

**JOINT MEETING MINUTES:  
CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION  
QUALITY IMPROVEMENT AND PATIENT PROTECTION**

**Meeting of June 7, 2017**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION AND  
QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEES OF THE  
MASSACHUSETTS HEALTH POLICY COMMISSION  
HEALTH POLICY COMMISSION  
50 MILK STREET, 8<sup>TH</sup> FLOOR  
BOSTON, MA 02109**

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**Docket: Wednesday, June 7, 2017 10:00 AM-12:00 PM**

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**PROCEEDINGS**

The Massachusetts Health Policy Commission's Care Delivery and Payment System (CDPST) and Quality Improvement and Patient Protection (QIPP) Committees held a joint meeting on Wednesday, June 7, 2017 at the Health Policy Commission, 50 Milk Street, 8<sup>th</sup> Floor, Boston, MA 02109.

Committee members present included Dr. Carole Allen (Chair, CDPST), Mr. Martin Cohen (Chair, QIPP), Dr. David Cutler, and Dr. Wendy Everett.

The agenda for the day's meeting can be found [here](#).

The presentation for the day's meeting can be found [here](#).

**ITEM 1: APPROVAL OF MINUTES FROM THE APRIL 26, 2017 MEETING**

Dr. Allen asked for a motion to approve the minutes from a joint meeting of the CDPST and QIPP Committees held on April 26, 2017. **Mr. Cohen** motioned to approve the minutes. **Dr. Cutler** seconded. Committee members voted unanimously to approve the minutes, as presented.

**ITEM 2: OPERATIONAL UPDATE ON CERTIFICATION PROGRAMS**

Dr. Allen provided a brief introduction and turned the discussion over to Ms. Catherine Harrison, Senior Manager, Accountable Care and Ms. Katherine Barrett, Policy Director, Accountable Care.

Ms. Harrison reviewed updates on the Patient-Centered Medical Home (PCMH) PRIME and Accountable Care Organization (ACO) certification programs. For more information, see slides 8-13.

Dr. Allen asked how much revision was required during the beta certification phase.

Ms. Harrison reviewed the beta launch activities, feedback, and lessons learned. She said that there were some areas in the system in which there had been consistent pitfalls and that improvements had been made based on ACO feedback.

Ms. Barrett said that the HPC took lessons from the Registration of Provider Organizations (RPO) program. She said that staff had examined key points that some providers asked for and made sure to address those issues in this particular platform.

Ms. Harrison reviewed the full launch plans for the application system and next steps.

Dr. Everett asked how many ACOs were expected to apply.

Ms. Harrison said that the HPC's estimate was based on the number of MassHealth applicants for their ACO program. She said that there were about 20 applicants for MassHealth's program and that the HPC's program would have a similar number of applicants. Ms. Harrison said that the agency could potentially receive more applicants that would be seeking certification for other purposes.

Ms. Barrett said that staff had conducted outreach calls to MassHealth applicants to make sure they were aware of the HPC's ACO program, timelines, and trainings. She said that the majority of outreach calls focused on understanding the appropriate level of the organization that the agency would certify. Ms. Barrett said that it was important to make this information clear to an organization before it decided to apply.

Dr. Cutler asked about the correct level of a certifiable organization.

Ms. Barrett said that every system is different. She stated that the level of certification depends upon how each organization had legally and organizationally structures its component ACOs. Ms. Barrett said that some systems had many governance structures that governed different types of risk contracts while some systems had only one entity.

Dr. Allen asked if there were any questions from the public. None were heard.

### **ITEM 3: DESIGN RECOMMENDATIONS FOR ACO TECHNICAL ASSISTANCE (ACO TA) PROGRAM**

Ms. Barrett introduced Mr. Michael Bailit and Ms. Erin Taylor, Bailit Health to provide an update on their design recommendations for the ACO technical assistance (TA) program.

Dr. Cutler asked Ms. Barrett to remind everyone what the pools of Delivery System Reform Incentive Payment (DSRIP) funding were.

Ms. Barrett said that there were multiple types of investments under the waiver which fall broadly under "workforce support." She said that there was also the "ACO DSRIP bucket" in which there are seven domains that technical assistance could fall under. Ms. Barrett said that the challenge for staff members was figuring out the specific areas for an all-payer program and how to make the best use of the agency's dollars.

Mr. Bailit introduced the ACO TA needs assessment and methodology. He also reviewed core competencies for development and suggested priority areas for the TA program. For more information, see slides 16-18.

Ms. Taylor discussed operationalizing the TA program. For more information, see slides 19-21.

Dr. Everett asked why each grant was capped at \$150,000 over a period of 18 months.

Ms. Taylor said that, with about \$2 million to invest, these funds could help ACOs build the basic building blocks but that the ACOs would have to use other investments to sustain. She said that \$150,000 represented a significant amount to develop data strategy or high-risk care management and lay the foundation. Ms. Taylor stated that 18 months was an appropriate time period for spending \$150,000.

Mr. Bailit said that the funds could be used for planning purposes. He said that one interviewee expressed uncertainty about doing care management correctly, targeting the right patients, and hiring the right people. He said that \$150,000 was sufficient for ACOs to hire a consultant and to think strategically about resources and interventions. Mr. Bailit said that the funds would only be used for planning a best practice-informed design.

Dr. Cutler asked who would be able to consult with ACOs.

Mr. Bailit said that one of the interviewees said that it would help to have names from the HPC. He stated that ACOs would have to do their own networking to find out who is best fit for their consultation. He said that there are people nationally who could provide assistance.

Mr. Cohen said that including what would not be funded is as important as including what would be funded.

Dr. Cutler asked if the agency could compile a list of organizations that had consulted with other ACOs.

Ms. Barrett said that that would be challenging. She said that staff had heard this request from newer systems with no established contractors looking for consultants. Ms. Barrett said that she also welcomed feedback from the Committee members on the \$150,000 cap, which allows the HPC to support more ACOs. She said that the other option would be to have a larger cap and to support a smaller number of ACOs.

Dr. Allen asked if an ACO could have two grants.

Ms. Taylor said that they could apply in both areas but that the amount would not exceed \$150,000. She said that a smaller amount might not be attractive for some ACOs given what they could receive through DISRIP. Ms. Taylor stated that it was important to consider

the application requirements and reporting requirements, so the amount has to be significant enough to draw interest.

Dr. Allen asked if an ACO could receive \$300,000.

Ms. Taylor said no.

Dr. Everett said that the agency would have to go through one round and then evaluate adequacy. She said that the beta tests conducted for the first two ACO certifications were helpful. Dr. Everett said that \$150,000 sounded like a reasonable amount and that it would be better to have more people benefit from the funds than fewer.

Mr. Cohen said that it depended on what was being proposed. He agreed that \$150,000 felt like the right number.

Ms. Taylor reviewed application requirements.

Mr. Cohen asked if it was better to require the proposed contractor before the release of funds.

Ms. Taylor said yes and that this was important.

Ms. Taylor reviewed other considerations for operationalizing the ACO TA program.

Dr. Allen asked if entities have to be approved as an ACO prior to applying to the TA program.

Ms. Barrett said that the entities should already be certified with the program. Ms. Barrett noted that MassHealth would require all ACOs to be certified with the agency by the operational start date and that most systems would be in the program.

Mr. Bailit said that you could allow entities in the process of becoming certified to apply also.

Ms. Barrett reviewed the proposed ACO TA timeline and next steps. She asked if there were any questions or comments from the public. None were heard.

#### **ITEM 4: COMMUNITY CARE COOPERATIVE PRESENTATION**

Ms. Christina Severin, Community Care Cooperative, President and CEO provided a presentation to the Joint Committee. For more information, see slides 24-38.

#### **ITEM 5: SCHEDULE OF NEXT MEETING (JULY 19, 2017)**

Dr. Allen asked if there were any comments from the public. None were heard. She adjourned the meeting at 11:51AM.

