



April 3, 2014

Sent via electronic transmission to HPC-PCMH@state.ma.us

Dr. Carole Allen
Care Delivery and Payment System Transformation Committee
Health Policy Commission
2 Boylston Street, 6th Floor
Boston MA, 02116

Dear Commissioner Allen:

Thank you for the opportunity to submit comments on the Health Policy Committee's proposed standards for the certification of Patient Centered Medical Homes.

Commonwealth Care Alliance has been providing comprehensive, integrated health care to Medicaid-only and dual-eligible members over age 65 in the Senior Care Options (SCO) program since 2004. As of October 1, we are also now offering integrated care to the disabled, under-65 dual-eligible population in the new One Care Program. We currently have over 5700 members in our Senior Care Options (SCO) program and over 6300 in our One Care Program. In both programs, we cater to the most frail and medically complex patients, the "top 5%" of patients on which the Health Policy Commission and other policy makers are focusing. Our mission is to provide the best possible care, tailored individually to the members we serve throughout Massachusetts. To accomplish this we bring to scale proven clinical strategies that improve care and manage costs, within a team-based, consumer-directed, prepaid care delivery program. These strategies are well aligned with the principles behind patient-centered medical homes and our practices embody most, if not all of the standards that you and other accrediting bodies are looking to see replicated.

Our experience in the SCO program, which was built on 30 years of prior experience in innovation in health care delivery, has strongly validated the promise of a truly integrated, patient-centered care model and provided a strong foundation for our One Care program. We've been able to reduce hospitalizations among our SCO members by almost 50%. And, although 75% of our population is nursing home eligible, only 3% of our members are residing in nursing homes. Our SCO program has been recognized for high consumer satisfaction and high quality, earning 4.5 stars from CMS, an extraordinary distinction for a special needs plan, putting it among the top 4% of Medicare Advantage plans nationally.

We offer care to our members at primary care sites that are both non-delegated, where CCA clinicians are responsible for providing and managing the care of enrollees, and delegated sites where contracted provider groups have agreed to provide enhanced primary care and care management on behalf of CCA to our SCO members receiving care through those sites. (9 out of our 37 SCO practices are delegated.) In both the delegated and non-delegated sites, our primary care providers are offering care to our members that meets or is compatible with the optimal PCMH standards that you are promoting. In addition, our practices adhere to certain other standards which we think are key to well-managed, patient-centered care for high-risk, high-cost patients.

We offer the following comments on your proposed standards with the hope that our success in offering integrated, patient-centered care can help you in developing standards that encourage the best outcomes for patients, particularly those who are most in need of better managed care.

We feel strongly that some of the standards that you are proposing for the advanced or optimal level of care ought to be minimum requirements for certification, including the following:

- Care management for complex/ high risk patients – These are the patients that need and can truly benefit from care management. We believe that without making care management for these patients a basic requirement, you will have missed the opportunity to improve outcomes and reduce costs in a meaningful way. Optimal care for this metric could include the ability to provide home-based care to high-risk and complex patients who are unable to come to a clinic for services.
- Elements of your advanced level of certification including: proactively managing care for patients with chronic conditions, stratifying high-risk patients, creating personalized plans of care, conducting comprehensive health assessments and managing care transitions are all elements of effective, patient-centered care that should be required at the basic level of certification if you are interested in really elevating the level of primary care beyond what is standard now.

One element not explicitly required in your standards that we have found integral to effectively managing care is the ability to provide clinical advice over the phone with access to the patient's electronic medical record 24 hours a day. Without that, the patients will turn to the emergency room for advice that could have been provided over the phone. Your requirement for timely access to services should include a requirement for 24-hour access, and access to the medical record by the clinician taking the calls.

One other element that we think is essential to ensuring adequate care management for patients that need it is a requirement that all practices that are accepting new patients be open to any new patient regardless of health status. We have found that many practices are reluctant to take on patients with disabilities or mental illness, who are often the patients most in need of enhanced care management. We do not have a recommendation on how to enforce this requirement, but our experience has taught

us that ensuring access to care (not just coverage) is the first and most important step we can take to creating better outcomes and reducing expenses for high-risk patients.

Finally, while the Health Policy Commission has not articulated what plans may be in development to tie payment to these standards, we would be remiss if we did not make a strong pitch, not only for providing funds to facilitate the necessary practice transformations, but – more importantly – for the ongoing, patient-centered care management that is necessary to better manage patients. These payments should be risk adjusted to adequately reimburse providers who manage the most complex and high-risk patients, and to prevent cherry picking in a health care marketplace that is moving toward more capitated payment arrangements and risk-bearing providers.

We understand that you are trying to balance the need for practice transformation with a need to engage a broad range of providers, but we believe that the changes described above are achievable and should be required if we are to see widespread improvement in care management for the most complex and expensive patients.

We applaud you for trying to seek practice transformation statewide. Thank you for the opportunity to provide input. We would be happy to discuss these ideas more with you in person. If you would like to do that, please follow up with Melissa Shannon at 617-426-0600 x 1868.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert J. Master", followed by a long horizontal flourish.

Robert J. Master, MD.

Chief Executive Officer