

**MEETING MINUTES:
CARE DELIVERY TRANSFORMATION COMMITTEE**

Meeting of November 28, 2018

MASSACHUSETTS HEALTH POLICY COMMISSION

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

Docket: Wednesday, November 28, 2018, 11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery Transformation (CDT) Committee held a meeting on Wednesday, November 28, 2018 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. Dr. John Christian "Chris" Kryder participated over the phone.

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 called the meeting to order and called for the approval of the minutes from the October 3, 2018, meeting.

ITEM 1: APPROVAL OF MINUTES FROM THE OCTOBER 13, 2018 MEETING *(Vote to approve minutes will be re-taken at the February 27, 2019 meeting as Dr. Kryder was not physically present for the vote.)*

Mr. Cohen called for a vote to approve the minutes from the CDT Committee meeting held on October 10, 2018. Committee members voted unanimously to approve the minutes.

ITEM 2: MASSHEALTH PRESENTATION – UPDATE ON MASSHEALTH ACCOUNTABLE CARE ORGANIZATION (ACO) AND COMMUNITY PARTNER (CP) PROGRAMS

Ms. Katherine Shea Barrett, Policy Director, Care Delivery Transformation, introduced Mr. Aditya Mahalingam-Dhingra, Director of Performance Strategy for the ACO program at MassHealth. For more information, see slides 7-15. A video beginning at Mr. Mahalingam-Dhingra's portion of the meeting can be found [here](#).

ITEM 3: ACO CERTIFICATION STANDARDS

Ms. Barrett provided an introduction to the presentation on ACO certification standards. She turned the presentation over to Ms. Catherine Harrison, Deputy Policy Director, Care Delivery Transformation, and Ms. Courtney Anderson, Senior Policy Associate, Care Delivery Programs, who presented on the proposed ACO certification standards for 2019. For more information, see slides 17-29.

Undersecretary Peters asked how staff planned to ensure that the metrics being applied for total expense and total cost of care in these standards were consistent with those of other programs. Ms. Harrison said that this was a great question and that staff had more thinking to do on this topic. She said that in order to make the determination on a timely basis, ACO internal data might be used rather than the reconciled payer data. Ms. Barrett added that staff had seen some data collected through ACO certification and the performance improvement plans (PIPs) process suggesting that systems tend to

look at total medical expenditure (TME) across commercial, across Medicare, and across Medicaid for their risk lives and that that information might be shared with the HPC. She said that questions remained, however, and staff was open to feedback on this.

Dr. Kryder emphasized the importance of moving beyond process measures to clinical metrics. He said that these metrics were shown to have a massive impact on cost. Ms. Barrett thanked him for making that point.

Undersecretary Peters said that she was supportive of staff's efforts to incorporate feedback to craft the criteria. She said that she was also supportive of the goals of the distinction program but felt that it should allow all ACOs the opportunity to be evaluated for and potentially achieve it and that it not be awarded based on arbitrary differences among organizations competing for it.

Mr. Cohen said that he agreed with the points of Commissioner Kryder and Undersecretary Peters. He said that the ACO program was voluntary and asked whether staff had reached out to any of the non-MassHealth ACOs to see why they had not voluntarily sought certification. He asked what that non-participation might say about the HPC's ACO standards. He added that he also had concerns that ACOs may opt to not pursue the distinction program. Ms. Harrison said that there had not been extensive discussions with non-MassHealth ACOs but noted that in the current pool of applicants, there was a non-MassHealth ACO being considered for certification. She suggested that this may be an indication that over time these programs become more popular and that staff had heard from ACOs that overall the certification standards were directed at the correct criteria. Regarding the distinction program, she acknowledged that having a small number of ACOs pursuing it was a possibility. She said that she hoped over time that the program would evolve towards measurements based more on quality and cost than on process. Ms. Barrett agreed with Ms. Harrison and said that this was really the goal of an ACO certification regime as envisioned by Chapter 224. She said that moving towards and outcome-oriented distinction program would have real value to payers.

Mr. Cohen said that the stakeholder engagement portion of this process would be crucial to designing the final criteria.

ITEM 4: DUAL DIAGNOSIS STUDY

Ms. Barrett provided an introduction to the presentation on the HPC's dual diagnosis study. Mr. David Seltz, Executive Director, noted that this study was an important legislative mandate. He noted that, in the interest of time, today's presentation would be somewhat brief but offered to follow up with anyone interested in a more in-depth discussion.

Ms. Barrett turned the presentation over to Dr. David Auerbach, Director of Research, and Ms. Adrienne Anderson, Senior Policy Associate, Behavioral Health Integration and Care Delivery Investments, who presented on the dual diagnosis study. For more information, see slides 32-53.

Regarding slide 37, Ms. Barrett emphasized that the Department of Public Health (DPH) and the Department of Mental Health (DMH) had been crucial partners in this study. Undersecretary Peters noted that Secretary Sudders had convened a number of agencies to examine issues related to licensure and access. She noted that there were some immediate next steps being taken that had come out of these conversations.

Regarding the data on slide 46, Ms. Barrett said that it was important to note that this was provider-reported data. She said that data reported by patients may reflect greater access issues.

Undersecretary Peters left the meeting at 12:00 PM.

Mr. Cohen thanked the staff and said that this was important work. He noted that he had heard for some time anecdotally about the struggles of non-English speakers in dealing with wait times for mental health and substance abuse disorder (SUD) treatment and he appreciated this being highlighted in the presentation. He emphasized that workforce issues were largely responsible for the issues with access and was glad to see attention being paid to this issue.

Mr. Seltz added that getting the information for this study had been extremely time-intensive and that the final survey results, including permutations for different provider types and geographic regions, yielded over 400 pages. He emphasized how difficult it would be for patients or family to navigate such a complex a system. He said that engaging in the work of doing the survey itself highlighted the complexity and opacity of the system and demonstrated that action was required.

ITEM 6: SCHEDULE OF NEXT MEETING

Mr. Cohen noted that the next meeting of the CDT Committee would be February 27, 2019. He adjourned the meeting at 12:04 PM.