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April 10, 2015

Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

RE: Proposed Patient-Centered Medical Home Certification Standards

Dear Policy Commission members:

The Conference of Boston Teaching Hospitals (COBTH) is pleased to provide comments on the proposed Health Policy Commission (HPC) Patient-Centered Medical Home (PCMH) Certification Standards.

In addition to these comments which reflect common concerns COBTH member hospitals have with the proposed guidelines, several COBTH member hospitals will be submitting comments which reflect the added perspective of their individual hospital and/or system and the patient population they serve. These individual perspectives point to the difficulty of having a one-size-fits-all approach to certification and the need to build flexibility into the standards to accommodate the different approaches providers are taking in care delivery redesign.

There is agreement that care delivered with a patient centered focus can help contain costs, enhance quality and improve the patient experience. Practices here in the Commonwealth and across the nation are moving toward this model in a number of different ways, including individual patient centered medical homes or a more system wide approach through development of accountable care organizations, again pointing to the need for flexibility in certification standards.

Because it is unclear what additional benefits patients and providers will receive from a state PCMH certification process, it is therefore necessary to carefully balance the resources required to achieve certification with the goal of encouraging care transformation.

COBTH supports the decision to align and partner with the NCQA as it will help to minimize the administrative efforts for some practices already participating in the NCQA process. The effort, financial commitment and time required to achieve NCQA PCMH designation is considerable and should not be underestimated. We believe the Massachusetts certification program should

not initially require primary care practices to go above and beyond NCQA requirements. We recommend that the HPC allow existing practices that have achieved *either* 2011 or 2014 NCQA certification to be deemed to meet initial state certification without having to meet any additional Massachusetts specific criteria. This initial deeming, followed by a phased in approach to additional standards will allow practices throughout the state to make a careful and thoughtful assessment of the recourses required and value added by Massachusetts PCMH certification.

The proposed two-tier certification levels outlined in the proposed regulation do reflect progressive levels of advanced primary care transformation. However, COBTH suggests a phased approach, such as was done with federal meaningful use standards, to include additional requirements beyond those necessary to achieve NCQA Level 3 recognition. The requirements for best practice distinction should be a stretch but achievable.

COBTH encourages a limited number of priority factors within the Resource Stewardship and Behavioral Health Domains in the early phases of the MA certification program. While both of these domains are important areas of focus, many of the factors have either been added by the HPC or modified from the existing NCQA recognition process. There are great challenges with compiling the data necessary to address these areas. The HPC should help facilitate more comprehensive data sets which will help practices tackle these additional requirements in later phases of the certification program.

It is important to keep in mind that meaningful practice redesign requires clinical and financial alignment and a cultural commitment to reshaping primary care delivery. These preconditions must often be met **before** process related standards such as NCQA's can be leveraged to innovative models of care. The HPC is in a strong position to support these transitions and can do so through a certification framework that enables practices to move forward based on the unique aspects of their practice.

COBTH, the HPC and many others in the business, healthcare and payer community share a goal of care transformation that moves toward more patient centered care. We stand ready to assist the HPC in moving toward this goal while balancing the resources required to achieve state certification.

Sincerely,

A handwritten signature in black ink, appearing to read "John Erwin". The signature is fluid and cursive, with a large initial "J" and "E".

John Erwin
Executive Director