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Dear Mr. Stanek,

The Children's Medical Center Corporation (CMCC) has two component Accountable Care Organizations that are certified by the Health Policy Commission (HPC). CMCC greatly appreciates the HPC's review of the Certification process and opportunity for CMCC to provide feedback.

Overall, CMCC feels that these changes to the ACO Certification process offer an improved opportunity for ACOs to collaborate, emphasize innovative programming, and account for the heterogeneity of ACOs in the Massachusetts market. CMCC has specific feedback on race, ethnicity, and socioeconomic data collection (CMCC ACOs also collect data on language and disability status). CMCC strongly supports the collection of this data to inform interventions to improve care for patients; however, there are concerns about the way in which this data is collected and request HPC's support, perhaps through proposed technical assistance, to streamline and make consistent this process to improve market-wide efforts. In addition to collecting information on patient diversity, CMCC would also encourage HPC to think broadly about reporting on strategies to reduce health disparities including workforce diversification. In addition, as ACOs that serve children and young adults, CMCC supports any opportunity to get feedback from ACOs on their pediatric and young adult programming and investments.

Responses to Questions for Public Comment:

1. Do the proposed 2022-2023 Assessment Criteria align with the strategic priorities of ACOs and reflect reasonable expectations for ACO capabilities in important operational areas? If not, how should they be modified?

Overall, the shift to further incorporate health equity principles into the certification framework is encouraging. ACO certification represents an important systematic effort to advance the systems and processes required to implement established best practices for identifying and addressing health disparities. The requirements do not specify the data standards for race/ethnicity/socioeconomic status, and there are no examples of socioeconomic factors. CMCC ACO strategic priorities include capturing race/ethnicity/socioeconomic status data using established best practices and advocating for the adoption of standardized best practices across all ACOs. The Assessment Criteria as written do not acknowledge the necessary steps needed to move the collection of race/ethnicity/language data and subsequent stratified reporting and analysis forward in a collectively efficient way that will maximize the ability to understand and address disparities. Prior to requiring this crucial activity, there should be engagement with all groups of stakeholders (e.g., providers, payers, state and local agencies) to obtain a shared understanding and agreement of what should be collected. This decision should consider the operational implications of data collection and reporting approaches in order to avoid unnecessary burden. For example, MDPH has received gubernatorial approval of its data collection standards and is

in the process of updating these standards; Emerging standards (such as FHIR) are increasingly being adopted by providers, payers, and other entities.

2. Do the proposed documentation requirements options for the Assessment Criteria provide sufficient opportunities for ACOs to demonstrate adherence with the letter and spirit of the standards? If not, how should they be modified?

In order to comply with the requirement to document ACO activities to monitor patient experience, perspectives, and/or preferences of the patient population served (e.g., using patient experiences surveys) including collection and/or analysis of data stratified by race/ethnicity or at least one socioeconomic factor, a self-reported question would need to be included in any patient experience survey and the data would need to be analyzed at the individual level. The HPC could also ask the ACOs to document their approach to patient experience monitoring and assessment (as outlined in the proposed Certification criteria) and collaborate to generate a strategic approach to obtaining the valuable information on understanding differences in experience by defined groups.

3. Do the proposed 2022-2023 Supplemental Questions categories reflect the topics of greatest importance? If not, how should they be modified? Which of the proposed questions are the most important in each category?

CMCC strongly supports the supplemental question topics. As an entity that administers pediatric and young adult ACOs, CMCC has less opportunity to reduce overall TME for our patient population. Pediatric expenditures are much lower than adult and complex and costly patients in a pediatric and young adult population have more heterogeneous diagnoses that are managed in a small number of regional academic medical centers with less influence from primary care. Behavioral Health is also a high driver of costs in young adults and children— a known issue in the Commonwealth for which the Executive Office has focused efforts. Pharmacy is another area of cost growth, primarily in high cost specialty drugs for which there are few or no alternatives and another area where the Commonwealth has stepped in to reduce costs at a market level. Overall, efforts to reduce TME in pediatric ACOs are important, but perhaps not as important as opportunities to improve care coordination, quality, and long-term health outcomes including educational success.

4. For ACOs planning to seek certification in 2022 or 2023:

a. What changes, if any, would your ACO need to make to meet the requirements related to stratifying information by race, ethnicity, or socio-economic status in the proposed Patient-Centered Care and Population Health Management Programs Assessment Criteria?

As noted earlier, to support the most meaningful data collection and analysis, the ACO would need to adopt the state-designated/stakeholder-agreed-upon standardized approach to race/ethnicity/socioeconomic status data collection and reporting. For certain socioeconomic factors such as income the ACO would need to spend time developing a method and rationale for collection and use of the information in analysis and reporting.

b. Would it be valuable for the HPC to offer technical assistance to ACOs on these requirements? What would make your ACO more likely to participate in such technical assistance if it were offered?

Technical assistance on race/ethnicity/socioeconomic status collection and stratification would be valuable. The ACOs could more easily meet the objectives if the technical assistance were clearly defined and agreed upon by not only the HPC but also other ACOs, health plans, state and local agencies including MDPH, MassHealth, DOE, DHCD, DMH, and others, and if the technical assistance involved meaningful participation from those stakeholder entities (i.e., commitment to identifying a solution that will be implemented by all groups). The technical assistance could build on the substantial progress that has been made in this area, such as the MassHealth Delivery System Reform Implementation Advisory Council Health Equity Subcommittee's months-long effort to obtain and synthesize specific prioritized stakeholder input for MassHealth's consideration about further incorporating health equity into the ACO/MCO/CP programs.

5. On the whole, are the certification criteria appropriate for ACOs of varying types, sizes, levels of experience, etc., and all ACO patient populations? If not, why, and how should they be modified?

As the only ACOs that serve exclusively pediatric and young-adult patients, CMCC encourages any opportunity for ACOs to provide additional detail on how they are supporting pediatric and young adult populations in their ACOs to promote improved care for all patients in ACOs, even when reduction of TME may be more difficult (as is the case with children and young adult populations).

6. Does the proposed 2022-2023 HPC ACO Certification program appropriately balance the need for a rigorous certification program with the provider administrative burden that may be associated with certification? If not, what modifications would improve the balance?

There will be substantial administrative burden if the ACO Certification program results in the implementation of a non-standardized approach to race/ethnicity/socioeconomic status data collection and reporting. Inconsistency across entities reporting this data will lead to apples-to-oranges comparisons that will yield less helpful data and challenges in analyzing that data. Drawing meaningful conclusions will be stymied by an inconsistent market approach.

Many thanks for your consideration,

Rebekah Diamond

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