



Jeff Micklos  
Executive Director

February 9, 2022

**Sent via Electronic Mail**

Elizabeth Fowler J.D., Ph.D.  
Deputy Administrator and Director,  
Center for Medicare and Medicaid Innovation  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: CMS Innovation Center Beneficiary Engagement Listening Session

Dear Deputy Administrator Fowler:

The Health Care Transformation Task Force (HCTTF or Task Force) is a consortium of private sector stakeholders that support accelerating the pace of transformation to achieve a health care delivery system that better pays for value. Representing a diverse set of organizations from various segments of the health care industry – including providers, health plans, employers, and consumer/patient representatives – we share a common commitment to transform our respective businesses and clinical models to deliver better health and better care at lower cost. 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 the Centers for Medicare and Medicaid Services (CMS) and other public and private stakeholders, can increase the momentum of delivery system transformation.

The Task Force appreciates the CMS Innovation Center's focus on beneficiary engagement across all phases of the model lifecycle, from model design to implementation, operation, and evaluation. We believe robust beneficiary engagement requires concerted prioritization if the goals of person-centered care are to be achieved. In 2021, the Task Force convened a Consumer Roundtable with the Center for Medicare and Medicaid Innovation (CMMI) team which included consumer organization Task Force members and other like-minded consumer groups. Our comments below reflect the shared learnings and resulting perspectives from those Roundtables related to the beneficiary engagement portions of CMMI's strategy refresh.

## **1. To what extent are beneficiaries aware of the Innovation Center, its priorities, and role in testing ways to improve care for people with Medicare and Medicaid?**

Consumer Roundtable members raised the following concerns related to the *lack* of awareness many beneficiaries have regarding the Innovation Center in particular, or to how their care relates to alternative payment models (APMs) in general. The concerns can be summarized as follows:

- Many Medicare beneficiaries do not realize they are receiving care from providers who are participating in an alternative payment model (APM).
- Because of this, they do not necessarily understand how or why their care is being delivered differently, and/or any potential negative issues they may experience.
- When patients call the private sector Medicare Rights Center's helpline, they cannot confirm whether they are in an APM. This uncertainty regarding status creates a challenge for advocates who are trying to support them.
- Beneficiary education is of paramount importance and should not be confused with marketing of APMs. We urge CMMI to revisit the marketing-related compliance policies that limit how organizations are allowed to conduct beneficiary education and outreach on their payment models and recalibrate those policies to reflect the critical importance of beneficiary understanding of APMs and related engagement.

The Task Force strongly supports: (1) CMS providing beneficiaries with information and education – in an easy-to-read format offered in a variety of languages – to ensure they understand what programs and models their providers are participating in, and (2) CMS establishing an APM Ombudsman program. The combination of these two activities will allow beneficiaries to understand the APM landscape, learn about specific models that are relevant to their conditions and their care experiences, and have a resource for asking questions and raising concerns when appropriate.

## **2. How can CMMI successfully engage patients and beneficiaries to inform future model development, implementation, and evaluation?**

The goal of engaging patients and beneficiaries in model development, implementation, and evaluation is critically important, so we appreciate CMMI's current focus on how to do this most effectively. However, the language and terminology of health care coverage often creates an insurmountable challenge for beneficiaries when it comes to understanding the issues on which they are being asked to engage. What seems like basic knowledge for someone who works in health care delivery and payment is not necessarily easily understandable for many patients. We provide the following recommendations for CMMI:

- Invest in training and education to ensure: (1) that there is a deeper and broader bench of diverse patients and beneficiaries that can be called upon to provide input on a timely basis, and (2) that these individuals have the knowledge they need to provide useful feedback and input.

- Establish a continuous feedback loop process with beneficiaries engaged in providing feedback, so they are aware of how their input will be used in decision making.
- Invest in building meaningful Patient-Family Advisory Councils (PFACs) to encourage engagement that addresses payment and care delivery as a core element of all future models.
- In addition to providing information and education on the models and how they relate to care delivery, inform beneficiaries about how different APMs measure clinical quality, so they can better understand to what standards their providers are being held accountable. Beneficiaries should understand the importance of coordinated care as driving value, which should not be viewed as stinting on services.
- Make resources available in multiple languages. Educational terminology could be developed by using Medicare Advantage, or other well-known products, as a comparison reference.
- Partner with community-based organizations that have experience and expertise with communicating complex issues to consumers and patients and have built strong relationships with community members.

### **3. How can CMMI best identify beneficiaries' priorities and needs?**

Engaging beneficiaries in the model development, implementation, operation, and evaluation process – if done in a meaningful way – should clearly elicit useful information on their priorities and needs and where they see gaps in the knowledge base. Additional recommendations for identifying this information include the following:

- Partner with community-based organizations, as well as with community development divisions within health care systems, to understand the needs of various patient populations.
- Establish and regularly convene a governance body that is: (1) comprised of a majority of beneficiaries, and (2) recruits and engages beneficiaries and family/caregivers representing a community's diversity of language, race, ethnicity, socio-economic status, and other demographic variables.
- Acknowledge the historically unequal power dynamics between patients and other health care stakeholders and design the governance body and any other feedback processes to ensure that beneficiaries are able to provide feedback in a way that reflects the importance of the patient.
- Provide equal respect and weight to beneficiary and patient voices as is given to payer and provider voices.
- Incorporate measures of dignity, trust, and respect in APM performance metrics.

Finally, the Task Force recommends that CMMI consider the following principles in its efforts to develop APMs that center patients, and prioritize equity, access, and affordability:

- Use all the communications channels at your disposal to promote the concept that social and economic factors have a significant effect on the health and well-being of individuals, and as such, the health care system as a whole (including public and

private payers, providers, purchasers, and patients) has a role to play in addressing the challenges imposed by a lack of health equity.

- Meaningfully engage with consumers and patients as active partners in the model design and implementation process. This is particularly critical when it comes to those who have been historically underserved and have a perspective on access and affordability challenges that may not be familiar to CMMI or other stakeholders.
- Recognize the role that health systems play in driving toward, and achieving, health equity. The starting point for this is to support the development and implementation of interoperable data collection infrastructure that is both robust and secure and can provide the necessary data for identifying needs and designing patient-centered interventions. Health systems should also engage patients and their caregivers in designing how care is delivered, coordinated, and communicated.
- Establish quantifiable goals around affordability and require transparency of costs and quality information to support consumers and patients in their health care decision-making.
- Recognize that access to care can be achieved via such tools as telehealth, flexible licensure regulations, and changes to reimbursement to allow individuals to receive care in ways that reflect technological advancements and our current environment.
- Prioritize the delivery of culturally congruent care by providing consistent, stable resources and other incentives for training, recruitment, and hiring of diverse networks of caregivers who represent the communities being served.
- Optimize channels for rapid and continuous quality improvement data to be made available to providers at the point of care, including patient-reported feedback, to allow providers to improve care to patients during their care journey. This includes supporting and investing in technology that allows for secure transmission and access to data in a way that protects patients' privacy.

Again, the Task Force appreciates the opportunity to provide this input and for CMMI focusing on this important topic. Please contact me (at [Jeff.Micklos@hcttf.org](mailto:Jeff.Micklos@hcttf.org) or 202.288.2403) with any questions.

Sincerely,

*Jeff Micklos*

