Recommendations to the Health Policy Commission

January 29, 2016

RE: Comments on Proposed ACO Certification Standards

Dear Chairman Altman and Mr. Seltz:

Thank you for the opportunity to submit comments and recommendations to help move Massachusetts' health care system transformation toward the Triple Aim of health reform: improved quality of care, better health, and reduced financial costs. Specifically, the undersigned organizations and individuals have come together to offer our recommendations for additions and changes to the Health Policy Commission's recently Proposed Accountable Care Organization Certification Standards.

We laud the Commission's stated goals for ACOs: to achieve patient-centered and coordinated care, including better access to care for vulnerable populations, and to integrate services across primary care, specialty care, behavioral health and community care, and to improve accountability for patients' experiences and for the cost of their care. Our recommendations reflect our concern that ACOs be held accountable for the quality of care and for improving outcomes for *all* populations in the Commonwealth, with special attention to those who are experiencing disparities in care and outcomes.

Evidence demonstrates that community health workers (CHWs) are an essential component of ACO structures that can help achieve equitable outcomes for all. **Our recommendations center on organizing principles and activities that will support the roles that CHWs play, particularly for underserved and vulnerable populations who face challenges in managing their health and for accessing care. We also recommend, under the relevant criterion, that ACOs demonstrate how they are employing CHWs to meet stated goals. A priority recommendation is that ACOs be directed to assure that community health workers are employed or contracted by member organizations to provide care coordination for high-risk patients and to provide direct wrap-around services or linkage to wrap-around services for such patients. ACOs should follow evidence-based community health worker caseload best practices for distinct health conditions and service contexts, which can be made available by knowledgeable practitioners and policy experts.**

Rigorous evidence has shown consistently that community health workers can help to achieve all of the above referenced ACO goals when integrated into health systems with appropriate training and support. CHWs bring a breadth of skills and qualities to their roles, including:

- Strengthening ties of underserved and high-risk, complex care patients with primary care

- Enhancing culturally appropriate communication between patients/clients and clinical providers,
- Supporting self-management of patients with chronic conditions, and
- Improving patient utilization and navigation of services to avoid unnecessary costly emergency care or hospitalization.

Peer support is a core feature of CHW services, because they are usually hired in part for their shared backgrounds and/or experiences with the patients with whom they work. Additionally, CHWs serve as a link and resource to address the non-clinical challenges affecting health status, both for individual patients and families, as well as for communities, as part of population health approaches[1].

Our recommendations in addition to the one presented above in bold are provided under specified domains with explicit mention of Criterion below.

LEGAL AND GOVERNANCE STRUCTURES

- We recommend for **Criterion 3** that there be more than one consumer advocate, member, and/or family caregiver represented on the ACO governance board. This will help to assure more robust and effective participation of these crucial allies in equitable and successful health care transformation and avoid isolating a sole representative of the consumer community on the board.
- We recommend that the consumer representatives required in **Criterion 3** be required also to be an active member of the ACO's Patient and Family Advisory Council, to assure that the Advisory Council can communicate directly with the ACO governance board.
- **Criterion 4** requires 'meaningful participation' of primary care, addiction, and mental health and specialist providers in ACO governance structure. We recommend adding to that list allied health professionals whose services address the social determinants of health (including, social workers, human services providers, and community health workers and others referenced in Section 261 of Chapter 224).
- We also emphasize that 'meaningful participation' on the governance board by consumer advocates, patient representatives, and/or family caregiver board members mean that these members have equal opportunity to share their perspectives and to participate in decision-making; specifically, that they be voting members.
- We recommend for **Criterion 5** that the Patient & Family Advisory Council members be required to reflect the diverse demographic make-up of the patient populations in communities served by the ACO.

POPULATION SPECIFIC INTERVENTIONS

- Given the core role that data collection plays in ACOs' ability to assess and intervene in a timely manner with member populations, we strongly recommend that ACOs be required to use screening tools to identify the social, economic, and environmental factors—social determinants

[1] Achieving the Triple Aim: Success with Community Health Workers, Massachusetts Department of Public Health. May, 2015. http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf

of health (including but not limited to food insecurity, housing insecurity, unemployment and underemployment, and transportation challenges) — that are influencing patients' ability to care for their health. We recommend that **Criterion 31**, the assessment of member needs, be *mandatory*, rather than limited to a reporting function.

- For **Criterion 31**, we also recommend that patient population needs and preference assessments be linked to documents outlining plans for implementing evidence-based strategies, including employment of CHWs to help patients address challenges shaped by social determinants of health and related needs.
- Risk adjustment should take into account socioeconomic status, race and other known social determinants of health. In order to reduce incentives to deny or limit medically necessary care, the HPC should encourage payer contracts with ACOs to use risk adjustment measures under alternative payment arrangements that include adjustments for social, cultural, language, and economic factors, so that resources are available to provide culturally and linguistically appropriate services for people who are lower income, homeless, have difficulties with English, are from ethnic and/or minority populations, and for persons with physical, mental, intellectual or sensory impairments.

RISK STRATIFICATION, POPULATION HEALTH PROGRAMS AND PARTNERSHIPS AND COMMUNITY HEALTH

- Outcomes and other quality indicators should be stratified by social determinants of health indicators in order to appropriately target population health interventions, uncover and address health disparities, and improve how ACOs deliver care. We recommend for **Criterion 8** that the required one or more programs resulting from health assessments and risk stratification be targeted to improve health outcomes for patient populations *experiencing or at risk for disparities in outcomes related to the designated conditions* (e.g. mental health, addiction, and/or social determinants of health).
- **Additionally, for Criterion 8** we recommend adding *disparities in health outcomes* to the list of aspects of population health programs that should drive annual ACO evaluations of its programs.
- In addition to providing services to individuals, CHWs – whether employed by ACOs, contracted provider organizations, or community partnerships – play an important role in addressing community-wide population health challenges. CHW core competencies include community assessment and capacity building, in addition to care coordination, and CHWs can play an important role engaging ACO members most impacted by detrimental social determinants of health. ACOs should show how CHWs are engaged in the population health interventions required by **Criteria 8, 15, and 31.**
- For **Criterion 15** we believe that ACOs should be required to invest in population health not just in one or more communities but rather in all communities where they serve a significant number of members (the stated standard is at least 100 members) with identified health disparities, or with known risks for disparities. The investment should be based on a community health needs assessment that is driven by the collaborative, multi-organizations involved in the programs. The assessment and programs also should be implemented in conjunction with the current Community Benefits requirements of the state of Massachusetts and the IRS.

PATIENT AND FAMILY EXPERIENCE, PEER SUPPORT

- **Criterion 14** requires ACOs to conduct an annual survey of patient and family experiences of care. We recommend that the component of successful patient-centered care referred to as 'patient activation' be a required part of what is measured as part of this survey. The evidence increasingly shows that patients who are actively involved in their own care are most likely to make changes required to improve outcomes and costs.

    1) The "Patient Activation Measure" is a validated survey that scores the degree to which someone sees himself or herself as a manager of his or her health and care. Interventions that tailor support to the individual's level of activation and that build skills and confidence are effective in increasing patient activation.[2]
    2) Additionally we recommend that in assessing patients' and family members' experiences of providers, questions be phrased in such a way that the survey captures their experiences with non-licensed providers such as CHWs, in addition to their experience of licensed, clinical providers**.**
    3) We recommend that the annual survey be offered with the capacity to evaluate patients in diverse languages other than English and patients with low or no literacy.
- **Criterion 27** outlines the reporting requirement that ACOs describe how they provide peers or links for patients and families to existing community peer support programs. It requires description of related appropriate training and technical assistance .We recommend that ACOS explicitly report on their offering of community health workers services among other peer support professionals for patients who request or are determined to need such services.

We thank the Health Policy Commission for the innovative framework and prodigious time devoted to how best to transform the health care delivery system through ACOs that are held to meaningful standards. We propose our recommendations to better assure that the transformations will move the Commonwealth into a leadership position regarding improvements in the quality and equity of both care and health outcomes. Evidence shows that CHWs can contribute consistently to both of these improvements, and can help to reduce the costs of caring for those who suffer from chronic conditions and/or from social and economic challenges in taking care of their own health, and in accessing culturally appropriate care.

Sincerely,

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[2] Hibbard, J. H., Greene, J. (2013). What the Evidence Shows about Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs. *Health Affairs* 32(2): 207-14.

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