October 26, 2017

Amy Bassano
Acting Director
Center for Medicare & Medicaid Innovation
7500 Security Boulevard
Baltimore, MD 21244

Dear Acting Director Bassano,

The Health Care Transformation Task Force (Task Force) is an industry consortium of patients, payers, providers, and purchasers with the mission of aligning public and private sector efforts to accelerate the transition to value-based payment and care delivery. In order to achieve this transformation, the Task Force believes it is imperative that consumers/patients and caregivers are included at every step as value-based models are developed, implemented, and assessed. In the quest for person-centered, value-driven care, there are examples of success in both the private and public sectors, but challenges and gaps remain in fully engaging consumers in a meaningful and desirable way. In a Task Force resource[1] released last year, we advanced six guiding principles for addressing consumer priorities in value-based care:

1. Include patients/consumers/caregivers as partners in decision-making at all levels of care;
2. Deliver person-centered care;
3. Design alternative payment models (APMs) that benefit consumers;
4. Drive continuous quality improvement;
5. Accelerate use of person-centered health information technology; and,
6. Promote health equity for all.

We recognize that the principles above must be broadly adopted in order to realize a fully patient-centered and consumer-driven health care system. The Task Force believes that CMS can play a key role in advancing the principles; below, we offer concrete recommendations for CMS to address the consumer priority principles as a part of its current and future efforts.

I. Design alternative payment models (APMS) that benefit consumers

While incentives for lowering costs are a critical piece of APM design, the Task Force believes that delivery of high-quality care appropriate to the patient/consumer's needs, goals, and preferences is paramount. APMs should be designed such that meaningful partnerships with patients/consumers and caregivers is incentivized to take place at all levels of care delivery. Person-centered care necessitates that APMs include both strong consumer protections and guard against financial incentives that may reduce access to necessary health care services.

To that end, we encourage CMS to revisit the regulations regarding ACO communication with beneficiaries regarding participation in a Medicare ACO, and endeavor to streamline the process for ACOs to receive approval for marketing and communication materials. Our members often report that existing rules hinder meaningful communication with consumers regarding their ACO participation, thereby limiting consumer engagement.

There are various opportunities for CMS to take action on this principle by better engaging beneficiaries and consumers in model design. For example, CMS could appoint a Technical Expert Panel

[1] http://hcttf.org/resources-tools-archive/2016/8/30/addressing-consumer-priorities-in-value-based-care

(TEPs) consisting of patient and consumer advocates, as well as other stakeholders, when developing any new payment models. Additionally, we urge CMS to finalize the APM Ombudsman position as a complement to the Medicare Beneficiary Ombudsman. An APM Ombudsman would allow a clear avenue for beneficiaries to provide timely feedback on new models, and provide real-time feedback to CMS from beneficiaries that the agency can use to inform updates to existing models and the development of new ones.

II. Drive continuous quality improvement

In order to have a health care system that is both person-centered and value-driven, we strongly believe that continuous quality improvement should be at the heart of all delivery policies and practices. It is critical for new models to incorporate patient-reported outcomes (PRO) measures, be transparent, and hold providers accountable to a high-quality performance threshold. Furthermore, quality performance and price data need to be accessible to consumers, transparent, and ideally informed by their input.

It is essential that quality measures are frequently reviewed, that "topped out" measures are retired, and that, when necessary, measures are simplified and new measures are implemented to ensure continued improvement. To that end, we urge CMS to utilize patient-reported outcomes to both track and drive performance improvement. We commend CMS for introducing PRO measures as part of the CJR model, and we recommend incorporation of PROs into the measure sets for additional alternate payment models and MIPS quality measure sets.

III. Accelerate the use of person-centered health information technology

It is important that the patient/consumer is at the center of accessing, managing, and sharing their electronic health information wherever they receive care. Person-centered health information technology ensures that patients/consumers are empowered to use this technology to support effective health and wellness decision-making, with appropriate privacy and safeguards in place. Patient-centered health information technology should not only allow for enhanced provider-to-provider communication, but also information sharing between provider-to-patient, consumer-to-consumer, and consumer-to-community. We support CMS's continued push through the Quality Payment Program to incentivize providers' use of certified health IT.

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The HCTTF appreciates the opportunity to share this statement with CMS and stands ready to work together to fully engage consumers in the transformation to value-based payment and care delivery. Please contact HCTTF Executive Director Jeff Micklos (jeff.micklos@hcttf.org or 202.774.1415) or HCTTF Director of Payment Reform Models Clare Wrobel (clare.wrobel@hcttf.org or 202.774.1565) with questions or information needs related to this statement.

Respectfully,

The Health Care Transformation Task Force

cc: Seema Verma, Administrator, CMS
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