



Comments on

Health Policy Commission

Proposed 2022-2023 Accountable Care Organization (ACO) Certification
Standards

November 18, 2020

The Massachusetts Association for Mental Health, Health Law Advocates, and Mental Health Legal Advisors Committee support the Health Policy Commission’s interest in addressing the needs of discrete patient populations. Accordingly, we are writing to propose revisions in proposed ACO certification regulations which we believe will assist in achieving the Commission’s stated goal of “identifying opportunities to help ACOs accomplish improvements related to health equity.” **Please include ACO data reporting for persons with psychiatric diagnoses in those sections of the regulations that call for the stratification of data.**¹

In this era of reflection and self-examination around “isms” in our society, the fact that the actions of well-intentioned people can be influenced by beliefs of which they are unaware is gaining increased acceptance. In fact, research shows conclusively that unconscious bias may negatively affect the medical care received by persons with

¹ Health Policy Commission, Proposed 2022-2023 Accountable Care Organization (ACO) Certification Standards Request for Public Comment, Patient Centered Care, Documentation Requirements 1., at pp. 7 and 8, Population Health Management Programs, at p. 10.

psychiatric diagnoses.² Diagnostic overshadowing – or the attribution of physical symptoms to psychiatric conditions – not infrequently results in delayed diagnoses of cancer, heart disease and other serious illnesses. Implicit bias can also lead to fewer or less intensive interventions even after diagnosis.³

Further, patients’ inability to obtain appropriate care for physical ailments generates stress and can create or exacerbate psychological issues such as depression and anxiety.⁴ Such misdiagnoses can lead to severe medical outcomes.

Delay and inadequate treatment due to diagnostic overshadowing also creates financial costs.⁵ When health conditions are not promptly diagnosed and treated they can worsen and become more expensive to address.

We cannot reduce health care inequities and the impact of implicit bias in medical care unless we understand how it is manifest. This requires the tailoring of data collection to disclose how providers’ knowledge of psychiatric diagnosis impacts treatment for physical conditions.⁶ Therefore, we ask the Health Policy Commission to modify the relevant portions of its regulations as follows:

² The mere existence of a psychiatric illness, not just mental illness that is considered “serious mental illness” or disabling, can result in inferior physical health care. R. Fernholm, *et al.*, *Patient-related factors associated with an increased risk of being a reported case of preventable harm in first-line health care: a case-control study*, BMC Family Practice (2020) (Patients with a psychiatric diagnosis had a nearly two-fold higher risk of preventable harm. The most common type of harm was diagnostic errors.)

³ See, e.g., N. Liu, *et al.*, *Excess mortality in persons with severe mental disorders*, 16 World Psychiatry 30 (2017) (“Although [persons with SMD] have two times as many health care contacts, they receive less physical check-ups and screenings, less prescriptions and procedures, and less cardiovascular and cancer diagnoses, even though they have a higher risk of dying from these conditions.”); M. Geiss, *et al.*, *Diagnostic Overshadowing of the Psychiatric Population in the Emergency Department*, 24 J. Am. Psych. Nurses Assoc. 327 (2018) (Diagnostic overshadowing often results in physical symptoms being assumed to be a behavioral symptom and patients with a psychiatric history are often quickly labeled a “psychiatric problem.” After this quick label is made, these patients often are not reassessed, causing further clinical decline and need for medical emergent event.); R. Cunningham, *et al.*, *Prediction of cardiovascular disease risk among people with severe mental illness: A cohort study*, <https://doi.org/10.1371/journal.pone.0221521> (Sept. 2019) (Risk of cardiovascular disease underestimated for persons using mental health services, even when adjustments are made for smoking and obesity. Authors concluded that this points to diagnostic overshadowing, leading to delayed diagnosis and differences in quality of care.)

⁴ Ironically, this can create or intensify psychogenic symptomatology and offer justification for an erroneous conclusion that physical problems are “all in the patients’ head.”

⁵ S. Evans-Lacko, *et al.*, *How much does mental health discrimination cost: valuing experienced discrimination in relation to healthcare care costs and community participation*, 24 Epidemiol. and Psychiatr. Sci. 423 (2015) (Controlling for symptoms and functioning, cost of health services used for individuals who reported previous experiences of discrimination in a healthcare setting was almost twice as high as for those who did not report any discrimination.)

⁶ Providers’ knowledge of a person’s psychiatric diagnosis is particularly likely within ACOs, as one of the goals of the Health Policy Commission is to integrate physical and behavioral health care. Given that

1. Patient-Centered Care

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The ACO's leadership systematically monitors and assesses patient experience, perspectives, and/or preferences of the patient population served. **Data or patient input collected as part of this process allows for stratification by race/ethnicity, socioeconomic factors, and diagnosis of psychiatric condition.**

4. Population health management

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The ACO utilizes data to understand the health needs of its patient population. This may include use of stratification algorithms, predictive analytics, or patient screening tools in primary care settings. **Data or patient input collected as part of this process allows for stratification by race/ethnicity, socioeconomic factors, and diagnosis of psychiatric condition.**

We look forward to working with you in pursuit of reducing health inequities and improving health care for all.

Sincerely,

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health inequities due to psychiatric diagnoses are well-established, monitoring the physical health care given by ACOs to people with mental health diagnoses is especially important.