Care Delivery and Payment System Transformation Committee

Health Policy Commission

May 12, 2014

Agenda

- Approval of minutes from April 9, 2014 meeting
- Discussion of the Patient-Centered Medical Home (PCMH) Certification Program
- Update on the Registration of Provider Organizations (RPO) Program
- Schedule of next committee meeting (June 11, 2014)

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Vote: Approving minutes

Motion: That the Care Delivery and Payment System Reform Committee hereby approves the minutes of the Committee meeting held on April 9, 2014, as presented.

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Previously-considered HPC options for certification and validation

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

4. Focus on HPC-specific criteria for certification and validation

HPC Role/Implications

- Focus on high-value elements
  - Behavioral health integration
  - Population health
  - Resource stewardship
- Create a streamlined certification process that minimizes practice and provider burden while ensuring practices fully meet standards for being a patient-centered medical home
- Include an on-site validation process for certifying practices
- Align measurement with other programs
- Consider options for third-party accredited organizations to become HPC-certified (align focus areas with national standards – NCQA, JC, AAAHC, URAC)
- Ensure a meaningful PCMH program that fulfills Commonwealth obligations
  - Other state provisions tied to certification (e.g., potential for practices to get preferred contracting; Infrastructure & Capacity Building Grants RFR provides option for gap analysis toward certification)

Overview of feedback from public comment period/listening session

- **Public comment period**:

March 5, 2014 – April 4, 2014
Listening session: March 18, 2014

- **Participation**:

38 organizations (physician groups, health plans, stakeholder organizations) provided feedback

- **Feedback**:
  - Certification process
    - Streamline certification process
    - Consider a simplified approach for third party certification
    - Incorporate flexibility into program design to accommodate practices of varying sizes, specialties, and geographic locations
    - Consider 2-tier certification
    - Consider 3-year renewal cycle
  - Demonstration Period
    - Consider expanding pilot size
    - Open demonstration to practices not interested in advanced payment
    - Clarify criteria used to select practices for the demonstration
  - Payer engagement
    - Questions about payer involvement and roles
    - Considerations around enhanced payments

Overview of feedback from public comment period/listening session

- Standards and criteria
  - Address suggestions regarding placement of proposed criteria within each tier
  - Consider alternate naming convention for the tiers
  - Clarify/expand definitions
  - Focus on community integration
  - Consider additional criteria regarding:
    - Patient/family/caregiver advisory councils
    - Palliative care
    - Workforce training and support
    - 24/7 clinician access to patient's EMR
    - Measurement of patient engagement, activation, and confidence
    - Inclusion of oral and eye health
    - Evidence of reduction in costs
    - Public reporting of quality results
    - Capacity to send automated reports to health departments for all diseases reportable by law

- Measurement
  - Engage stakeholders
  - Adopt a uniform quality measurement & reporting framework for performance reporting
  - Consider CAHPS and MHQP to measure patient experience
  - Focus on outcomes rather than process measures
  - Align with other programs (e.g., Meaningful Use, SQAC, CHIPRA, PCPR)
  - Consider provider/practice reporting burden

HPC responses and next steps based on recommendations

- Revise and refine criteria and definitions based on feedback
  - Principles for inclusion of criteria:
    - High-value
    - Evidence-based
    - Attainable for a wide variety of practices

- Adopt a 2-tier certification pathway
  - Streamlines certification process and addresses concerns regarding appropriate level for criteria

- Create a simplified process for third-party accredited organizations to become HPC PCMH certified

- Continue to engage stakeholders on measurement and validation

- Develop a plan to market, communicate, and promote HPC PCMH certification

- Clarify principles of and process for HPC certification prior to beginning of demonstration period

Revised PCMH certification pathway

Integrated BH across all standards

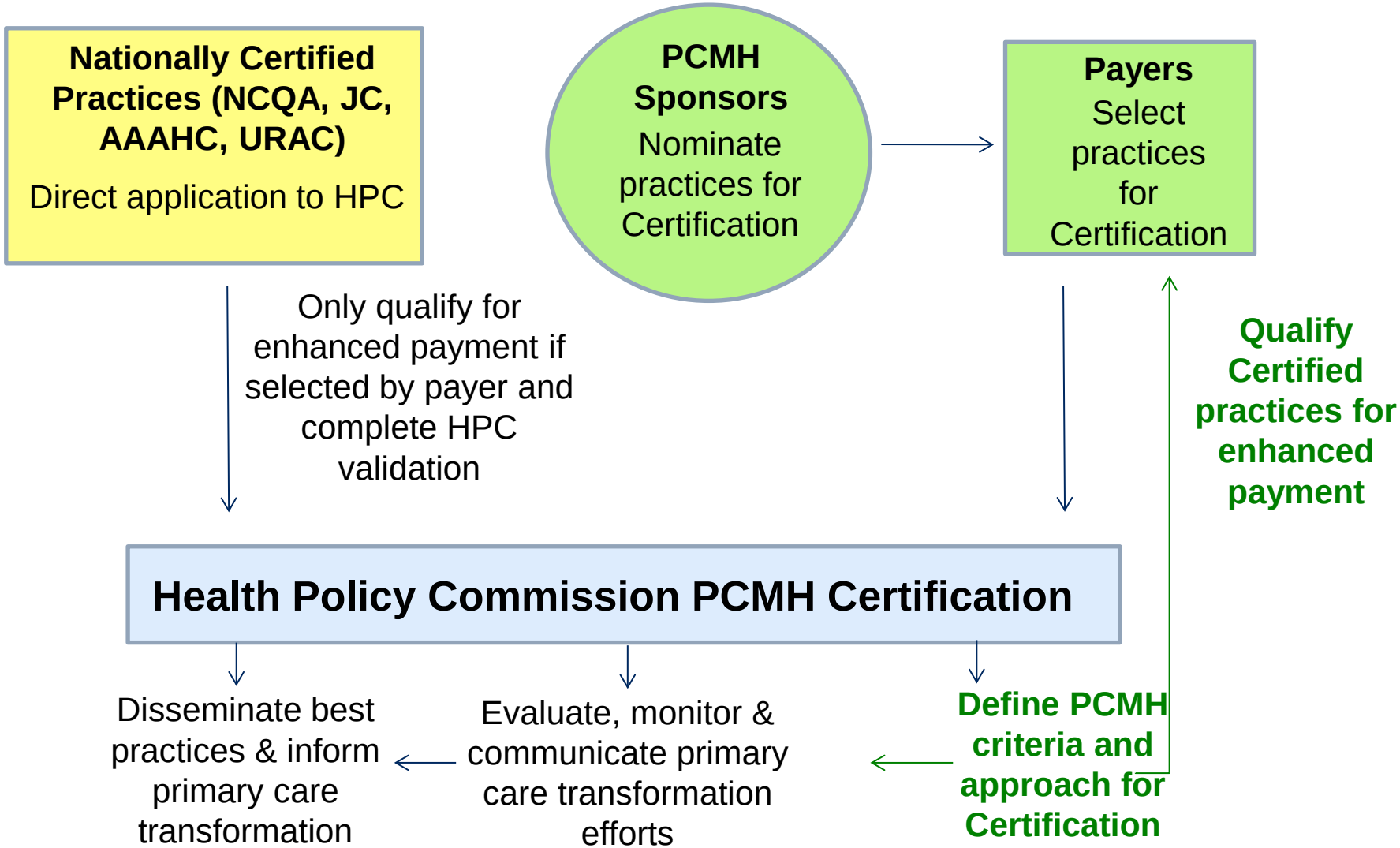
Standard	Advanced (24 criteria)	Advanced Plus (12 criteria)
Care coordination	▪ Team-based care ▪ Care transition management ▪ Referral/specialty care tracking and follow-up ▪ Test tracking and follow-up	▪ Care coordination oversight ▪ Active and ongoing communication among care team
Enhanced access & communication	▪ Optimize timely access to the appropriate services ▪ Collaborative decision making ▪ End of life care/advanced care planning ▪ Self-care support ▪ Culturally and linguistically appropriate services ▪ System for inquiries and prescription refills	▪ Active patient engagement ▪ Support patient/family/caregiver self-management
Population health management	▪ Empanel all patients to PCP/care team ▪ Comprehensive health assessment ▪ Identify high-priority health conditions ▪ System for stratifying at-risk, high-risk, complex care patients ▪ Use care reminders for preventive/follow-up care	▪ Care management pathways appropriate to risk status ▪ Apply evidence-based guidelines to provide evidence-based population health care
Integrated clinical care management	▪ Integrated care planning for complex/high-risk patients ▪ Care management for complex/high-risk patients	▪ Utilize/integrate community-based resources to provide community supports and services for high-risk patients ▪ Use evidence-based, objective measures to assess and address cognitive, emotional, and behavioral functioning and monitor health status
Quality improvement infrastructure	▪ Use certified EHR (meet core requirements for MU) ▪ QI training, implementation, and demonstration ▪ Measure experience of care ▪ Demonstrate patient/family/caregiver engagement in QI	▪ Improve experience of care ▪ Improve clinical quality and utilization
Resource stewardship	▪ Monitor and track practice patterns and variations in care delivery within the practice ▪ Track over- and under-utilization ▪ Track and monitor preferred use of specialty care/ancillary services	▪ Implement waste reduction initiatives ▪ Address and implement protocols for use of specialty care/ancillary services

Proposed approach to validation

The value proposition for validation: certification is not just attestation (practices must also demonstrate capabilities). HPC values performance, not just process: practices must submit clinical, patient experience, and utilization measures.

- Practices submit application and required documentation for certification
- HPC reviews documentation and conducts an on-site visit to assess practice capabilities and whether practice meets criteria
- HPC identifies specific focus areas of measurement
  - Interest in chronic care management, screening and prevention, BH/SU, utilization, and patient experience

HPC pathways to certification



HPC eligibility and process for third-party PCMH certification

HPC recognizes that some practices have invested resources and effort in achieving third-party PCMH certification. The HPC certification process for these practices will entail a streamlined approach that still ensures that HPC's own PCMH standards are met.

Eligibility

- Practice with existing third-party PCMH certification (>1 year to expiration)
- Practice that achieves 2011 NCQA Level 2 or Level 3 PCMH or JC & AAAHC PCMH-certified in past 2 years (only accept third-party recognition using NCQA 2014 standards and specific elements for other external accrediting bodies after demonstration period)
- Recognized practice may participate directly with HPC (not sponsor-nominated or payer-selected) without guarantee of enhanced payment to be qualified for PCMH certification
- Recognized practice seeking enhanced payment *must* be selected by payer and meet HPC validation requirements

Certification process

- Eligible practice submits required performance data to HPC, with special third-party HPC application
- Practice provides copy of external application/results for HPC evaluation (including documentation submitted/reviewed by national accrediting body)
- HPC maps practice documentation to HPC criteria requirements and provides feedback on HPC criteria not covered by existing documentation
- If interested in HPC certification, practice participates in on-site survey to validate outstanding HPC PCMH criteria for requested certification level

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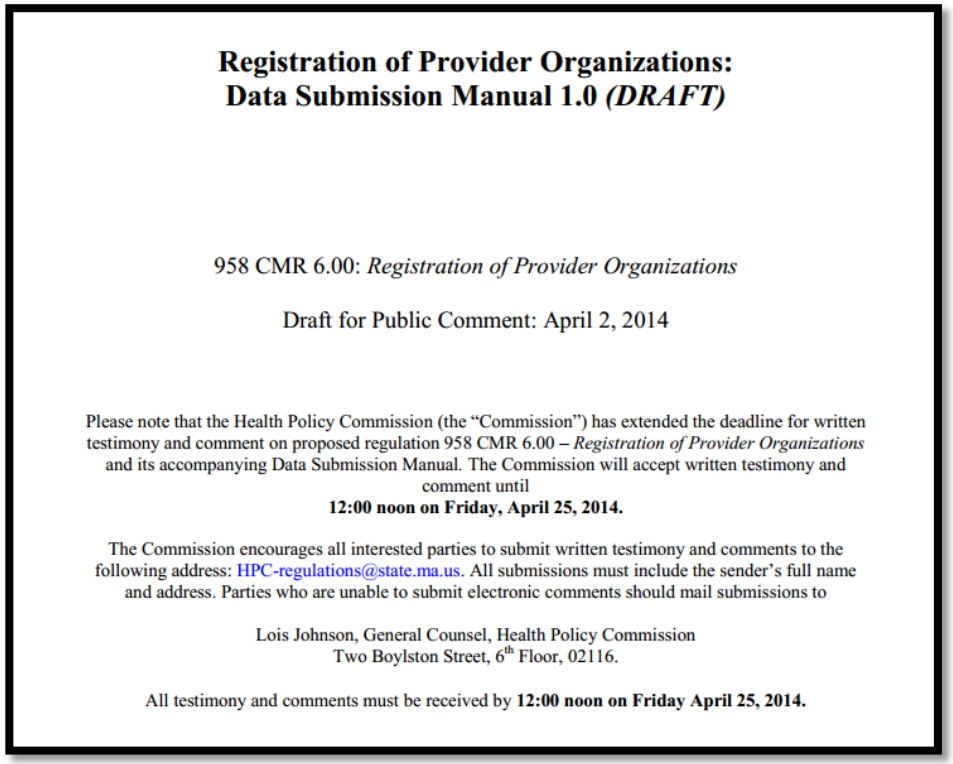
Release of Data Submission Manual

- HPC released a draft Data Submission Manual (DSM) for public comment on April 2, 2014
- The DSM describes each data element that RPOs will have to submit and the options that providers will have (e.g. manual entry, file upload) for submitting that information
- The DSM was developed through a collaborative process with other state agencies, including CHIA and DOI, as well as provider and payer stakeholders
- Stakeholders were encouraged to provide comment on the DSM in addition to their comment on the regulation during the public comment period



Registration of Provider Organizations:
Data Submission Manual 1.0 *(DRAFT)*

958 CMR 6.00: *Registration of Provider Organizations*

Draft for Public Comment: April 2, 2014

Please note that the Health Policy Commission (the "Commission") has extended the deadline for written testimony and comment on proposed regulation 958 CMR 6.00 – *Registration of Provider Organizations* and its accompanying Data Submission Manual. The Commission will accept written testimony and comment until
12:00 noon on Friday, April 25, 2014.

The Commission encourages all interested parties to submit written testimony and comments to the following address: HPC-regulations@state.ma.us. All submissions must include the sender's full name and address. Parties who are unable to submit electronic comments should mail submissions to

Lois Johnson, General Counsel, Health Policy Commission
Two Boylston Street, 6th Floor, 02116.

All testimony and comments must be received by **12:00 noon on Friday April 25, 2014.**

Summary of public comment

Public Comment Period: January 8 – April 25, 2014

- Public Comment period closed on Friday, April 25, 2014
- Feedback was solicited on proposed regulation and draft Data Submission Manual
- HPC received comment throughout the process, and has already incorporated some feedback received in early 2014
- 17 total comments received:

  - Atrius Health (2 comments)
  - Baystate Health
  - Beth Israel Deaconess Care Organization
  - Blue Cross Blue Shield
  - Boston Medical Center
  - Conference Of Boston Teaching Hospitals
  - Emerson Hospital
  - Lahey Health System
  - Mass Association of Health Plans
  - Mass Health Quality Partners
  - Mass Hospital Association (2 comments)
  - Mass Medical Society
  - Mass Society of Optometrists
  - Mount Auburn Hospital
  - Mount Auburn Cambridge Independent Practice Association
  - Steward Health Care System
  - Sturdy Memorial Hospital

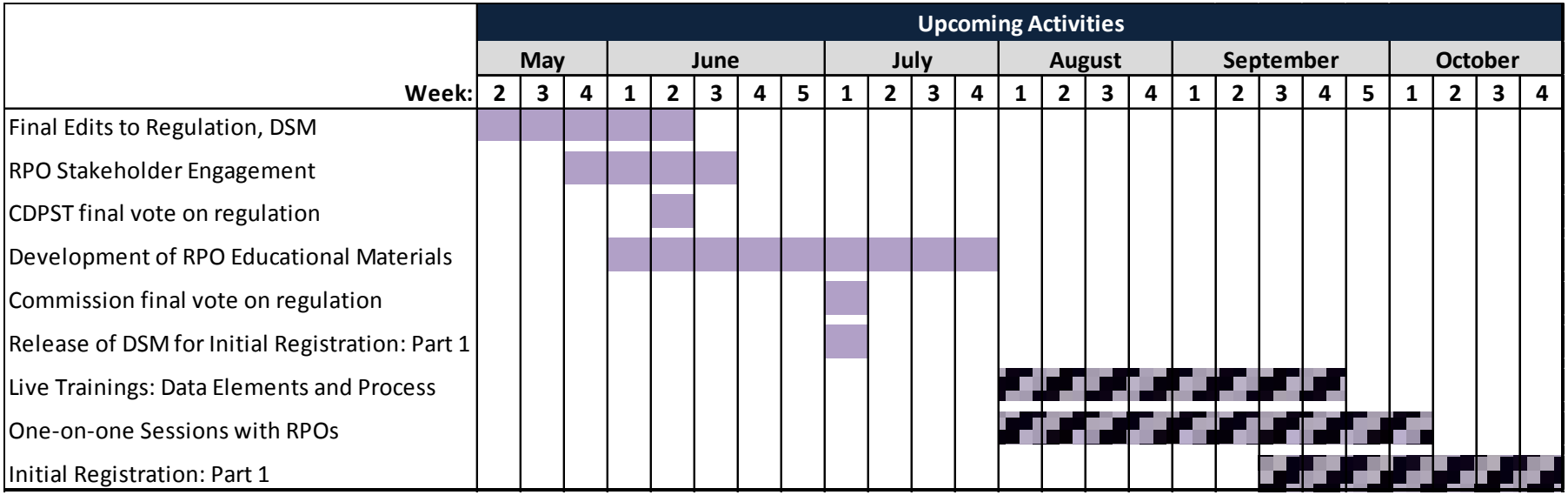
High-level themes in public comment

Comment	HPC Analysis
Broad support for HPC proposal to split Initial Registration into two stages	Phasing in requirements will minimize burden and confusion; Staff propose implementing this change in the final regulation
Requests for additional time to complete registration requirements	To ensure implementation of this new program is smooth, staff is considering optimal timelines to balance the need to move registration forward while giving providers ample time to complete submission
Requests for additional clarity, examples, and training from HPC	To ensure clarity and understanding, staff are developing a rollout approach which includes live trainings, webinars and one-on-one meetings with RPOs prior to Initial Registration: Part 1
Requests for addition of : • Appeals process • Process to request extension	Staff is considering amendments to the draft regulation relative to incorporating administrative processes for appeal of a denied registration and extension of time for submission of required materials
Questions regarding the types of changes that an RPO would have to report in-between biannual registration cycles	Staff is considering options for requiring notification of substantial changes that aligns with parallel filing requirements, e.g., any change triggering a Material Change Notice, any change requiring a Determination of Need filing, or any change effecting an essential service

High-level themes in public comment, continued

Comment	Analysis
Concerns about administrative burden	• Staff is working closely with CHIA and DOI to align processes and minimize duplication • Staff is working on identifying common variables used by other agencies and available information to link datasets automatically, thereby reducing the amount of information to be entered manually • Staff continues to develop templates that will allow for streamlined upload of large sets of information (e.g. lists of facilities) without manual entry • Staff continues to assess usefulness of developing forms or templates that large RPOs can use to solicit uniform information from their corporate and contractual relationships, when that information is not readily available • Staff continues to consider all suggestions on proposed formats, processes or question language that would make information easier to collect and will continue to coordinate with the provider community accordingly

Implementation timeline *(dates not finalized)*



- Development of RPO Submission Platform progressing on schedule
- Focus of summer months on providing training and education to RPOs:
  - Live trainings
  - Webinars
  - One-on-one meetings
- RPO Program is on track to receive Initial Registration: Part 1 materials in September/October of 2014.

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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