Adjournment

Seeing no further comments, Chair Allen adjourned the meeting at 2:45 PM.