

Summary of Discussion from April 26, 2013 Duals Implementation Council Meeting

Integrating Medicare and Medicaid for Duals Eligibles

Implementation Council Meeting

April 26, 2013 1 PM – 3 PM

Quincy Public Library

Community Meeting Room

Council Members Present: Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Anne Fracht, Dennis Heaphy (Chair and Facilitator), Audrey Higbee, Denise Karuth (by phone), Jeffrey Keilson, Dale Mitchell, Olivia Richard, Robert Rousseau, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Council Members Absent: Myiesha Demery, Joseph Finn, Rebecca Gutman, David Matteodo, Daniel McHale, Vivian Nunez, Jorge Pagan-Ramos, Peter Tallas

Guest Attendees: None

Handouts: Agenda, Discussion Document

Next Open Meeting: May 10, 2013 from 1 PM – 3 PM, Transportation Building, 10 Park Plaza, Boston

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1) Implementation Council and Subcommittee meeting frequency and resource needs

- EOHHS developed an Implementation Council budget to support meeting logistics, accommodations, travel reimbursement and stipends for consumer Implementation Council members and staff support. The budget is for twelve (12) Implementation Council meetings.
- The Council discussed developing subcommittees in addition to the regular Implementation Council meetings. The Implementation Council was encouraged to develop a recommendation that includes the number and type of meetings that are needed to complete the roles and responsibilities of the Council. The recommendation would be reviewed by EOHHS to determine if the current budget could be revised to support additional meetings or additional types of meetings.
- Council members agreed to establish subcommittees prior to addressing the budget recommendation request.
 - Members noted the need for flexibility and additional meetings.

2) Development of Subcommittees

A motion was made that the Charter and By-Laws subcommittee address the structure and role of Implementation Council subcommittees.

The motion was seconded.

Discussion

- Members suggested allowing members of the public (non-Implementation Council members) be invited to participate in subcommittees with the understanding that members of the public would not have voting capability.
 - It was noted that making subcommittees open to the public would allow for outside knowledge and expertise.
- Members expressed concern about losing the consumer voice on subcommittees that are open to the public and suggested that a majority of voting members should be consumers.
- Members suggested the role of the subcommittee is to report to the Implementation Council with recommendations and/or concerns and that the Implementation Council, not subcommittees, has final say over issues.

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- There was a suggestion that majority and minority reports could be written subcommittee members.

Council vote

The motion carried.

The motion was made to establish a Continuity of Care/Access to Providers/Transparency and Monitoring Subcommittee.

The motion was seconded.

Discussion

- Members discussed the similarities and differences between the proposed Continuity of Care and Access to Providers subcommittee and the Transparency and Monitoring subcommittee. While the Continuity of Care subcommittee focuses on enrollee level oversight and monitoring, Monitoring and Transparency focuses on broad oversight of MassHealth and ICOs behavior.
- Additional subcommittees could be developed to look specifically at outcomes.
- It was suggested that the subcommittee develop a timeline in which the subcommittee will present a set of data elements and processes for the Implementation Council to consider. Input from EOHHS is important.

Council vote

The motion carried.

A motion was made to establish a Cultural Competency/Quality metrics subcommittee.

The motion was seconded.

Discussion

- There have been concerns related to LGBT access to health care and long-term services and supports.
- The Cultural Competency/Quality metrics subcommittee may overlap with the Population Specific/Quality metrics and the Continuity of Care/Access to Providers/Transparency Monitoring subcommittee.

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- Members discussed the pros and cons of combining the cultural competency and population specific subcommittees.

Council vote

The motion carried.

A motion was made to combine subcommittees “D” (Cultural Competency/Quality metrics) and “E” (Population Specific Competency/Quality metrics).

The motion was seconded.

Discussion

- Concern was expressed that quality metrics should be population and culturally specific and combining these groups could inhibit the expression of unique concerns for certain populations.
- It was noted that the subcommittee could choose to divide into two groups to better address these issues once the subcommittee is formed.
- It was noted that individuals are often of various races and ethnicities, experience multiple disabilities, and identify with multiple cultures therefore the issues can and should be addressed together.

Council vote

The motion carried.

A motion was made to incorporate the proposed subcommittee on the Alignment with Healthy People 2020 goals into the Continuity of Care/Access to Providers/Transparency and Monitoring subcommittee.

The motion was seconded.

Council vote

The motion carried.

A motion was made to establish a Long-Term Services and Support (LTSS) subcommittee,

The motion was seconded.

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Council vote

The motion carried.

Additional Comments:

- It was requested the Charter and By-Laws committee help prioritize a timeline for the activities of subcommittees.
- The Implementation Council Chair and Co-Chairs will set up initial meetings for each subcommittee as soon as possible.
- A member of the audience suggested the development of an electronic health records and privacy subcommittee.
 - Data and computer systems are currently being established by ICOs and providers in order to coordinate and integrate care across providers and care type. The issue of patient privacy will affect every member of Duals Demonstration.
 - Members suggested that the issue of electronic health records and member privacy be a priority of the Continuity of Care/ Access to Providers/ Transparency and Monitoring subcommittee.
- A member of the audience expressed concern about issues specific to western MA. A suggestion was made to form a group in this reason to address concerns.
- It was recommended that the issues of demonstration financing be a priority issue to be addressed by the full Implementation Council.

3) Additional Implementation Council Business

A motion was made to request an update from MassHealth on the financing for duals demonstration by May 10, 2013 as the Implementation Council remains concerned about the financing model.

The motion was seconded.

Council vote

The motion carried.

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A motion was made that implementation issues, where possible, should be brought to the attention of the Implementation Council by EOHHS, and advice should be sought from the Council.

The motion was seconded.

Council vote

The motion carried.

A motion was made that the Implementation Council present at open stakeholder meetings along with EOHHS.

The motion was seconded.

Council vote

The motion carried.

4) Summary of established subcommittees to date

1. Charter and By-Laws Subcommittee

- a. Description: A temporary subcommittee would establish meeting guidelines and policies. A draft charter and by-laws are available for consideration and further refinement.
- b. Members: Dennis Heaphy and Florette Willis

2. Continuity of Care, Access to Providers and Transparency and Monitoring Subcommittee - will include the alignment with Healthy People 2020 goals

- a. Description: Further refine the data needs, continuously monitor access to providers, and report back to MassHealth for quality improvement purposes and to promote transparency. The subcommittee will also develop a transparency and monitoring strategy that includes developing recommendations by May 10th, 2013 on independent monitoring and real time responsiveness to inform the implementation timeline and process. The subcommittee will also develop a work plan to provide the Implementation Council with guidance on development and implementation

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of transparent reporting practices across the program in a wider range of areas. Lastly, the subcommittee will provide the Implementation with guidance on the development of systematic approaches to aligning Demonstration outcomes with HP 2020 goals.

- b. Members: Suzann Bedrosian, Bruce Bird, Dennis Heaphy, Audrey Higbee, Dan McHale, Dale Mitchell, Bob Rousseau, Howard Trachtman, and Florette Willis.

3. Cultural Competency and Population Specific/Quality Metric Subcommittee

- a. Description: Provide Implementation Council with and guidance on best practices needed to accurately capture and address health disparities based on race, ethnicity, gender identity, and sexual orientation, as well as population specific best practices and quality metrics for communities including, but not limited to, mental health, intellectual/developmental disability, substance use survivor, homeless, adult-onset physical disability, deaf, hard of hearing, and blind and low vision.

- b. Members: Suzann Bedrosian, Ted Chelmow, Denise Karuth, Dale Mitchell, Olivia Richard, and Florette Willis

4. Long-Term Services and Supports (LTSS) Subcommittee

- a. Description: Provide Implementation Council with guidance on issues related to LTSS including, but not limited to: a) the IL-LTSS Coordinator role, b) IL-LTSS Coordinator quality, and c) measurement of LTSS utilization and outcomes.

- b. Members: Bruce Bird, Ted Chelmow, Rebecca Gutman, Audrey Higbee, Denise Karuth, Jeff Keilson, Dale Mitchell, Olivia Richard, Howard Trachtman, and Florette Willis.