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Massachusetts Department of Public Health
Minutes of the Mobile Integrated Health Advisory Council
Meeting of Wednesday, January 6, 2016
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston, MA

Date of Meeting: Wednesday, January 6, 2016
Beginning Time: 1:35 PM
Ending Time: 3:26 PM

Advisory Council Members Present: The following fifteen (15) appointed members of the Mobile Integrated Health Advisory Council (MIHAC) were in attendance on December 14, 2015, establishing the required simple majority quorum (10) pursuant to Massachusetts Open Meeting Law (OML): DPH Associate Commissioner Lindsey Tucker (Chair); Dr. Gregory Bazylewicz; Mike Caljouw; Marilyn Daly; Tara Gregorio; Tom Henderson; Chief Theodore Joubert; Dr. Carolyn Langer; Christine McMichael; David Morales; Kathy Reardon; Dr. David Schoenfeld; Sean Tyler; Bryan Urato; Steve Walsh.

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1. Welcome and Introductions

Department of Public Health (DPH) Associate Commissioner and Advisory Council Chair, Lindsey Tucker called the meeting to order and provided brief introductory remarks. Ms. Tucker restated background information on the Massachusetts Mobile Integrated Health or "MIH" law and the advisory council's role to guide DPH in its establishment of a regulatory framework for MIH within Massachusetts.

Ms. Tucker summarized major themes from the December 14, 2015 meeting and stated that the January 6, 2016 meeting would be focused on further discussion of what minimum guardrails are required to ensure patient safety, as well as discussion of several terms used within MGL Chapter 111O, Section 3 including "gap in service delivery," and "duplication of service."

2. Adoption of December 14, 2015 MIHAC Meeting Minutes (Vote)
Ms. Tucker asked if any members had any changes to be included in the December 14, 2015 meeting minutes. Hearing no request for changes, Ms. Tucker requested a motion to accept the minutes at 1:37 PM.

Dr. Bazylewicz made a motion to approve. Mr. Henderson seconded this motion.

The following eleven (11) members voted to approve the minutes: Dr. Gregory Bazylewicz; Mike Caljouw; Tom Henderson; Chief Theodore Joubert; Dr. Carolyn Langer; Christine McMichael; David Morales; Dr. David Schoenfeld; Sean Tyler; Bryan Urato; Steve Walsh.

The following (1) member abstained: Marilyn Daly.

Ms. Tara Gregorio and Ms. Kathy Reardon were not yet present at the time of this vote.

Both Ms. Amanda Gilman, a non-appointed member designee of Mr. Vic DiGravio, and Mr. James Fuccione, a non-appointed member designee of Ms. Pat Kelleher, did not vote.

3. Defining MIH's Patient Safety Guardrails

Ms. Tucker reviewed several key questions that were raised by the advisory council during the December 14, 2015 meeting. Ms. Tucker stated that in planning for this MIHAC meeting, DPH staff sent MIHAC members an exercise to complete in order to solicit feedback regarding patient safety "guardrails." Feedback was framed within the Quality of Care/Patient Safety "Topics" that members brainstormed during the December 2015 MIHAC meeting, and feedback was meant to help facilitate and inform the meeting's discussion. Ms. Tucker shared that the goal of this exercise and discussion is to determine whether these "topics" viewed as "needed guardrails"; are there any missing; and for those topics viewed as needed, where and how should they belong within the regulatory and programmatic construct (Reg vs. App vs. by MIH Program).

Based on responses received, DPH staff synthesized group submissions into the following categories: Training; Treatment Protocols; Care Coordination; Complaints/Investigations; Informed Consent; Interoperability/Data Systems; Medical Direction; Patient Education; and, Program Renewal Frequency [*see slides 8-20 at* http://www.mass.gov/eohhs/docs/dph/emergency-services/meeting/mihac-presentation-1-6-16.pdf]. Ms. Tucker noted that the summaries presented at the meeting represented DPH Staff synthesis of common themes received from MIHAC membership, and at this time, these statements did not represent official DPH policy positions.

At 1:47 PM, Advisory Council member Ms. Kathy Reardon entered the room.

Ms. Tucker presented the slide summarizing comments received regarding training. Members discussed the scope of MIH and what provider types MIH should apply to. The group reached a consensus generally agreeing with the slide summary in that programs should be required to have appropriate training, but DPH should not specify in regulation what an appropriate training program should be, as this will likely differ from program to program.

Ms. Tucker presented the slide summarizing comments received regarding treatment protocols. Mr. Tyler commented that this slide is spot on, and that the training slide should be similar. Several members expressed agreement that DPH regulations should require MIH Programs to develop treatment protocols and to maintain these protocols on file and available for inspection/review. Additionally members stated that the DPH application should require demonstration that applicants have adopted care-specific treatment protocols which address the unique needs of the proposed patient population.

Ms. Tucker presented the slide summarizing comments received regarding care coordination. Mr. Morales commented that something in the application should specify the goals of the proposed program. Dr. Bazylewicz commented that as the center of the care team, the patient's primary care provider should be coordinating their MIH care, not simply whichever clinician sees the patient next. Mr. Tyler recommended that the applicant decide how to coordinate care and that DPH approve or disapprove the applicant's plan. Dr. Langer asked a question about referrals. Mr. Tyler and Dr. Schoenfeld replied that referrals will depend on the program participants and program type.

At 2:03 PM, Advisory Council member Ms. Tara Gregorio entered the room.

Ms. Tucker presented the slide summarizing comments received regarding complaints and investigations. Mr. Tyler remarked that he is generally supportive of complaints and investigations being handled by DPH, and that the way complaints and investigations are handled under MGL Chapter 111C works well. Mr. Morales commented that applicants should only be required to attest to having a complaint resolution process. Dr. Langer asked that the group consider complaints against licensed providers, in addition to the services themselves, and that a process should exist by which complaints can be coordinated with or referred to the relevant professional licensing board. Dr. Schoenfeld asked about complaints against those who are not licensed health professionals, specifically citing first responders. Mr. Tyler shared that he believed the complaints provisions in 105 CMR 170 are a reasonable way to accomplish this goal.

Ms. Tucker presented the slide summarizing comments received regarding informed consent. Dr. Schoenfeld commented that there may be operational difficulties with recording and maintaining documentation of informed consent, especially verbal consent. Mr. Caljouw and Mr. Morales disagreed and recommended that documentation of informed consent is in the best interest of all parties involved and must be an expectation. Dr. Langer made several comments about the need for clear requirements for MIH providers to inform patients that they are an MIH provider, in order to allow patients to appropriately make informed decisions regarding their medical care. Dr. Schoenfeld stressed that DPH must think carefully about coercion of patients by MIH providers. Dr. Schoenfeld offered an example of a patient calling 911 and an MIH provider convincing them that they do not need to go to the emergency department. In this case, Dr. Schoenfeld recommended that if a patient requests to be brought to the ED, they should not be allowed to coerce a patient out of an ED transport.

Ms. Tucker presented the slide summarizing comments received regarding interoperability and data systems. After some discussion, there was agreement among most members that while full EHR interoperability should be a positive factor in DPH's review of MIH program applications, it would not be an appropriate requirement, as substantial operational and financial barriers still exist, making full interoperability between some parties difficult, if not possible. Members generally agreed that multi-directional flow of data transfer and communication should be a requirement. However, there was disagreement among members over whether the means, mode, and extent of multi-directional information flow should be specified in regulation, or proposed in each application and subject to DPH approval.

Ms. Tucker presented the slide summarizing comments received regarding medical direction. Dr. Schoenfeld stressed the importance of clear and well defined relationships between existing EMS medical directors and future MIH program directors through the application submission. Dr. Schoenfeld went on to state that if a response does not require a 911/EMS response, DPH should not require it as it adds cost and danger. Chief Joubert further commented on this point, pointing out that Dr. Schoenfeld's comments get at the real financial consequences of MIH if handling 911/EMS calls within a sister agency's primary ambulance service area. Chief Joubert stressed that if an appropriate transport was available on-site, patient safety comes first; local municipalities may have an issue that should be further discussed. Mr. Walsh stated that his understanding of the negotiations regarding 111O was that there was a compromise of improving/integrating care and lowering cost, while ensuring municipal primary ambulance providers still had an ability to participate. Without this compromise, Mr. Walsh stated that he believed 111O would not exist.

Ms. Tucker presented the slide summarizing comments received regarding patient education. Members generally agreed that this requirement should be demonstrated within a program's application to DPH. Ms. Gregorio stated that she believed that a program's capacity and the expectations of what a program could really offer should be part of patient education. Ms. Gregorio shared that medical cost goes up when patients are not educated. Mr. Fuccione stated that caregiver education was of importance too, particularly for some of the elder/more complex patients MIH may interact with.

Ms. Tucker presented the slide summarizing comments received regarding quality measures and reporting. Dr. Langer commented that these measures should align with other state quality measures, especially considering many MIH programs will be affiliated or joint ventures with ACOs. This comment generated broad consensus among members. Ms. Tucker suggested that this topic may warrant a separate conversation, but that what was captured from member feedback and discussion was that measures should be coordinated with existing quality measures and should be defined in sub-regulatory guidance, rather than regulation. Members were in broad agreement.

Ms. Tucker presented the slide summarizing comments received regarding program renewal. Several members commented that DPH staff should be given sufficient time to properly review application, but there should be a fixed timeline by which DPH should make a decision. Mr. Caljouw suggested that the regulations should include a "presumptive approval" clause that allowed renewing programs to continue operation until a DPH decision was made. Ms. Tucker

recommended that this topic be tabled for a future discussion regarding broader program logistics and administration.

Ms. Tucker presented the slide summarizing "other comments" submitted by members. There was disagreement over the comment that "DPH regulations should require that MIH programs are, at a minimum, a collaboration between an EMS provider and a health care entity for which the care of a specific patient population is attributed." Mr. Morales stated that DPH should prioritize the review of any MIH application that focuses on either Medicaid or other higher risk patient populations, or that involves DSH hospitals. Additionally, Mr. Morales stated that the DPH regulations should make reference to and coordination with other state agencies with regards to payment and delivery system reform, particularly DOI and Medicaid. Ms. Gregorio stated that she appreciated EasCare's presentation at an earlier MIHAC meeting, referencing their encouragement that MIHAC focus on the patient safety guardrails and not worry about payment, as the market will get there on its own. Mr. Morales stressed that the state needed to ensure there was buy-in around sustaining and supporting MIH services once this regulation was formalized.

4. Defining Access and Duplication

Ms. Tucker framed up a topic for the MIHAC's February 1, 2016 meeting regarding the discussion of several terms utilized within MGL Chapter 111O, Section 3 including *"gaps in service delivery,"* and *"duplication in service."* She then posed the question "Should 'gaps' or 'duplication of services' be further defined, and if so, how and where?" She mentioned that DPH staff would be sending out a similar exercise focusing on these questions before the next meeting.

5. Upcoming Meetings and Meeting Close

Ms. Tucker reminded members the next meeting is scheduled for February 1, 2016, followed by February 26, 2016, and that DPH staff will be sending around dates for additional meetings.

Attorney Korman reminded members to submit their COI training certificates, as well as their OML acknowledgements.

Ms. Tucker requested a motion to adjourn at 3:26 PM. Mr. Henderson motioned. Chief Joubert seconded. All members in attendance voted in the affirmative.

The MIHAC meeting concluded at the time of 3:26 PM.

List of Documents Presented to MIHAC at the *January 6, 2016* Meeting

Documents can be found at:
http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/committees/mih/

1. Agenda: **"Meeting Agenda – January 6, 2016"**
2. PowerPoint presentation: **"Meeting Presentation"**
3. Minutes from December 14, 2015 meeting: "**Approved Minutes of December 14, 2015 Meeting**"