

From: McLaughlin, Christina

Sent: Tuesday, July 24, 2018 1:52 PM

To: Miles, Melissa <Melissa.Miles@vermont.gov>; Barber, Michael <Michael.Barber@vermont.gov>

Subject: Public comment on proposed rule 5.000 ACO oversight

Submitted July 24, 2018 8:09 AM

Name: Anne Donahue

Affiliation, if applicable: Interim ED, VT Psychiatric Survivors

Town: Rutland

Email Address: anne@vermontpsychiatricsurvivors.org

Topic: Proposed Rule 5.000 ACO Oversight

Comment:

Vermont Psychiatric Survivors, an independent, statewide mutual support and civil rights advocacy organization run by and for psychiatric survivors, provides these comments in response to the criteria being proposed to the Green Mountain Care Board when determining whether an ACO has satisfied the new requirements in 18 V.S.A. § 9382(a)(2), that “The ACO ensures equal access to appropriate mental health care that meets the Institute of Medicine’s triple aims of quality, access, and affordability in a manner that is equivalent to other aspects of health care as part of an integrated, holistic system of care.” [Memorandum of July 18, 2018: Plan for addressing new certification requirements to 18 V.S.A. § 9382 (oversight of accountable care organizations)] VPS is concerned that there is inadequate attention in the criteria to wellbeing and prevention, which is being recognized throughout the rest of health care as pivotal in achieving quality, access and affordability. In overall medical care, there has been increased attention in recent years to the importance of primary care intervention to avoid exacerbation of symptoms or illnesses that could result in more intensive care needs, including hospitalization, with the recognition that hospitalization is a high-cost alternative that should be avoided. Yet in Vermont, currently, much energy regarding access to mental health care is being focused on expanding hospital capacity. This is being presented as a solution to the significant increases in the number of people who are seeking emergency room support for a mental health crisis. In contrast, our review of emergency room visits by our peers, provides evidence that there are many people who would not have needed to seek emergency room help if there were adequate support resources in the community. Parity for these primary-level interventions, in contrast to other health care, does not exist.

Vermont Psychiatric Survivors believes that if Accountable Care Organizations are expected to ensure they provide “equal access to appropriate mental health care ... in a manner that is equivalent to other aspects of health care” then an important area of review should be incentives, initiatives or other mechanisms to enhance coordination among payers and/or providers specifically to expand the number and types of primary interventions that are being offered that target prevention and reduction of mental health crises and emergency room utilization, including community alternatives, peer support services, and supports that address social determinants of health.

Sincerely,

Anne Donahue

Interim Executive Director