



Proposed 2019 Accountable Care Organization (ACO) Certification Standards

On behalf of our 17 federally qualified health centers, Community Care Cooperative (C3) appreciates the opportunity to submit comments on the Health Policy Commission's (HPC's) proposed 2019 Accountable Care Organization (ACO) Certification Standards.

General Comments:

As a small organization, we are concerned about any additional administrative burden caused by multiple requests for new or duplicative information. We recommend that the HPC consider limiting administrative requirements to those questions/data that support the overall Certification program aim of encouraging the provision of value-based, high-quality, and cost-effective care for all ACO patients.

In order to increase transparency while balancing administrative burden for providers, we believe there are opportunities to better align HPC certification requirements with those of the Registered Provider Organization (RPO) and Risk Bearing Provider Organization (RBPO) processes. Since many of the questions ask for the same information, we feel it would be more efficient if the HPC could work with other regulatory bodies, including the Division of Insurance (DOI), to developing one streamlined, annual process for providing information rather than via the separate current HPC, RPO and RBPO processes.

Supplemental Questions

We appreciate the forward-looking and provider / community-focused nature of the proposed 2019 supplemental questions. We support the HPC's proposed supplemental questions with the following comments and recommendations:

- Advanced Health Information Technology-enabled Care Coordination: in our experience working with 17 health centers across multiple EHR products, EHRs are not interoperable in the manner described this this question. Perhaps the question could be reworded to ask how the ACO uses technology to facilitate care coordination / care management?
 - For this question, we also recommend integrating the fourth part of the Quadruple Aim (provider satisfaction) given the additional demands that information technology places on primary care practitioners.

- We suggest that the HPC add a workforce question to Section 1: Adding to the Evidence Base, such as: ‘What is the ACO doing to invest in, improve and promote work satisfaction among its current administrators, providers and staff?’
 - We acknowledge and support the workforce-focused question in the Emerging Topics section, which will address new roles like recovery coaches, but we feel there is also an opportunity to build the evidence base in the area of workforce.

ACO Distinction Program

We would like to learn more about the HPC’s objectives in proposing a distinction program before we are able to affirm our support. It is also unclear whether there is an incentive for an ACO to pursue the distinction program. We are concerned that it may be a considerable administrative lift for ACOs to invest the time and resources to apply for such an optional program without any clear benefit.

In the area of Performance Reporting domains:

- If the HPC moves forward with an ACO Distinction Program, we feel there is evidence to warrant adding the fourth element of the Quadruple Aim (provider satisfaction) to the performance reporting domains given the growing body of research on physician burnout.
- The domains of cost, access, quality, and health equity are closely aligned with our internal metrics. The HPC envisions selecting one measure for each domain. This will only add value for us if the chosen measure for each domain is aligned with our internal metrics. In order to ensure relevance, the HPC could consider allowing ACOs to choose from a few metrics within each performance domain.

Thank you for the opportunity to submit comments on the Proposed 2019 ACO Certification Standards. Please contact Hillary Teed, Director of Policy, Strategy, and Business Development at 857-267-3047 or hteed@c3aco.org with any questions.