



MASSACHUSETTS
NEUROPSYCHOLOGICAL
SOCIETY

January 29, 2016

Stuart Altman, PhD, Chair
David Selz, Executive Director
The Commonwealth of Massachusetts Health Policy Commission

Dear Dr. Altman, Mr. Selz, and Commissioners,

Thank you for the opportunity to comment on your proposed certification standards for Accountable Care Organizations (ACOs).

Our comments, submitted on behalf of the Massachusetts Neuropsychological Society which is a statewide, nonprofit, professional organization of neuropsychologists, focus on item number five in your holistic programmatic framework on page 3 of your Request for Public Comment: "Enhancing market and patient protection, including increasing patient access to services, especially for vulnerable populations." Access to the full range of behavioral health (bh) treatment services and well-coordinated care and follow-up are essential in meeting the healthcare needs of many people, especially for those within vulnerable populations.

Briefly, we recommend:

- Risk stratification includes all three programs: for mental health, addiction, and social determinants of health; and assessment of cognitive status for some patients.
- BH providers participate in assessing the effectiveness of behavioral health collaboration networks.
- Require target goals for access to the appropriate breadth of bh services; follow-up and reporting, and communication and data exchange capabilities for all healthcare services; and use of common forms for referrals and access to healthcare benefits.
- Community health advances include bh specifically.
- Increased education, technical support, and financial incentives for EHRs for bh providers.

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Responses to your specific questions in the Request for Public Comment

Mandatory Criteria

Page 8, item 4: Meaningful participation in the ACO governance structure:

evidence to evaluate meaningful participation should include equitable numbers and voting rights across the types of providers listed; it should include documentation that the full range of provider types have participated in developing measures for, and then evaluating findings around, effectiveness in ongoing collaboration in the cross continuum network (page 10, item 9). Providers assessing effectiveness of collaboration should have expertise in the collaboration network being assessed for example, access to the full range of behavioral healthcare services.

Also, please add PhD to the list of behavioral health professional degrees (page 8 item 4), which currently cites MD., RN, LCSW, and LMHC, and omits PhD psychologists who are experts in applying evidence-based therapeutic interventions and evidence-based assessment of cognitive, emotional, and social functioning.

Page 9, item 7: Risk stratification and population specific interventions: we recommend that approaches for risk stratification include assessment of cognitive status, along with functional status and activities of daily living already listed. For some patients, especially those with complex medical needs and/or mental health or neurological conditions (such as stroke, dementia, HIV, or schizophrenia) that can affect brain function and therefore various thinking abilities, their cognitive functioning will determine if they are able to participate in their treatment and/or follow treatment instructions.

Stepped evaluation procedures that allow a menu of options including cognitive screening, brief evaluations, and comprehensive evaluations are needed. Screening by primary care staff is insufficient for fully identifying the cognitive barriers and recommendations needed to address those barriers in some patients. Referral networks must include neuropsychologists and other psychologists for brief or comprehensive evaluations to follow-up some screenings, and to work with identified patients on strategies and plans that will allow them to follow treatment recommendations.

Page 9, item 8: Risk Stratification: We recommend that the HPC requires implementation of all three programs listed -- mental health, addiction, and social determinants of health. For certain patients, one or more of those issues will affect their risk level and health outcomes, so that all three options must be available.

Page 10 & 11, item 9: Cross continuum network: access to BH and LTSS providers: we recommended the HPC not only “consider” but actually require the ACO to submit documents that set targets or goals for access; appropriate breadth of services; follow-up and reporting; communication and data-exchange capabilities; and quality, cost, and patient experience scores. Additionally, we recommend requiring use

of standardized and common forms for authorization and other purposes as this greatly reduces paperwork and redundancy, and increases efficiency in making referrals and providing access to care.

Access to behavioral health care and access to the appropriate breadth of behavioral healthcare services remains a major shortcoming in current health care systems. Limited access includes no in-network providers available; no providers available within a reasonable geographic distance; and long wait times to initiate treatment. Coordination of care through expert follow-up and communication by appropriately credentialed healthcare providers / professionals is essential with people in vulnerable populations such as those with chronic medical or bh conditions or both; or who are impoverished, homeless, and/or less educated; and children who are part of multiple systems such as school, family, healthcare, and for some children, various social service agencies.

Page 10, item 10: "... **the ACO has capacity or agreements with mental health providers come addiction specialists, and LT SS providers.**" We recommend that "agreements should reflect a categorized approach for services by "nature and" severity of patient needs," not just severity. For example, some behavioral health treatment needs are more effectively met by evidence-based psychotherapy, yet patients find only a psychopharmacologist available to them.

Page 13, item 15: **Community health**: we recommend that in advancing or investing in population health of one or more communities, that designated features of the approach explicitly mentions behavioral health providers as is done in other sections of this document. When addressing the social determinants of health, especially among vulnerable populations, addressing behavioral health needs will be essential in improving health outcomes for some within those populations. Similarly, expert coordination of care through communication and follow-up is essential among populations whose health is influenced by social determinants such as poverty, homelessness, or low educational attainment.

Reporting Only Criteria

Page 18 or item 32 and 22: **Adoption and integration of EHRs and connection to the Mass Hlway -- challenges**: Behavioral health providers lag behind other medical providers in adopting EHR's and Hlway connection. Lack of information, lack of technical support, lack of financial incentives, and unique bh privacy concerns have made it more difficult for behavioral health providers to shift to electronic records. We recommend accelerated education and technical support, and incentives for EHR's for behavioral health providers. People in vulnerable populations often seek care in various sites and settings, making electronic communication and access to records through interoperable EHR's or the Hlway essential.

Section D Questions, page 6: #7: We favor the HPC making public the application materials submitted for ACO certification. This transparency will increase accountability and protection of patient access to healthcare.

In summary, protecting patient access to bh services to treat emotional or cognitive symptoms is essential in achieving positive health outcomes for many people, especially those with complex needs or within vulnerable populations. We applaud your prioritizing of increased access to services for those in vulnerable populations. Access to the full range of behavioral healthcare assessment and treatment services, including psychotherapy, psychological and neuropsychological evaluation, cognitive rehabilitation, as well as medication treatment, is limited in current healthcare systems.

Thank you for this opportunity to provide input. Please call if you have any questions or require additional information.

With great thanks and best regards,

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For your reference: Neuropsychologists are healthcare providers who are licensed as psychologists and hold doctoral degrees. They work at the intersection of medical and behavioral healthcare and treat people with neurologic, behavioral, neurodevelopmental, and other medical conditions. Using evidence-based tests, they assess, diagnose, and treat cognitive and emotional symptoms that are caused by behavioral health or physical health conditions, such as stroke, diabetes, depression, or schizophrenia. Additionally, neuropsychologists identify and treat emotional and cognitive factors that limit patients' adherence to medical treatment plans. They also direct prevention and wellness interventions that maintain cognitive health.

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