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September 26, 2018

Lauren Peters
Undersecretary for Health Policy
Executive Office of Health & Human Services

Dear Ms. Peters,

The Massachusetts Health and Hospital Association, on behalf of our member health systems, hospitals, physician groups, and other healthcare professionals, would first like to thank you for taking the time to visit with us on the evening of June 21 July to discuss the Executive Office of Health and Human Services' Quality Alignment Taskforce that aims to develop an aligned quality measure set for payers to use in ACO contracts across the state.

As the meeting you had attended was a joint MHA-MMS Task Force reviewing physician burnout, we appreciate that clinician burnout is included as a concept measure (concept measure 28) in the task force draft recommendations. As *physician* burnout specifically is inversely proportional to the quality of the care delivered and results in increased healthcare expense, we would greatly appreciate your considering the addition of physician burnout as a quality metric in the future.

However, on behalf of MHA and our members, we would like to provide some general feedback for the task force given the possible impact your recommendations would have on healthcare systems statewide. These include the following:

1. We do support your overall recommendation to reduce the total number of quality metrics that APMs can utilize. We would suggest limiting that number to a total of 14;

2. We would recommend including a single quality metric reflecting physician well-being in your core measure set in the future;

3. Consider adopting this standardized measure set for all types of products and payers, not just those which utilize APM methodology. For example, on page 6 of the report, you note "Importantly, the Taskforce excluded payer/ACO contracts for Medicare populations from its scope…" We are concerned that this would be contrary to the overall objective of the task force. With many Medicaid ACOs also participating in Medicare ACOs, it makes it very difficult to implement work flows for measures like depression screening that fundamentally aim to achieve the same thing, but yet have different interventions associated with them. In order to fulfill the Executive Office of Health and Human Services' Quality Alignment Taskforce's goal of creating greater alignment amongst quality measures, ideally it would be helpful if the quality metrics utilized for other payment contracts, such as the Medicare ACO and state PPO products were also aligned with the quality measures utilized by the MassHealth ACO;

4. In the prefiled testimony submitted to the HPC by the health plans for the cost trend hearings, the plans are asked whether they plan to implement the core and menu quality measure set in all future global based APM contracts with ACOs. Most of the plans do not provide a clear answer to this question and appear to indicate that they may use some of the measures and may also add some of their own. This is of great concern as it will significantly reduce the effectiveness and administrative simplification that would result from this effort.

Best,

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