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May 6, 2016

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Re: Final Accountable Care Organization (ACO) Certification Standards For Certification Year 1

Dear Commissioners:

I am writing on behalf of the members of the Association for Behavioral Healthcare to share our profound disappointment with the Health Policy Commission's Final Accountable Care Organization (ACO) Certification Standards. Specifically, ABH and our members believe that the HPC ignored its own research and writings on the importance of behavioral healthcare by adopting ACO Certification Standards that will do little to alter the historic "second-class" status of behavioral health care in the Massachusetts healthcare marketplace.

ABH is a statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. Our members serve 81,000 people daily and are witness to the stigma and disconnect their clients face in Massachusetts in seeking treatment for their conditions.

Behavioral Health

Over the past three years, the Health Policy Commission has noted the prevalence of behavioral health disorders in individuals with higher health care costs and/or unnecessary ED utilization.¹ The HPC has called for the Commonwealth to "develop a coordinated behavioral health strategy that is aligned across agencies" and has recommended that "treatment for behavioral health conditions should be a central feature of any strategy to address high-cost patients."

In recognition of the need to better address behavioral health, the draft ACO Certification Standards specifically included behavioral health in ACO governance structures; incorporated behavioral health in quality assessments; required ACOs to demonstrate internal capacity or agreements with behavioral health providers for services appropriate to populations served; and included peer support programs to assist patients with behavioral health needs.

¹ See e.g., *Health Policy Commission 2013 Cost Trends Report* (noting as an example that Medicare patients with both behavioral health and chronic medical conditions had 7.0 times the average spending of patients with neither type of condition); *Health Policy Commission 2014 Cost Trends Report* (avoidable ED visits account for an estimated \$550 million in wasteful spending, and that visits for behavioral health conditions have grown sharply, about 5% annually, in contrast to most other categories of use); and, *Health Policy Commission 2015 Cost Trends Report* (noting a 0.4% drop in overall ED use, but a 23.7% increase in ED visits related to behavioral health over four years and finding a strong negative correlation between numbers of behavioral health providers in each region and rates of behavioral health-related ED visits).

It is disheartening that the final standards include none of these basic elements designed to incorporate historically-marginalized behavioral health into ACO governance, policy, and care delivery and coordination.


ACOs have tremendous potential to revolutionize patient care, yet it appears entrenched interests beat back changes to the status quo in serving individuals with behavioral health conditions. The retreat from the inclusion of behavioral health in ACO certification standards in a meaningful way is a lost opportunity for the Commonwealth and a cautionary tale. Such significant resistance to basic, reasonable proposals does not bode well for systems change.

In contrast, the HPC adopted ACO certification standards that include patient representation within the governance structure as well as a Patient and Family Advisory Committee. We applaud this inclusion for its potential to include patient voice in care delivery design over time, and we believe the same type of inclusion is necessary to promote better integrated, higher quality care.

Transparency

The HPC indicates that it will report public information about ACOs and information submitted in the certification process that does not contain nonpublic information. ABH urges the HPC to be as transparent as possible in reporting, including making public ACO certification applications. Historically, behavioral health policy analysis has been hindered by lack of access to claims, clinical and other data. As we move forward, transparency will be critical to understanding whether ACOs are improving care for all individuals with behavioral health conditions.

Sincerely,



Vicker V. DiGravio III
President/CEO

Cc: David Seltz, Executive Director
Daniel Tsai, Assistant Secretary for MassHealth, Executive Office of Health and Human Services
Joan Mikula, Commissioner, Department of Mental Health
Monica Bharel, M.D., Commissioner, Department of Public Health