June 3, 2019

<u>VIA ELECTRONIC MAIL</u>

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD, 21244

Re: Interoperability and Patient Access Proposed Rule (CMS-9115-P)

Dear Administrator Verma:

The Health Care Transformation Task Force (HCTTF or Task Force) thanks the Centers for Medicare and Medicaid Services for the opportunity respond to the proposed policies to advance interoperability and patient access to health information.

The Task Force is a consortium of over 40 private sector stakeholders that support accelerating the pace of transforming the delivery system into one that better pays for value. Representing a diverse set of organizations from various segments of the industry – including providers, health plans, employers, and consumers – we share a common commitment to transform our respective businesses and clinical models to deliver better health and better care at reduced costs. Our member organizations aspire to have 75 percent of their business in value-based arrangements by 2020. We strive to provide a critical mass of policy, operational, and technical support from the private sector that, when combined with the work being done by HHS and other public and private stakeholders, can increase the momentum of delivery system transformation.

We appreciate CMS's commitment advancing interoperable data exchange we support the goals of giving patients ownership over their health data; allowing providers to provide the best care to patients; and supporting payers in providing efficient care coordination and coverage. Our members have deep experience with value-based payment models and have identified effective and timely data sharing as one of the most critical - yet most challenging – factors enabling improved health outcomes, reduced costs, and patient-centered care. As the Task Force has commented previously, access to timely, accurate, and actionable data fuels

successful population health management and patient engagement while supporting providers' and payers' transition to value-based health care.

Value-based care is part of the solution to the rising cost of health care. Yet, we cannot effectively transition to value-based care unless we give both a provider and a patient all clinical and coverage data at the point of care to inform decisions. For this reason, the Health Care Transformation Task Force previously joined the CARIN Alliance to pledge support for giving consumers access to their health care information via third party applications – regardless of who provides their care or what vendor their provider uses for its electronic health records.

We support the vision for interoperability laid out by CMS and the Office of the National ONC for Health IT in its companion rule; however, our members have differing views about the most appropriate policy mechanisms and timeline proposed to achieve that vision. Our letter provides feedback on behalf of value-based care leaders to offer CMS additional context from the industry.

I. General Reactions

Provider and payer organizations are concerned that the proposed 2020 implementation date for many of the provisions does not factor in the current limitations and complexity that may hinder value-driven organizations' ability to comply. Additional time would allow organizations to prepare systems, perform data mapping and testing, allow applicable data standards to be developed and more widely adopted across the industry, and would better align with timing of other related federal policies, such as the Trusted Exchange Framework Common Agreement.

CMS noted in the proposed rule that in the 8 years since the first HHS rules to implement HITECH, there has been significant adoption of EHRs, yet progress on interoperability has been limited. Challenges with EHR interoperability have plagued health care providers that participate in value-based payment models, as well as the patients they serve and their payer partners. These systems are operating under an incentive structure that promotes information exchange to support care coordination; it is not for lack of trying that trusted exchange networks are not ubiquitous. Our member discussions have highlighted how differences in the regulatory environments between states have influenced data sharing strategies in different markets. For example, states that have actively supported health information exchange (HIE) as established under the ONC State Health Information Exchange Cooperative Agreement program have recognized the value of admissions, discharges, and transfer (ADT) event notifications, often facilitated through state or regional Health Information Exchanges or through private vendors like PatientPing to build capacity around ADT feeds and gradually expand data sharing to include clinical summary and performance data. In lieu of a strong statewide convener, value-based care providers and payers have had to build internal health information exchange capacity to send and receive event notifications, which has been time and resource-consuming endeavor.

II.   RFI on Advancing Interoperability in Innovative Models

We appreciate that CMS requests feedback on defining principles for promoting interoperability in innovative models. Ensuring that model participation agreements and other governing documents remain internally consistent with CMS and ONC regulations is critical. We also support and recommend that CMS prioritize solutions that improve cross-sector and non-clinical data sharing in future CMMI models. These data points can provide key information on social determinants of health that often have a more significant impact on outcomes than medical interventions. Finally, CMS can support improved interoperability by expanding electronic real-time availability of patient claims and clinical data – such as through a provider portal – to help participants in APMs to drive continuous improvement.

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The Task Force appreciates the opportunity to advise CMS regarding the industry reactions to the proposed interoperability and data access regulations and the intersection with value-based transformation. Please contact HCTTF Executive Director Jeff Micklos (jeff.micklos@hcttf.org or 202.774.1415) with questions related to this statement.

Respectfully,

The Health Care Transformation Task Force