

BMC Health Systems, Inc.
Feedback to 2022-23 Proposed HPC ACO Certification Standards

Introduction

Thank you for the opportunity to provide feedback on the Proposed 2022-2023 Health Policy Commission (“HPC”) ACO Certification Standards. BMC Health Systems, Inc. (“BMCHS”), together with its Component ACOs, Boston Accountable Care Organization, Inc. (“BACO”) and BMC Integrated Care Services, Inc. (BMCICS”), has participated in the HPC ACO certification process since 2017. After reviewing the proposed standards set forth by the HPC for 2022-2023, we have some general feedback on how the standards comport with the unique makeup of our health system and component ACOs.

System/ACO Initiative Framework is Often Carried out at Local Level

Unlike some other organizations, BMCHS’ component ACOs are not homogenous, and are made up of various entities that are not owned or operated by the health system. BACO, for example, includes three hospitals, a number of physician practices, a physician-hospital organization, and eleven affiliated community health centers.

While our initiatives and priorities – including data collection and monitoring, quality improvement, and patient experience – are set at the ACO level, many of these activities are resourced and driven at the group level. As an example, while BACO may champion and incentivize collection of health equity data, practices often gather this data through their own EHRs, and utilize their own staff to analyze it. Although these steps are done at the practice level, groups are financially incentivized based on both their individual and collective performance on the stated metrics, and encouraged to share successes and failures at various performance meetings and through the ACO committee structure. Our ACO model is one that relies less on central infrastructure, but seeks to leverage what resources groups have locally to carry out shared goals through a flexible framework.

In evaluating an ACO’s response to its Assessment Criteria, we would ask the HPC to take into account the different arrangements under which ACOs function and seek to carry out initiatives. Rather than the HPC seek a blanket approach by an ACO to fulfill certain objectives across its participants, we would like the HPC to accept responses that allow for local flexibility with centralized programming.

“Free Text” Answers Allow More Accuracy & Flexibility than Templates

In reviewing the proposed standards set forth by the HPC, we noted that there were a number of templates related to stratification, population health, and behavioral health integration. In other filings that our ACO has completed, perhaps due to our composition, or the fact that all provider groups do not participate in all agreements, we have found that our responses often do not seem to “fit” into a template. We would ask the HPC, where possible, to allow ACOs to provide answers in a chosen format, rather than be limited to populating a template.

Centering Health Equity in the Certification Standards

We commend the HPC for including the importance of health equity in the proposed standards for certification. Our ACO, and its affiliated participants, are leaders in this space and appreciate the HPC including a section specifically on health equity, as well as other sections, such as the one in the assessment criteria addressing the whole patient as part of care. We look forward to working with HPC and sharing our strategies and models for addressing these issues that we consider fundamental to improving the health care of our patients.

Conclusion

We appreciate the opportunity to provide comments on the proposed 2022-2023 standards. We hope the HPC will consider our feedback when formulating the final requirements for this program, but we remain confident that BMCHS will meet the ACO Certification criteria. Please do not hesitate to reach out if further feedback is requested.