June 28, 2011 Duals Stakeholder Summary Meeting Notes

General themes across topics:

- Parity
- Physicians (PCPs) with behavioral expertise
- Peer support
- Choice/voice from consumers
- Protection/separate appeals process/"better rule" system
- Access (language, identify barriers, better ED care, special populations, identifying the right providers)
- Voluntary/opt-out
- Quality

Topics Covered

Program Design and Care Delivery

Benefits

- Help duals live in the least-restrictive environment possible
- Don't duplicate community-based infrastructure that currently exists (ASAPs, etc)
- Importance of vocational supports for people with mental health need
- Importance of consumer-operated services such as learning communities, peer centers, community contact points, etc
- Health and wellness initiatives are vital, especially for those with mental health issues
- LTSS very important
- Need continuity of existing structures for people with development disabilities, physical disabilities, or other needs.
- Duals need full and equal access to benefits

Person-Centered Planning and behavioral health

- "Quadrant" or "continuum" model of peoples' needs
- Adequate training for primary care physicians regarding patients' behavioral health needs
- Need for behavioral health specialist as the primary doctor
- Peer coaching
- Re-name to "person-directed" care, empowerment
- Need advocates

- Real mental health parity
- Loan forgiveness for PCPs who work in behavioral health clinics
- Consumer choice is key regarding enrollment and disenrollment, choice of ICE and every single clinician
- Peer supports and services

Care Coordination/Member Protections

- Accountability across the system
- Care managers who can handle both medical and behavioral health issues
- A voice for consumers and care givers
- Avoid duplication of systems
- Need to establish an external ombudsman program where the ombudsman would ensure enforcement of ADA and other laws that protect members/consumers
- Need an independent organization to oversee members' appeals of care decisions
- Single route of appeal for Duals members
- Language access services, including translation
- Access is a real issue on the behavioral health side and the primary care side
- Culturally competent systems and practices

Program Sustainability

Achieving Adequate Enrollment and focus on sub-populations

- Oversight so ICEs don't cherry-pick populations
- Voluntary because patients like their coverage (Medicare)
- Flexibility to seek care out-of-network; opt-out option

Global payments

- Risk of underutilization and denied access to services
- Need careful measurements of quality, especially regarding patient satisfaction
- Consumer choice is key

Quality metrics

- Need a combination of structure, outcomes, and process measures, not just one
- **Question**: What is the quality of a person's life?
- Functional status of an individual is a critical measure
- Track individuals over time no matter where they are in the system (even if they move out of the Duals program).

Technology

- Ensure consistent definition of technology programs across all ICEs
- Need interoperable systems and transparency
- Need real communication across providers
- Technologies that are able to focus across different levels: members, providers, populations
- Need a common set of data and tools to access this information on the web
- Tele-medicine
- identify and share best practices
- consistency across the state regarding claims payment systems

Provider networks

- **Question**: What rates will MassHealth use?
- **Question**: Will EOHHS allow MCOs and insurance companies to become ICEs? Why or why not?
- Importance of contractual relationships with community-based providers within existing infrastructure
- A good model is the role of ASAPs regarding care coordination for SCO enrollees
- Don't reinvent the role of community-based providers within the new system

Role of CBOs

- Already have a successful community-based system when it is adequately funded and integrated; don't want these services integrated into ICEs. Keep existing system independent
- Quality measurement: engage consumers in the governance of ICEs
- Reasonable funding of CBOs
- Duals get "stuck" in ERs due to access problems
- Patients with particular health issues need access to providers with particular competencies

- Patients need to be seeing the right providers based on their health care needs

Aligning Medicare and Medicaid

- Adopt the "better rule" where possible (the rule that results in more consumer protection)
- Option to pay for additional services that may not be covered by either program, such as an air conditioner
- Parity in insurance coverage is critical because there is no parity within Medicare now (limits on stays in free-standing mental health specialty hospitals)
- ICEs need risk-adjusted rates especially for people with mental health or physical needs
- **Question**: Adjusting risks may be difficult given that peoples' functional status changes over time. How to adjust for these kinds of variations?
- **Question**: Would the ICE or MassHealth need to report about what services were used within an ICE, Medicaid or Medicare?
- Consumers will only want to deal with one bureaucracy to oversee Duals program
- Concern that the Duals program will be more focused on cost cutting rather than improving quality
- Need to emphasize quality, especially considered that Duals represent vulnerable populations
- Improving care delivery will take a long time, as will measuring outcomes and savings. Need answers/opinions from stakeholders to shape the program