

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of February 27, 2018

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, February 27, 2019, 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, February 27, 2019, at HPC's office, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Marty Cohen (Chair) and Undersecretary Lauren Peters, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services. Ms. Barbara Blakeney was also in attendance.

The meeting notice and agenda can be found [here](#).
The presentation from the meeting can be found [here](#).
Video of the meeting is available [here](#).

Mr. Cohen briefly reviewed the agenda for the day.

ITEM 1: APPROVAL OF MINUTES FROM THE NOVEMBER 28 AND OCTOBER 13, 2018 MEETINGS (*Votes to approve minutes will be re-taken at the June 5, 2019 as a quorum of committee members was not present.*)

Mr. Cohen called for a vote to approve the minutes from the CDT Committee meeting held on November 28, 2018. Committee members voted unanimously to approve the minutes.

Mr. Cohen called for a vote to approve the minutes from the CDT Committee meeting held on October 3, 2018. Committee members voted unanimously to approve the minutes.

ITEM 2: CERTIFICATION PROGRAMS

Ms. Katherine Shea Barrett, Policy Director, Care Delivery Transformation, introduced Ms. Catherine Harrison, Deputy Policy Director, Care Delivery Transformation, and Mr. Michael Stanek, Manager, Care Delivery Programs and Policy, who presented on the Patient-Centered Medical Home (PCMH) PRIME certification program and the 2019 Accountable Care Organization (ACO) certification standards. For more information, see slides 7-34.

Mr. Cohen asked how many PCMH PRIME applications were still in the National Committee for Quality Assurance (NCQA) review pipeline. Ms. Harrison said that this number was in the range of five to ten and would likely increase. Mr. Seltz clarified that there would continue to be PCMH PRIME-certified practices into the future since that certification has a three-year duration.

Undersecretary Peters asked how much overlap there was between the HPC's ACO reporting requirements and what was reported to MassHealth by the ACOs. Ms. Barrett confirmed that this had been examined and noted that what is reported to MassHealth is based on the ACOs' contractual relationship with MassHealth. She said that the HPC was very open to working with MassHealth and the Division of Insurance to find opportunities for alignment on reporting requirements.

Mr. Cohen said that he appreciated the balance that staff had struck in the proposed ACO certification standards between the need to collect additional information and the agency's commitment not to place an undue burden on organizations. Mr. Seltz thanked Mr. Cohen and noted that the decision not to create many new standards was in part a response to the public comment and the observation that these delivery models are still evolving. He added that more extensive changes might be an option in the future, but that an incremental approach made sense in the short term. He said that in this iteration, the decision had been to expend more energy on developing the ACO Distinction program - putting thought into what a performance-based program for ACOs would look like, and doing more on the convening, learning, and dissemination side for the ACO certification program.

Undersecretary Peters said that it was important when devising the ACO standards to pay attention to the metrics being used and ensure that they are consistent with those employed by MassHealth. Ms. Barrett said that this was very important point and that staff were cognizant of this throughout the development of the standards.

Mr. Cohen thanked the staff for the presentation

ITEM 3: NEO-NATAL ABSTINENCE SYNDROME (NAS) INVESTMENT PROGRAM EVALUATION

Mr. Griffin Jones, Senior Program Manager, Strategic Investment, and Dr. Munish Gupta, MD, Perinatal and Neonatal Quality Improvement Network (PNQIN), presented on the evaluation of the NAS Investment Program. For more information, see slides 36-70.

Ms. Blakeney asked about how the condition of the mothers played into the results of this evaluation. Dr. Gupta acknowledged that most of the measures in the study were focused on the babies and not the mothers. He said that the team was working hard to see if there were measures from the pregnancy or even before that might be obtained to try and get a better understanding of how effective the program has been at getting mothers into treatment. He said that during the hospitalization, most of the mothers are on medication assisted treatment (MAT) and that these mothers should be able to participate in the rooming-in, breast feeding, and skin-to-skin contact. For the individuals who may still have some illicit opioid use, Dr. Gupta said that the risks were somewhat higher and that it was important to be cognizant of this fact. He emphasized that this was the minority of cases.

Undersecretary Peters said that she had heard that 6 to 12 months after delivery, mothers were at an increased risk of opioid overdose death than at other points in their pregnancy. She said it would be interesting to see whether the outcomes for the infant had any bearing on the mother's wellbeing and risk of relapse or overdose postpartum. Dr. Gupta said that this was critically important. He said the data system was currently structured solely for hospital-based data but that the team was exploring ways to track mothers after being released. He said that generally the outcomes for the infants were a good indicator for those of the mothers as mothers regularly bringing their babies to pediatrician appointments tended to stay more engaged with the health care system. Ms. Barrett added that the HPC was working on a new program targeted at substance-exposed newborns that would be focused in the pediatric setting. She said that this program would be aimed at the mother-child dyad more so than the NAS interventions had been. Mr. Seltz added that it was important to have the data to determine the efficacy of these programs and to look at how they may be built out in time past the birth of the child. He noted that an important component of the NAS interventions was the de-stigmatization of the mothers and infants impacted by the opioid crisis especially among hospital staff. By providing a positive

and non-judgmental interaction with the health care system at such a critical moment, he said the program could encourage continued engagement and aid in future recovery.

Ms. Blakeney asked what would happen following the conclusion of the evaluation and what the HPC's role would be in disseminating the lessons from the evaluation. Ms. Barrett said that the HPC's role would be to share the results through its learning and dissemination program using policy briefs, convenings, webinars, and other channels to get the information to those who could use it. Dr. Gupta added that PNQIN held summits for hospitals to share data in this space and that the partnership with the HPC helped to amplify the data as well. He noted that the next summit was scheduled for June 11, 2019.

Mr. Cohen asked whether the five percent cost decrease at Lawrence General Hospital (LGH) was a trend that had been seen elsewhere. Dr. Gupta noted that his team had not been measuring cost impact specifically as part of the evaluation but instead indicators such as length-of-stay.

Mr. Cohen asked if Dr. Gupta had a hypothesis regarding what accounted for the barriers to MAT for black and Hispanic women in the Commonwealth. Dr. Gupta said that the numbers were very small but that he had heard anecdotally that there may be social stigmas that played a role in seeking MAT.

Mr. Cohen thanked the team.

ITEM 4: SCHEDULE OF NEXT MEETING

Mr. Seltz noted that the next meeting would be the benchmark hearing scheduled for March 13 at the State House. Mr. Cohen adjourned the meeting at 12:04 PM.