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Massachusetts Department of Public Health
Minutes of the Mobile Integrated Health Advisory Council
Meeting of Monday, November 16, 2015
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston, MA

Date of Meeting: Monday, November 16, 2015
Beginning Time: 1:00 PM
Ending Time: 2:43 PM

Advisory Council Members Present: The following fourteen (14) appointed members of the Mobile Integrated Health Advisory Council (MIHAC) attended on November 16, 2015, establishing the required simple majority quorum (10) pursuant to Massachusetts Open Meeting Law (OML): DPH Associate Commissioner Lindsey Tucker (Chair); Dr. Toyin Ajayi; Dr. Gregory Bazylewicz; Marilyn Daly; Tom Henderson; Chief Theodore Joubert; Pat Kelleher; Dr. Carolyn Langer; Christine McMichael; David Morales; Kathy Reardon; Dr. David Schoenfeld; Sean Tyler; 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 highlighted that the Mobile Integrated Health Advisory Council (or "MIHAC") is a 19-member committee authorized by the Fiscal Year 2016 General Appropriations Act (FY16 GAA) to guide DPH in establishing a regulatory framework for the creation of mobile integrated health (MIH) within Massachusetts. She went on to state that the MIHAC members represent a diverse array of stakeholders and are appointed by the DPH Commissioner consistent with statutory requirements. To this end, Ms. Tucker asked for brief introductions from each of the attending members.

2. DPH Office of General Counsel

Ms. Tucker introduced DPH Deputy General Counsel, Sondra Korman. Attorney Korman provided an overview of the state's Conflict of Interest Law (COI), reminding MIHAC members

that they are "special state employees" subject to the COI law. Attorney Korman directed members to the State Ethics Commission "Attorney of the Day" program for any questions. Additionally, Attorney Korman reminded the membership of their education and training requirements.

Attorney Korman provided an overview of Open Meeting Law (OML). The MIHAC, as a public body, is subject to OML. Attorney Korman provided details regarding what constitutes both a deliberation, including electronic mail, as well as a quorum, reminding members that they must conduct MIHAC business during a properly posted and convened meeting. As applied to the MIHAC, a simple majority – and therefore a quorum – equals ten (10) members. To this end, Attorney Korman reviewed guidance received from the Office of the Attorney General regarding the use of designees by MIHAC members.

Finally, Attorney Korman provided an overview of the Attorney General's regulation, see 940 CMR 29.10, regarding remote participation.

At this time, Ms. Tucker requested a motion by the MIHAC members to approve the use of remote participation at subsequent meetings in accordance with these regulations, as well as to authorize the chair or designee to determine the acceptable method for remote participation. Mr. Sean Tyler asked a clarifying question. Mr. Steve Walsh motioned to accept Ms. Tucker's recommendation regarding remote participation. Mr. Dave Morales seconded. All appointed members voted in the affirmative. Ms. Amanda Gilman, as a non-appointed member designee of Mr. Vic DiGravio, did not vote.

3. Historical Overview of Mobile Integrated Health

Ms. Tucker introduced Lauren Nelson, Esq., Director of Policy and Quality at the DPH Bureau of Health Care Safety and Quality. Ms. Nelson provided an overview of MGL Chapter 111O and the definition of Mobile Integrated Health (MIH). Ms. Nelson highlighted that MIH is an evolving practice in pre- and post-hospital care focused on health care services integration, fulfilling the Institute for Health Improvement's *Triple Aim*. Ms. Nelson stated that there are over 100 MIH pilots in over 30 states nationally, including two (2) special projects in Massachusetts; however, Massachusetts may be one of only two states with a comprehensive, statewide statute governing MIH.

Ms. Nelson provided high-level overviews of the two special projects (Cataldo SmartCare and EasCare Mobile Health) currently operating in Massachusetts, both of which include large, private ambulance services in partnership with a hospital and an accountable care organization (ACO). These special projects are focused on the prevention of readmissions for medically complex patients.

Ms. Nelson shared that the establishment of a new statute governing MIH, MGL Chapter 111O, distinct from the existing MGL Chapter 111C (EMS statute), removed many of the previous statutory constraints applied to MIH. This flexibility allows for the market to drive more innovative models of care delivery.

4. Scope, Role, and Timeline

Ms. Tucker thanked Ms. Nelson. Ms. Tucker shared that DPH was seeking the MIHAC's input with regards to several specific areas of statute that are left undefined, specifically:

- Gap analysis/community needs assessment tool
- Definition of duplication of services
- Appropriate training and education standards
- Provider competency evaluation and continuing education standards
- Development of clinical standards and protocols
- Minimum requirements for "communications subsystem linkage"
- Policies and procedures for activation of 911 system
- MIH sustainability

Ms. Tucker shared that DPH has been framing MIH as an opportunity to 1) create a value-driven system of care that is motivated by optimizing patient outcomes, reducing health care costs and health disparities, and incentivizing new and integrated team-based approaches to health care delivery; and to 2) create a regulatory framework with the appropriate flexibility to allow for the creation of new and innovative delivery models that meet actual community and health care needs.

Ms. Tucker then opened up the meeting for discussion, asking members to focus their remarks to the following questions:

- Right topics for future council meeting discussions?
- Right groupings of topics for meetings?
- What tools would you propose to facilitate a productive discussion?

Conversation focused around several key topics. These topics included questions regarding what further actions were required with the passage of MGL Chapter 111O. Points were raised that many of the activities envisioned as MIH were already permissible under other non-EMS health care professionals' scopes of practice, including by nurses. To this end, questions were asked as to whether the MIHAC would have any oversight over participating clinicians' scopes. Questions were asked as to the core competencies; scopes; and bundles of services which would fall under "MIH."

Comments were made as to the importance of the inclusion of many different/varying scopes and skills, including home care and community health workers, with regards to the composition of future MIH programs. To this end, points were made regarding the inherent conflict some members felt that EMS personnel might face when dually operating under chapters 111C and 111O, as well as an encouragement that the MIHAC delineate conversations between clinician versus non-clinician roles.

Recommendations were made to look to existing mobile mental health and behavioral health crisis teams, such as Emergency Services Program/Mobile Crisis Intervention or "ESPs", as a potential model to better understand.

Questions were asked as to the timeline of the interaction with the patient. Members agreed that MIH Programs could be engaging in both episodic and continuing models of care, reinforcing the need for any MIH Program to draw on partnerships well beyond traditional 911 systems of care and EMS. Members urged that MIH be embedded within primary care as part of a true continuum of care with real emphasis on referrals. One question posed as a potential "guardrail" that needs to be defined for patient safety was "when do you triage out?"

Several members stressed the need to let the market get out of "definitional oversight" and truly make integrated, market-driven responses to identified needs through the application/approval processes (i.e. DPH regulations should not define need). Members emphasized that Chapter 111O was responding to an overly prescriptive statute, Chapter 111C, and so flexibility in setting up MIH was paramount. Additionally, members reinforced that DPH would have oversight of Program applications, allowing regulatory flexibility.

Several members shared the importance of considering payment and reimbursement for these new services. What are the incentives to scale? How does the market incentivize MIH across all payers, particularly public payers? However, caution was shared by several members that while payment/sustainability was in fact a key topic, many of the Commonwealth's needs MIH might address are geographically specific (e.g. Quincy versus Boston versus North Adams), leaving large scalability less relevant.

In summary, MIHAC members encouraged DPH to 1) be flexible and allow the market to look towards innovation by setting only "guardrails" and minimum standards to ensure patient safety; and to 2) utilize an interdisciplinary board or panel in reviewing future MIH Program applications.

Members also shared that they believed the main questions before MIHAC were: *Who is an MIH Program? What are the training requirements? Who pays?*

Finally, while members supported DPH's urgency in stating a spring 2016 timeline for completion of draft MIH regulations, members did encourage an expedited timeline given market needs and anticipation.

Members requested informational briefings by the two currently operational MIH special projects under 111C, as well as a briefing on existing paramedic scope of practice.

5. Upcoming Meetings and Meeting Close

Ms. Tucker shared with members that DPH staff would be sending around a poll for proposed December, January, and February meeting dates with the goal of scheduling one December meeting and then one to two meetings per month starting after the New Year.

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

Ms. Tucker requested a motion to adjourn. Ms. Tara Gregario motioned. Mr. Sean Tyler seconded. All appointed members voted in the affirmative. Ms. Amanda Gilman, as a non-appointed member designee of Mr. Vic DiGravio, did not vote.

The MIHAC meeting concluded at the time of 2:43PM.

List of Documents Presented to MIHAC at the *November 16, 2015* Meeting

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

1. Agenda: **"MIHAC Agenda 11-16-15"**
2. PowerPoint presentation**: "MIHAC Slides 11-16-15 Final"**