

Joint Committee Meeting

Quality Improvement and Patient Protection
Care Delivery and Payment System Transformation

Health Policy Commission
April 9, 2014



Agenda

- Approval of Minutes from the February 12, 2014 Meetings
- Presentation by Ms. Nancy E. Paull, Chief Executive Officer, STARR Addiction Treatment
- Presentation by Dr. Judith L. Steinberg, Deputy Chief Medical Officer, Commonwealth Medicine, UMass Medical School
- Behavioral Health Integration within the HPC's Patient-Centered Medical Home (PCMH) Certification Program
- Public Listening Session on Draft Data Submission Manual (DSM) for the Registration of Provider Organizations (RPO) Program
- Schedule of Next Committee Meetings (June 11, 2014)

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Vote: Approving minutes

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the minutes of the Committee meeting held on February 12, 2014, as presented.

Vote: Approving minutes

Motion: That the Care Delivery and Payment System Transformation Committee hereby approves the minutes of the Committee meeting held on February 12, 2014, as presented.

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Behavioral health integration into HPC PCMH certification

- Importance of integrating behavioral health into HPC's framework
 - Patients with behavioral health conditions often have complex care needs
 - Many patients have comorbid physical and behavioral health conditions
 - Costs for these patients are high
 - PC settings offer the opportunity to assess patients for health risk behaviors, screen for behavioral health conditions, and provide appropriate referrals and follow-up

 - National PCMH certification standards continue to recognize its importance
 - NCQA 2008, 2011, and 2014 standards increasingly include behavioral health components
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Behavioral health criteria for PCMH certification

HPC PCMH DOMAIN	Proposed HPC PCMH Criteria	NCQA PCMH 2011 Criteria	NCQA PCMH 2014 Criteria	Joint Commission Criteria
Care coordination	<ul style="list-style-type: none"> Team-based care includes BH Referral/specialty care tracking (including BH) 		<ul style="list-style-type: none"> Team-based care includes BH Practice has least one agreement with BH specialist Practice informs patients on how BH care needs are met 	
Enhanced access & communication	<ul style="list-style-type: none"> Active, ongoing communication between the primary care, specialty care (including BH), and acute care providers 			
Integrated clinical care management (Focus on BH)	<ul style="list-style-type: none"> BH/SU screening and referrals Multi-disciplinary care planning Comprehensive assessment/ intervention (including BH) Comprehensive BH CM 	<ul style="list-style-type: none"> Arranges for or provides MH/SU treatment Comprehensive health assessment includes MH/SU history and depression screening Implements evidence-based guidelines (conditions related to unhealthy behaviors) 	<ul style="list-style-type: none"> Comprehensive health assessment includes MH/SU history and depression screening Criteria for identifying patients for care planning include BH factors Evidence-based decision support must include at least one condition related to MH/SU Up-to-date problem list with current and active dx (including BH) 	<ul style="list-style-type: none"> Interdisciplinary team assesses patients for health risk behaviors Transitions in care & providing or facilitating access to care, treatment, or services include BH/SU needs and treatment
Population health management	<ul style="list-style-type: none"> Risk stratification for at-risk/complex care/high-risk patients includes patients with a MH or SU condition Care reminders, including for patients with BH needs 	<ul style="list-style-type: none"> Point-of-care reminders for patients with conditions related to MH/SU 	<ul style="list-style-type: none"> Practice establishes a systematic process for identifying patients who may benefit from CM (including BH conditions) 	<ul style="list-style-type: none"> Increased awareness of behavior-related health risks through focus on identified groups of patients
Data management/ performance measurement	<ul style="list-style-type: none"> Performance reporting (includes BH measures) 		<ul style="list-style-type: none"> Practice measures or receives data on preventive care measures, which may include behaviors affecting health and SU disorders 	
Resource stewardship	<ul style="list-style-type: none"> Preferred use of specialty care (including BH providers) 			

Overview of feedback from public comment period

- Public comment period: March 5 – April 4, 2014
 - Listening session: March 18, 2014
 - Participation: 37 organizations (physician groups, health plans, stakeholder organizations) provided feedback
 - Themes included:
 - Focus on community integration
 - Interest in a focus on performance and transparency for validation
 - Considerations around third party certification
 - Enhanced Payment
 - Questions about payer involvement and roles
 - Stakeholder Engagement
 - Recommendation to continue participation during final design
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Next steps (April – July 2014)

- Revise criteria for PCMH certification based on feedback from public comment period
 - Consider two levels of certification
 - Continued engagement and solicitation of technical advisory groups to inform criteria
 - Finalize criteria, measures, and validation tools for stakeholder engagement/public comment period
 - Continue to work with payers, purchasers, and providers to share goals on HPC approach for primary care transformation
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Public Comment Period and Hearing Schedule

A public hearing on the Data Submission Manual will be held on:

Wednesday, April 9, 2014

11:30AM

Daley Room, Two Boylston Street, Boston

Members of the public who wish to submit comments may do so by
12:00PM on April 25, 2014 to HPC-Testimony@state.ma.us.

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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