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Care Delivery and Payment System Transformation Committee
Health Policy Commission
50 Milk Street
Boston, MA 02109

Dear Committee:

Thank you for the opportunity to testify on the proposed Accountable Care Organization (ACO) Certification Standards. I join you today in my new role as the Director of the Center for Consumer Engagement in Health Innovation, a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health system redesign. The Center is part of Community Catalyst, a national non-profit consumer health advocacy organization dedicated to transforming the health care delivery system through meaningful consumer and community engagement.

I would like to use my time today to offer a few words of encouragement. Having sat where you are sitting, I know that in your role, you must balance the input and needs of many different constituencies. But I think it is important to take a step back and remember why we are talking about ACOs in the first place. The fundamental goal should be to allow providers and consumers to work together, to design a system that better meets the needs of consumers. The ACO is simply a vehicle for translating this concept into something that can be implemented, certified and measured.

As we wade into the weeds of certification, we must not lose sight of the bigger picture: a reimagining of health from the consumer's point of view. In this endeavor, I encourage you, above all, to be bold.

The ACO certification program is a voluntary one, which means the Commission can use it to recognize truly leading edge organizations that are doing things differently and achieving results.

This is particularly important in the areas of community health, consumer engagement and health equity.

I believe that the emphasis on population health—the health of the community served by each ACO—is sound and should be strengthened and supported. But beyond requiring a written description of a plan (certification criterion #15), I would ask that there be an assessment of whether the ACO is making a difference in the health of the community. In this assessment, I think the core measures and related priority measures from the *Institute of Medicine's Vital Signs: Core Metrics for Health and Health Care* provide a useful yardstick for measuring our progress.¹

I would also like to emphasize the role of consumers as a driving force in the design, implementation and evaluation of the work of the ACO. While the certification criteria call for one patient or consumer member (criterion #3), the Commission should consider requiring more than one such member, in order to better represent the diversity of consumer voices and to increase the effectiveness of consumer representation. We also appreciate the inclusion of a Patient and Family Advisory Council (criterion #4).

¹ <http://iom.nationalacademies.org/Reports/2015/Vital-Signs-Core-Metrics.aspx>

In response to the Commission’s request for examples of meaningful engagement, I would like to refer the Commission to Community Catalyst’s *Meaningful Consumer Engagement: A Toolkit for Plans, Provider Groups and Communities*.² This toolkit provides a roadmap for creating effective consumer participation. We believe strongly that consumers can and should be included in all three phases—design, implementation and evaluation—of health care system transformation. This should be reflected by embedding meaningful consumer input in many of the certification criteria, such as the design of interventions in population health (#8, #15), design and implementation of the patient experience survey (#14), quality and risk stratification activities (#6, #7) and end-of-life care (#22).

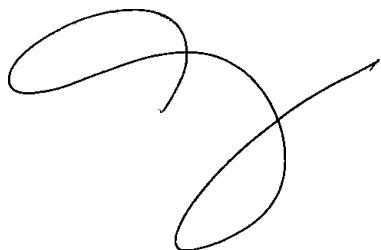
In terms of health equity, it is essential to ensure that those who are most vulnerable are helped, not hurt, by new models of care. Collecting information about sociodemographic factors, in order to identify disparities, is critically important. I would encourage the HPC to not only ensure that ACOs collect such data, but to consider making information about disparities publicly available. It is only by identifying disparities in care that we can tackle them head-on.

Finally, I want to say a word about payers. While the certification process is focused on provider organizations, the drive to create a culture of consumer-centered care will not be sustained without the support of payers. The HPC needs to work with payers, to achieve as much alignment as possible. Otherwise, the demands of certification will simply become an added burden to the already substantial reporting requirements that providers face.

I believe that you are embarking on a very exciting and very important journey. I encourage you to use the ACO certification process as a way to recognize the exceptional, while leading the entire health care system toward care that is designed with consumers at the center.

Thank you for the opportunity to speak with you today. I am happy to answer any questions you might have.

Sincerely,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Ann Hwang, MD
Director, Center for Consumer Engagement in Health Innovation

² <http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement>