One Care Implementation Council

Continuity of Care, Access to Providers, and Transparency and Monitoring Subcommittee

May 24, 2013 2 PM – 4 PM

State Transportation Building

Conference Rooms 2 & 3

Attendees: Dennis Heaphy (Chair), Robert Rousseau, Hannah Auerbach, Suzann Bedrosian, Bruce Bird, Ann Burgess, Jonathan Delman, Susan Fendell, Anne Fracht, Matthew Grenier, Jennifer Haimson, Audrey Higbee (by phone), Jeff Keilson, Betty Maher, David Matteodo, Stacey Ober, Liz Olivera-Mustard, Ruthie Poole, Alexa Rosenbloom, Joellen Stone, Lisa Teixeira, Howard Trachtman, Danny Van Leeuwen, Anne Weaver

Handouts: Agenda and Discussion Questions

Next Meeting: TBD

Welcome and Overview

Dennis Heaphy, One Care Implementation Council Chair, welcomed the committee and lead a discussion on the key types of data the committee suggests reviewing, potential sources for that data, and what data should be collected from key entities involved in the implementation of One Care.

Recommendations for Implementation Council

- The subcommittee recommends that the Council make the issue of health care information privacy an agenda item for the next Council meeting.
- The subcommittee recommends that an expert on data collection be consulted.
- The subcommittee recommends that the Council inquire about MassHealth/EOHHS's conceptual framework on data collection and quality reporting.
- The subcommittee recommends that the Council request that MassHealth make a presentation on the current plan for patient privacy in regards to electronic health records. *(2 members opposed)*

Discussion Questions

- **What are the key types of data or sources of data needed to do the work of the subcommittee?**
  - Data that measure provider/doctor biases
  - Functional Status
  - Responses to MassHealth mailings – How many respond/what % take action
    - By One Care rating categories (F1,C1,C2, etc.)
  - Utilization/ encounter data pre and post implementation
    - Access to services
  - Satisfaction/Qualitative data using Community-based Participatory Research
  - Focus group discussions led by consumers with lived experience
  - Member goals and preferences and personal care plans
    - Implementation of personal care plans
    - Outcomes and successes related to personal goals
  - Enrollment patterns
    - Numbers of members that opt out, disenroll, or switch plans
      - Demographics
      - Reasons for opt out or opt in
    - Success of enrollments
    - Engagement with enrollees
  - Health disparities
    - Data on subpopulations for analysis
  - Financial/savings data
    - Financial incentives and arrangements with plans and contracted providers
  - Data that measures the functioning of care team members and the complex relationships within the care teams.
  - Quality metrics
  - Quality of life data
  - Data across all types of care
    - Health, behavioral health, long term services and supports, etc.
  - Enrollee-level data that examines ability to utilize preferred providers across all providers

        - Does choice become limited because enrollees need to choose between preferred LTSS providers and PCPs?
    - Group home level data
        - Does choice become limited because residents utilizing preferred providers or using "convenient" providers? Measure choice
    - Member demographics
    - Data from Emergency Room visits
        - Issues of misdiagnosis for certain populations (MH)
    - Network capacity data
        - Enrollee to provider ratio
        - Enrollee satisfaction/changing enrollment due to provider network
        - Use of single case agreements
        - Supply/demand of LTSS Coordinators
    - Number of people with employment change

- **What data should be reported to the subcommittee from MassHealth, One Care plans, and the Ombudperson organization?**

  MassHealth

    - Relevant comparisons across plans/providers
        - Unduplicated members
        - Units
        - Age
        - Disability type/acuity
        - Service utilization

  One Care Plans

    - Common methodology across plans
        - Apples to apples comparison regards to coding across plans

- **The subcommittee will review “early warning indicators” to determine if adjustments are needed to the program. What are types of “early warning indicators” that should be reviewed?**
    - Access to services
    - Statistics on enrollments/disenrollments
    - Length of assessment time/care team and care plan development
    - Numbers of people who are involuntarily committed (sectioning)
    - Guardians appointed
    - Qualitative data
        - Dynamic satisfaction – collected at various points in time

Questions and Comments

- What are the quality metrics that MassHealth will require One Care plans to report on?
    - The Memorandum of Understanding between MassHealth and the Centers for Medicare and Medicaid Services (CMS) includes over 100 quality metrics that must be collected by One Care plans.
- What are the deficits in the data collection from One Care plans?
- What is each One Care plans’ model for transparency?
- How often and in what form should data be collected?
- What should be the format of data collection reports?
- What is the conceptual framework for data collection?
- What is the charter of the subcommittee in regards to data? What is the purpose of the group?
    - It was noted that the goal of the subcommittee is to improve healthcare access and outcomes.
- Data is needed that can be manipulated for analysis purposes
- Qualitative data collection such as Community-Based Participatory Research (CBPR) was discussed as a way to collect data on individuals’ experience with each One Care plan. A population based approach across subpopulations could be used.

  - Consumer Quality Initiative (CQI) is a consumer led organization with experience with CBPR

- It was suggested that One Care plans be responsible for data collection payment.
- It was noted that an initial step of the subcommittee should be to respond to the current data collection plan set by MassHealth.
- It was noted that information on behavioral health subcontractors may not be accessible to the committee for analysis.
- A concern was raised about protecting privacy of enrollees within integrated IT systems. A White Paper is available on the impact on provider's access to behavioral health information on the provision of physical health care. This paper will be circulated to the subcommittee.
  - A member recommended that the subcommittee make recommendations beyond HIPPA requirements, including:
    - Diagnosis codes
    - Medication lists
    - Providers
    - Treatments
    - Progress notes

Topics for Next Subcommittee Meeting

- Information from MassHealth on:
  - Quality metrics
  - Plan for patient privacy and control
- Quality expert
- Quality reporting framework