

**JOINT MEETING MINUTES:
CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION
QUALITY IMPROVEMENT AND PATIENT PROTECTION**

Meeting of October 18, 2017

MASSACHUSETTS HEALTH POLICY COMMISSION

**CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION AND
QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEES OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02109**

Docket: Wednesday, October 18, 2017 9:30 AM-11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Care Delivery and Payment System (CDPST) and Quality Improvement and Patient Protection (QIPP) Committees held a joint meeting on Wednesday, October 18, 2017 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Dr. Carole Allen (Chair, CDPST), Mr. Martin Cohen (Chair, QIPP), Dr. David Cutler, Mr. Tim Foley, and Undersecretary Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services.

The agenda for the day's meeting can be found [here](#).

The presentation for the day's meeting can be found [here](#).

The full recording of the day's meeting can be seen [here](#).

Mr. Cohen called the meeting to order at 10:03AM and provided a brief introduction to the day's meeting. He acknowledged that this was Dr. Allen's last committee meeting and thanked her for her leadership of the CDPST Committee.

ITEM 1: APPROVAL OF MINUTES FROM THE JUNE 7, 2017 MEETING

Mr. Cohen asked for a motion to approve the minutes from a joint meeting of the CDPST and QIPP Committees held on June 7, 2017. **Dr. Allen** motioned to approve the minutes. **Dr. Cutler** seconded. Committee members voted unanimously to approve the minutes, as presented.

ITEM 2: BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

Mr. Cohen introduced the presenter from the Blue Cross Blue Shield Foundation of Massachusetts who provided an overview of its Behavioral Health Research Agenda. For more information, see the slides [here](#).

To view the whole presentation, see the [meeting recording](#).

**ITEM 3: ACCOUNTABLE CARE ORGANIZATION (ACO) CERTIFICATION
OPERATIONS UPDATE**

Dr. Allen introduced Ms. Katie Shea Barrett, Policy Director, Ms. Catherine Harrison, Senior Manager, and Ms. Kelsey Brykman, Senior Policy Associate, Accountable Care who provided an update on ACO certification operations. For more information, see slides 18-19.

Dr. Allen asked whether it would be possible for staff to highlight best practices from ACOs and share these among the systems. She also asked whether it would be possible to compare metrics from certified programs to some of the systems that did not certify. Ms. Harrison said there were hopes that staff would be able to pull out and highlight some of the interesting and effective methods that ACOs were using but that it might be some time before enough analysis can be done to declare “best practices.” She said that comparing metrics between certified and non-certified systems would be worth thinking about but there may be challenges getting data from the non-certified systems. Ms. Barrett noted that the HPC had some leverage points to continue to move the needle on a consistent set of care delivery standards for ACOs.

Dr. Cutler asked to what degree the HPC was being prescriptive to organizations applying to the program. Ms. Barrett said that this was a major tension in the evaluation of the applications. As an example, she noted that the HPC certification standards require applicants to include patients and families in their commercial governing structures which required some organizations to make a change to that effect. Mr. David Seltz, Executive Director, noted that there were also areas in which the HPC requested supplemental information from applicants without necessarily being prescriptive.

Mr. Cohen asked whether there was a technical assistance (TA) strategy with MassHealth as a part of this program. Ms. Barrett said that MassHealth has a robust agenda around the Delivery System Reform Incentive Payment (DSRIP) Program which includes a TA program.

Dr. Cutler suggested that the HPC could share some strategies for addressing behavioral health (BH). Ms. Barrett said that from the initial review of the applications it was clear that some systems have strategies to address BH and social determinants of health (SDH) and others have a clear need for improvement.

Mr. Cohen noted that the MassHealth strategy for these organizations included community partnerships. Ms. Barrett said that this was correct.

Undersecretary Peters said that this was an evolving model and that, should best practices be identified, they could be built into the criteria or the guiding principles.

Dr. Allen noted that these applicants were not yet approved and would still need to meet the HPC’s criteria. She said there would be a good deal of back-and-forth in this process.

ITEM 4: PATIENT-CENTERED MEDICAL HOME (PCMH) PRIME Program

Ms. Harrison provided an introduction to the PCMH PRIME presentation and an update on certifications. For more information, see slide 22.

Ms. Brykman provided an overview of changes to the PCMH PRIME criteria. For more information, see slides 23-27. Ms. Harrison said that staff were looking forward to discussing these changes further with practices and noted an upcoming training session on the new standards.

Dr. Allen asked whether staff had data on practices that were already integrating their BH services. Ms. Harrison said that at this time the HPC does not collect that data in a consistent or formal way, but noted that NCQA would be moving away from its three-year evaluation to an annual assessment model. She said that there might be an opportunity to mirror NCQA on this front and require a more regular check-in on how practices were doing. Mr. Seltz noted that through the All Payer Claims Database (APCD) the HPC has the ability to map different types of utilization metrics to practices and might be able to see whether there was a correlation between certain kinds of services between certified and non-certified practices.

Ms. Harrison introduced Ms. Myra Sessions, Senior Consultant, Health Management Associates, who presented on the PCMH PRIME TA program. For more information, see slides 29-36. To view the whole discussion, see the meeting recording [here](#).

Ms. Harrison presented on changes to the PCMH PRIME TA program. For more information, see slides 38-40.

ITEM 5: PROPOSED 2018 REGISTRATION OF PROVIDER ORGANIZATIONS (RPO) REPORTING REQUIREMENTS FOR PUBLIC COMMENT

Ms. Kara Vidal, Senior Manager, and Ms. Elizabeth Reidy, Program Manager, Market Performance, presented on the proposed 2018 RPO reporting requirements for public comment. For more information, see slides 42-45.

Mr. Foley asked whether the formation of ACOs and clinical affiliation with community providers was captured in the RPO data. Ms. Vidal said that staff had narrowly defined what was reportable as far as clinical affiliations but had asked if there were new types of relationships that were important and should be added to the dataset. Ms. Barrett noted that this information was reported as a part of the ACO program.

ITEM 6: SCHEDULE OF NEXT MEETING

Dr. Allen offered closing remarks and adjourned the meeting at 12:05PM.