

COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

Care Delivery and Payment
System Transformation

September 16, 2015



Agenda

- Approval of Minutes from July 8, 2015
- Discussion of HPC Patient-Centered Medical Home (PCMH) Certification Program
- Presentation from MassHealth on their Payment and Care Delivery Reform Efforts
- Discussion of HPC Accountable Care Organization (ACO) Certification Program
- Schedule of Next Meeting (November 12, 2015)



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Vote: Approving Minutes

Motion: That the Committee hereby approves the minutes of the Care Delivery and Payment System Transformation Committee meeting held on July 8, 2015, as presented.

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 - PCMH provider activity across the Commonwealth
 - HPC PCMH program update & stakeholder engagement
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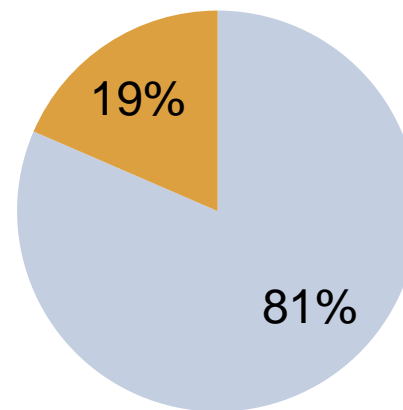
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PCMH provider activity across the Commonwealth

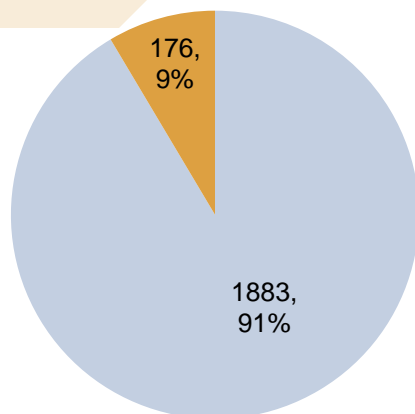
Percent of PCPs

**19% of
PCPs are
PCMH
Certified**



■ % of NQQA certified PCPs ■ % of non-certified PCPs

Percent of Practices



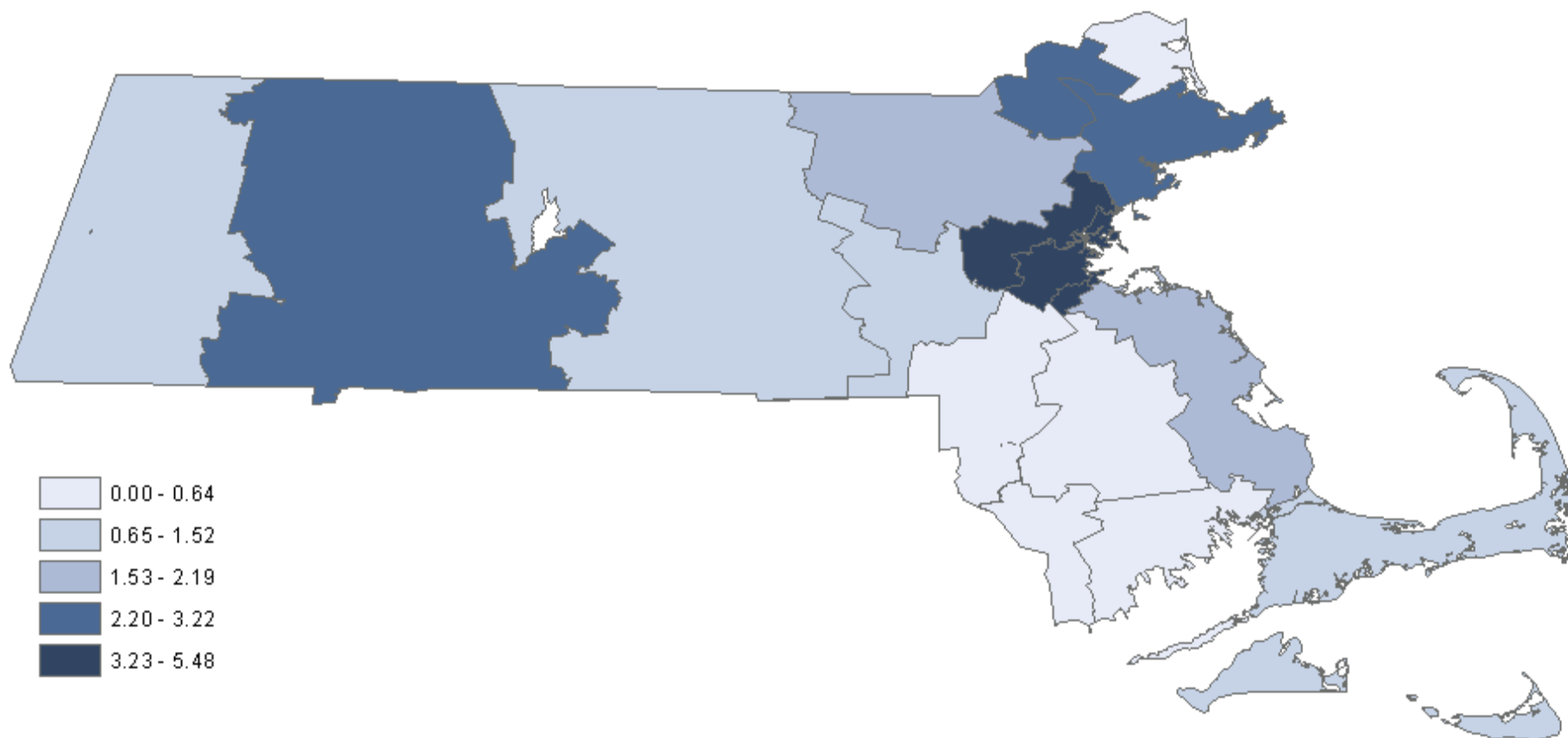
■ Number of non-certified PCPs
■ Number of NQQA certified PCPs



**9% of PCP
Practices are PCMH
Certified**

PCMH provider activity across the Commonwealth

PCMH Rate per 10,000



2011 NCQA Level I: 6 practices

2011 NCQA Level II: 36 practices














2011 NCQA Level III: 134 practices

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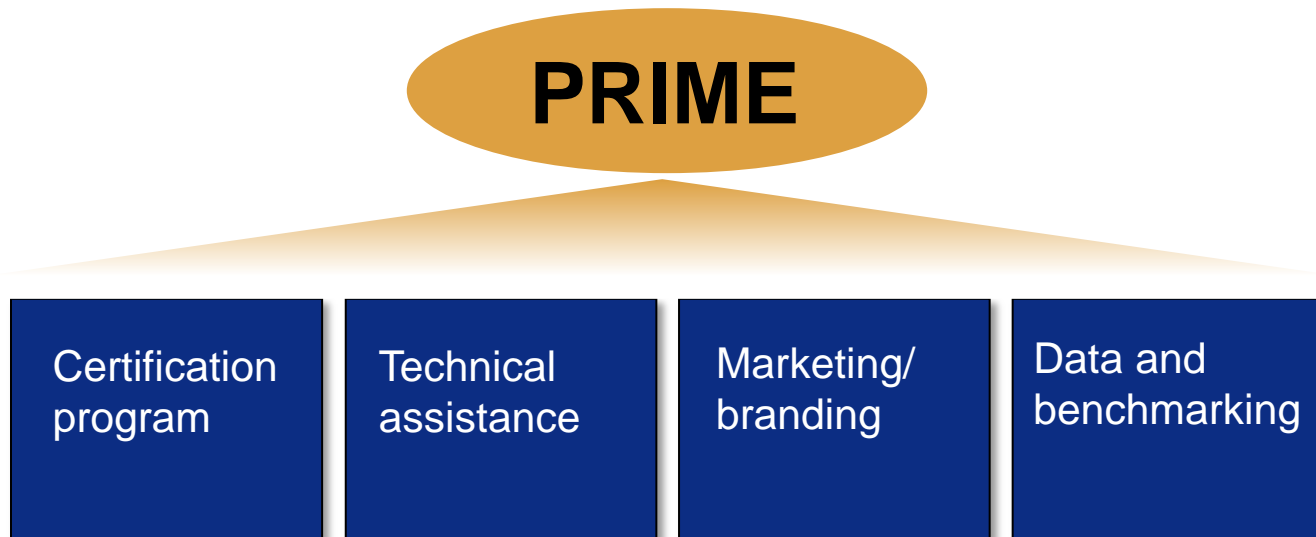
HPC PCMH program: Development Timeline

Activity	2013	2014	2015
Literature Review, Background Research, Multi-state scan			
Initial HPC-administered PCMH program design proposed at CDPST			
Development of HPC certification criteria and NCQA crosswalk			
Initial HPC certification criteria proposed at CDPST meeting			
Public comment on initial program design and criteria (38 responses)			
HPC-led provider focus groups and payer engagement			
Revised HPC/NCQA PCMH program design proposed at CDPST			
Revised HPC/NCQA “priority domains” proposed at CDPST			
CDPST and Board approve contract negotiations with NCQA			
Public comment period on revised HPC/NCQA program design (40 responses)			
HPC-led provider focus groups; 1:1 stakeholder meetings			
Targeted provider survey on feasibility/effectiveness of specific BHI criteria			
Final revised HPC/NCQA program design with focus on enhanced BHI at CDPST			

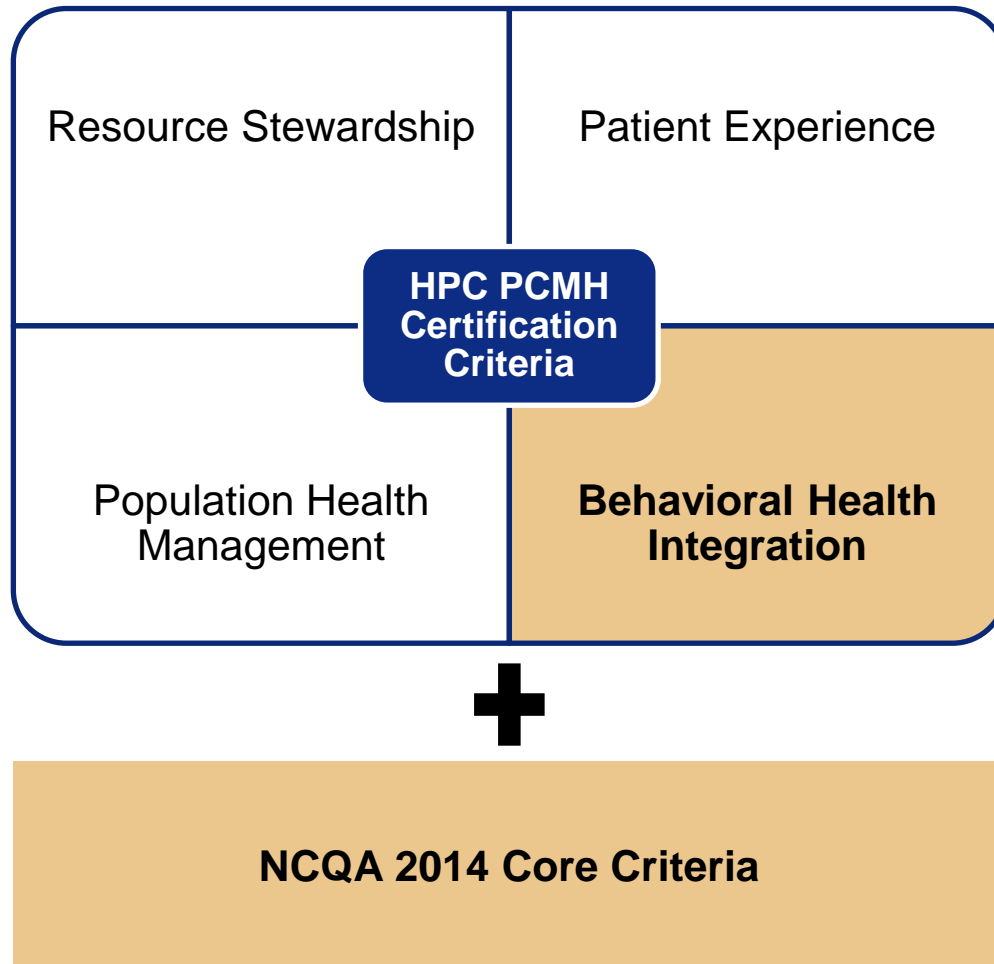


HPC PCMH program

To support the adoption of the PCMH model in the Commonwealth, the HPC is developing a holistic programmatic framework: PRIME



Initial HPC PCMH “priority domain” design and subsequent stakeholder feedback



Stakeholder feedback

Resource Stewardship:

Difficulty identifying high-risk patients for care management and **capturing necessary levels of utilization data**

Patient Experience:

Concerns with validity and cost of doing patient surveys at small practices

Population Health Management:

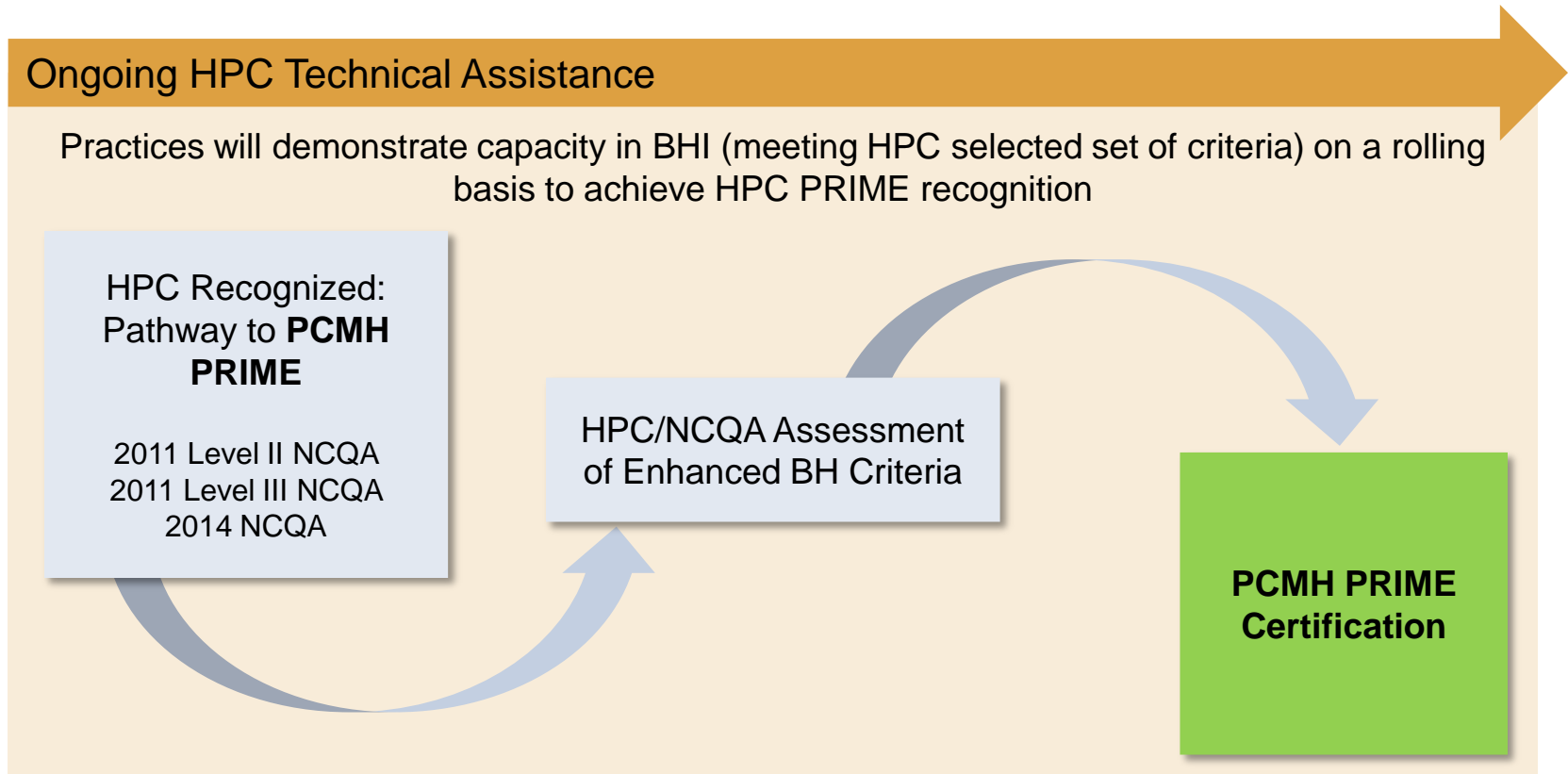
Concerns with **immunization measurement** and concerns with **barriers to accessing and managing data requirements**

Behavioral Health Integration:

Concerns with **maintaining agreements** with behavioral health providers and **requirements to screen** for additional conditions, given lack of access to behavioral health providers

Updated HPC program design to focus first on enhancing behavioral health integration to achieve “PCMH PRIME” recognition

We recommend a focus on behavioral health integration (BHI) criteria in first phase of PCMH program called PCMH PRIME



HPC PCMH certification for practices that are NCQA certified (Level II or III).

*Practices must convert to NCQA 2014 standards at end of their current 2011 recognition period

Potential technical assistance attached to PRIME

Technical assistance to enable change

Concept development currently underway; activities are budget permitting

- HPC funded continuing education modules
- Training on administration of diagnostic tools
- HPC funded buprenorphine waivers and/or support for FTE (e.g., nurse) to manage buprenorphine patient panel
- Learning collaborative on best practices to foster effective BHI (topics may include: establishing meaningful relationships between PCPs and BH providers; information sharing under state and federal law; screening and referral protocols; cost/quality measurement)
- Resource directory (ch. 224 mandate)

National Committee for Quality Assurance's (NCQA's) role:

- 1** Provide consulting support to the HPC on policy concepts and refinement of program content
- 2** Assist with marketing/branding
- 3** Review and evaluate all practices that seek HPC PCMH certification
- 4** Provide the HPC with practice-level overview reports and review results
- 5** Develop/deliver a training program to support practices (as requested by the HPC)

PRIME criteria and provider survey findings (n = 20)

Criteria (<i>must meet</i> ≥ 7)	Impact on BHI	Feasibility of implementing	% respondents who have implemented
The practice integrates behavioral healthcare providers within the practice site (DOUBLE POINTS)	High	Very difficult	40%
The practice collects and regularly updates a comprehensive health assessment that includes behaviors affecting health and mental health/substance use history of patient and family	Moderate	Moderately difficult	45%
The practice collects and regularly updates a comprehensive health assessment that includes developmental screening using a standardized tool	No impact	Not difficult	60%
The practice collects and regularly updates a comprehensive health assessment that includes depression screening using a standardized tool	Moderate	Not difficult	78%
The practice collects and regularly updates a comprehensive health assessment that includes anxiety screening using a standardized tool	Moderate	Moderately difficult	21%
The practice collects and regularly updates a comprehensive health assessment that includes SUD screening using a standardized tool (N/A for practices with no adolescent or adult patients)	Moderate	Moderately difficult	35%

PRIME criteria and provider survey findings (n = 20)

Criteria (<i>must meet</i> ≥ 7)	Impact on BHI	Feasibility of implementing	% respondents who have implemented
The practice implements clinical decision support following evidence based guidelines for a mental health and substance use disorder	Moderate	Very difficult	35%
The practice establishes a systematic process and criteria for identifying patients who may benefit from care management. The process includes consideration of behavioral health conditions	Moderate	Moderately difficult	35%
If practice includes a care manager, s/he must be qualified to identify/coordinate behavioral health needs	Moderate	Moderately difficult	40%
The practice has one or more PCPs on staff licensed to prescribe buprenorphine	High	Very difficult	45%
For patients who have recently given birth, the practice screens for post-partum depression using a standardized tool (e.g., at 6 weeks and 4 months)	NA	NA	NA
The practice tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports	NA	NA	NA

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Overview of Medicaid health homes initiative and alignment with the HPC PCMH certification program

- The Affordable Care Act (ACA) created an optional **Medicaid State Plan** benefit for states to establish health homes to coordinate care for Medicaid beneficiaries with chronic conditions
- States can choose to target Medicaid beneficiaries with either:
 - 2 chronic conditions (including substance use disorder or mental illness);
 - 1 chronic condition and at risk of a second; or
 - A serious mental illness (SMI)
- States with approved health home programs receive a **90% federal match** for specific health home services (e.g., care coordination) for two years
- Requires providers to use *evidence-based practice guidelines, provide coordination/integration of physical and mental health services, comprehensive care management, to integrate health and community service support, perform care plan development, quality improvement activities, data collection, and patient experience measurement*

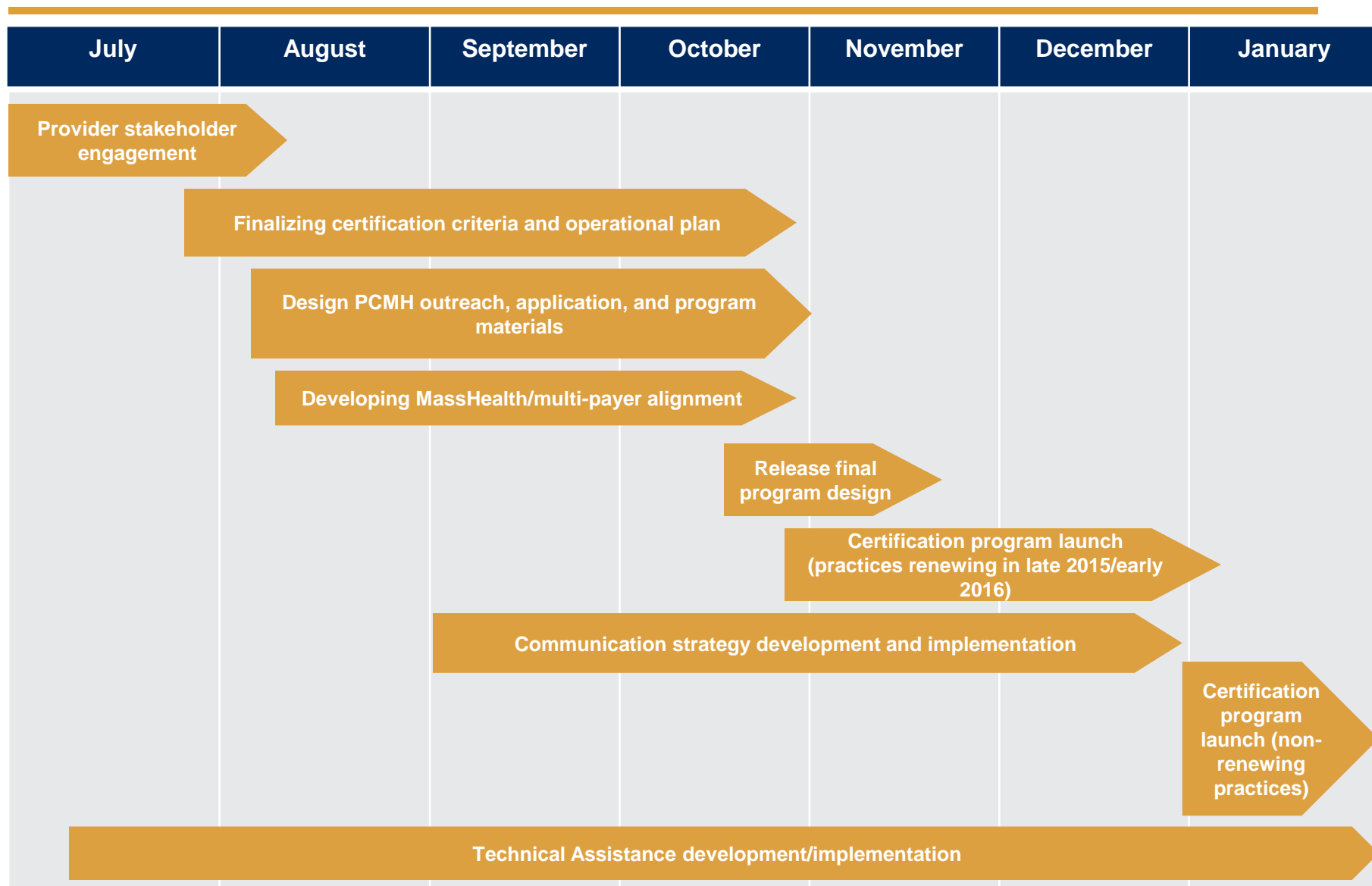
MassHealth could use the HPC's PCMH certification program to validate health home provider competencies (would require a modified PCMH design)

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HPC PCMH program timeline



PCMH certification next steps

Aug – Oct
2015

Finalize NCQA contracts, PRIME designation standards and NCQA PRIME application

Design **process maps** for HPC PCMH application intake and evaluation

Certification **program launches** for practices going for NCQA

Oct – Dec
2015

Finalize and implement a stakeholder engagement and **communications / marketing plan**

Dec 2015 –
Jan 2016

Finalize and implement **technical assistance** framework on designation (BHI) standards

Certification **program launches** for practices not going through NCQA renewal

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Stakeholder engagement process goals



Gain **broad input and support** from providers, payers, patients and other key stakeholders for ACO certification standards and process.

Ensure that state government, across the various state agency efforts, is **maximizing positive stakeholder engagement** and minimizing burden/confusion by developing a coordinated, collaborative and transparent process with a consistent and cohesive communications plan.

Balance stakeholders' diverse opinions, concerns, aspirations, and ideas with current operational and market considerations.

Lead to final certification standards and operational process that fully **aligns with GIC and MassHealth's** implementation timeline and payment reform programmatic needs.

Stakeholder engagement tracks

Regular public stakeholder meetings

- **Co-led** by **MassHealth** and **HPC** on certification standards.
- Stakeholders selected by HPC and MassHealth through "Notice of Opportunity" and subsequent nominations.

Regular Focus Groups

- **Small meetings** with leading market participants to engage in technical and in-depth dialogue on certification standards, process, and operations.
- HPC-led with expert support as needed.

Public Comment Period

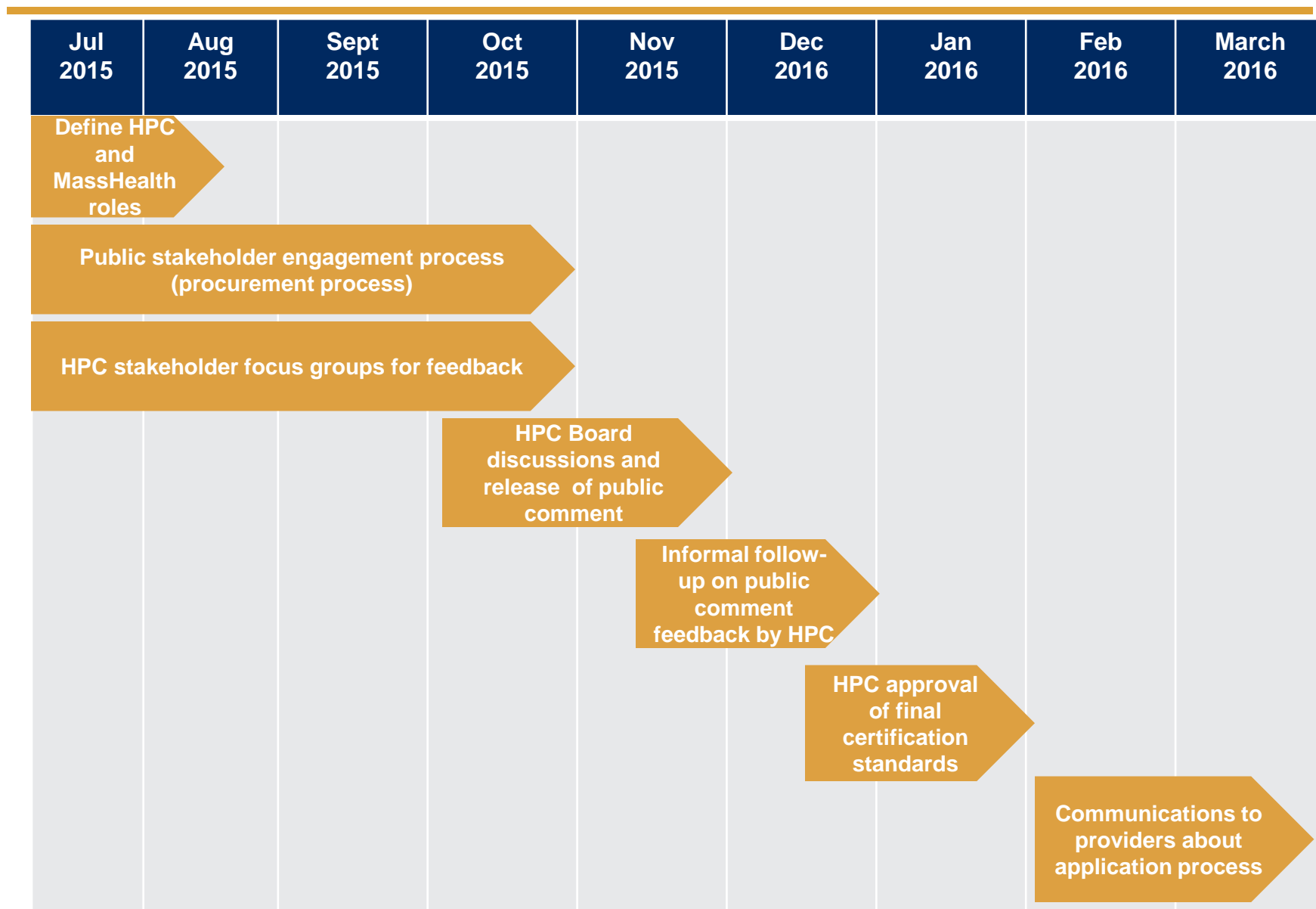
- A **formal public comment** period (with a full public hearing) open to all stakeholders, consistent with past HPC practice.

ACO stakeholder engagement plan

MassHealth Work Groups		Time frame
1.	Strategic Design	Aug. – Dec. 2015
2.	Attribution (co-led by the HPC)	Sep. – Nov. 2015
3.	Payment Model Design	Sep. – Dec. 2015
4.	Certification Criteria (co-led by the HPC)	Aug. – Dec. 2015
5.	Health Homes	Sep. – Dec. 2015
6.	Quality Improvement	Sep. – Dec. 2015
7.	LTSS Payment and Care Delivery Models	Sep. – Dec. 2015
8.	BH Payment and Care Delivery Models	Sep. – Dec. 2015

HPC Stakeholder Focus Groups		Time frame
1.	ACO Providers and Payers	Sep. – Nov. 2015
2.	Behavioral Health Providers	Early Oct. 2015
3.	Consumer Advocacy Groups	Mid- Sep. 2015
4.	Interagency Collaboration	Early Oct. 2015
5.	Academic Experts	Early Oct. 2015
6.	Trade groups (provider, behavioral health, and biotechnology)	Oct. – Nov. 2015

ACO certification stakeholder engagement timeline

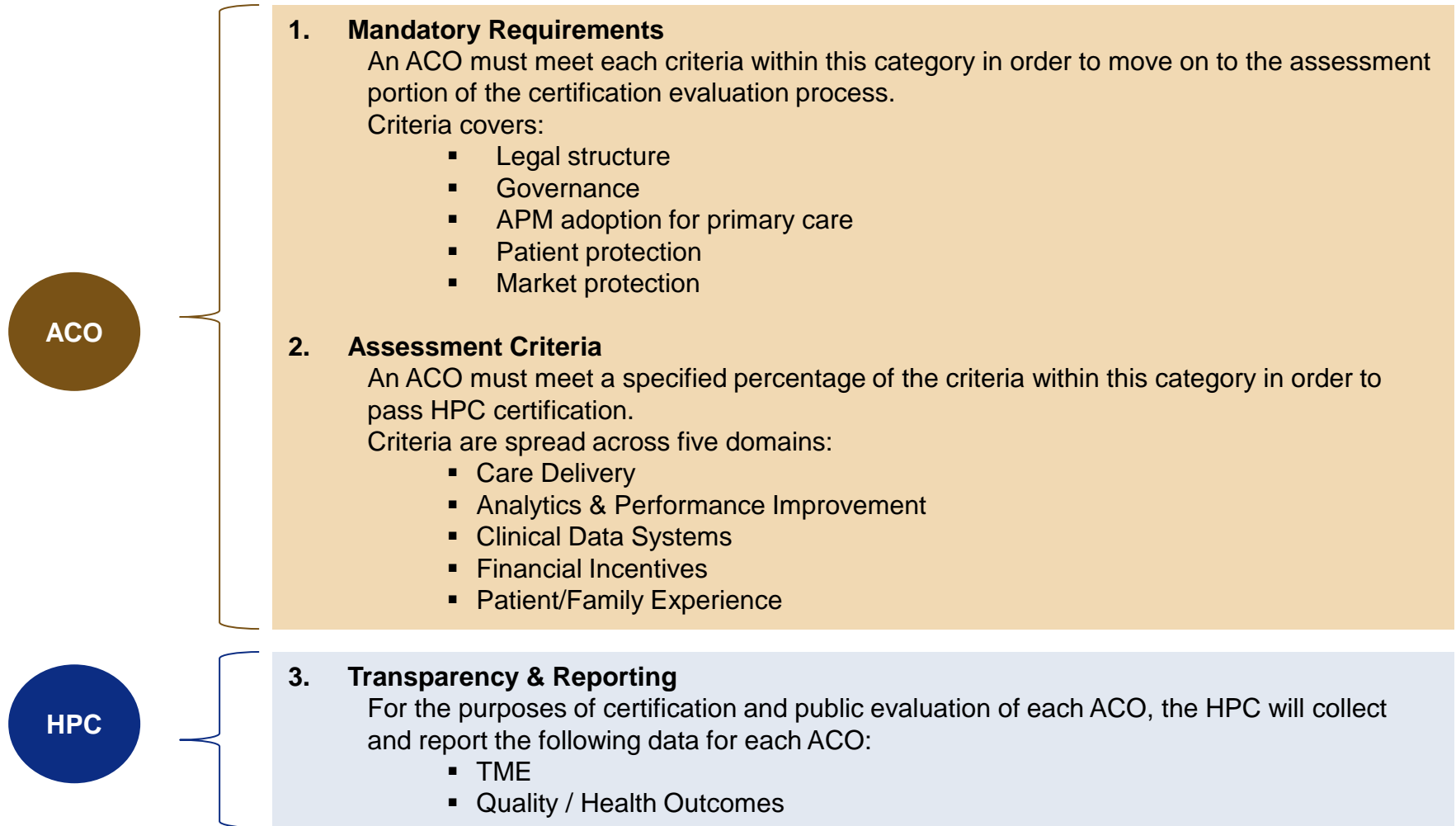


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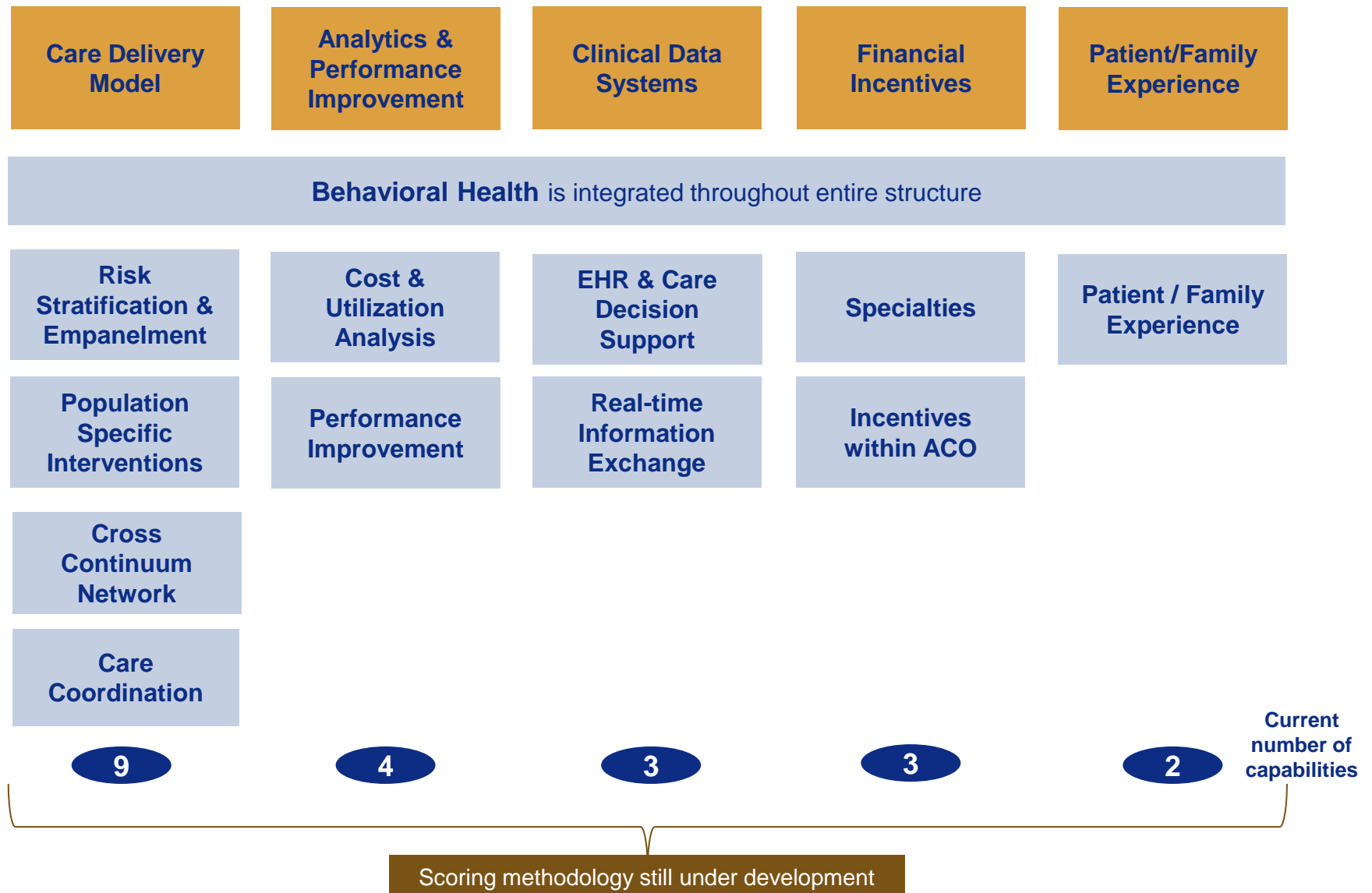
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ACO programmatic requirements



Proposed certification domains

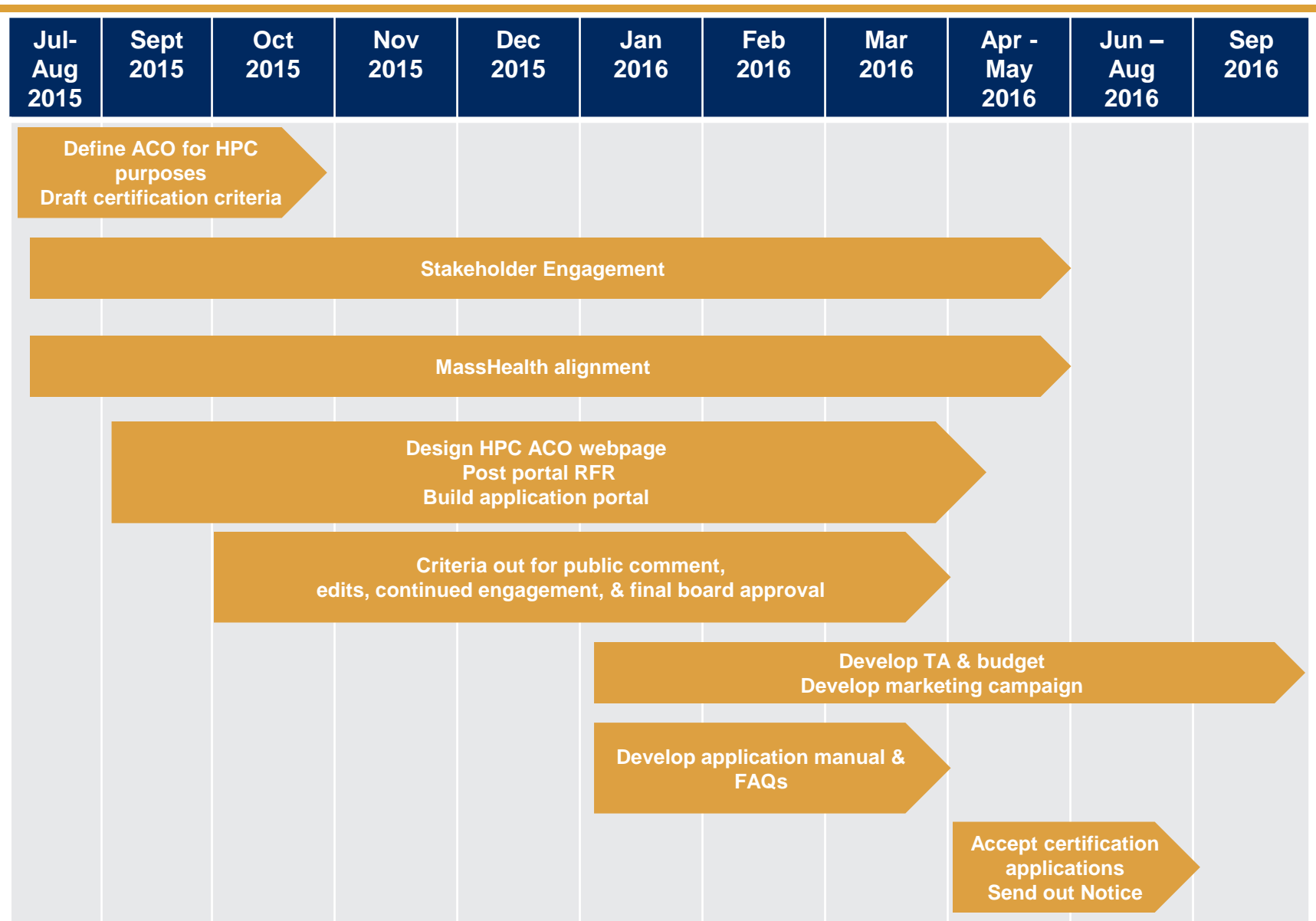


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Overall ACO certification timeline



ACO certification next steps

Sep – Nov
2015

Continue to **conduct stakeholder work group meetings** in collaboration MassHealth

Conduct focus groups with the stakeholder community to **obtain feedback and recommendations** on overall design of ACO program

Oct – Nov
2015

Refine certification criteria, taking into account feedback from experts and stakeholder community

Nov – Dec
2015

Release certification criteria for **public comment**

Develop operational plan for the design of an **ACO web portal** for application submissions

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Contact Information

For more information about the Health Policy Commission:

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