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Submitted Electronically via: ASPEImpactStudy@HHS.gov

Brenda Destro
Deputy Assistant Secretary for Planning and Evaluation
Immediate Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Request for Information: Impact Act Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors

Dear Ms. Destro:

On behalf of Ochsner Health System (Ochsner), I am pleased to offer comments in response to the Request for Information concerning provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors. We commend leaders of the Department of Health and Human Services (HHS) for considering emerging information and programs that will facilitate the important contribution of social services and support to the health of Medicare beneficiaries.

Overview of Ochsner Health System

Ochsner, one of the nation’s leading health systems, is headquartered in New Orleans and provides a comprehensive range of services through its network of more than 30 owned, managed, or affiliated hospitals, and 110 total sites of care, including its health centers and urgent care clinics, which are located throughout Louisiana and Mississippi. Ochsner offers a wide array of specialized and nationally ranked services with its 3,600 affiliated physicians, including 1,300 employed OHS physicians practicing in more than 90 specialties and subspecialties, and 20,000 employees. Each year Ochsner and its hospital and physician partners serve over 1 million individual patients who come from every state in the nation and more than 60 countries across the world. Finally, Ochsner is one of the nation’s largest independent academic medical centers with nearly 300 full-time residents and fellows participating in 28 ACGME accredited programs and four additional specialty programs; a global medical school in
partnership with The University of Queensland School of Medicine based in Brisbane, Australia; and, programs of biomedical research.

**Ochsner’s Commitment to Value-Based Payment and Delivery System Reform**

OHS maintains a strong commitment to helping lead the nation’s shift toward successful implementation of value-based payment models. From a Medicare payment and delivery system reform perspective, Ochsner has developed and is highly committed to the type of integrated health care system many policymakers envision. OHS offers a comprehensive range of services, coordinated systems of patient care, a sophisticated electronic health record, and the geographic reach, scale and clinical capability necessary to manage and improve the health of a large and diverse patient population. We strongly support the movement to adoption of two-sided financial risk models, which incentivize high-quality care and reductions in total cost of care for patients.

We are proud that for six years Ochsner has engaged in the Medicare Shared Savings Program (MSSP) through its Accountable Care Organization (ACO) and successfully has transitioned to the Track 1+ ACO program with approximately 25,000 attributed beneficiaries. In four of the six years it has been in the MSSP program, Ochsner has reduced spending below its benchmark, and system performance results during 2017 will generate a savings of $11,536,235. In addition, Ochsner serves another 35,000 Medicare Advantage enrollees using a full risk capitated payment mechanism, providing the efficient delivery of high quality care to enrollees.

**Identifying Beneficiaries with Social Risk Factors**

Ochsner is preparing to incorporate social risk factors into its Epic electronic health record in 2019 that will facilitate the use of questionnaires and other tools to determine the need to help beneficiaries address social needs related to:

1. Depression
2. Emotional Distress
3. Food Insecurity
4. Transportation Insecurity
5. Mobility Issues
6. Alcohol Use
7. Tobacco Use
8. Social Connections and Isolation
9. Family Conflict and Instability
10. Financial Strains

We may also develop and utilize additional risk factors and customize our electronic health record to better reflect the needs of patients and beneficiaries.
All of these measures can be tracked over time and presented in multiple formats. They will also be integrated into our data analytics and artificial intelligence programs that can be used for predictive modeling to facilitate proactive assistance and services for beneficiaries with specific needs for social support. We believe this information will increasingly shape the direction of our population health initiatives in the coming year.

**Development of Approaches to Address the Needs of Beneficiaries with Social Risk Factors**

Ochsner is planning to use the social risk factor information created in 2019 to develop programs and initiatives to support beneficiaries. In addition, we have begun working in collaboration with commercial insurers to address some of these issues where, for example, one major insurer recently created and shared with us a map of the New Orleans and Baton Rouge areas depicting transportation deserts or gaps that we can use to provide targeted transportation services to assist beneficiaries in traveling to physician appointments and receiving other important health care services.

We also support recent policy changes within the Medicare Advantage program that provide health plans with more flexibility to offer beneficiaries transportation, meals, home modifications, and other home health services. We believe this is an important step in the right direction and should be expanded through the use of waivers for other value-based payment programs and accountable care organizations.

Finally, we note that the need for this type of social support for Medicare beneficiaries is extensive and will be challenging to provide on a large scale with existing resources. In response, Ochsner is planning to partner with payers, community agencies and programs, and philanthropic organizations to expand and strengthen these initiatives in a way that will make a meaningful impact on the health of a large number of Medicare beneficiaries.

**Conclusion**

Once again, on behalf of Ochsner Health System, please accept our thanks for your thoughtful consideration of these comments. Ochsner has a strong commitment to value-based payment models and care for Medicare beneficiaries that encompasses their medical and social needs. We strongly support this important endeavor and would welcome an opportunity to serve as a resource for you and your colleagues in addressing these policy issues and providing better care and quality of life for Medicare beneficiaries.

Sincerely,

Philip M. Oravetz, MD, MPH, MBA
Chief Population Health Officer
Ochsner Health System