

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

Meeting of February 12, 2014

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, February 12, 2014, 11:00 AM – 12:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform (CDPSR) Committee held a meeting on Wednesday, February 12, 2014 at the Center for Health Information and Analysis, Two Boylston Street, Boston, MA.

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

Commissioner Jean Yang was not present.

Chair Carole Allen called the meeting to order at 11:06 AM. She stated that the day's meeting would contain updates for both the Accountable Care Certification Program and the Registration of Providers Organization (RPO) Program. She also noted that there would be a public hearing on the RPO program at the conclusion of the meeting.

ITEM 1: Approval of minutes

Chair Allen asked if any Committee members had changes for the minutes from December 16, 2014. 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 HPC Accountable Care Certification Program

Chair Allen noted that the HPC's goal when creating the accountable care certification programs is to balance the value of care against the burden to practices. She thanked stakeholders who have provided feedback throughout the process.

Chair Allen introduced Dr. Patricia Boyce, Policy Director for Care Delivery and Quality Improvement, to provide an overview of the HPC's certification programs.

Dr. Boyce reviewed the goals of the certification program, highlighting the need to define high valued criteria and align with payers and providers. She discussed the staff's approach to framing the patient-centered medical home (PCMH) pilot program, through the creation of a core set of standards.

Dr. Boyce stated that the pilot program would occur in two phases. The first phase would be a demonstration period that would last for 12-18 months. She noted that this phase would allow for engagement with payers and providers as well as opportunities for evaluation and learning. Dr. Allen stated that the pilot program would be a learning experience. She noted that it would start with incremental enrollment, but would be brought to scale quickly and carefully.

Dr. Boyce reviewed current status of PCMH certification in Massachusetts. She stated that the HPC's program is designed to limit the burden and financial risk of organizations as they seek third party certification. She stated that there is an opportunity to engage 88% of the providers in Massachusetts with the HPC's PCMH Certification. Dr. Cutler asked who was included in the 88%. Dr. Boyce responded that only 12% of practices are currently certified in Massachusetts. She reviewed the geographic distribution of certified medical homes and accountable care organizations in Massachusetts.

Dr. Boyce discussed the unified framework for accountable care certification, including primary care, specialty care, and integrated care. She outlined the HPC's proposed accountable care standards, noting they fall into three categories: patient-centered, system based, or structural. She noted that this framework will be used first for the PCMH certification program and then for the ACO certification program.

Dr. Allen stated that the inclusion of structural standards allow the HPC to look at the governance as well as the finances of a practice, something that does not always happen within accrediting bodies. She further stated that the focus on high-risk patients will yield well-functioning medical homes with positive impacts for all patients.

Dr. Boyce announced that the full HPC criteria would be released after the day's meeting. At that point, the HPC would welcome public comments.

Dr. Cutler stated that the HPC should look at all of the existing certification criteria and work from there. He asked whether staff was proposing Massachusetts specific criteria and hazarded against such a move. Dr. Allen noted that the HPC was not creating Massachusetts specific criteria, but rather creating criteria which would address areas that are not adequately covered by existing certification programs. She pointed to behavioral health as such an area.

Dr. Cutler emphasized the need to develop a rigorous evidence base on existing certification programs. Dr. Boyce stated that the staff has done just this. Mr. Seltz noted that the creation of such an evidence base is an area where the HPC can add value to national efforts for PCMH certification by pointing out which elements of PCMH improve health outcomes and costs.

Dr. Allen stated that, after speaking to many stakeholders, the area in which organizations would like the most guidance is behavioral health. As such, the CDPSR and Quality Improvement and Patient Protection Committee will be holding a joint meeting on the integration of behavioral health in April.

Ms. Sudders stated that the certification program offers a great opportunity for dialogue with providers and payers. She cautioned Committee members that they must first define “integration” before working on the integration of behavioral health.

Dr. Hwang asked about the financial risk arrangements standard. Dr. Boyce responded that this topic was still being discussed and finalized, but that the goal was to understand the spectrum of financial arrangements and learn from it. Dr. Hwang cautioned staff against redundant data collection.

Dr. Boyce reviewed the HPC’s ACO standards and their alignment with local and national programs. She discussed a three pronged approach to PCMH certification: (1) standardize criteria for accountable care, (2) align payment with PCMH capabilities, (3) monitor impacts on accountable care. Dr. Boyce stated that the HPC is in an unusual position; most states standardize criteria from the payer prospective, but HPC is doing it more neutrally to define core set of criteria for both the payer and provider community. Dr. Boyce stated that a critical aspect of the program will be ensuring that advanced payment is tied closely with the PCMH certification.

Dr. Allen the proposed that the committee change its name from Care Delivery and Payment System Reform to Care Delivery and Payment System Transformation. Members showed approval for this change.

Dr. Boyce reviewed the PCMH certification model. She noted that it contains three components: (1) sponsors, which represent a commitment to the program and support the nomination of practices; (2) payers, which are central to the program as they select practices and adopt/honor the criteria; and (3) the Health Policy Commission, which will define and revise the criteria while also developing an approach to certification.

Dr. Allen stated that there is a lot of work occurring in Massachusetts surrounding PCMH; she noted that the HPC can build on this activity. She stated that the success of the program would not be possible without payer engagement.

Dr. Cutler asked whether the HPC could add standards to NCQA in areas that need to be more robust, such as behavioral health. Dr. Boyce responded that the HPC intends to have alignment with national standards. She noted that the purpose of the certification program is to help organizations get qualified without a huge financial or administrative burden. Mr. Seltz stated that the HPC certification program is not just an add-on to the NCQA certification program. Rather, it is an alternative that focuses on things that matter most without financial burdens. Dr. Hwang thanked the staff for their thoughtful development of the certification standards.

Dr. Boyce reviewed the objectives for Phase 1 of the PCMH demonstration pilot and outlined next steps for the program. Dr. Boyce stated that the staff welcomed continued feedback from Commissioners. At the March 5 board meeting, the Commission would be asked to vote to advance the standards to a public comment period.

Dr. Cutler commended the work of staff and departed the meeting.

ITEM 3: Update on the Registration of Provider Organization (RPO) Program

Chair Allen introduced Mr. Iyah Romm, Director of System Performance and Strategic Investment, to provide an overview of the proposed regulations for the RPO program.

Mr. Romm reviewed the comment schedule for the RPO Program, which includes a public hearing on February 12 about the RPO regulations as well as a public listening session on April 9 on the Data Submission Manual. Mr. Romm then reviewed the timeline for the RPO Program, including a Q3 2014 launch date.

Dr. Allen opened the public comment period for the RPO program. Audio recordings of the hearing can be found on the HPC's website.

ITEM 5: Adjournment

Seeing no further comments, Chair Allen adjourned the meeting at 12:32 PM.