MINUTES OF THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE

Meeting of November 12, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02114

Docket: Thursday, November 12, 2015 11:00 AM-12:30 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Thursday, November 12, 2015 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Mr. Martin Cohen (Chair); Ms. Veronica Turner; Dr. Carole Allen; and Ms. Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services. Dr. Wendy Everett participated via phone.

Mr. Cohen called the meeting to order at 11:06 AM.

Item 1: Approval of Minutes

Mr. Cohen asked for any changes to the meeting minutes from September 22, 2015. Seeing none, **Dr. Allen** made a motion to approve the minutes. **Ms. Turner** seconded the motion. The motion passed with four votes in the affirmative.

Item 2: Health Care Innovation Investment Program

Mr. Iyah Romm, Policy Director for Care Delivery Innovation and Investment, stated that the HPC is in the process of designing the Health Care Innovation Investment Program. He said the program will distribute approximately $6 million through two rounds of funding.

Mr. Romm noted that program eligibility is very broad in statute – any provider ranging from behavioral health to post-acute care to community health center, as well as hospitals and health plans. He said its broad purpose is to foster innovation in payment and delivery.

Mr. Romm reviewed the HPC's work to-date defining and prioritizing health care Challenges and models of innovation. He noted that the HPC has sent key stakeholders a publically available survey to help refine areas of focus and priorities for the program.

Item 3: Risk Bearing Provider Organizations and Accountable Care Organization

Ms. Lois Johnson, General Counsel, introduced the risk bearing provider organization (RBPO) and accountable care organization (ACO) appeals process. She said that, by statute,

RBPOs and ACOs must establish an internal process for patients to file appeals, including a timeframe for the resolution of such complaints. The statute also requires the Office of Patient Protection (OPP) to establish an external review process for those complaints that are not resolved by the provider organization. She said the statutory requirements for RBPOs and ACOs overlap and mirror the process framework already administered by OPP.

Ms. Johnson stated that the HPC has been working on the best way to implement the statutory requirements without confusing consumers with existing internal and external review processes. She noted that most patients do not know whether their primary care provider is in an ACO or RBPO. She stated that a big aspect of this process is providing education and information to patients.

Ms. Johnson stated that the HPC has been engaged in research and outreach since March 2015 to refine the appeals process. She stated that the HPC examined various review models and to determine which issues are most prevalent for consumers and organizations in Massachusetts. Ms. Johnson said that more data is needed to define the types of issues that consumers are facing in risk bearing organizations.

Ms. Johnson stated that the HPC will release a sub-regulatory bulletin with guidance on the review processes for ACOs and RBPOs. She noted the bulletin will advance the consumer protections called for in the statute. This guidance will be replaced with regulations as data becomes available.

Ms. Johnson said the bulletin will direct RBPOs and ACOs to provide notice to consumers for whom they are at risk about their ability to file an appeal. The bulletin will also provide organizations with examples of types of complaints that are eligible for review. Finally the bulletin would direct RBPOs and ACOs to collect and report data on complaints to OPP. Ms. Johnson noted that this will include data on the nature and number of grievances, how the grievances where addressed, and how the grievances were resolved.

Ms. Turner asked for clarification on the notice requirement and whether it would be prescriptive. Ms. Johnson responded that the HPC seeks to ensure that organizations are providing effective notice and that patients should receive notice in the place where they seek care. She noted that the HPC wants to see organizations make a concerted effort to reach out to the patients. The HPC will require organizations to report the method of notice they used.

Dr. Allen asked whether patients in self-insured plans are included in this process. Ms. Johnson responded in the affirmative.

Dr. Allen asked for clarification as to which patients this bulletin applies. Ms. Johnson responded that notice should be provided to all patients for whom the organization is at risk.

Dr. Everett said that this has been a very helpful conversation.

Mr. Cohen asked about a timeline for the regulation. Ms. Johnson responded that the HPC has been meeting with stakeholders about the bulletin and drafting a model notice form for providing additional guidance. She said staff will come back to the committee with more information at the next QIPP meeting and establish a timeframe for collecting the data.

Mr. Cohen asked if the HPC is under any statutory timeframe for developing the regulations. Ms. Johnson responded that the statute does not specify a timeframe. She noted that the HPC is working to have these processes in place for ACO Certification.

Item 4: Discussion of Program Design for the HPC's Pilot on Neonatal Substance Abuse Syndrome

Ms. Katherine Record, Deputy Director of Behavioral Health Integration & Accountable Care, reviewed funding in the FY16 state budget for the HPC to disseminate best practices in treating neonatal abstinence syndrome (NAS).

Ms. Record described NAS as a clinical syndrome in some infants who are exposed to opioids in utero. She noted that this has become a growing problem in the Commonwealth and is a priority for the HPC. Ms. Record said that infants with NAS stay in the hospital 16 days on average, with some visits lasting up to 80 days.

Ms. Record said the most common symptoms of NAS are premature birth, low birth rate, difficulty feeding and gaining weight, high-pitched crying, and, for a small minority, seizures. She noted large increases in NAS cases in Massachusetts and around the country.

Ms. Record reviewed the significant costs related to treatment of NAS, noting that pharmaceutical inventions cost upwards of $90,000 and non-pharmaceutical treatments cost around $60,000. She highlighted that pilot programs around emerging best practices have significantly decreased costs without negatively impacting the outcome for the infant.

Ms. Record noted that approximately 80% of infants born with NAS in Massachusetts are covered under Medicaid. She said the vast majority of these cases are being treated in special care nurseries, which are a step down from the NICU, but more expensive than the pediatric floor. She also noted potential limitations to this data. Ms. Record showed a map of 2013 NAS discharge volume by hospital in Massachusetts.

Ms. Record noted that the HPC received a $500,000 appropriation in the state's FY16 budget to pilot multi-disciplinary programs on post-natal care that incorporate medical and behavioral health treatment. She stated that the HPC's pilot will focus on the inpatient stay after delivery, as well as support efforts to connect new mothers and infants with treatment after discharge. Ms. Record said the HPC is collaborating with the Department of Public Health and the Department of Children and Families in the development of this initiative.

Ms. Turner asked if the HPC would be investing $500,000 at each site. Ms. Record responded that the HPC will be investing $500,000 total. She noted that, with this budget, the HPC may only be able to pilot programs at two to three sites.

Mr. Romm added that the HPC is discussing ways to augment this program with funds from other hospital investment programs.

Ms. Record reviewed the HPC's work to identify best practices. She noted that the statute requires that the HPC's pilot be informed by local, national, and international standards of care around NAS. She noted that staff has conducted interviews with experts and convened a focus group to understand what hospitals in Massachusetts are doing to treat NAS.

Ms. Record reviewed a series of interventions researched by the HPC and noted how they resulted in reduced length of stay.

Dr. Allen expressed interest in understanding why length of stay varied. Ms. Record hypothesized that the variation was due to the level of services provided to the mother and infant in both the prenatal and post-natal phases.

Ms. Record said there are simple, low cost measures that can significantly improve outcomes, such as fostering the relationship between hospitals and outpatient providers to connect women and newborns with early intervention programs, pediatrics, and addiction medicine providers.

Ms. Moore agreed that provider education is an important component.

Ms. Record added that there was a broad consensus for better emerging protocols to be disseminated throughout the state.

Dr. Allen asked whether the HPC could use the $500,000 to standardize the delivery of information relative to NAS throughout Massachusetts. Mr. Cohen voiced his approval for this idea.

Ms. Record said that the standardization of information would be ideal, but noted that the program funds are limited to post-natal intervention. She added that women have the best outcomes when they receive services from the moment they are pregnant.

Ms. Record reviewed a federal grant awarded to DPH and DCF to provide $6 million over three years to UMass Memorial and Cape Cod Hospital. She said the hospitals will coordinate outpatient providers, technical assistance, and peer support, while also helping increase number of providers with buprenorphine waivers and improve collaboration with pediatricians. She said this program is focused on patients during pregnancy and for 6 months after discharge.

Ms. Record said the HPC program is focused on the period of time from delivery to discharge for the infant. Mr. Romm added that the HPC is focusing on the hospital stay of infants whose mothers used opioids.

Ms. Record said the HPC will align with the DPH/DCF initiative. Ms. Moore added that this is an opportunity for other agencies to work with the HPC. She noted that the treatment of substance use disorders is a top priority for the Governor and of particular interest to Secretary Sudders.

Ms. Record reviewed proposed delivery to discharge quality improvement initiatives that could accelerate the uptake of best practices. She highlighted the need to have standardized scoring systems to assess severity of NAS, reduce the use of pharmaceutical invention, and increase rate of breastfeeding and rooming-in.

Ms. Record said the HPC's goal is to reduce the total cost of care for hospital perinatal episodes for infants with NAS by 20% in a 12-18 month intervention period. She said this goal will be achieved by decreasing the inpatient length of stay, the intensity of site of inpatient services, while also tracking the ability of hospitals to coordinate with out-patient care providers.

Dr. Allen noted that the primary care provider is missing from the HPC pilot program's care continuum. Ms. Record responded that DPH's goal is to connect with PCPs. Dr. Allen said that the PCP needs to be looped in early in the care process. Ms. Moore responded that DPH is doing just that.

Ms. Record stated that the HPC is hoping to use $3,000,000 in CHART funding to continue working in this area. She noted that CHART hospitals would be eligible for this additional NAS-related funding if they have at least 60 NAS discharges per year or more than five times the national average.

Dr. Allen clarified that the program will examine the cost of care with similar or better outcomes. Ms. Record responded in the affirmative, noting that the HPC will closely track readmissions to ensure reduced length of stay is not detrimental to quality of care.

Ms. Turner asked if the CHART funds would be awarded to a hospital already involved in the DPH grant. Ms. Record responded that the CHART funds will be used to increase the sample size for the DPH program.

Mr. Cohen asked how many hospitals the HPC can fund. Mr. Romm responded that the funds would go to two to three hospitals.

Mr. Cohen said that he thinks this is a logical approach given the limited dollars to coordinate with DPH. He said that the Commonwealth should focus on creating a program to educate birthing hospitals on NAS management. Ms. Record responded that the HPC is working to address this need.

Ms. Moore said education is a major component of the Governor's opioid initiative.

Dr. Allen said that community providers need to be trained on NAS even if they are not providing care in a hospital setting. Ms. Record said that the HPC is focused on convening individuals in various disciplines for training.

Mr. Cohen asked about the timeframe. Ms. Record responded that the HPC will present this information to the full board on November 16. She added that she expects the board to vote to release a RFP in December 2015 with the hopes of launching the program in 2016.

Dr. Everett asked if the HPC will provide consultation on cost effectiveness of various interventions. She noted that community hospitals may not have the capability or capacity to implement these pilots. Ms. Record responded that the HPC will be providing technical assistance to these hospitals in collaboration with DPH. She said the HPC would ask for claims and discharge data for the six months leading up to and following the grant period.

Dr. Allen asked whether the HPC program examined only inpatient care or the cost of all care that the infant and mother required. Ms. Record responded that the HPC is only examining inpatient stay from delivery to discharge.

Dr. Allen asked the HPC to consider how it can examine indirect costs, such the child being placed into the care of DCF.

Mr. Seltz said that this topic will be discussed at the board meeting next week.

Item 5: Schedule of Next Meeting

Mr. Cohen said that the next meeting is scheduled for Wednesday, December 9, 2015 at 11:00 AM.

Item 6: Adjournment

Mr. Cohen adjourned the meeting at 12:12 PM.