

# Alliance for Community Health Integration



February 8, 2019

Health Policy Commission  
Attn: Catherine Harrison  
50 Milk St., 8th Floor  
Boston, MA 02109

## **Re: Comments on Proposed 2019 Accountable Care Organization (ACO) Certification Standards**

Dear Ms. Harrison:

Please accept these comments on behalf of the Alliance for Community Health Integration (ACHI), a coalition of 35 public health, consumer advocacy, social service, and community organizations working to harness health care to address social determinants of health and promote health equity.

We are disappointed that the proposed updates to ACO Certification Standards circulated in the fall of 2018 (presented to ACHI members on October 24, 2018) were mostly abandoned. The purpose of that proposal - to raise the bar and address gaps in way that is not overly burdensome to providers - is an important goal as the ACO landscape develops in Massachusetts.

The presence of health-related social needs (HRSN) in the ACO member population — such as housing instability, food insecurity, and transportation barriers, among others – contributes to poor health outcomes, drives up health care costs, and creates deep health inequities across race and income.

Now is a particularly important time to highlight best practices, identify gaps, and promote stronger integration of medical and social services for ACO members, so as to alleviate HRSN for the ACO member population – essential to reduce costs and promote equity.<sup>1</sup> The change of course by the HPC in regards to the fall 2018 proposal represents a missed opportunity to drive innovation and improvement in this area.

Despite these concerns, we believe that the proposed updates to the ACO Certification Program

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<sup>1</sup> We recommend against using the term “social determinants of health” when referring to efforts to alleviate the social needs of individuals and families. The term “health-related social needs” is more accurate term to describe these activities. We recommend using “social determinants of health,” rather, to refer to efforts to address the underlying social and economic factors that lead to these social needs. For example, lack of affordable housing and racial discrimination in housing lead to housing instability for many families. Providing housing search services and first month’s rent can help alleviate the need for a family, but will not address the underlying causes of the problem. ACHI believes there are roles and opportunities for ACOs and other health care institutions to partner with others to address these underlying social determinants of health through policy change efforts. We recognize this is not the subject of the ACO Certification Program, and therefore, we use “health-related social needs” throughout these recommendations.

# Alliance for Community Health Integration



released for public comment on December 18, 2018 provide several important opportunities to advance these goals.

In particular, we are pleased with:

- the updated requirement to describe how risk stratification and patient assessment results inform the applicant's population health management strategy as part of Assessment Criteria #3, and
- the updated Assessment Criteria #5 which addresses Health Information Technology-enabled Care Coordination.

In order to maximize the impact of the ACO Certification Program, amendments should be made to the HPC proposal in several areas. The recommendations that follow promote ongoing learning and innovation in how ACOs identify and seek to alleviate the health-related social needs of their members.

## 1. Proposed ACO Distinction Program

### a. Required Domains Must Include Social Needs Strategy

We support the idea to recognize ACOs that are demonstrating excellent performance and quality improvement, but the program must include a Social Needs Domain to be meaningful. An ACO Distinction Program without a Social Needs Domain would fail to acknowledge the central influence that social needs have on ACO member outcomes, and would miss the opportunity to recognize the dedicated and creative work of many ACOs in this area. An ACO Distinction Program without a Social Needs Domain would set back much of the important work that has been done in this space, and we could not support such a program.

We recommend that for an additional Social Needs Domain, ACOs should select one social need to include, to be selected from a list provided by HPC (e.g., housing instability, food insecurity). We recommend that for whatever social need is selected, ACOs should submit data demonstrating improvement in at least one of the following measures:

- i. Percentage of members who screen positive for the social need and are referred to a community-based service provider.
  - Of this cohort, the percentage of members for whom data is entered in the EHR indicating whether member has successfully received services.
- ii. Percentage of members screened positive for the social need, are referred to a community-based service provider, and successfully receive services.
  - Of this cohort, percentage for whom the health-related social need is alleviated.

# Alliance for Community Health Integration



- iii. Percentage of members who screen positive for social need and receive navigation assistance from a community health worker (CHW) or similar provider in connection with referral to a community-based service provider.
  - Of this cohort, percent for whom the health-related social need is alleviated.
- iv. Development of process for tracking prevalence and alleviation of social needs over time (across all social needs for which referrals are being made).

## b. Health Equity/Stratification

We are pleased that data stratification by demographic factors is a required domain of the proposed ACO Distinction program. We recommend the following clarifications and additions to the current proposal:

- i. Zip code should be allowed as a demographic factor for the purposes of stratification
- ii. Because we know that demographic information – particularly race, ethnicity, and language – is often absent, incomplete, or inaccurate in the EHR, the Distinction Program should require reporting on baseline and change in number of members for whom this information is proactively confirmed using best practices.
- iii. If ACOs are stratifying by one or more demographic factors for the purposes of this program, they should not stratify for one measure only. Rather, they should stratify for every measure included in the Distinction Program application.

## c. Strategic Planning

We are pleased that ACOs must submit a strategic plan describing how they will continue to improve on each domain. We recommend that this plan be required to include how the ACO intends to reduce inequities in health outcomes by race, ethnicity, and language, and potentially other demographic factors.

## d. Distinction Measures

Because inclusion in the ACO Distinction Program will be determined by specific measures included in the application, the public notification of such distinction should reference the specific measures for which the ACO has been recognized (especially in the domains of Quality, Equity, and Social Needs), thereby incentivizing continued improvement across multiple measures over time. The Distinction Program should allow ACOs to apply for and be granted distinction status on multiple measures in any given year and over multiple years.

# Alliance for Community Health Integration



## 2. Supplemental Information Questions

Supplemental questions provide an important opportunity for the HPC to better understand emerging best practices, challenges, and trends over time. To maximize this opportunity, we recommend adding additional detail to questions currently proposed, indicated as redlined version of current questions below.

### a. Advanced Health Information Technology-enabled Care Coordination

We recommend this question be modified as follows:

How does the ACO use interoperable electronic health records (EHRs) among ACO Participants to facilitate care coordination, two-way clinical exchange capabilities with non-ACO Participant providers, and health information technology-based care management programs, including with MassHealth Community Partners (where relevant) and community-based service providers?

### b. Workforce

We recommend this question be modified as follows:

How are newer provider types, such as recovery coaches and community health workers, being incorporated into ACO care models and/or population health management programs?

- What are the most common job titles and major job responsibilities of such providers?
- Describe the training and supervision staff receive.
- What is the ratio of each provider type to the member population?
- What is the ACO's protocol for which members receive navigation assistance when referred to community-based service providers? What is the scope of services for navigation assistance?

### c. Community Partnerships to Address Social Determinants of Health

We recommend this question be modified as follows:

Community Partnerships to Address Health-Related Social Needs ~~Social Determinants of Health~~. How does the ACO and its participating providers collaborate with community-based organizations to address ~~the social determinants of health~~ health-related social needs, such as food insecurity, housing stability, and early childhood development for its risk population?

- Describe the ACO's protocols for providing referrals to community-based service providers, including those subject to a formal arrangement (e.g., the MassHealth Flexible Services Program, where relevant) and those not subject to a formal arrangement?
- What methods or platforms are used to facilitate communication between the ACO, primary care provider, MassHealth Community Partners (where relevant), community-based service providers, and members?

# Alliance for Community Health Integration



- What protocols are in place to track relevant data, including referrals made, successful connections between members and community-based service providers, and degree to which social need has been alleviated? Is this information available to the primary care team?
- Describe any formal, contracted, partnerships with community-based service providers that the ACO has established outside of the MassHealth Flexible Services Program (where relevant).

Thank you for your consideration of these recommendations, which will provide stronger transparency, allow for the dissemination of best practices, and support innovation in the emerging field of ACOs and health-related social needs. Our organizations stand ready to support HPC and ACOs in this endeavor. Please do not hesitate to call upon us if we can be of any further assistance.

Sincerely,

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# Alliance for Community Health Integration



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