

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

November 17, 2020

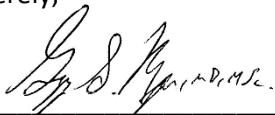
To whom it may concern,

Thank you for the opportunity to review and share feedback on the Health Policy Commission's 2022-2023 ACO Certification Criteria. We are grateful for our continued partnership with the HPC, and the HPC's continued willingness to consider and address our feedback. We appreciate the modifications made to the initial draft of certification criteria.

Overall, we support the increased flexibility incorporated into the Assessment Criteria through the addition of varied response options and documentation selections. We believe the additional choices help enhance response relevancy while also reducing the level of administrative burden.

We applaud and echo the HPC's emphasis on health equity by incorporating it into multiple certification components. Mass General Brigham has recently reinforced health equity as a priority through our system wide United Against Racism initiative. We are excited to continue our collaborative partnership with the HPC with health equity mutually considered an integral component to the success of ACOs.

Sincerely,



Gregg Meyer, M.D.
President of Community Division,
Executive Vice President of Value-Based Care

Questions for public comment

The HPC is seeking input on the recently proposed ACO Certification Criteria, and has asked respondents to consider the following questions:

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?
 - We support the prioritization of health equity as outlined in the Assessment Criteria, but believe it is unreasonable to expect ACOs to establish the ability to stratify data by race, ethnicity, or socioeconomic factor given the short timeline. The next application round is due in a year, and ACOs anticipate resources will be stretched thin given the COVID-19 pandemic. We ask HPC to continue to prioritize health equity, but follow a more incremental timeline. We suggest HPC ask ACOs to demonstrate a plan for ensuring capacity to stratify by race, ethnicity, and socioeconomic factor for the 2022-2023 Certification, and then ask ACOs to demonstrate ability to stratify by race, ethnicity, and socioeconomic factor in the 2024-2025 Certification.
 - Question 2 under Assessment Criteria 2 asks about bi-directional methods for referrals to community services. We have the ability to meet this criterion, but note that currently this exists across multiple individual platforms. This may be an area where the state could consider providing support in standardizing the referral platform and offering a statewide platform.
 - We believe the rest of the Assessment Criteria align with strategic priorities and reflect reasonable expectations.
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?
 - Yes. We appreciate the increased flexibility in response and documentation options, and ask that HPC continue to incorporate this response structure in future iterations of the ACO Certification Standards.
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?
 - Yes. We believe the Supplemental Question categories represent key areas for ACOs.
 - Proposed question 2 under the topic area “Use of Innovative Care Models” asks about oral health integration. Our understanding is that this is primarily a Medicaid ACO priority; if this question is incorporated into the finalized certification criteria, we ask that the HPC further clarify expectations for the broader ACO’s role and responsibility regarding oral care.
 - Additionally, we would like to note that the confidentiality of the information and strategies covered under “Strategies to Control TME Growth” is integral to our ability to continue to innovatively care for our patients. We remain fully

committed to price transparency, but believe that reporting on this topic negatively impacts our ability to be planful and best serve the needs of our patients. Because we do not feel that reporting on this section will help patients, we ask that HPC reconsider including it in the finalized certification criteria.

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?
 - Our ACO currently has been building capability to stratify data by race, ethnicity, and socio-economic status, but not to the extent required in the proposed certification. As part of MGB's recent reinforced commitment to health equity, our system is investing significant resources towards enhancing our data collection capabilities to better incorporate race and ethnicity data. However, our development of these capabilities has been impacted by COVID-19 in order to focus on ensuring appropriate patient care. We continue to prioritize the development of data stratification by race, ethnicity, and socioeconomic factor, but anticipate COVID-19 to significantly delay and possibly prevent our ability to meet the proposed criteria within a year.
 - 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?
 - While we appreciate HPC's offer to provide technical assistance, we do not believe it would be helpful for us. As referenced above, COVID-19 presents a significant barrier to meeting these requirements. Additionally, our system is complex, and orienting an outside vendor has the potential to complicate versus enhance existing resources. We would likely continue to utilize internal resources to ensure our ability to meet these standards.
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?
 - We believe it is within our capacity to meet the proposed standards given MGB's breadth and depth of resources and experts. However, as stated above, impacts of COVID-19 have delayed timelines for expansion of certain data collection and stratification methods relating to race, ethnicity, and socioeconomic factors. Additionally, we suspect that there are smaller ACOs throughout MA that would need to devote extensive resources to meet some criteria. We appreciate and agree with HPC on the importance of the standards outlined in the proposed certification criteria, but encourage a balance given the resources some ACOs may have to divert away from patient care activities to meet the standards.

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?
 - We believe that the Pre-Requisite and Assessment Criteria sections ensure an appropriate balance between rigorous standards and administrative burden. However, we would like to note that the level of burden presented by the Supplemental Questions remains unknown given the varied potential number of questions and response format. We ask that HPC ensure that the finalized Supplemental Section does not present an additional significant level of burden.