# Care Delivery and Payment System Reform

Programmatic Considerations for HPC Certification
Programs (PCMH – ACO)

Health Policy Commission

Committee Meeting

September 9, 2013

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- HPC focus areas

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# Agenda

- **Approval of minutes from July 25, 2013 meeting**

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- HPC focus areas

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# Vote: Approving minutes

**Motion**: That the Care Delivery and Payment System Reform Committee hereby approves the minutes of the Committee meeting held on July 25, 2013, as presented.

# Agenda

- Approval of minutes from July 25, 20130 meeting

- **Statutory obligations for HPC certification programs**

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- HPC focus areas

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# Statutory obligations for PCMHs

## Section 14 of Chapter 6D  (1)

The commission, in consultation with the office of Medicaid, shall develop and implement standards of certification for PCMHs... Based on the following criteria: enhancing access… enabling utilization of… dedicated care coordinators… encouraging shared decision-making… [and] ensuring that PCMHs (2) develop and maintain appropriate comprehensive care plans for patients with complex or chronic conditions… Certification as a PCMH is voluntary. Primary care providers, behavioral health providers, and specialty care providers certified by the commission as a PCMH shall renew their certification every 2 years… (3) A primary care provider or specialty care provider certified as a PCMH shall have the ability to assess and provide or arrange for, and coordinate care with, mental health and substance abuse services. A behavioral health provider or specialty care provider certified as a PCMH shall have the ability to assess and provide or arrange for, and coordinate care with, primary care services, to the extent determined by the commission… The commission, in consultation with the office of Medicaid, (4) shall establish a PCMH training for PCMHs to learn the core competencies of the PCMH model… (5) The commission shall develop a model payment system for PCMHs…  The (6) commission shall develop and distribute a directory of key existing referral systems and resources that can assist patients in obtaining housing, food, transportation, child care, elder services, long-term care services, peer services, and other community-based services.

### 2013 Amendment  (7)

Amended chapter 224 to include priority for model PCMH practices

### HPC Requirements

1. Develop and implement standards
2. Create a voluntary certification process that requires renewal every 2 years
3. Include behavioral health and specialty care providers
4. Establish training
5. Develop a model payment system
6. Develop and distribute a directory connecting patients to community-based services
7. Create a designation process for Model PCMHs

# Minimum PCMH certification standards (Chapter 224)

1.  Enhance **access to routine care, urgent care and clinical advice** though means such as implementing shared appointments, open scheduling and after-hours care;

2.  Enable **utilization of a range of qualified health care professionals, including dedicated care coordinators**, which may include, but not be limited to, nurse practitioners, physician assistants and social workers, in a manner that enables providers to practice to the fullest extent of their license;

3.  Encourage **shared decision-making for preference-sensitive conditions** such as chronic back pain, early stage of breast and prostate cancers, hip osteoarthritis, and cataracts; provided that shared decision-making shall be conducted on, but not be limited to, long-term care and supports and palliative care; and

4.  Ensure that patient centered medical homes develop and maintain appropriate **comprehensive care plans** for their patients with complex or chronic conditions, including an assessment of health risks and chronic conditions.

# Statutory obligations for ACOs

## Section 15 of Chapter 6D

The commission shall establish a process for certain registered provider organizations to be certified as… ACOs; **(1)**
provided that no provider organization is required to become an ACO. The ACO shall be certified for a term of 2 years
and renewable under like terms. The purpose of the ACO certification process shall be to encourage the adoption of **(A)**
integrated delivery care systems in the commonwealth for the purpose of cost containment, quality improvement, and
patient protection. The commission shall create a common application form…. The commission shall establish **(2)**
minimum standards for certified ACOs... In developing additional standards for ACO certification, the commission shall **(3)** **(C)**
consider the following goals: to promote alternative payment methodologies… promote the integration of mental **(B)**
health… promote patient-centeredness… adopt certain health information technology… demonstrate excellence in the **(D)** **(E)** **(F)**
area of managing chronic disease... promote the health and well being of children… promote worker training
programs… [and] adopt certain governance structure standards... The commission shall update the standards for **(G)**
certification as an ACO at least every 2 years… The commission shall create a designation process for Model ACOs… **(3)** **(4)**
The commission shall create a review process for aggrieved providers. **(5)**

| HPC Requirements | HPC Goals |
|---|---|
| 1. Create a certification process that is voluntary and requires renewal every 2 years<br>2. Create a common application form<br>3. Establish minimum standards to be updated every 2 years<br>4. Create a designation process for Model ACOs<br>5. Create a review process for aggrieved providers | A. Cost containment, quality improvement, and patient protection<br>B. Promote alternative payment methodologies<br>C. Improve mental health, chronic disease, and children's health<br>D. Promote patient-centeredness<br>E. Adopt health IT<br>F. Promote worker training programs<br>G. Adopt certain governance structure standards |

# Statutory alignment of PCMH and ACO

**Section 15(c)(5) of Chapter 6D**

In developing additional standards for ACO certification, the commission shall consider the following goals for ACOs… to improve access to certain primary care services, including, but not limited to, by having **a demonstrated primary care and care coordination capacity and a minimum number of practices engaged in becoming patient-centered medical homes including certified patient-centered medical homes**.

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- **Status of PCMH & outstanding issues for HPC certification**

- HPC approach for certification and validation

- HPC focus areas

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# Laying the "tracks" for PCMH in the Commonwealth

- Current status of PCMH certification
  - 159 accredited practices in MA (11%)
  - Approximately 3 new practices certified/month
  - Limited payer incentives for PCMH-specific certification (MassHealth),    but other payers recognize PCMH-type attributes

- Opportunity to set direction for PCMH efforts in th Commonwealth

- Potential to impact quality and cost with focus on specific areas of PCMH capability and payer engagement
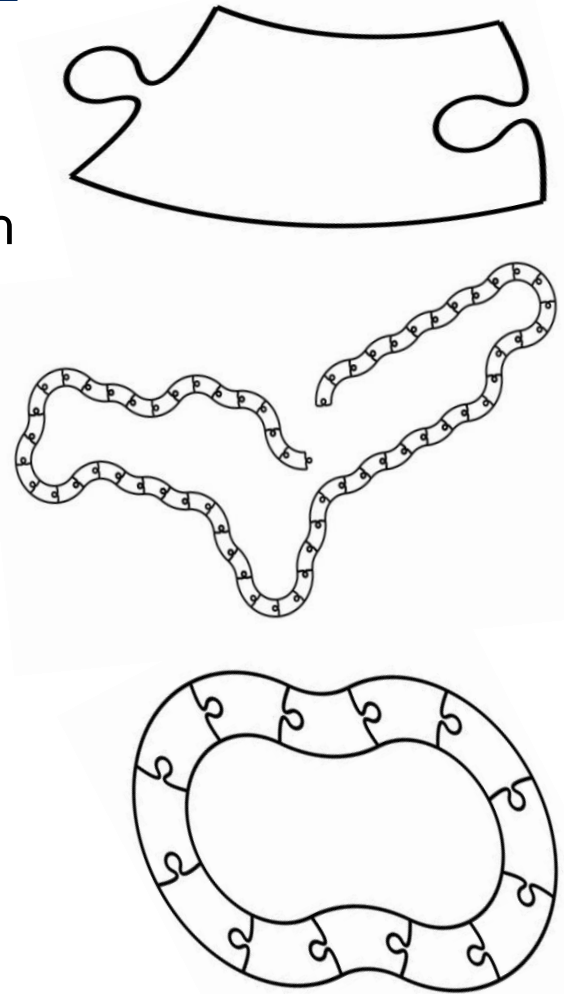
# State PCMH certification models: Implications for HPC

## State Models

- Varying state roles/involvement in standard selection and certification process

- Most work closely with public payers on enhanced payments for selected criteria

- Those with more rigorous process have engagement from multiple payers

- Most have specific areas of focus, even if using national accreditation standards

- Strong state role in payment reform, analytics, monitoring and evaluation

- Staff resources vary, though highest for provider training/education and on-site reviews

- On-site reviews and practice facilitation perceived as highly valuable to PCMH sponsors & providers

## HPC Considerations

1. Defining value of HPC certification to payers, providers (& level of rigor necessary to meet value expectations)

2. Focus on specific criteria (focus areas): evidence-base and statutory requirements

3. Approach for measurement/ performance review

4. Considerations and resources for validation

5. How choices for PCMH certification affect ACO program/opportunity

6. Impact of standards selected and certification process on model payment design

7. Partnering with others on capacity-building efforts

**Key considerations for high-value, voluntary certification programs**

# Outstanding issues for certification

- Role of HPC

- Certification process

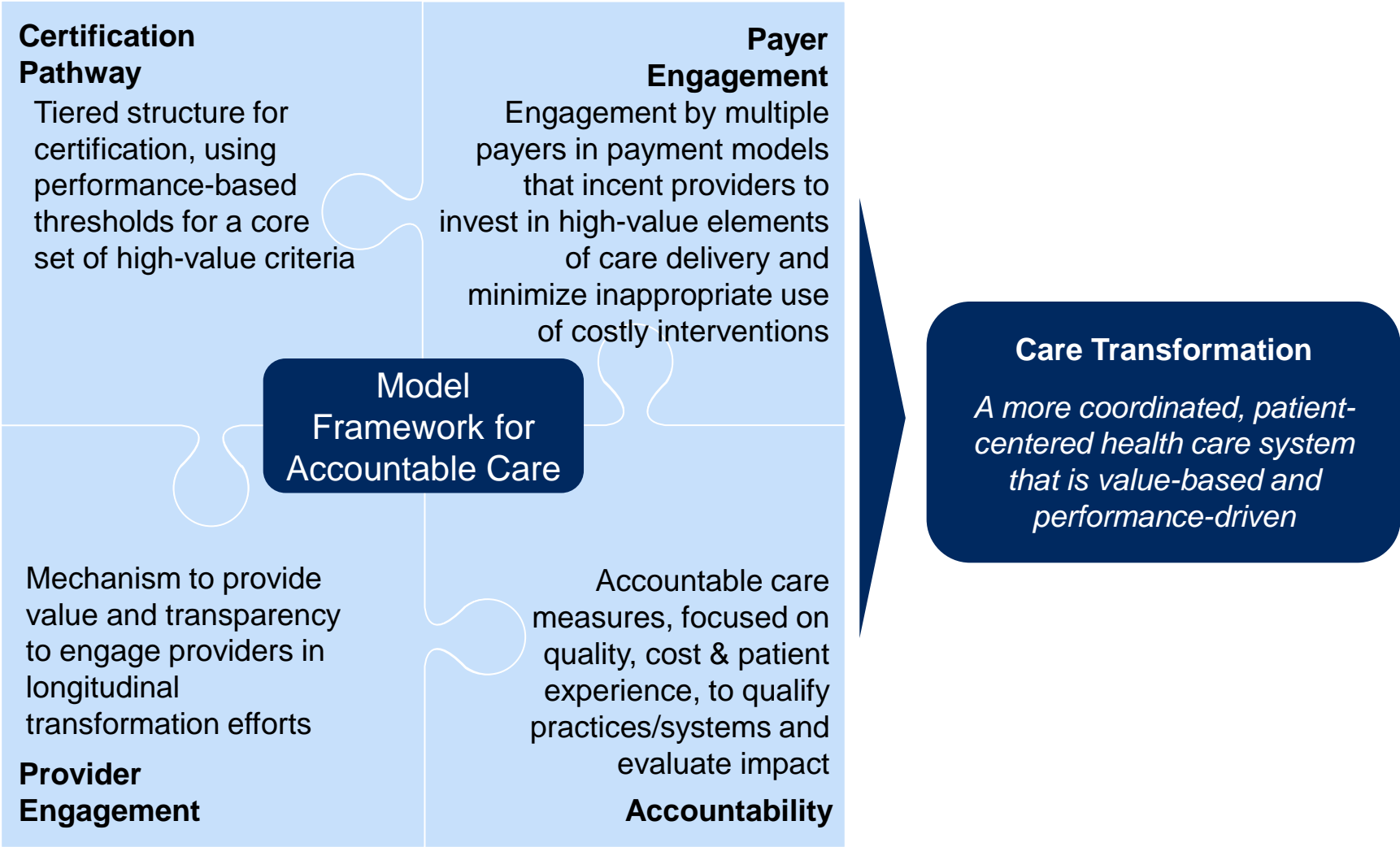- Program resources

- Standards/focus areas

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- **HPC approach for certification and validation**

- HPC focus areas

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# HPC role

| | |
|---|---|
| **Monitor** | Monitor certification and impact of PCMH and ACO programs and payment models on quality, cost & access |
| **Engage** | Engage providers and payers to support adoption of functional capabilities at the practice level |
| **Transform** | Evaluate capabilities to define gaps, identify best practices, stimulate innovation, and measure impact |

# Core components of HPC care model framework

**Certification Pathway**
Tiered structure for certification, using performance-based thresholds for a core set of high-value criteria

**Payer Engagement**
Engagement by multiple payers in payment models that incent providers to invest in high-value elements of care delivery and minimize inappropriate use of costly interventions

**Model Framework for Accountable Care**

Mechanism to provide value and transparency to engage providers in longitudinal transformation efforts

**Provider Engagement**

Accountable care measures, focused on quality, cost & patient experience, to qualify practices/systems and evaluate impact

**Accountability**

**Care Transformation**

*A more coordinated, patient-centered health care system that is value-based and performance-driven*

# Considerations for approach: value vs. burden

- Participation by providers/payers
    - Perceived value of selected standards/accreditation body
    - Potential cost to providers (financial, administrative)

- Focus on behavioral health (minimal inclusion in national standards)

- Not all standards/elements considered "high-value"

- Measures, reporting, and analysis

- Opportunity for HPC to define focus areas to meet statutory requirements and focus on high-value elements for quality/cost

# Certify and validate

## Certification

Certification aims at assuring that the organization achieves a certain level of proficiency and that they agree to certain standards or criteria.

| Process | HPC Example |
|---|---|
| Assurance of meeting standards or proficiency may be determined by:<br>- Application (response to specific criteria)<br>- Attestation or self-declaration of specific levels of proficiency<br>- Verification by 3rd party accrediting organization | ▪ **Practice completes online application**<br> — **Self assessment**<br> — **Documentation requirements**<br>▪ **Practice attests to certification level or 3rd party certification**<br>▪ **HPC confirms national certification (if appropriate)** |

## Validation

The process of evaluating a system to determine whether the organization satisfies specified requirements (functional use of the capability).

| Process | HPC Example |
|---|---|
| Evaluation of the specific standards and criteria may be accomplished by:<br>- Documentation review (i.e. policies, population reports)<br>- Performance review (specified measures)<br>- On-site survey (practice capabilities) | ▪ **HPC reviews documentation and data**<br>▪ **HPC conducts site visit (if randomly selected)**<br>▪ **HPC awards practice certification and posts final status on website** |

# HPC options for certification and validation

|  | Pros | Cons |
|---|---|---|
| **1. Certify national accreditation** | ▪ Minimize burden on HPC<br>▪ **Use nationally established standards**<br>▪ Align with requirements of local initiatives (PCMHI, PCPR) | ▪ **Limitations of national standards**<br>▪ Need to encourage/include JC and NCQA programs for BH/spec certif.<br>▪ **Cost & time commitment by providers**<br>▪ Value of national standards by MA providers (90% without certification) |
| **2. Validate national accreditation** | ▪ Opportunity to serve "validation" role (certified content experts for NCQA)<br>▪ **Value of validation to local partners & payers**<br>▪ Identify and disseminate best practices | ▪ **Staffing resources for HPC to validate certification** |
| **3. Add HPC-specific criteria** | ▪ Focus only on "high value" elements for certification<br>▪ **Include BH and specialty criteria – wider applicability**<br>▪ Monitor/evaluate high-value elements to assess impact | ▪ **Added burden on providers for additional criteria and/or measurement (beyond national standards)**<br>▪ Program resources for validation |
| **4. Focus on HPC-specific criteria for certification and validation** | ▪ **Directly align focus areas with national standards to certify practices with current accreditation**<br>▪ **Minimize cost/burden for other providers to pursue certification** | ▪ **Stakeholder agreement on focus areas/validation process**<br>▪ **Engaging payers and providers** |

## HPC Role/Implications

- Focus on high-value elements (focus areas)
- Recognize existing certification by third-party accrediting organization (align focus areas with national standards – NCQA, JC, AAAHC, URAC)
- Engage partners/payers to incent practices to enter Certification "pathway"
- Provide communication and resources to define high-value elements and opportunities for certification
- Create tiered pathway for recognition, with clear milestones and approach for advancing on pathway
- Provide transparency of certification to create value for providers, payers and consumers (rating levels and definitions for purchasers)
- Engage with local partners for capacity-building efforts

# HPC PCMH program implementation

| Phase I: 18-24 months | Phase II: Full scale roll out |
|---|---|

- Engage payers to encourage participation
- Engage providers for voluntary certification
- Provide training / communications on HPC focus areas & milestones
- Evaluate engagement, impact (cost/quality), standards, payment models
- Program staff: program director, associate, 1-2 analysts, on-site survey staff/contractors
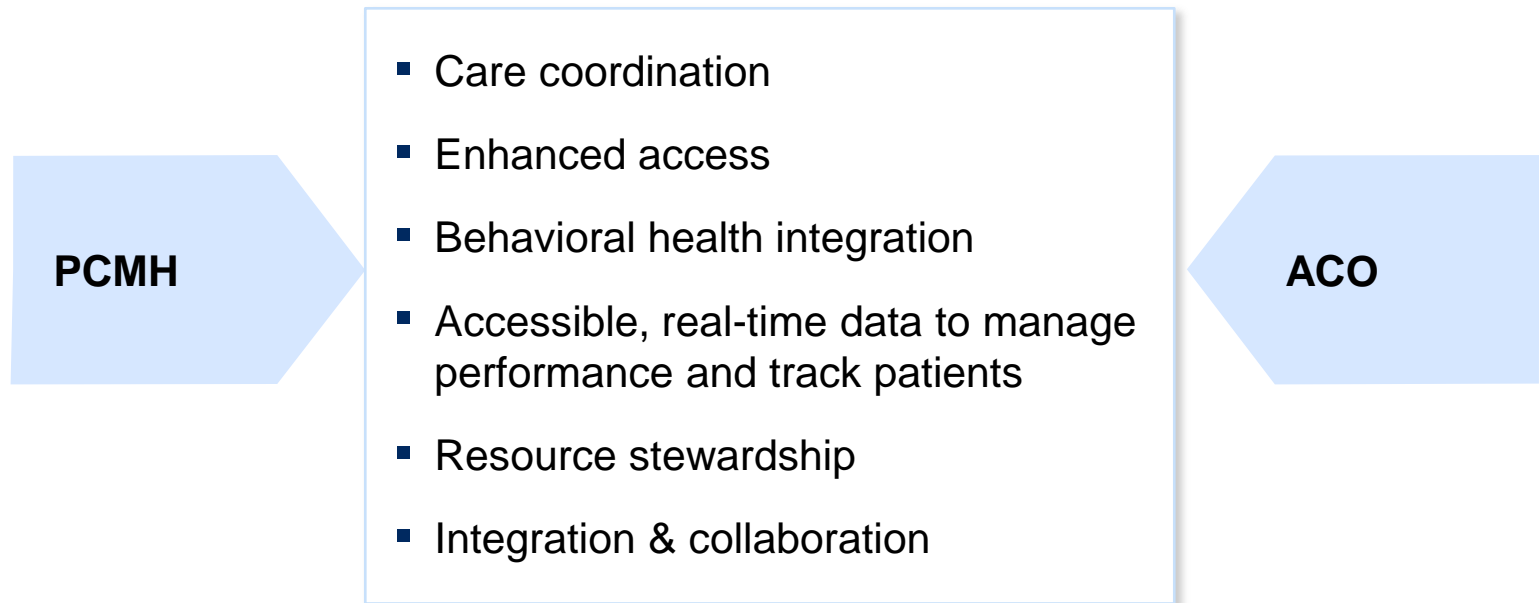
- Review initial program evaluation
- Revise communications, program resources, approach to engagement, based on early results
- Expand practice and payer participation (as appropriate)
- Potential expansion of staff for communications, training, site visits
- Greater analytic capabilities – based on expanded participation and available data

# HPC resource implications

- **Program administration**
  - Design, administer and monitor certification programs (communication, education, implementation, evaluation)
- **Web portal**
  - Applications, inquires, certified practices/ organizations, resources and certification tools
- **Communication and training**
  - Payer, provider and consumer engagement; training on certification process and focus areas
- **Certification**
  - Applications, documentation requirements, on-site surveys
- **Measurement systems/analytics**
  - Track/map participation, program evaluation
  - Access to timely/reliable data (cost and quality)

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- **HPC focus areas**

- Summarize key decision points and next steps

- Schedule of next Committee meeting (November 13, 2013)

# Evidence on high value elements of accountable care



**PCMH** → 

- Care coordination
- Enhanced access
- Behavioral health integration
- Accessible, real-time data to manage performance and track patients
- Resource stewardship
- Integration & collaboration

← **ACO**

**High value:** demonstrated impact on quality, cost and patient experience

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- HPC focus areas

- **Summarize key decision points & next steps**

- Schedule of next Committee meeting

# HPC recommendations for certification and validation

- **Role of HPC**
  - Engage providers and payers to stimulate adoption of selected PCMH criteria for enhanced payment
  - Monitor and evaluate impact of specific criteria on quality and cost to identify gaps, stimulate innovation, and measure impact
- **Standards/focus areas**
  - Focus on high-value elements of PCMH
  - Recognize existing certification with direct alignment of HPC focus areas to national standards
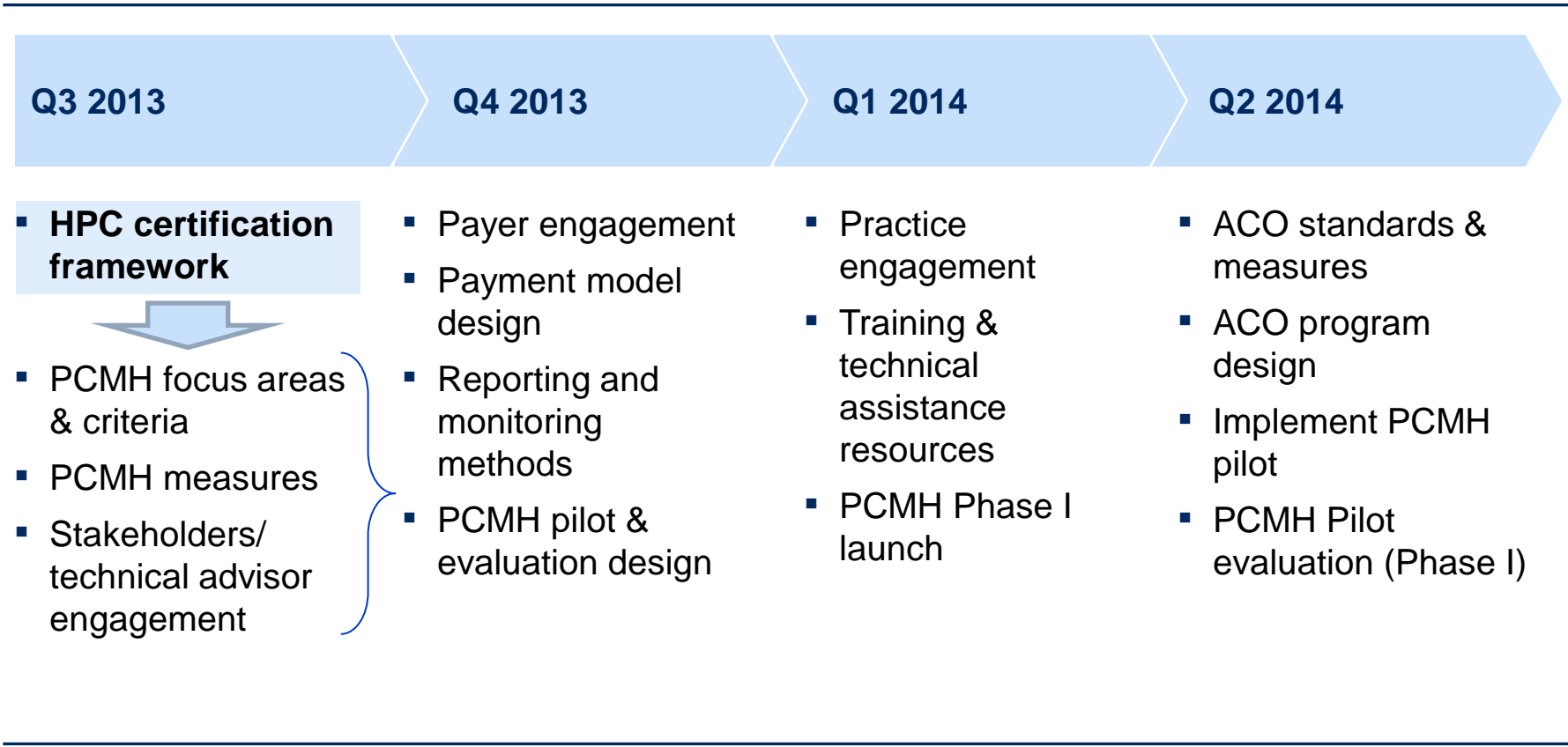  - Minimize cost/burden to providers to participate
- **Certification process**
  - Practices submit application, self-assess level (or 3rd party certification)
  - HPC validates functional capabilities (application, performance, site visits)
  - Evaluate impact: program resources, engagement, quality/cost
- **Program resources**
  - Phased approach to initiation (Phase I: 18-24 months): multiple payers, 2-3 staff with contracted resources for site review (as needed)
  - Consider resources for performance review (quality/cost data)
  - Engage with local partners for capacity-building efforts

# Key deliverables for HPC care model programs

| Q3 2013 | Q4 2013 | Q1 2014 | Q2 2014 |
|---|---|---|---|

**HPC certification framework**

- PCMH focus areas & criteria
- PCMH measures
- Stakeholders/ technical advisor engagement

- Payer engagement
- Payment model design
- Reporting and monitoring methods
- PCMH pilot & evaluation design

- Practice engagement
- Training & technical assistance resources
- PCMH Phase I launch

- ACO standards & measures
- ACO program design
- Implement PCMH pilot
- PCMH Pilot evaluation (Phase I)

# Agenda

- Approval of minutes from July 25, 2013 meeting

- Statutory obligations for HPC certification programs

- Status of PCMH and outstanding issues for HPC certification

- HPC approach for certification and validation

- HPC focus areas

- Summarize key decision points & next steps

- **Schedule of next Committee meeting (November 13, 2013)**

# 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