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February 7, 2019

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

To Whom It May Concern:

Thank you for the opportunity to share feedback on the Health Policy Commission's revised ACO certification criteria. We appreciate the modifications that have been made to the draft approach.

We still believe there are two broad concerns we have with the approach the Commission has taken:

1) The evidence base for best practices for ACOs is not yet sufficient to support a distinction program.
2) The question structures in supplemental information section do not meet research survey design standards that will enable meaningful information gathering

While the idea of an ACO distinction program is laudable, and one that may be possible in the coming years, there is not yet a sufficient evidence base for best practices to support a credible threshold for establishing distinction among ACOs. At this time, it is not clear if the four domains identified by the commission are the right criteria to determine ACO distinction, or what the standards should be within those domains. For example, why would there be a domain on cost, but not amount of downside risk taken on by an ACO? The literature is still unclear as to what distinguishes high-performing ACOs from lower performing ACOs, but that should be used to establish the domains by which ACOs would be evaluated for distinction. It is also not clear whether the standard for distinction should be performance based, or commitment based. The challenges of comparing performance across ACOs should not be underestimated. The standards for a domain like "Access" would be difficult to assess in a standard way across ACOs of different structure (hospital or practice based), while a domain like "Equity" would be difficult to assess across ACOs with vastly different geographic catchment areas.

With regard to the questions in the supplemental information section, it should first be made clear whether these questions, are truly research questions with open answers, or if the purpose is to modify these criteria for future years of ACO certification standards. We think the former is much more appropriate and in line with truly interrogating the appropriate evidence of ACO best practices. However, to support this purpose, the questions should be modified to meet research survey standards. As currently drafted, they are not structured enough to produce answers that could support research findings. At the same time, they also appear to be leading in some cases, and not open questions that allow for the full range of possible answers. We would recommend working with academic researchers to revise the question structures so that they can produce meaningful answers that could begin to inform a basis for best practices. We would also recommend clarifying that these questions are not intended to be directly linked to future ACO certification standards in the short term.

Regards,

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Questions for Public Comment

The HPC is seeking public input on the 2019 ACO Certification program overall, including the specific proposed certification criteria, and the proposed new Distinction program for certified ACOs. Respondents are asked to consider the following questions in drafting their comments:

1. Do the proposed 2019 Assessment Criteria reflect reasonable expectations for ACO capabilities in important operational areas? If not, how should they be modified?

1. **Governance structure** – no modifications
2. **Patient/Consumer Representation** - no modifications
3. **Performance Improvement Activities** - no modifications
4. **Population Health Management Programs** - no modifications
5. **Cross-continuum care** - no modifications

2. Do the proposed 2019 Supplemental Questions in each category ("Adding to the Evidence Base" and "Emerging Topics") 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?

- Adding to the Evidence Base
  - **Distribution of Shared Savings and Performance-Based Provider Compensation**
    - No modifications
  - **Providing High-value Care**
    - We recommend removing the first sentence, "How does the ACO efficiently manages resources to provide high-quality, affordable care?"
  - **Behavioral Health Integration into Primary Care**
    - No modifications
  - **Advanced Health Information Technology-enabled Care Coordination**
    - No modifications
  - **Coding**
    - No modifications
  - **Market Functioning**
    - No modifications
- *Emerging Topics*
  - **Workforce**
    - No modifications
  - **Integrated, Innovative Care Models**
    - No modifications
  - **Community Partnerships to Address Social Determinants of Health**
    - No modifications

3. Does the proposed Background Information section include appropriate questions for understanding the type, size, experience, patient population, and other key organizational characteristics of the ACO? If not, how should they be modified?

- We support the options laid out at the public listening session to a) update 2017 responses or b) attest that the information has stayed the same
- **Risk Contract Information**
    - no modifications except for:
    - Strike 1. e. (Quality incentives in the risk contract) f. (Member management fee/infrastructure payment), g. Financial risk terms for each contract:
        - This information is confidential. However, we could give generalities, but we would not be able to disclose all the details
- **Risk Contract Performance**
    - We recommend dropping both

4. Do you have any questions or concerns about using MA-RPO data to identify hospitals and primary care practices participating in the ACO?

- We participate in the MA-RPO annually. However, the providers that participate in each risk contract varies and therefore we would have concerns with using MA-RPO as our participating provider roster without validation, and updates

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?

- Yes
- Additionally, ACOs risk arrangement and whether they are taking downside risk would be an important factor to be considered

6. Does the proposed 2019 HPC ACO Certification program appropriately balance the need for a rigorous certification program with the provider administrative burden that may be associated with certification?

- No. We acknowledge the HPC's willingness to take feedback, but feel that we are designing our own certification program
- We recommend a more simplified attestation process
- We also recommend re-certification every 4 years vs. 2

Proposed ACO Distinction Program

7. Do you support the HPC's proposal to offer a Distinction program for certified ACOs that recognizes performance improvement in health outcomes, care, cost, and health equity? Why or why not?

- No: We do not think there should be a distinction program.
- We applaud the effort, but we do not think the science/evidence base is there yet

8. What is the most appropriate duration of time for ACO Distinction - two years? Three years?

- N/A
- At this time, since we do not know the components that would make up the Distinction program, it is impossible to determine the duration.

9. For the Distinction program, what are the most appropriate measures for cost, quality and access? Is it feasible for ACOs to report the TME or TCoC at the Applicant level, across all risk contracts or risk contract categories?

- N/A
- Every contract measures cost differently
  - TCoC or TME may not be the right measures
  - Most risk contracts assess trend

10. For the Distinction program, how should the HPC evaluate improvements in health equity? What should Applicants be required to demonstrate with regard to health equity in order to achieve Distinction?

- We feel the HPC could be a in a challenging position when trying to evaluate applicant responses that would likely be self-reported based on the different initiatives at the varying institutions
- As a first step, we would recommend addressing broader questions such as: Does your ACO regularly look at disparities data in a transparent way? Do you offer cultural competency training?
- Additionally, we question whether the equity assessment is at the ACO or overall health system level?
- We recommend that a process is created for health systems to come together to discuss equity measures

11. For seeking Distinction in 2020, what are the most recent two years of internal data that ACOs will have on cost, quality, access and equity?

- Assuming the application is due Jan. 1st, 2020, the information we would have is 2016 and 2017 and partially for 2018

12. What standards should the HPC use to evaluate strategic plans submitted by Applicants for Distinction? Should the HPC select metrics for Applicants' strategic plans, or should Applicants select their own metrics for strategic plans?

- No, we do not recommend that applicants select their own metrics
- At this time, we do not have any insight into meaningful measures for ACOs to create their own strategic plans

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