MEETING MINUTES:

CARE DELIVERY TRANSFORMATION COMMITTEE

Meeting of October 10, 2018

MASSACHUSETTS HEALTH POLICY COMMISSION

Care Delivery Transformation Committee
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, October 10, 2018, 11:00 AM

PROCEEDINGS
The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, October 10, 2018, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Martin Cohen (Chair), Dr. Chris Kryder, and Undersecretary Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services.

The meeting notice and agenda can be found here.
The presentation from the meeting can be found here.
A recording of the meeting can be found here.

Mr. Cohen called the meeting to order at 11:02 AM. He welcomed members of the public to the meeting.

ITEM 1: APPROVAL OF MINUTES FROM THE JUNE 13, 2018 MEETING
Mr. Cohen reviewed the agenda for the day's meeting and asked for a motion to approve the minutes from the CDT Committee meeting held on June 13, 2018. Dr. Kryder motioned to approve the minutes. Undersecretary Peters seconded. Committee members voted unanimously to approve the minutes.

ITEM 2: ACCOUNTABLE CARE ORGANIZATION CERTIFICATION
Ms. Katherine Shea Barrett, Policy Director, Catherine Harrison, Deputy Policy Director, and Courtney Anderson, Senior Policy Associate, Care Delivery Transformation, presented on proposed updates to the accountable care organization (ACO) certification program. For more information, see slides 7-19.

Mr. Cohen asked whether other states had taken action in the realm of ACO development since 2017. Ms. Harrison said that staff was not aware of significant action in other states. She said that there are other states that have ACO or ACO-like programs but that these were different in the sense that the state acts as the payer in developing the ACO standards. She said she was not aware of other states taking a similar approach to what was being done in Massachusetts. Ms. Barrett added that the only case she was aware of was Vermont which also uses a slightly different process for ACO certification than the one used in Massachusetts.

Dr. Kryder asked if staff could provide an example of community-based organizations asking to be involved in the development of the ACO program. Ms. Barrett said that many of the Boston-based ACOs had rallied around the issue of housing instability and had proposed partnerships with housing providers. She said that organizations that focus on addressing housing instability might want a seat at the table to help develop the approach rather than leaving it entirely to the health care providers.

Undersecretary Peters asked to what extent ACO boards would be required to engage these community-based organizations. Ms. Barrett said that the vision was that the operational staff of the ACO in their

development of population health management strategies would identify and implement these partnerships. She added that staff was open to feedback on this.

Mr. Cohen said that this was an interesting contrast to what was heard in 2017 regarding the need for a seat on the governing boards of ACOs but that staff had pointed out that it was not necessarily the governing board that would be making these decisions. Ms. Barrett said that this is what staff had heard from ACOs and said that she is not convinced that having a board seat is meaningful as so many of these decisions are made at the operational level. Mr. Cohen said that he could envision, however, each ACO approaching implementation very differently so it was important to keep in mind where opportunities might exist and how progress would be measured.

Regarding the use of health information technology-enabled care coordination listed on slide 17, Undersecretary Peters asked whether the standard being considered was one related to interoperability or more of a formatting standard. Ms. Harrison said that the initial thinking was more towards the interoperability side but that this could mean different things. She said that a standard that would require a massive investment in new technology for ACOs would probably not be realistic. She said that the expectation would be that within the ACO there would be an effective way to exchange information in the form of electronic health records (EHRs) and that there would be some use of technology to support care coordination with external providers as well. Ms. Barrett added that these new standards are aimed at moving to a more interconnected and foundational set of standards for ACOs.

Mr. Cohen said that the list of standards proposed was very forward thinking and commended the staff for their work.

Dr. Kryder said that the HPC had to keep in mind that most of the cost to the system was in the realm of chronic disease such as diabetes, hypertension, and obesity. He noted that there was advocacy around the issues listed on slide 18 but not to the same extent around these other chronic diseases. He suggested that in this process providers should be asked open-ended questions regarding how they are making improvements for treating the vast majority of illnesses.

ITEM 3: HEALTH CARE INNOVATION INVESTMENT EVALUATION

Ms. Kathleen Connolly, Director, Strategic Investment, and Ms. Jessica Lang, Senior Manager, Care Delivery Evaluation, presented on the evaluation of the Health Care Innovation Investment (HCII) Program. For more information, see slides 21-29.

Undersecretary Peters asked whether it was correct that evaluation had not been completed. Ms. Lang said that evaluation was in progress. She said that data was still being collected for the Targeted Cost Challenge Investments (TCCI) and the Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions, and that the quantitative data for the Telemedicine Pilot programs was being finalized. She added that a team from Brandeis University was also conducting an external evaluation. Ms. Connolly said that the hope was to report to the Committee on some of the preliminary findings at the November meeting.

Mr. Cohen noted that the cost implications for the NAS and Telemedicine Pilots did not appear to be listed in the evaluation criteria. Ms. Lang said this was due to the goals of each pathway: TCCI was explicitly a cost-containment program and while, for example, earlier discharge of infants from neonatal intensive care units (NICU) was a result of the NAS programs that would reduce costs, the cost reduction was not a primary goal of the pathway and therefore was not explicitly an evaluation area. Ms. Connolly

added that there were still plans to share some of the cost saving information from these other pathways.

Undersecretary Peters asked whether the Telemedicine Pilots focused solely on behavioral health (BH). Ms. Lang confirmed that this was the case. She said that some of the providers were using telemedicine as one tool in a larger package of strategies to treat BH issues.

Mr. Cohen thanked the presenters.

ITEM 4: 2018 COST TRENDS HEARING: SUMMARY OF PRE-FILED TESTIMONY

Ms. Barrett provided an introduction to the presentation on some of the analysis of the pre-filed testimony (PFT) for the 2018 Health Care Cost Trends Hearing. For more information, see slide 31.

Undersecretary Peters provided a brief update on the Quality Alignment Task Force. Mr. Cohen suggested that this would be a good topic to question payers on at the cost trends hearing.

Ms. Barrett presented on the PFT analysis. For more information, see slides 32-33.

ITEM 5: PROGRAM UPDATES

Ms. Barrett provided brief introduction to the program updates. Ms. Connolly presented updates on the SHIFT-Care Challenge investment program. For more information, see slide 36.

Ms. Barrett provided an update on the dual diagnosis study. For more information, see slides 38-39.

Ms. Harrison provided an update on the Patient-Centered Medical Home (PCMH) PRIME Program. For more information see slides, 41-42.

Mr. Cohen asked if there had been progress on working with the National Committee for Quality Assurance (NCQA) to adopt their new standards. Ms. Harrison confirmed that staff members were working with NCQA to adopt its new distinction in BH integration program as the HPC's new PCMH certification standard. She indicated that the HPC intends to sign a new contract with NCQA by the end of the year and that staff would work to communicate the change to practices through a variety of channels.

Dr. Kryder asked if staff could send some basic information regarding the PCMH PRIME Certified practices, such as number of clinicians, to Committee members. Ms. Harrison said that staff would send this information.

Ms. Barrett provided an update on the HPC's collaboration with MassChallenge HealthTech. For more information, see slide 44.

ITEM 6: ADJOURNMENT

Mr. Cohen thanked the staff and the public and adjourned the meeting at 12:13 PM.