COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Quality Improvement and Patient Protection Committee

March 4, 2015

Agenda

- Approval of Minutes from January 6, 2015
- Discussion of Proposed Quality Measures on Nurse Staffing Ratios in ICUs
- Discussion of 2015 HPC Behavioral Health Agenda
- Overview of Risk-Bearing Provider Organizations (RBPO) Appeals Process Requirements
- Schedule of Next Meeting (March 25, 2015)

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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 January 6, 2015, as presented.

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Proposed Regulation 958 CMR 8.00: Timeline Update

January 20: HPC Board Meeting

Vote to advance proposed regulation to public comment and hearing process

March 4: QIPP Committee Meeting

Discussion and release of proposed quality measures for public comment

March 25: Public Hearing on proposed regulation

One Ashburton Place, 21st Floor, Boston, 12 PM

April 2 : Public Hearing on proposed regulation

Worcester State University, Blue Lounge, 486 Chandler Street, Worcester, 10 AM

April 6: Public Comment Period closes

April 28: QIPP Committee Meeting

Discussion of recommended final regulation and vote to advance final regulation

April 29: HPC Board Meeting

Discussion of recommended final regulation; vote to authorize final regulation

Summer 2015 – DPH develops and promulgates regulation governing certification and enforcement

**Certain dates subject to change*

Introduction to Proposed Quality Measures

- The regulation promulgated by the HPC must include the "identification of **3 to 5 related patient safety quality indicators**, which shall be measured and reported by hospitals to the public" (M.G.L. c. 111, § 231)

- HPC expects to finalize such measures either through **sub-regulatory guidance** or in the final regulation

- Proposed regulation requires hospitals to:
  - **Report** intensive care unit (ICU)-related quality measures to the Department of Public Health (DPH) at least annually, in the form and manner specified by DPH
  - **Issue** reports to the public on the specified quality measures for each ICU, at least annually, on the Acute Hospital's website, and as may be specified in guidance of the Commission (958 CMR 8.11)

- In proposing quality measures to be reported, HPC staff have focused on **evidence-based** measures that maximally impact quality while minimizing undue burden on hospitals

Proposed Quality Measures: Stakeholder Input

- HPC held two listening sessions in October & November 2014
- Stakeholders suggested selection criteria and 11 possible quality measures
- After the December 2014 QIPP Committee meeting, HPC requested further comment on quality measures, applying these selection criteria:
  - Evidence-based, standardized and nationally-accepted (e.g., endorsed by NQF, the National Quality Forum)
  - Nursing-sensitive (e.g., NQF-endorsed National Voluntary Census Standards for Nursing Sensitive Care)
  - Currently collected and reported for MA hospitals, capable of benchmarking overtime
  - Applicable across ICU-types, if feasible
- HPC received additional written comment from 3 organizations:
  - Massachusetts Hospital Association (MHA) & Organization of Nurse Leaders (ONL)
  - Massachusetts Nurses Association (MNA)
  - MA Chapter of the American Nurses Association (ANA)

Proposed Quality Measures for Release to Public Comment

Based on extensive stakeholder input, consultation with experts, and internal research and analysis, HPC staff recommends that the QIPP Committee advance the following 4 proposed quality measures for public comment:

1. **Central line-associated blood stream infection (CLABSI)**
2. **Catheter-associated urinary tract infection (CAUTI)**
3. **Pressure ulcer prevalence (hospital acquired); and**
4. **Patient fall rate**

Discussion with HPC Expert Consultant Jane Franke, RN, MHA, CPHQ

Measure	NQF Endorsed	National Voluntary Consensus Standards for Nursing-Sensitive Care	Patient-Centered Outcome Measure	Measured in Adult ICUs	Measured in PICUs	Measured in NICUs	Currently Reported by MA Hospitals	Where (and How) Currently Reported	Stakeholder Supported
CLABSI	Yes (#0139)	Yes	Yes	Yes	Yes	Yes	Yes	Patient Care Link* (ICU type)	ANA MHA ONL
CAUTI	Yes (#0138)	Yes	Yes	Yes	Yes	No	Yes	Patient Care Link (ICU type)	ANA MHA ONL MNA
Pressure Ulcer Prevalence	Yes (#0201)	Yes	Yes	Yes	Yes	No	Yes	Patient Care Link (adult critical care)	ANA MHA ONL
Patient Fall Rate	Yes (#0141)	Yes	Yes	Yes	No	No	Yes	Patient Care Link (adult critical care)	ANA

* Department of Public Health HAI Reports

Vote: Releasing Proposed Quality Measures for Public Comment

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the release of the following four (4) proposed quality measures to solicit public comment in conjunction with the public comment process for the proposed regulation 958 CMR 8.00, *Registered Nurse-to-Patient Ratio in Intensive Care Units in Acute Hospitals:*

1. Central line-associated blood stream infection (CLABSI)
2. Catheter-associated urinary tract infection (CAUTI)
3. Pressure ulcer prevalence (hospital acquired); and
4. Patient fall rate

Proposed Regulation 958 CMR 8.00: Next Steps

- The proposed quality measures will be posted on the HPC's website and distributed to interested parties
- Public comment and testimony to be received at two public hearings
  - March 25, 2015 at 12 PM in Boston
  - April 2, 2015 at 10 AM in Worcester
- In advance of the hearings, HPC staff anticipate posting focus questions as well as guidelines for the public hearings on the HPC's website
- Written comments accepted until Monday, April 6, 2015 at 12:00 PM

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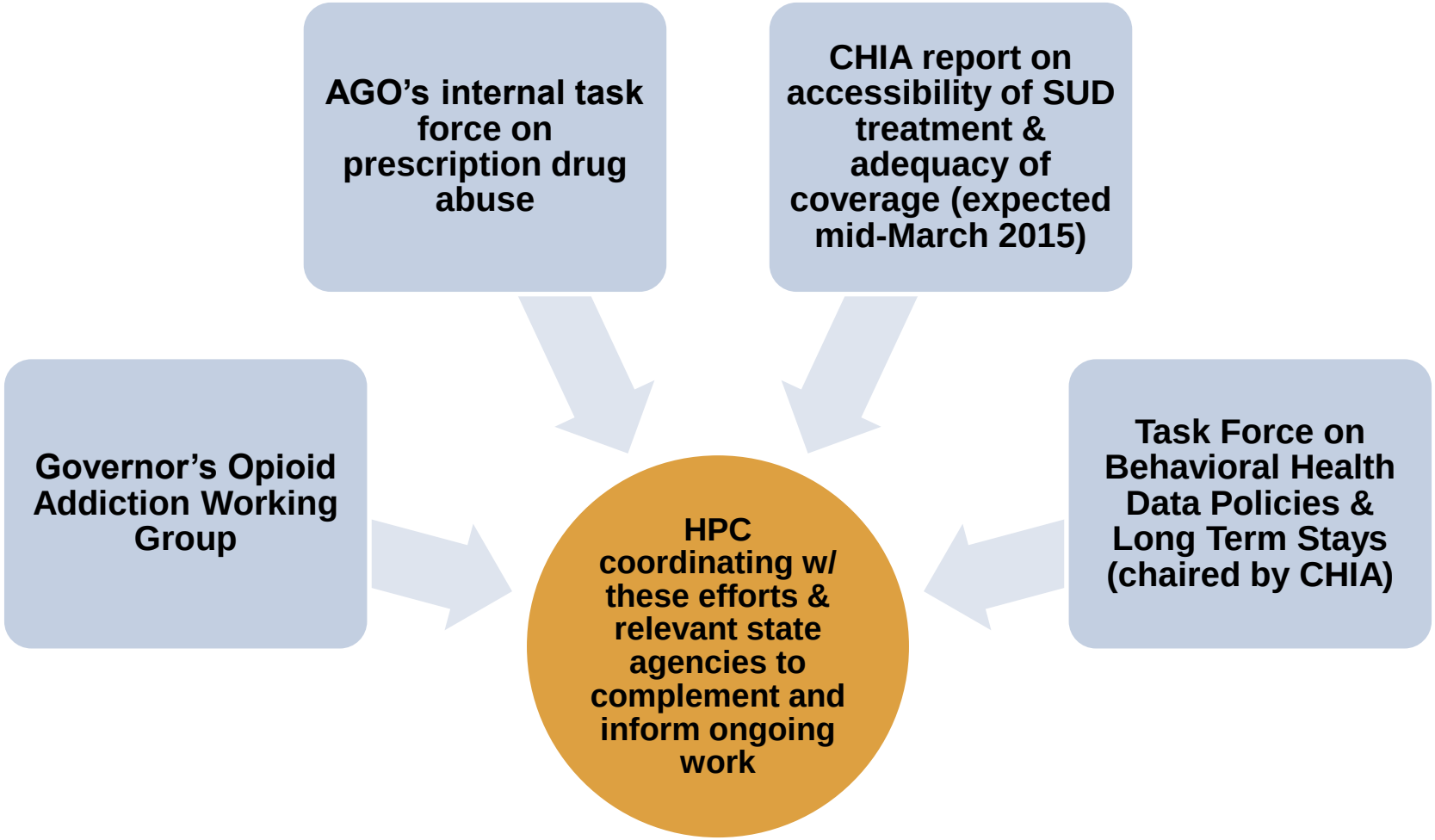
Areas of focus on behavioral health in 2015

Policy	▪ Develop policy to help address opioid epidemic, including SUD report ▪ Develop PCMH model payment, with emphasis on BH integration in the primary care setting ▪ Engage with payers regarding payment to support integrated BH services
Certification Initiatives	▪ Promote integration of BH integration into primary care (PCMHs) and health system at large (ACOs) through enhanced certification standards ▪ Develop evaluation and measurement metrics for BH in the PCMH and ACO setting
Investments	▪ Invest in integrated care delivery models, both existing and emerging, to create evidence base on best practices, disseminate such best practices and enable provider transformation
Patient Protection	▪ Monitor access to mental health and substance use disorder treatment ▪ Identify and report potential parity violations to DOI and AGO as appropriate
Research	▪ Continue to conduct research on best practices for BH integration and payment models that facilitate BH integration
Data	▪ Continue to identify BH data and information gaps and collaborate with other state agencies on identifying solutions

Major activities in the Commonwealth relating to HPC's 2015 BH agenda



Policy: HPC Substance Use Disorder Report

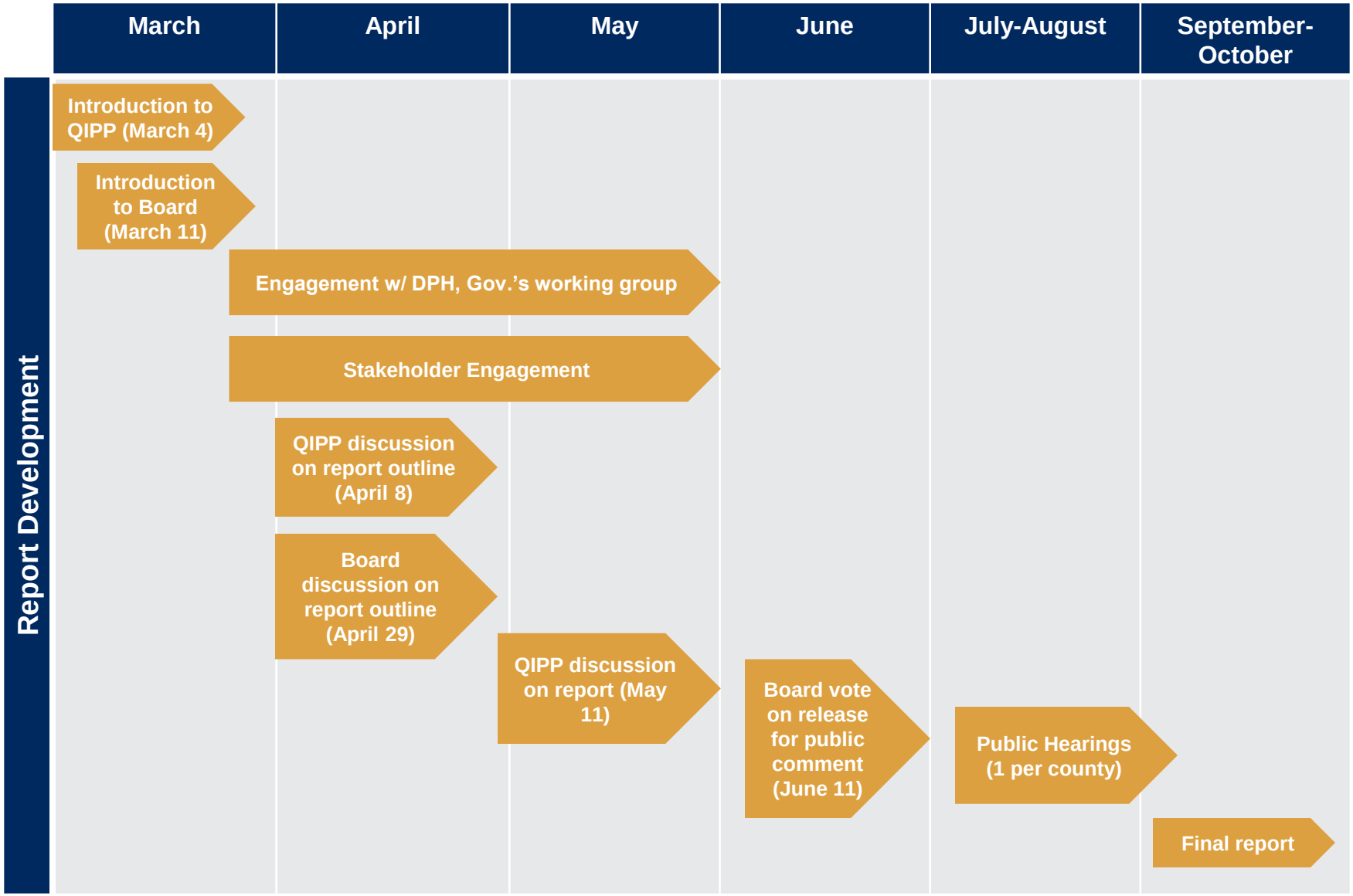
As mandated by c. 258 of the Acts of 2014, HPC will make recommendations to the legislature on:

1. Improving the adequacy of coverage by public and private payers where necessary
2. Improving the availability of treatment for opioid addiction where inadequate
3. The need for further analyses by CHIA

Limitations

- Lack of robust data – CHIA report on adequacy of coverage is based on voluntary reporting from insurers

Substance Use Disorder Report Timeline



Policy: Developing a Model PCMH Payment Framework

- As mandated by Chapter 224, the HPC is developing a model **payment system** for PCMHs
- The proposed model payment will **explicitly consider and support behavioral health integration** in the primary care setting
- The HPC is currently working on developing a **business case** for payers to adequately support behavioral health integration under alternative payment methods (using APCD to model long term savings potential for payers)
- Once the model is developed, the HPC intends to collaborate with select payers and providers to **pilot proposed model payment** in HPC-certified PCMHs

Certification Programs: PCMH Certification

HPC is promoting integration of BH into primary care by placing added emphasis on BH in its proposed PCMH certification criteria.

Criteria are built off of NCQA's PCMH recognition program.

Added emphasis on BH in areas such as:

- Screenings (anxiety, depression, SUD, developmental disorders or delays)
- Tracking and following up on BH referrals
- Having agreements with BH providers to facilitate referrals
- Implementing evidence-based clinical decision support for management of at least one mental illness and substance use disorder condition
- Measuring quality for at least one mental health or substance use disorder condition

HPC is currently seeking public comment on proposed PCMH criteria. Criteria will be finalized once public comment period ends on 3/27

Certification Programs: ACO Certification

HPC is promoting integration of BH into the health care system at large by placing added emphasis on BH in its proposed ACO certification criteria (UNDER DEVELOPMENT).

Added areas of emphasis on BH could be:

- Incorporate HPC **PCMH certification standards**, as appropriate (no formal requirement to have HPC certified PCMHs)
- Demonstrate ability of **BH providers within ACO to meet enrollees needs, or arrangements to refer to external providers**
- Demonstrate that ACO **contracts with payers and internal gainsharing/compensation mechanisms encourage integrated BH and physical health services**
- Demonstrate capabilities to **provide referral and coordination for specialized BH services** (e.g., MH rehabilitation) & **BH medications**
- Demonstrate capabilities for **follow-up after hospitalization for mental illness (w/in 7 days)**
- Demonstrate capacity for BH providers and other physicians to **share patient notes and records**
- Demonstrate process for identifying and addressing **social determinants of health**, as feasible and appropriate

HPC's ACO certification standards are under development and will be released for public comment in late summer 2015

Active HPC Investments in BH

Community Hospital Acceleration, Revitalization, and Transformation Investment program (CHART)

- Acute care integration and management of high-risk patients
- Improving collaboration and communication between hospitals and primary care / community based providers
- Building inpatient BH care capacity
- Expanding access to tele-psychiatry in rural areas
- Diverting patients to community-based treatment programs when appropriate

An additional $50 million in CHART investments may present opportunity for funding further BH initiatives

Between 2015-2017, the vast majority (more than $45 million) of the HPC's CHART Phase 2 investments are focused on improving integration of BH with other parts of the delivery system across the care continuum.

Potential Areas for future investment & technical assistance (1/3)

	Preliminary Ideas	Potential Sources of Funding
Technical Assistance to enable provider transformation	• Approved template for PCPs to assist with establishing relationships with BH providers • Provider oriented fact sheets on permissible record sharing under state and federal law • Learning collaborative on BH integration best practices in acute and primary care settings • Training on administration of diagnostic tools • Costing tool for BHI in the primary care setting * • Provider-to-provider tele-health consult supports • Direct access to key content expertise	▪ HPC funding for CHART ▪ HPC funding for non-CHART technical assistance ▪ To replace $2M cut in the FY15 state budget for accelerating BHI in PCMHs (aligned with CHART) ▪ State appropriation ▪ Potential external grants ▪ Payer investments
Investments to test emerging best practices	• Post discharge shared risk pilot for high risk patients • EMS bypass of emergency departments for non-medically complex BH patients • Resource Directory (part of ch. 224 mandate) • Examining feasibility of connecting PMP to EHR systems • Expanding hospital-oriented adaptation of Camden “Brenner model”** for high-cost, high-risk patients to include engaged primary care	▪ HPC funding for CHART ▪ Innovation Investment Program ▪ State appropriation ▪ Potential external grants ▪ Partnerships with external grant making entities (e.g., health plan foundations)

Concept development currently underway; ideas are budget permitting

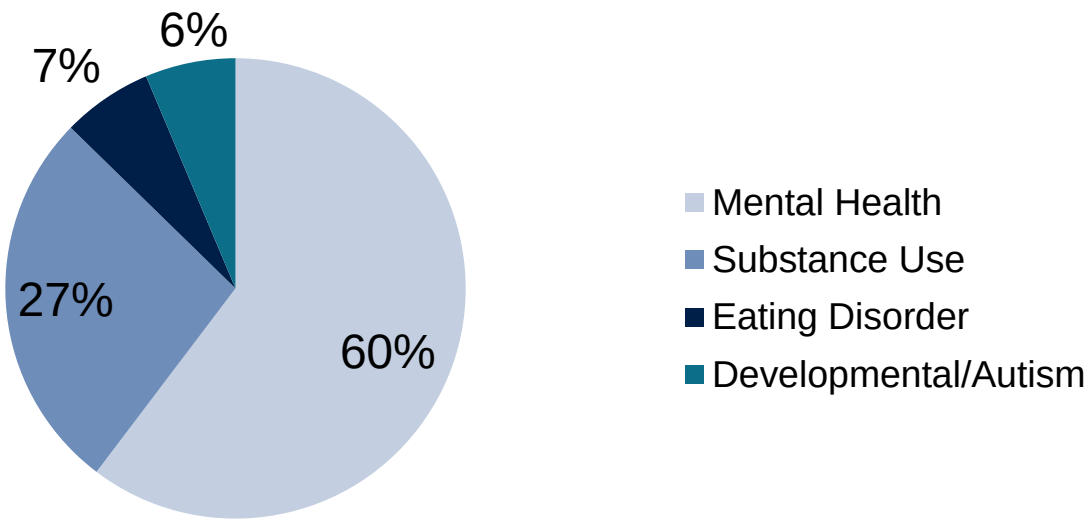
* e.g., Cost Assessment for Collaborative Healthcare tool created by AHRQ)

** using coordinated care teams (nurses, PAs, social workers, PCPs as back ups)

Office of Patient Protection

- Regulates and administers health insurance consumer protections
- Receives approximately 150-200 requests for external review of denials for BH care (accounts for nearly ½ of all requests for external review of denials of coverage)
- Tracks insurance appeals, monitors access to behavioral health and medical/surgical treatment, and works with state and federal agency partners to report on potential parity compliance issues
- Analyzes and publishes data collected through OPP data collection and annual payer reporting

Categories of BH External Reviews* 1/1/14-6/30/14



*Eligible BH external reviews = 63
Source: Office of Patient Protection 2014 data

Research

Potential research topics relating to payment models

- Examining impact of BHI in primary care on reducing ED visits
- Determining mechanisms to best include BHI in different types of APMs
- Investigating reimbursement rates for BH providers

Potential research topics relating to integration

- Care management practices used in One Care Program
- Regulatory barriers to effective treatment
- Barriers to pediatric BH screening
- Efficacy of school based screening and best practices
- Pediatric BH initiatives beyond MCPAP

- **HPC's research agenda is under development; ideas are budget permitting**
- **HPC seeks to partner with external organizations where appropriate (e.g., health plan foundations and/or academic institutions)**

Data: gaps identified in 2014 cost trends report

Capacity and need

- Treatment capacity (by provider type, accepting new patients, and accepting insurance)
- Treatment capacity by modality type (outpatient, detox, partial / full hospitalization, community-based support systems)
- Bed-finder tool could be expanded to stratify options by level of security or geographic proximity, and to facilitate searches for community-based treatment (stabilization services, diversion from inpatient care, post-discharge supports)
- Unmet need (Commonwealth should explore ways to capture appointment attempts and waitlist time)

Expenditures

- APCD data on MassHealth currently unavailable
- APCD lacks data from BSAS, DMH
- No data on self-pay

Parity coverage and compliance

- DOI cited need for more information on carrier compliance with parity laws (e.g., number of adverse determinations)
- OPP collects some information on claims and prior authorization denials, but more transparency is needed (e.g., state could require reporting of all adverse determinations by category of service, including when not reported to OPP)

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Introduction: Risk-Bearing Provider Organizations (RPBO)

- **Chapter 224 requires the HPC to develop internal and external review processes for RBPOs and ACOs**
  - Office of Patient Protection (OPP) is directed to establish requirements for DOI-certified Risk Bearing Provider Organizations (RBPO) or HPC-certified Accountable Care Organizations (ACO) to implement processes for reviewing consumer grievances as well as an external review process to obtain third party review of such grievances.

- **Statutory requirement similar to existing OPP consumer protection rules regarding review of health plan medical necessity determinations**

Summary of statutes

	RBPO	ACO
M.G.L. c. 6D, §15	N/A	(b)(vi) calls for internal appeals plan as required for RBPOs; plan shall be approved by OPP; plan to be included in membership packets
M.G.L. c. 6D, §16	N/A	(a)(8) OPP to establish regs, procedure, rules for appeals re: patient choice, denials of services or quality of care (b) establish external review including expedited review
M.G.L. c. 176O, §24	(a) certified RBPOs shall create internal appeals processes (b) 14 days/3 days for expedited; written decision (b) RBPO shall not prevent patient from seeking outside medical opinion or terminate services while appeal is pending (d) OPP to establish standard and expedited external review process	ACO is to follow M.G.L. c. 176O, §24 when developing internal appeals plan (see M.G.L. c. 6D, §15(b)(vi))

Statutory Requirements - RBPOs: M.G.L. c. 176O § 24

a) All risk-bearing provider organizations certified under chapter 176U shall create **internal appeals processes**. The appeals processes shall be available to the public in written format and, by request, in electronic format.

(b) The internal appeals processes in subsection (a) shall be completed in a period not longer than 14 days; provided, however, that an expedited internal appeal shall be completed in a period not longer that 3 days for a patient with an urgent medical need including, but not limited to, terminal illness or emergency situations, as defined through regulations by the office of patient protection. During the appeals process, the risk-bearing provider organization shall not: (i) prevent a patient from seeking medical opinions outside of that organization; or (ii) terminate any medical services being provided to the patient, including medical services which began prior to the appeal and are the subject of such appeal. The decision on the appeal shall be in writing and shall notify the patient of the right to file a further external appeal.

(c) Risk-bearing provider organizations shall inform any patient of the right to designate a third party to advocate on the patient's behalf during the appeals process including, but not limited to, a spouse or other family member, an attorney of record or a legal guardian. If the patient does not elect a person to serve as his or her advocate such provider organization shall offer to contact the office of patient protection and the office of patient protection may designate an ombudsman to advocate on the patient's behalf.

(d) The office of patient protection shall establish by regulation an **external review process** for the review of grievances submitted by or on behalf of patients of risk-bearing provider organizations. The process shall specify the maximum amount of time for the completion of a determination and review after a grievance is submitted and shall include the right to have benefits continued pending appeal. The office of patient protection shall establish expedited review procedures applicable to emergency and urgent care situations.

(e) The office of patient protection shall promulgate regulations necessary to implement this section.

Statutory Requirements– ACOs: c. 6D § § 15 and 16

MGL c. 6D § 15(b):

"A certified ACO shall…

(vi) develop and file an **internal appeals** plan as required for risk bearing provider organizations under section 24 of chapter 176O provided, that said plan shall be approved by the office of patient protection; provided further, that the plan shall be a part of a membership packet for newly enrolled individuals;…"

MGL c. 6D § 16(a)(8):

OPP shall "establish, by regulation, procedures and rules relating to appeals by consumers aggrieved by restrictions on patient choice, denials of services or quality of care resulting from any final action of an ACO, and to conduct hearings and issue rulings on appeals brought by ACO consumers that are not otherwise properly heard through the consumer's payer or provider."

MGL c. 6D § 16(b):

"The Commission shall establish an external review system for the review of grievances submitted by or on behalf of insurers of carriers under section 14 of chapter 176O. The commission shall establish an **external review process** for the review of grievances submitted by or on behalf of ACO patients and shall specify the maximum amount of time for the completion of a determination and review after a grievance is submitted. The commission shall establish expedited review procedures applicable to emergency situations, as defined by regulation promulgated by the division."

Key considerations for development of regulation

- Applicable to RBPOs and ACOs
- Appeals processes available to patients for whom RBPO is at risk
- Process/locus of appeal within the RBPO, given different organizational structures
- Defining types of issues appropriate for internal review/external review
  - Identifying issues “not otherwise properly heard through” the consumer’s health plan or provider (i.e., disputes about coverage, medical necessity, BORIM issues)
- Defining standard for external review

Recommended Process

1 **Provide Interim Guidance**

- Given RBPO status of certification process, recommend issuing a Bulletin to RBPOs to advise them of the need to provide notice and opportunity for patients to file complaints
- Require collection and reporting of data on number and types of grievances filed for some period of time

2 **Development of Regulation**

- Review of Data
- Listening Session(s)

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Contact Information

For more information about the Health Policy Commission:

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