Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

Prevention and Wellness Sustainability Committee
DPH Lobby 1 Conference Room
December 10, 2015

Meeting Minutes

Committee Members present: all committee members
Jean Zotter (PWTF Program Manager), Maddie Ribble (MPHA), Erika Scibelli (Senator Welch), Abigail Armstrong and Zachary Crowley (designees for Senator Lewis), Sarah Sabshon (Representative Sanchez), Jeff Stone (MPC), Yadirys Collado (designee for Samantha Pskowski, Representative Hogan)

Introductions and Overview of Agenda

- Introductions made and quorum established
- Discussion of meeting minutes
    - Motion to approve minutes by Maddie Ribble contingent that Iyah review content. Second by Zack Crowley.
    - Consensus of committee for review and approval.

MassHealth Payment & Care Delivery
Ipek Demirsoy, MassHealth
SEE SLIDES
(PLEASE NOTE: These minutes have not been reviewed by MassHealth.)

- Overview of principles of approach
- MassHealth has two priorities: budget and payment reform
- Stakeholder feedback highlights
    - Members not in charge of or engaged in their care
    - Providers working in silos
    - Payment model is not aligned
- Overview of what they plan to do: move to a sensible care delivery and payment structure
- Image of current structure juxtaposed with future model

Payment reform

- Want different parts of the system to come together to facilitate care coordination and transition

    - Need to define who needs to be involved, who is optional
- New York and Oregon structure—upfront investment that comes with specific accountability
    - MA will need to determine state share to match federal investment
    - Upfront cost 1 – 2 year covered, may be part of the per person per month payment
- *Question:* Would these ACOs partner with other payers or only MassHealth?
    - This will be an evolution
    - We do not want to set the bar so high that it may hinder adoption
- *Question:* Do you see a shift from non-ACO entities?
    - 2 things changing:
        - Some providers will remain fee for service though we want that to decrease.
        - Services provided will change—social and human services providers—still defining the expectations and over time they will become more formalized and part of the ACO model
- *Question:* What is an ACO?
    - Heath Policy Commission (HPC) has an ACO certification and this is likely how we will categorize them.
        - Has to be a separate legal entity
        - Certification program will be a minimum bar and there may be more requirements we add.
    - HPC standards are out right now through January for public comment

Partnership across the system

- Social service organizations
- Medicaid rules prevent paying for housing
- Starting point:
    - Explicit goals--We need reallocation of spending in the system—we need to make it explicit to make the change
    - A feasible and financially sustainable transition
    - Statewide Health Homes program
    - Explicit incorporation of social determinants of health
        - Modifying risk adjustment model to incorporate the Social Determinants of Health
    - Value and incorporate the member experience and outcomes
- The more advanced the system gets the more flexibility will be in the system
- Commit to annual targets with CMS—making the case for federal investment—make MA model as innovative as possible
    - Want to use the funds to incentivize providers to switch payment model
    - Fee for service models will be limited
- Review of key design questions discussed across all workgroups
    - Need clarity of expectations—need to balance innovation and being prescriptive
- Overview of current thinking regarding populations
    - Medicaid only population initially
    - MCO and fee for service will all go into ACO for Medicaid only starting point

Three payment models under consideration

- Retrospective—reconcile at the end of the year
- Prospective ACO/MCO (Kaiser model)
    - Advanced model that many organizations may be ready for but it is the most flexible
- Prospective model—no MCO

End of formal presentation

Comments/Questions/Responses:

- *Question:* How does the timing of this affect our partnerships—how would this work?
    - MassHealth wants to have something up and running by June 2017
    - Linkage with partnerships may include collaboration with ACO—they can use their budget to continue to fund the partnership
- *Question:* Many of the things we do for PWTF are not currently covered—model 2 and 3 would seem to cover what is currently not paid for with fee-for-service?
    - Transition strategy may be a bridging mechanism with any model through federal funds until they advance to the more advanced models
- *Question:* Is there any way for us to encourage funding the existing partnerships?
    - Potentially. There will be expectations of their capabilities but we may not tell them who—but these partnerships would be easy for the ACO to plug into to demonstrate to the partnership their capabilities.
- *Question:* Will you be prescriptive in defining value? How do we define value?
    - Will define quality, outcome, cost, member experience with robust surveys
    - Will have quality measures that will be sent out though it is still a work in progress
- *Question:* Our PWTF evaluation is due January 2017. Cost and quality data is too early for robust analysis. Timing is difficult
    - It will not be what MassHealth sees but ACO option
    - Cost measures may be early indicators of success
    - Consider member experience and evaluating that, functional capabilities of the partnership versus silos
- *Question:* Looking ahead—what do MCOs think and what will they be over time?
    - Immediate future—some providers very advanced
        - Care coordination has to happen on the provider level
        - Telephonic is not working for a lot—needs to transition
        - Need to build up analytics capabilities and complementing ACOs
        - Business model for MCO will transition over time

PWTF Evaluation - PWAB Sustainability Committee
Charles Deutsch, Harvard Catalyst
SEE SLIDES

Overview of common goals

- This program is ambitious—very complex with 9 organizations and multiple interventions within 4 health conditions.
- Want to evaluate whether it "worked" and how and why it worked
- Everything is to be learned from—different challenges and different stories

- Harvard is responsible for overall evaluation—quantitative data and narrative of the quantitative data and what the quantitative can't explain
- We will draw on all sites but level of effort may vary site to site
    - Starting to listen to sites but we may not be able to give them comments immediately
    - In the process of revising the evaluation plan from 2014 submission
    - Evaluation design will be flexible and iterative, a work in progress

Chapter 224 requirements overview

- Plan to include narrative of what you would expect to find if you continued funding
- Will spend the most effort evaluating Tier 1 interventions
- E-Referral will be examined—how it was developed, outcomes produced
- Evaluation committee defined independence and collaboration
- *Question:* Who will be subcontractors?
    - Not written up yet but considering MDPH Net, APCD and case mix data contractor

Overview of basic evaluation design

- Have not selected control groups yet
    - Time series analysis—we do not know yet how good the data will be
    - Pre and post-control groups
- Will have 6 months to review APCD data
- Aggregate pre and post data
- Mixed methods design
- Need to enrich design of robust objective qualitative evaluation—observation, focus groups, key informant interviews
- Need to revise budget for DPH to reflect more qualitative data to answer what the communities wants answered
- If we can get CHIA data—it may allow unique identifiers and link data across time—have to make a compelling case to link individual data with certainty
    - Compelling argument for additional years of study to have more data
- Working hard with DPH for data gathering—everyone is interested but it makes a lot of "cooks in the kitchen"
- Data sources overview
- Logic model presented all that we would have liked to do but may not be possible—data may not be able to show definitive findings
- Importance of "telling the stories"
- *Comment*: Not just that we can reach folks but also the social determinants—we need to highlight this—not just about the asthma inhaler but CHW home assessment to mitigate triggers
    - Yes, just showing progress through policy and systems change is important
- *Comment*: PWTF is unique in the way it links clinical to community—want to document the successes through the partnerships
    - Yes, we need to not just count the numbers
- *Comment*: Linking people into CBOs may impact the clinical consciousness of heath determinants of care—improves health outcomes and may be a consideration of ACOs

Overview of evaluation challenges
Overview of what to expect for 2016

- *Question*: What is the cut off for collecting 2016 data to use in the report?
    - Thinking around September or even October

Overview of next steps

Comments/Questions/Responses

- *Question:* Even if we can't get comprehensive evaluation on every intervention from every partnership, can we get some that make the case?
    - If early indicators show likely success in certain conditions, we can focus effort in that area
    - Systems innovations that are concrete and producing more can be highlighted—want to show progress even though we know systems change take a long time
- Want to have comments on capacity building
- If we want sustainable change—this is the way to go. But, given there are only 6 months to go, there is not enough time.
- Need to assess partnership functionality.
- *Jean*: Need to gather input from committee to assess the challenges of timing with MassHealth, payment models, evaluation capacity, etc.
- *Maddie*: How do we document value to ACOs—principles of PWTF can be built into 8 requirements for ACOs
    - Look at the HCQ standards and consider recommendation—can work with Maddie if you want to provide feedback
    - Where does healthcare look to pick up $$ and what are the gaps that may need legislative action?
- *Carlene*: PWAB meeting recap should include components of this meeting

Closing

- **Next meeting January 28th, 2016, 1-3pm**
    - Want to bring in some expert to look at lessons learned and make recommendations
- Jeff Stone motion to adjourn, second by Sarah Sabshon. All approved.
- Jean – adjourned meeting.

Respectfully submitted,
Elizabeth Moniz