



MASSACHUSETTS
HEALTH POLICY COMMISSION

Care Delivery and Payment System Transformation Committee Meeting

April 27, 2016



- Approval of Minutes from the March 23, 2016 Meeting
- Update on the HPC PCMH PRIME Certification Program
- Accountable Care Organization (ACO) Certification Program Final Criteria
- Schedule of Next Committee Meeting (June 22, 2016)



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Vote: Approving Minutes

Motion: That the Committee hereby approves the minutes of the Care Delivery and Payment System Transformation Committee meeting held on March 23, 2016, as presented.



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Practices participating in PCMH PRIME

2 practices

have fully submitted for PCMH PRIME
Certification through NCQA

Fenway South End
Lynn Community Health Center

38 additional practices

have submitted applications to HPC:

Whittier Street Health Center

Family Doctors, LLC

Acton Medical Associates

Emerson PHO (16 sites)

Family Practice Group

Harvard University Health Services

East Boston Neighborhood HC

Boston Health Care for the Homeless Program (3 sites)

Community Health Center of Cape Cod

Cambridge Health Alliance (12 sites)



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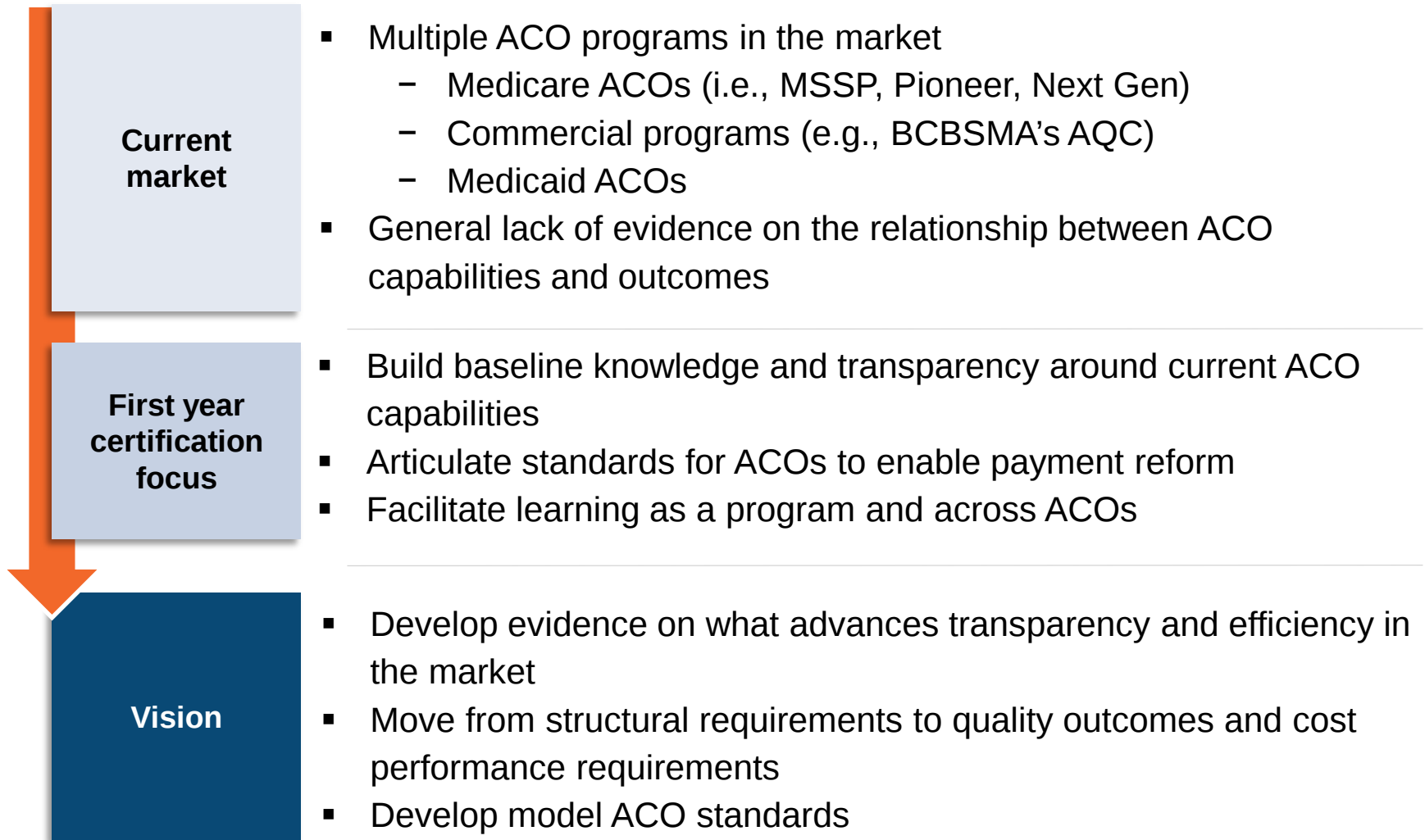
ACO certification program values

Vision of Accountable Care

A health care system that efficiently delivers on the triple aim of better care for individuals, better health for populations, and lower cost through continual improvement through the support of alternative payment.

- 1 **Care should be seamless** and guided by patients and families
- 2 Systems should **use evidence-based guidelines and be mindful of waste** so resources can be distributed to those who need it most
- 3 Support a **pluralism of ACO models** (e.g. community health center-led; primary care physician-led, hospital-led, medical and behavioral health provider partnerships)
- 4 Encourage medical provider-led ACO **to work with other non-medical providers** in the community
- 5 Systems should do no harm, **support safe and effective care**
- 6 Commit to regularly **assess the program** to ensure continuous improvement and market value

Arc of the ACO certification program



Summary of revisions to ACO certification criteria in response to public comment

Eliminated criteria

- Participating providers & TINs
- Participation in MassHealth APMs
- Preferred providers
- Medication reconciliation
- Peer support programs
- APM adoption for primary care

Removed assessment component

- PCMH adoption
- Patient and family experience
- Community health

Simplified criteria:

- Separate legal entity
- Patient and consumer representative within governance structure & PFAC
- Meaningful participation within governance structure & quality committee representation
- Risk stratification & population-specific interventions
- Effectiveness of collaborations, agreements with mental health providers, & test/referral tracking
- Event notifications, EHR interoperability & Hiway
- Adherence to evidence-based guidelines

ACO certification program – proposed final year 1 design

Pre-requisites

4 pre-reqs.
Attestation only

- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1 Assessment Criteria

6 criteria
Sample documents, narrative descriptions

- ✓ Patient-centered, accountable governance structure
- ✓ Participation in quality-based risk contracts
- ✓ Population health management programs
- ✓ Cross continuum care: coordination with BH, hospital, specialist, and long-term care services

2 Required Supplemental Information

9 criteria
Narrative or data
Not evaluated by HPC but must respond

- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ Develops community-based health programs
- ✓ Supports patient-centered advanced illness care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption
- ✓ Commits to consumer price transparency

Pre-requisites

ACO must attest to the following:

- 1 ACO has obtained, if applicable, a **risk-bearing provider organization (RBPO)** certificate or waiver from **DOI**.
- 2 ACO has filed all required **Material Changes Notices (MCNs)** with the **HPC**.
- 3 ACO is in compliance with all **federal and state antitrust laws and regulations**.
- 4 ACO is in compliance with the HPC's **Office of Patient Protection (OPP)** guidance regarding an **appeals process to review and address patient complaints** and provide notice to patients.

Assessment criteria

Patient-centered, accountable governance structure

- 1 Meaningful participation of ACO participants in the governance structure
- 2 Patient/consumer representation in governance structure, and Patient and Family Advisory Committee (PFAC)
- 3 Responsibility for assessment and improvement of the quality of and access to care

Quality-based risk contracts

- 4 Demonstration of quality performance in at least one risk-based contract

Population health management programs

- 5 Risk stratification and program implementation

Cross continuum care: coordination with BH, hospital, specialist, and post-acute services

- 6 Effectiveness of collaborations and test/referral tracking

Assessment criterion #1

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO has an identifiable and unique governing body with authority to execute the functions of the ACO. The ACO provides for meaningful participation in the composition and control of the governing body for its participants or their representatives.	– Governing body charter and organizational chart, including titles and clinical degrees/specialty for provider representatives. Indicate which ACO participant each governing body member represents. If there are participating providers not reflected in the governing body, provide a narrative with rationale. – Description of the types of risk contracts (commercial, Medicare and Medicaid) that this governing body oversees, including a narrative description of how participating providers participate in different risk contracts (Medicare, Medicaid, commercial).

Assessment criterion #2

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO governance structure is designed to serve the needs of its patient population, including by having at least one patient or consumer advocate within the governance structure and having a Patient and Family Advisory Committee.	- <i>Governance structure</i> is: governing body, committees, and executive management team(s). - Provide all committee charters and organizational charts depicting governing committees and executive management team(s), including titles and clinical degrees/specialty, if relevant. - Identify the patient(s) or the consumer advocate(s) in the materials provided for criterion 1. - Include PFAC description or charter, including meeting frequency and relationship to the governing board. Multiple, local PFACs would also fulfill this criterion. - Text of or link to a public-facing narrative about how the governance structure is designed to meet the needs of the ACOs patient population.

Assessment criterion #3

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO governing body regularly assesses the access to and quality of care provided by the ACO, in measure domains of access, efficiency, process, outcomes, patient safety, and patient experiences of care, for the ACO overall and for key subpopulations (i.e. medically or socially high needs individuals, vulnerable populations), including measuring any racial or ethnic disparities in care. The ACO has clear mechanisms for implementing strategies to improve its performance.	- Performance dashboard(s) with measure name detail (performance may be blinded) and a description of how often the governing body reviews the dashboard (<i>at least quarterly</i>). - Governing body meeting minutes (redacted if necessary) from a recent meeting when the dashboard was reviewed. - A narrative description of the ACO's mechanisms/process for implementing and executing on strategies to continuously improve quality performance on dashboard metrics and increase use of evidence-based guidelines

Assessment criterion #4

Domain	Criterion	Documentation requirements
Participation in quality-based risk contracts	The ACO has at least one quality-based risk (up or downside) contract with a payer , OR the ACO commits to participating in such a contract with MassHealth.	- Report the name of the carrier(s) with which the ACO has a quality-based risk contract - Report ACO-level final quality performance on the measures associated with each up or downside risk contract for the last two performance years (if applicable) OR - Narrative commitment to participation in a MassHealth ACO model

Assessment criterion #5

Domain	Criterion	Documentation requirements
Population health management programs	The ACO routinely stratifies its entire patient population and uses the results to implement programs targeted at improving health outcomes for its highest need patients. At least one program addresses behavioral health and one program addresses social determinants of health to reduce health disparities within the ACO population.	- Description of stratification approach, including frequency. An ACO may use payer reports to meet this requirement. - For each program (one addressing BH, one addressing SDH), a description that includes: • How participating patients are identified or selected; • The specific interventions; • The targets/performance metrics by which the ACO will monitor/assess the programs, and the ACO's actual performance for the most recent measurement period; • Number of patients in the programs or that the ACO projects the programs will reach; and • Any linkages to community resources or organizations. - A single program that addresses both BH and SDH would satisfy this criterion; ACO could describe additional programs. - <i>Social determinants of health are:</i> environmental conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (<i>Healthy People 2020</i>)

Assessment criterion #6

Domain	Criterion	Documentation requirements
Cross continuum care: coordination with BH, hospital, specialist, and long-term care services	To coordinate care and services across the care continuum, the ACO collaborates with providers outside the ACO as necessary, including: - Hospitals - Specialists, including any sub-specialties - Long-term care providers (i.e., SNFs, LTACs) - Behavioral health providers (both mental health and substance use disorder providers) Providers and facilities within the ACO collaborate to coordinate care, including following up on tests and referrals across care rendered within the ACO.	- A list of key clinical partners, including strategic clinical affiliations, that ensure the ACO provides cross-continuum care. - Narrative regarding how the ACO collaborates with each category of clinical partners (hospitals, specialist, long-term care and behavioral health). ACO must provide evidence that collaboration in each of the 4 categories (hospitals, specialists, LTC providers, and BHPs) includes at least 3 of the following factors: 1. Measurement of quality, patient experience, and cost 2. Access and appropriate breadth of services 3. Use of team-based care, including case conferences/collaborative clinical programs 4. Communication and/or data-exchange (incl. interoperability) procedures and capabilities 5. Access to and coordination with community-based providers/services 6. Comprehensive care transition protocols - Description of ACO processes for tracking and following up on tests and referrals across providers and facilities within the ACO, including behavioral health providers (if within the ACO).

Supplemental information (no assessment)

- 1 Supports patient-centered primary care
- 2 Assesses needs and preferences of ACO patient population
- 3 Supports community-based health programs
- 4 Supports patient-centered advanced illness care
- 5 Performs quality, financial analytics and shares with providers
- 6 Evaluates and seeks to improve patient experiences of care
- 7 Distributes shared savings or deficit in a transparent manner
- 8 Commits to advanced health information technology (HIT) integration and adoption
- 9 Commits to consumer price transparency

Supplemental information #4

ACO criterion	Certification question	Response format/fields
Supports patient-centered advanced illness care	To what extent has the ACO established processes and protocols for identifying, counseling, and planning for advanced illness care?	Does the ACO have a process to identify patients for advanced illness care? - Yes/No Does the ACO have advanced care planning processes (including advanced directives and authorizing a healthcare proxy) or policies for participating providers, with a focus on engaging with patients and their families, on topics such as symptoms, spiritual health, preferences, etc.? - Yes/No - If yes, narrative description of how ACO providers are trained or supported in developing advanced care plans for ACO patients
	To what extent has the ACO established collaborations with providers/facilities focused on advanced illness care?	Are advanced care plans integrated into the ACO's EHR(s)? - Yes/No ACO has formal relationships with providers trained in advanced illness, palliative and hospice care (check all that apply): - Within the ACO - Outside the ACO - No formal relationship(s) – brief narrative describing relationship

Supplemental information #9

ACO criterion	Certification question	Response format/fields
Commits to consumer price transparency	How does the ACO encourage its participating providers to make price and cost-sharing information available to consumers?	- The ACO has written policies and procedures for participating providers to disclose the prices of services to consumers (Yes/No) - If yes, brief narrative description - If no, brief narrative description of challenges/barriers or other rationale for not doing so - The ACO helps consumers obtain information on the costs they may incur for services rendered by ACO participating providers (Yes/No) - If yes, brief narrative description of how - If no, brief narrative description of challenges/barriers or other rationale for not doing so

ACO organization identification information

To submit an ACO certification application to HPC, ACOs will also enter basic **organization identification information**:

Field	Format
Organization legal name (and dba)	Text box
Organization Employer Identification Number (EIN)	Text box
Organization contact first name	Text box
Organization contact last name	Text box
Organization contact prefix	Drop-down box
Organization contact title	Text box
Organization contact phone number	Text box
Organization contact email	Text box
Organization street address	Text box
Organization city	Text box
Organization state	Drop-down box
Organization zip code	5 digits

HPC & MassHealth alignment

HPC ACO certification requirements

Examples:

- Capabilities and expertise necessary to advance all-payer population health management and succeed under alternative payment methodologies
- Inclusion of patients/consumers within governance structure
- Governance level focus on quality of and access to care within the ACO
- Assessment of collaboration and referral structures across the care continuum

MassHealth contract requirements

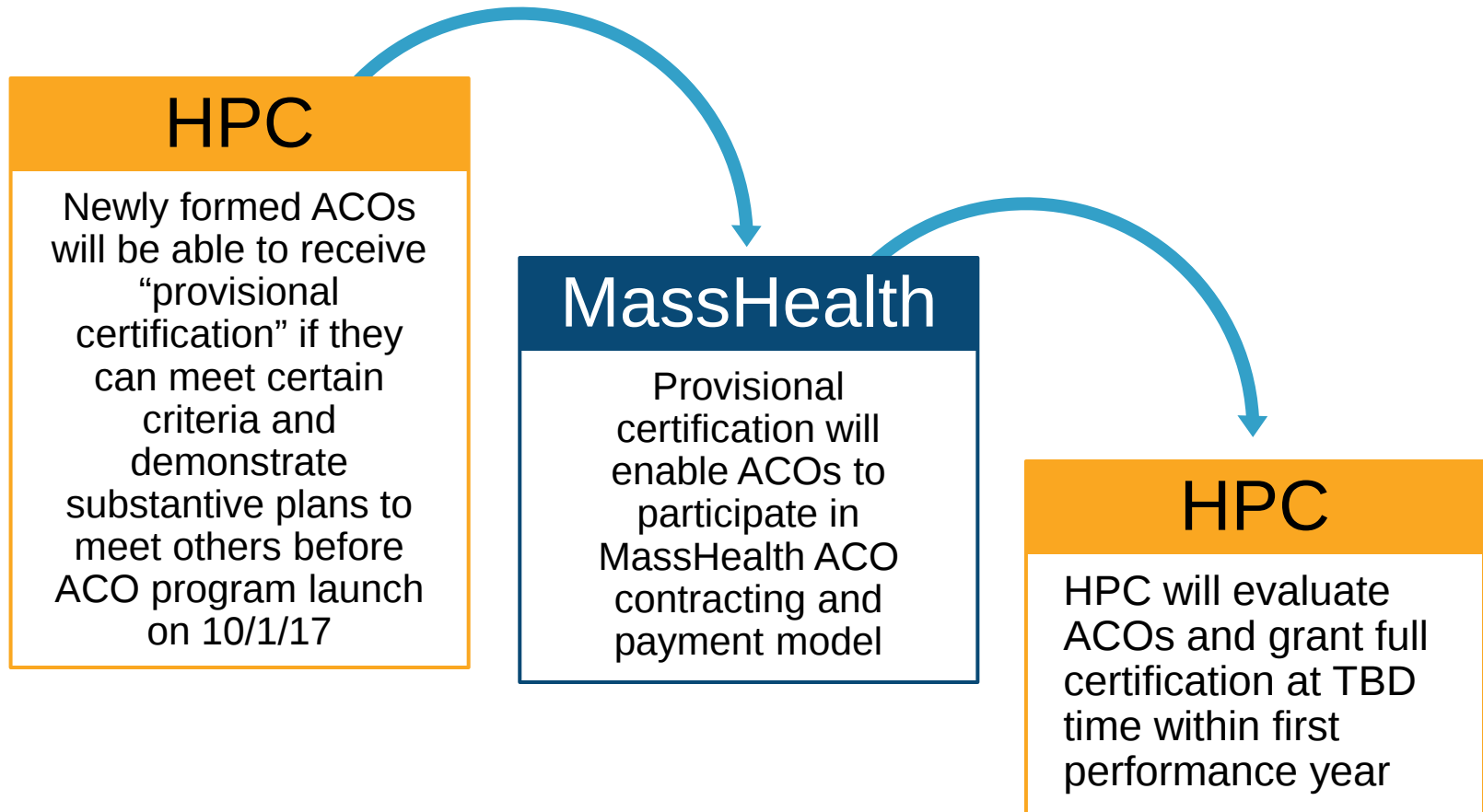
(in development – for discussion only)

Examples:

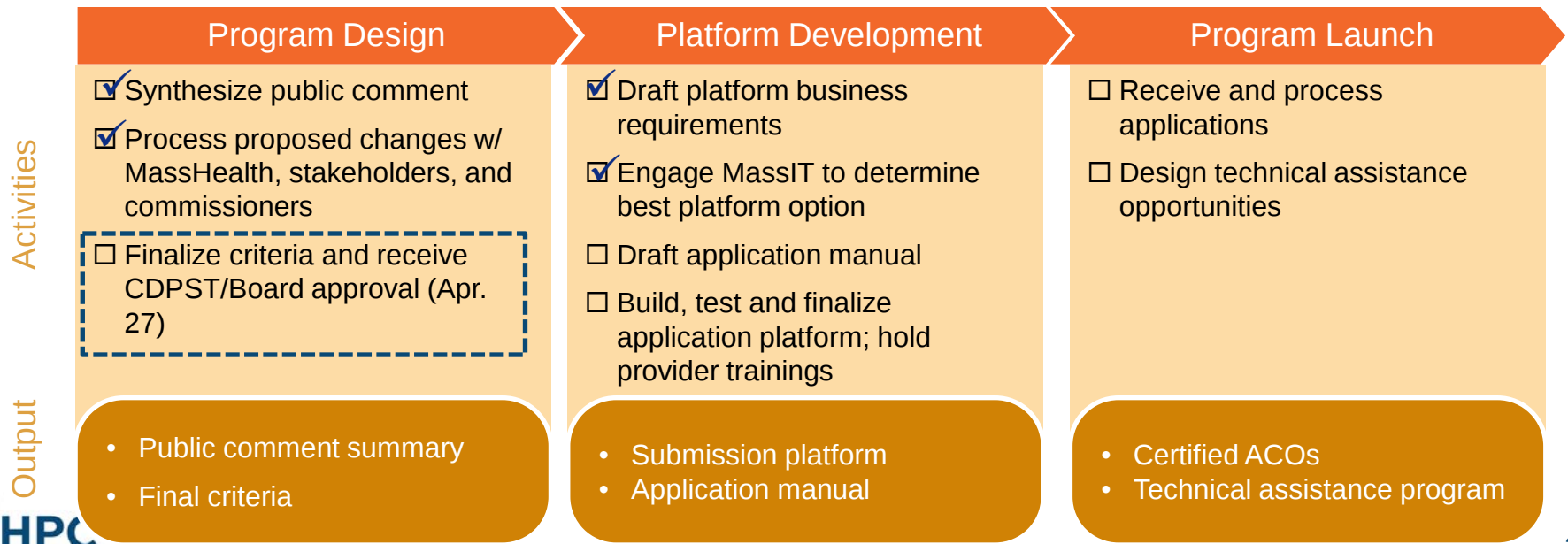
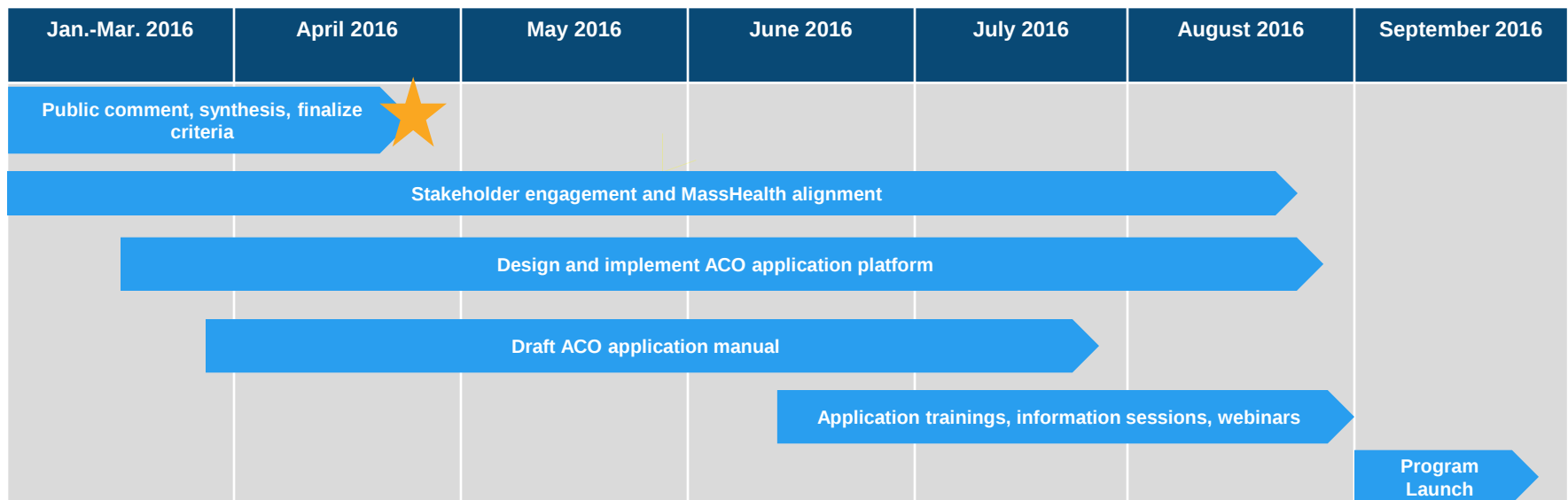
- **Achieve HPC ACO certification by TBD deadline**
- Partnership with community partners to address the complex medical and service needs specific to the MassHealth population, particularly with regard to:
 - behavioral health,
 - long-term services and supports, and
 - social services
- Innovative and meaningful beneficiary engagement

Integrated, administratively simple provider application process

Process for new ACOs (under development)



ACO certification timeline and next steps



Vote: Final ACO Certification Criteria

MOTION: That, pursuant to section 15 of chapter 6D of the Massachusetts General Laws, the Care Delivery and Payment System Transformation committee approves the final set of criteria for the first cycle of the ACO certification program.



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APPENDIX

Supplemental information #1

ACO criterion	Certification question	Response format/fields
Supports patient-centered primary care	How does the ACO support patient-centered primary care transformation? Please describe plans to increase PCMH recognition rates, including any plans to achieve PCMH PRIME certification.	- Does your ACO currently include NCQA recognized PCMHs? (Yes/No) - If yes, fill in % of practices with NCQA recognition - Does your ACO currently include practices with PCMH recognition through another org? (check all that apply, and fill in %) - Joint Commission - URAC - AAAHC - Other _____ - None of the above - ACO supports PCMH by (check all that apply): - Financial support/supplemental payments to practices - TA to practices - Infrastructure (e.g. EHR) - None of the above - Do you currently have plans to achieve HPC PCMH PRIME certification? (Yes/No) - If yes, general narrative describing plans - Narrative about other ways ACO supports patient-centered primary care

Supplemental information #2

ACO criterion	Certification Question	Response format/fields
Assesses needs and preferences of ACO patient population	How does the ACO assess the needs and preferences of its patient population with regard to race, ethnicity, language, culture, literacy, gender identity, sexual orientation, income, housing status, food insecurity history, and other characteristics?	- ACO assesses its patient population on the following: (check all that apply) - Race - Ethnicity - Language - Culture - Literacy - Education - Gender identity - Sexual orientation - Income - Housing status - Access to transportation - Interpretation/translation needs - Food insecurity - History of abuse/trauma - Other - Does the ACO use a standard assessment tool to gather these data? (Yes/No) - If yes, commercial tool or proprietary? (select one) - If no, what method does ACO use? (free text) - Does the ACO utilize these data to inform operations and care delivery? (Yes/No) - If yes, brief narrative of how - If no, list key barriers/reasons - Does the ACO align and benchmark patient panel-specific data elements in comparison to broader population health data elements from community health needs assessments done by hospitals within the ACO or in the regions in which the ACO operates? (Yes/No) - If yes, brief narrative of how - If no, list key barriers/reasons
	How does the ACO use this information to inform its operations and care delivery to patients?	

Supplemental information #3

ACO criterion	Certification Question	Response format/fields
Develops community-based health programs	How does the ACO use the information gathered in the criterion above to develop and support community-based policies and programs aimed at addressing social determinants of health to reduce health disparities within the ACO population?	- Using information gathered in the previous criterion, the ACO (check all that apply): - Funds/invests in existing community-based programs that address the impacts of SDH - Runs programs in collaboration with organizations in the community to address the impacts of SDH - In collaboration with community partners, supports policy and/or environmental changes that address SDH - Other - None of the above - Provide a brief narrative description for each checked box above

Supplemental information #4

ACO criterion	Certification Question	Response format/fields
Supports patient-centered advanced illness care	To what extent has the ACO established processes and protocols for identifying, counseling, and planning for advanced illness care?	Does the ACO have a process to identify patients for advanced illness care? - Yes/No Does the ACO have advanced care planning processes (including advanced directives and authorizing a healthcare proxy) or policies for participating providers, with a focus on engaging with patients and their families, on topics such as symptoms, spiritual health, preferences, etc.? - Yes/No - If yes, narrative description of how ACO providers are trained or supported in developing advanced care plans for ACO patients
	To what extent has the ACO established collaborations with providers/facilities focused on advanced illness care?	Are advanced care plans integrated into the ACO's EHR(s)? - Yes/No ACO has formal relationships with providers trained in advanced illness, palliative and hospice care (check all that apply): - Within the ACO - Outside the ACO - No formal relationship(s) – brief narrative describing relationship

Supplemental information #5

ACO criterion	Certification question	Response format/fields
Performs quality, financial analytics and shares with providers	How does the ACO conduct performance analyses, including measure domains of access, efficiency, process, outcomes, and patient safety? Does the ACO generate its own reports, collaborate with a vendor, or rely on payer reports? What process does the ACO have to disseminate reports to providers, in aggregate and at the practice level?	- ACO performs the following types of analyses (check all that apply): - Efficiency (e.g. readmissions, avoidable admissions) - Quality outcomes - Quality process - Access - None of the above - Check all that apply: - ACO develops its own reports - ACO uses payer reports - ACO collaborates with vendor for reporting - None of the above - Does the ACO disseminate reports to providers? (select from drop-down menu) - Yes, in aggregate - Yes, in aggregate and at the practice level - No - Types of measures used for quality performance (check all that apply) - Claims-based process measures - Clinical health outcomes that require clinical data - Patient surveys - Patient reported outcome measures (PROMs) - If so, which PROMs measures? - None of the above - Brief narrative of dissemination process

Supplemental information #6

ACO criterion	Certification question	Response format/fields
Evaluates and seeks to improve patient experiences of care	Describe how the ACO evaluates patient and family experience on access, communication, and coordination. What survey tool does the ACO employ? What is the frequency of such evaluation? How does the ACO develop plans, based on evaluation results, to improve patient and family experience?	- ACO utilizes one or more of the following survey tools to assess patient and family experience (check all that apply) - Press Ganey - CAHPS (C/G, PCMH) - Proprietary tool - Other _____ - None of the above - How frequently does ACO field survey tool(s)? (select from drop-down menu) - Annually - Quarterly - Monthly - Other _____ - None of the above - General narrative of how ACO utilizes survey results to improve P/F experience

Supplemental information #7

ACO criterion	Certification question	Response format/fields
Distributes shared savings or deficit in a transparent manner	How does the ACO distribute funds among participating providers? What is the process for making distribution and/or reinvestment decisions? Please include methodology(ies) used. How does the ACO take into consideration quality, cost, and patient experience data when developing its methodology?	- General narrative of how ACO distributes funds/reinvests - ACO considers the following when developing distribution methodology (check all that apply): - Quality - Cost - Efficiency - Patient experience data - Adoption of HIT - Other _____ - None of the above - General narrative of how each is used

Supplemental information #8

ACO criterion	Certification Question	Response format/fields
Commits to advanced health information technology (HIT) integration and adoption	What is the ACO providers' connection rate to the Mass Hlway? What is the ACO's plan to increase adoption and integration rates of certified EHRs and connection rates to the Mass Hlway? What are the ACO's plans and timelines to increase the current capacity for interoperability and real-time event notification between entities within and outside the ACO?	- Current connection rate of ACO providers to Mass Hlway (fill in %) - Percent of entities within ACO capable of interacting with interoperable EHRs, including real-time notification (fill in %) - Percent of entities outside the ACO with which interoperability and real-time event notification are possible (fill in %) - The ACO has specific plans to increase rates of (check all that apply): - Connection to Mass Hlway - Adoption and integration of certified EHRs - Interoperability and real-time event notification - Patient access to EHR - Decision support tools embedded within the HER - None of the above - For all checks above, brief narrative of plan - Types of providers with whom ACO has prioritized rate increase (check all that apply) - PCPs - SCPs - Community-based orgs. - SNFs, long-term care orgs. - Other _____ - None of the above

Supplemental information #9

ACO criterion	Certification Question	Response format/fields
Commits to consumer price transparency	How does the ACO encourage its participating providers to make price information available to consumers as required under state law and regulations?	- The ACO has written policies and procedures for participating providers to, at the request of a patient, disclose the allowed amount or charge of an admission, procedure, or service within two working days (Yes/No) - If yes, brief narrative description - If no, brief narrative description of challenges/barriers or other rationale for not doing so - The ACO supports consumers to obtain information on the costs they may incur for services rendered by ACO participating providers: - From insurers (Yes/No) - In other ways (Yes/No) If yes (to either), brief narrative of how