MASSACHUSETTS
HEALTH POLICY COMMISSION

Joint Meeting of the Care Delivery and Payment System Transformation and Quality Improvement and Patient Protection Committees

October 18, 2017

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order

- Approval of Minutes

- Blue Cross Blue Shield of Massachusetts Foundation

- ACO Certification Operations Update

- PCMH PRIME Program

- Proposed 2018 RPO Reporting Requirements for Public Comment

- Schedule of Next Meeting (November 29, 2017)

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  – Joint CDPST/QIPP Meeting: June 7, 2017

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VOTE: Approving Minutes

MOTION: That the joint Committee hereby approves the minutes of the joint CDPST/QIPP Committee meeting held on June 7, 2017, as presented.

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ACO Certification Program: Application Submission and Timeline

Beta Launch Certified ACOs

Community Care Cooperative (C3)
Boston Accountable Care Organization (BACO)

Full Launch

15 additional applications now under review

Timeline and Next Steps

October 1, 2017 – ACOs submit certification applications

By January 1, 2018 – HPC issues certification decisions
Full certification decisions are valid until December 31, 2019

2018 – HPC analyzes and reports on information received, re-opens application system as needed, Applicants with provisional certification submit for full certification, etc.

ACO Certification Program Current Applicants

- Atrius Health Inc.
- Baycare Health Partners Inc.
- Beth Israel Deaconess Care Organization
- Cambridge Health Alliance
- Children's Medical Center Corporation
- Health Collaborative of the Berkshires LLC
- Lahey Health System Inc.
- Merrimack Valley Accountable Care Organization LLC
- Partners Healthcare System Inc.
- Reliant Medical Group Inc.
- Signature Healthcare
- Southcoast Health System Inc.
- Steward Healthcare Network Inc.
- The Mercy Hospital Inc.
- Wellforce Inc.

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  – NCQA Criteria Changes

  – Presentation: Myra Sessions, Health Management Associates

  – Technical Assistance Program Changes

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Practices Participating in PCMH PRIME

Since January 1, 2016 program launch:

**42 practices
are PCMH PRIME Certified**

65 practices
are on the **Pathway to PCMH PRIME**

1 practice
is working toward NCQA PCMH Recognition and
PCMH PRIME Certification concurrently

**108
Total
Practices
Participating**

HEALTH POLICY COMMISSION
PCMH PRIME
CERTIFIED
— 2017 —

HEALTH POLICY COMMISSION
— PATHWAY TO —
PCMH PRIME
— 2017 —

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Alignment of PCMH PRIME and NCQA's PCMH 2017 Program

To align with NCQA PCMH 2017, an **updated version of the PCMH PRIME standards** will be effective November 17, 2017.

▶ This update will **impact the content and/or scoring of 3 criteria**

▶ For the remaining 10 criteria some criteria language and documentation requirements have been slightly modified to align with PCMH 2017

▶ Beginning November 17, 2017, all practices applying for PCMH PRIME Certification must follow the updated PCMH PRIME standards

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Summary of Changes to PCMH PRIME Criteria

#	2016 Criteria	2017 Criteria
1B	The practice **coordinates with behavioral healthcare providers** through formal agreements or has behavioral healthcare providers co-located at the practice site.	The practice **works with behavioral healthcare providers to whom the practice frequently refers** to set expectations for information sharing and patient care
2B	The practice **integrates BHPs** within the practice site.	The practice **integrates BHPs** into the care delivery system of the practice site.
3B	The practice **tracks referrals** until the consultant or specialist's report is available, **flagging and following up on overdue reports.**	**Tracks referrals** to behavioral health specialists and has a process to **monitor the timeliness and quality of the referral response.**
1C	The practice has at least one **care manager** qualified to identify and coordinate behavioral health needs.	The practice has at least one **care manager** qualified to identify and coordinate behavioral health needs.
2C	The practice has at least one clinician who is providing **medication-assisted treatment** (naltrexone, buprenorphine, and/or methadone) **and providing behavioral therapy** directly or via referral, for substance use disorder.	The practice has at least one clinician located in the practice who provides **medication-assisted treatment** and **provides behavioral therapy** directly or via referral, for substance use disorders.
1D	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.**	The practice conducts a comprehensive health assessment that **includes behaviors affecting health, and the mental health/substance use history of patient and family**
2D	The practice collects and regularly updates a comprehensive health assessment that includes **developmental screening** for children under 3 years of age using a standardized tool.	The practice conducts **developmental screening** using a standardized tool for patients under 30 months of age.

Meeting 2B = automatic point for 1B also

No double credit for meeting 1B

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Summary of Changes to PCMH PRIME Criteria (cont'd)

#	2016 Criteria	2017 Criteria
3D	The practice collects and regularly updates a comprehensive health assessment that includes **depression screening** for adults and adolescents using a standardized tool.	The practice conducts **depression screenings** for adults and adolescents using a standardized tool.
4D	The practice collects and regularly updates a comprehensive health assessment that includes **anxiety screening** for adults and adolescents using a standardized tool.	The practice conducts **anxiety screenings** for adults and adolescents using a standardized tool.
5D	The practice collects and regularly updates a comprehensive health assessment that includes **SUD screening for** adults and adolescents using a standardized tool.	The practice conducts **alcohol use disorder or other SUD screenings** for adults and adolescents using a standardized tool.
6D	The practice collects and regularly updates a comprehensive health assessment that includes **postpartum depression screening** for patients who have recently given birth using a standardized tool.	The practice conducts **postpartum depression screenings** using a standardized tool.
1& 2E	The practice implements **clinical decision support** following evidence based guidelines for a mental health <u>and</u> substance use disorder.	The practice implements **clinical decision support** following evidence-based guidelines for care of mental health conditions <u>and</u> substance use disorders.
1F	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.	The practice establishes a systemic process for identifying patients who may benefit from **care management**, and criteria that include consideration of behavioral health conditions.

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Modifications to Documentation Requirements

The HPC modified documentation requirements for 9 of 13 PCMH PRIME criteria.

Maintained current documentation	Modified documentation to align with NCQA's PCMH 2017 requirements	Modified documentation, with slight differences from NCQA 2017
Current documentation requirements did not need modification to be in alignment with NCQA 2017: − 1C, Care manager − 2C, MAT − 1 and 2 E, Clinical decision support − 1F, Care management	**1B, Coordinating w/ BHPs** • Practices must submit either an agreement (formal or informal) **or** a documented process and evidence of implementation • A list of BHPs is no longer sufficient **2B, BHP integration** • Practices must submit a documented process and evidence of implementation • A list of BHPs is no longer sufficient **3B, Referral tracking** • Practices must now demonstrate that they are assessing quality of referral responses	1-6 D, Comprehensive health assessment including behaviors affecting health, mental health/substance use history, BH screenings • Practices must submit a documented process, report, **and** evidence of implementation (previously required report or documented process) • Diverge from NCQA's requirements by requiring practices to submit screening rates, if they have the electronic capability

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Effect of Aligning with NCQA

12

PCMH PRIME criteria have a PCMH 2017 equivalent

- Up from 8 equivalent criteria previously

- For 10 of these 12, practices applying for PCMH PRIME may automatically receive full or partial credit for documentation submitted for PCMH 2017

1

of the PCMH PRIME criteria not reflected in PCMH 2017

Criteria 2C (practice has a clinician providing MAT) does not have a PCMH 2017 equivalent. However, this criterion is included in NCQA's new Behavioral Health Distinction program.

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PCMH PRIME TA Current Contract with Health Management Associates

Cohort approach: Practices divided into 4 cohorts that each receive 6 months of TA			
Learning Collaboratives: Subject matter experts lead full-day, in-person sessions for practice teams. Curriculum includes BHI topics relevant to a broad audience and emphasize small group and participatory learning.	**Knowledge Sharing Sessions:** 2-3 hour, in-person sessions include provider presentations and group discussions. KSSs aim to facilitate peer-to-peer learning.	**Webinars and Virtual Learning Community:** Monthly webinars will recorded and posted on PCMH PRIME-specific topics. TA website includes tools, resources, TA calendar, etc.	**Practice Coaching:** Practices receive on-site and telephonic practice coaching.

TA Modes

Evaluation

HMA reports on TA activities and practice feedback each 6-month period. HMA subcontracts with Day Health Strategies to evaluate TA delivery. Evaluation will include quantitative data (# practices achieving PCMH PRIME, patient-level goals, etc.), analysis of TA evaluations, and practice interviews.

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TA Cohort 1 Report

Myra Sessions, MPH
Health Management Associates
PCMH PRIME TA Practice Coach

Participating Practices

- **Pleasant Lake Medical**
- **Manet Community Health Center** (North Quincy, Houghs Neck, Snug Harbor, Hull)
- **Harbor Health** (Neponset Health Center, Geiger Gibson Community Health Center, Harbor Community Health Center – Hyannis)
- **Reading Pediatric Associates**
- **Caring Health Center**
- **Duffy Health Center**
- **Greater Lawrence Family Health Center** (North, South, West, Haverhill St., Lawrence General Hospital , Methuen Family Health Center)
- **Greater New Bedford Community Health Center**
- **Tufts Medical Center Primary Care – Boston**
- **Yogman Pediatric Associates**

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Guiding Principles of PCMH PRIME TA Coaching

1. Help enable practices to achieve PCMH PRIME Certification

2. Emphasize evidence-based BHI practices, Collaborative Care Model

3. Allow practices' priorities and motivations to define work streams

Practices focused on tactical, operational challenges in BH integration

Operationalizing PCMH PRIME: Practices' Key Questions

Internal and External BH Providers: Build or buy BH: whom to hire? How to work with external BH providers so as to add value to patients and providers? What best meets the unmet patient needs?

Referral Tracking: What information needs do PCPs have? How to communicate those data points?

Care Managers on Team: Whom to hire? What is the role of the case manager for BH integration (and what model to use)?

MAT Providers: Documentation of existing MAT programs

Routine Screenings for BH Conditions: Screening processes and frequency to add value, be sustainable? Measurement based care.

Decision Support for Mental Health Treatment: How to segment needs of population and tailor responses appropriately given guidelines and staffing resources?

Care Management Referrals: How to use screening results as a means to segment needs? Role of case manager for members with BH needs? Referral processes internally? Using a registry to track patients with BH needs until achieve remission.

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Practices' TA Priorities by Topic

Distribution of Focus Areas for TA Practices
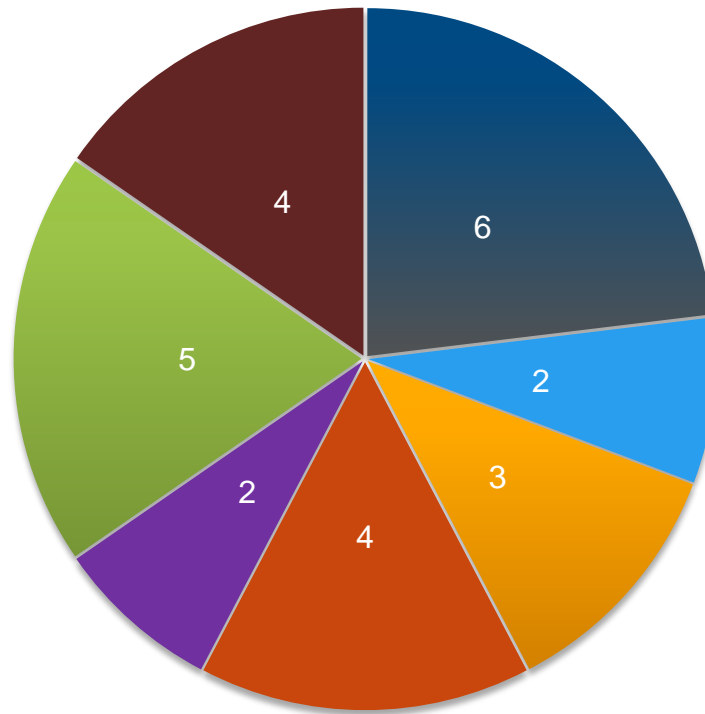
Legend:
- Internal & External BH Providers
- Referral Tracking
- Care Managers on Team
- Screening Processes
- Decision Support
- Stratification/Case Mgmt Referrals
- Sustainability of BH Integration

Notes: Numbers in pie chart add to >20 because some practices identified more than one area of focus. Practices with multiple sites generally took a coordinated approach to TA across all locations; therefore, multi-site practices are counted as a single practice.

Example: New Partnerships with External BH Providers to Promote Collaboration

- Small, private practice with no internal BH provider capacity
- Defined valuable information to share with external BH providers to promote patient outcomes and care coordination
- Executed new agreement with BH provider for new collaboration

MEMORANDUM OF UNDERSTANDING

This is an agreement between Pleasant Lake Medical Offices (hereinafter "the primary care practice" or "PC practice") and _____
(hereinafter "the behavioral health provider" or "BH provider"). The purpose of this agreement is to facilitate quality behavioral health care for the PC practice's patients through enhanced communication and coordination of care with BH providers.

I). The primary care practice agrees to:

1. Refer patients who need the behavioral health services offered by the BH provider

2. Send referrals by method preferred by BH provider

   ☐ Fax
   ☐ Health Information Exchange, such as eCW'sP2P
   ☐ Telephone
   ☐ Other: Specify _____

3. Include clinical documentation in the referral necessary to provide a continuum of care

4. Include a copy of the patient's signed Release of Behavioral Health Records form

5. Make PC practice clinicians available for telephone discussion with the BH provider as needed

II.) The behavioral health provider agrees to:

1. Schedule appointments and treat patients promptly

2. Notify the PC practice when patients "no show" for initial appointments

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Example: Registry for Tracking BH Conditions within Case Management

- Practice has existing processes for BH or integrated care management
- Adopting registry tool to add consistency, establish treatment goals, define consistent workflows
- Working with EHR vendor to create system to measure, document, track BH outcomes for patients

Patient information		Contacts			Measurements				Contact Notes and Psychiatric Case Review		
MRN	Name	Date Follow-up Due	Actual Contact Dates	Type of Contact	PHQ-9 Score (Target is <5 within 5-7 months of initial elevated PHQ-9)	% Change in PHQ-9 score (Target is -50% within 5-7 months of initial elevated PHQ-9)	GAD-7 Score (Target is <10 within 5-7 months of initial elevated GAD-7)	% Change in GAD-7 score (Target is -50% within 10 weeks of tx initiation or change)	Care Manager Contact Notes and Flag for Psychiatric Case Review (Include notes about appointment reminder calls, referrals to specialty services, etc.)		Date of Psychiatric Case Review (Date of most recent Psychiatric Case Review automatically populates at top)
1234	Joe Smith	2/19/17			.		.				
1234	Joe Smith	3/5/17			.		.				
1234	Joe Smith	3/19/17			.		.				
1234	Joe Smith	4/2/17			.		.				
1234	Joe Smith	4/16/17			.		.				
1234	Joe Smith	4/30/17			.		.				
1234	Joe Smith	5/14/17			.		.				
1222	**Bob Dolittle**	2-week follow-up schedule	11/2/16		22		12			Flag as safety risk	9/17/16
1222	Bob Dolittle		3/5/15	In person at clinic	21	-5%	12	0%			3/31/15
1222	Bob Dolittle		3/19/15	In person at clinic	19	-14%	10	-17%			2/18/16
1222	Bob Dolittle		4/2/15	In person at clinic	15	-32%	7	-42%			9/17/16

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Example: Defining Investments, Processes for Integrated Care

- Strategic planning to define delivery, care team roles and partnerships for providing integrated BH care

- Mapping standard workflows for screening, hand-offs to team members

- Planning for how to maximize information gathered, screenings
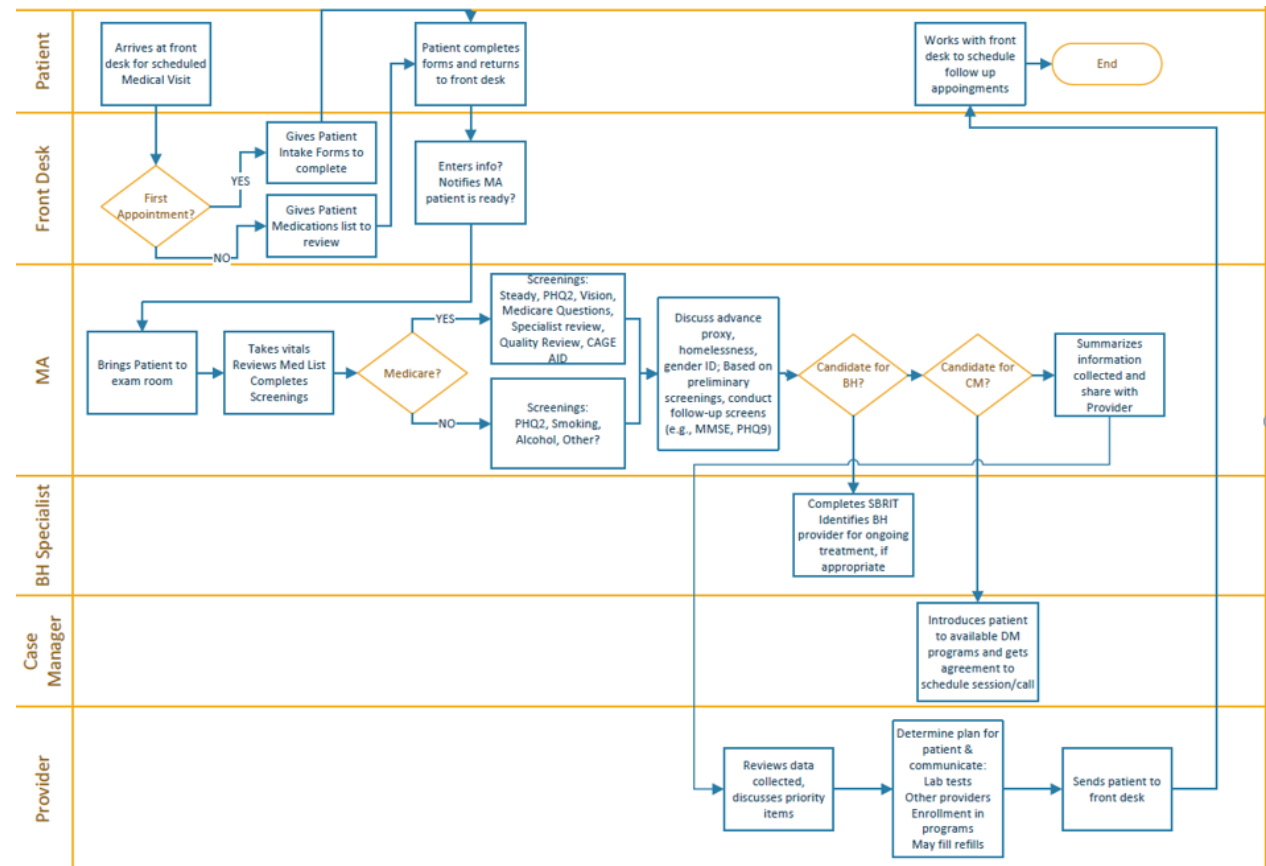
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Overview of New PCMH PRIME TA Design

We recommend a restructured PCMH PRIME TA program to support primary care practices in behavioral health integration.

Eligible Entities	Primary care practices; some TA for Pathway or PCMH PRIME Certified practices only
Content	Behavioral health integration: collaborative care model and PCMH PRIME criteria
Structure	Restructure HMA statement of work to offer:

Restructure HMA statement of work to offer:

~5 knowledge sharing sessions	In coordination with HPC's L&D strategy, HMA supports KSSs to facilitate peer-to-peer learning on behavioral health integration best practices
~300 hours of practice coaching	HMA practice coaches provide ~300 hours of telephonic or onsite practice coaching. Practices submit a proposal to request practice coaching, including type and amount.
Access to 7 pre-recorded webinars	HMA delivered 7 webinars on BHI topics for Cohort 1 practices. These webinars are made available to all Pathway or PCMH PRIME Certified primary care practices.

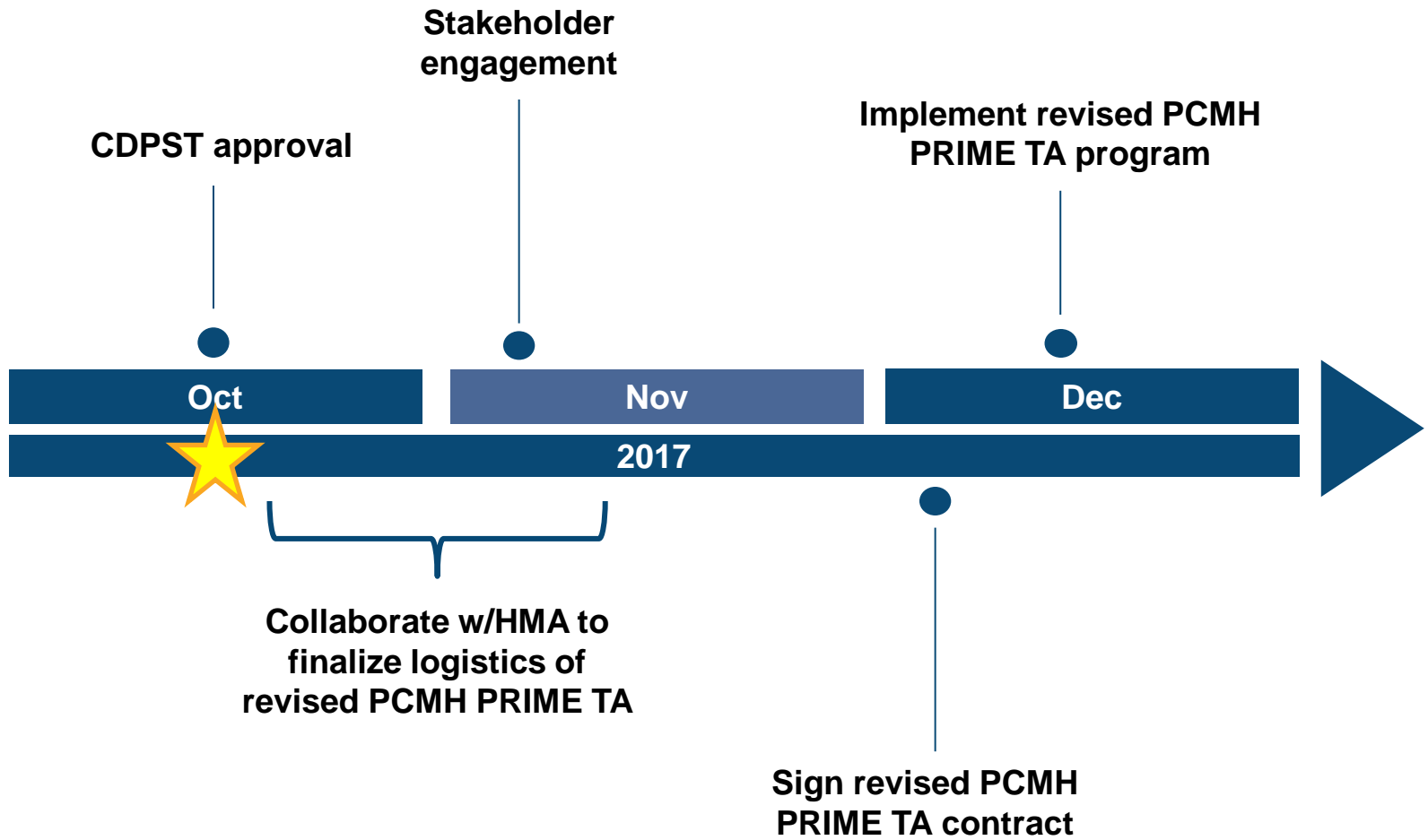|	
Funding	~$200,000 remaining in contract with Health Management Associates (HMA)

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PCMH PRIME TA: Current vs. Proposed

Current

- ► **TA offered in 6 month cohorts;** Pathway and PCMH PRIME Certified practices are eligible to participate, must commit to participating in multiple modalities

- ► **Approximately 12 hours of practice coaching** is provided to all practices participating in TA cohort

- ► **7 pre-recorded webinars** are available to practices participating in TA cohort

- ► **Knowledge sharing sessions** are open to any interested primary care practice

- ► **Learning collaborative attendance mandatory** for practices participating in TA cohort

Proposed

- ► **TA offered based on practice need;** practices can participate in one or multiple modalities, on their own timeline

- ► Interested Pathway or PCMH PRIME Certified **practices submit a proposal to receive up to 15 hours of practice coaching**

- ► **7 pre-recorded webinars** are available to Pathway or PCMH PRIME Certified practices

- ► **Knowledge sharing sessions** are open to any interested primary care practice

- ► **No learning collaboratives**

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PCMH PRIME TA Next Steps

Stakeholder engagement

CDPST approval

Implement revised PCMH PRIME TA program

Oct	Nov	Dec
2017		

Collaborate w/HMA to finalize logistics of revised PCMH PRIME TA

Sign revised PCMH PRIME TA contract

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Overview of the MA-RPO Program

Overview

The MA-RPO Program, a joint responsibility of the HPC and CHIA, is a **first-in-the-nation** initiative for collecting public, standardized information on Massachusetts' largest health care providers on an annual basis. The first round of data was collected in 2015 and included information on Provider Organizations' corporate structure, contracting and clinical relationships, lists of owned facilities, and rosters of physicians.

2017 Filing

The 2017 filing, **due October 31, 2017**, collects additional information on Provider Organizations' financials, contracting practices, and APM revenue. We anticipate releasing the final 2017 dataset early next year.

2018 Filing

The MA-RPO Program is committed to phasing in statutorily required reporting elements over time, based on Provider Organization feedback and user needs, and for 2018 is proposing updates to the **Facilities file** and **Provider Roster**.

HPC

Updates to Facilities File

Description

- The Facilities file includes information about each of the Provider Organization's owned, licensed facilities

- The MA-RPO Program is proposing to ask for more detailed information on which payers, if any, pay facility fees to hospital satellites and clinics

Value

- Allows users to better understand which facilities are charging facility fees, an area for which there is relatively little data available in Massachusetts

HPC

Updates to Provider Roster

Description

- The Provider Roster currently includes information about each physician on whose behalf a Corporately Affiliated Contracting Entity establishes contracts with Payers or Third-Party Administrators

- The MA-RPO Program is proposing to add certain advanced practice providers (APPs) known to provide primary care services

Value

- Provides detailed information on certain APPs (nurse practitioners, physician assistants, and certified nurse midwives) in order to better understand care delivery practices and access to primary care and other services

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Public Comment on the Proposed 2018 Filing Requirements

The MA-RPO Program **seeks comments** from Provider Organizations and other interested parties on the proposed new data elements.

Comments are due to HPC-RPO@state.ma.us by **Thursday, November 30 at 5:00pm.**

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Contact Information

For more information about the Health Policy Commission:

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