

(1) Board of Trustees Report 11 – Principles for Community-Based Accountable Care Organization

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Board of Trustees Report 11 be adopted.

This report recommends 1) That the Texas Medical Association adopt the following Principles for Community-Based Accountable Care Organizations:

Principles for Community-Based Accountable Care Organizations

- Require establishment of a community-based board to govern the entity, composed of diverse representatives from primary care and specialty physicians, public and private hospitals, health care providers, social service agencies, faith-based and community organizations, and community members.
- Articulate a clear mission and vision and the ACO's short-term and long-range community goals.
- Engage local physician leaders with a mix of practice size and employment status in the model's design and implementation to ensure widespread support and participation.
- Foster transparent governance, decision-making processes, and operations to nurture and sustain trust among all stakeholders and funding entities.
- Implement initiatives to proactively address health disparities, including outreach and engagement of community leaders.
- Partner with local public health departments, state agencies, and social service organizations to address nonmedical factors, such as food and housing insecurity, that contribute to poorer health outcomes and to connect eligible low-income patients to available services.
- Build and maintain robust physician and provider networks that include private practice physicians, employed physicians (e.g., those who work for federally qualified health centers or hospital systems), and other key partners — hospitals, post-acute care providers, and so forth – with any interest in serving the population.
- Establish competitive, fair, and reasonable payment rates for physicians and providers while also using population-health payment models that reward improved patient outcomes and practice transformation.
- Establish realistic, standardized, actionable, and validated performance measures and ensure that measures are periodically reviewed to confirm their continued relevance and utility.
- Leverage all available funding streams to support the ACO, including funding from public and private payers as well as foundation and community grants.
- Engage Medicaid managed care organizations serving Medicaid patients within the community to develop collaborative models. Low-income patients frequently transition between having Medicaid coverage and being uninsured (e.g., Medicaid covers pregnancy for low-income women, but that coverage ends 60 days postpartum), so it is essential they have the opportunity to participate in an organized system of care regardless of insurance status.
- Establish a robust and meaningful health information exchange for both clinical and social service information exchange, using the latest technological tools to ensure seamless patient navigation across the network, reduce costs by eliminating redundant

tests or procedures, and maintain a high degree of population health metrics and evaluations.

- Ensure primary care is the cornerstone of each ACO network, and locate patient-centered primary care sites in historically medically underserved areas to ensure ready access to services for eligible patients and to address health equity.
- Ensure participating physicians retain their independence to advocate on behalf of their patients' health needs.
- Incorporate patient risk assessment into the ACO's essential activities to help participating physicians more quickly identify and address the medical and social needs that impact a patient's health quality, outcomes, and costs;
- Make care coordination a core function of the ACO to prevent gaps in care by allowing participating physicians and providers to quickly and easily obtain assistance in arranging and coordinating a patient's medical, social and long-term care services.
- Engage physician practices regardless of their degree of practice transformation, particularly in the early stages of an ACO's formation, while promoting activities that support practice evolution.

2) That the Texas Medical Association actively promote use of a community-based accountable care organization(s) as the foundation of any future Medicaid 1115 waiver.

Your reference committee received no testimony on this report.