

November 20, 2017

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Baltimore, MD 21244-1850

Dear Ms. Verma:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](http://www.himss.org)), we are pleased to provide written comments in response to the [Centers for Medicare & Medicaid Services \(CMS\): Innovation Center New Direction](#) Request for Information (RFI). HIMSS appreciates the opportunity to leverage our members' expertise in support of your goal for a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes for the CMS Innovation Center.

HIMSS is a not-for-profit global voice, advisor, and thought leader of health transformation through information and technology, with a unique breadth and depth of expertise and capabilities to improve population health, and the quality, safety, and efficiency of care. We drive innovative thinking in support of our 70,000 individual members, 630 corporate members, and 450 non-profit members' efforts to achieve connected care, improved population health, and lower cost of care. Globally, we provide education, community, predictive models, and tools to leaders, stakeholders, influencers, and users of best practices, so all have the right information at the point of decision. HIMSS, headquartered in Chicago, has offices in North America, Europe, the United Kingdom, and Asia.

Health information and technology are essential, foundational elements of meaningful transformation of our nation's health system, capable of supporting care coordination, improvement of care quality, enhancing the patient experience, enabling clinicians to work at the highest levels of their licensure, containing costs, standardizing evidence-based model practices, expanding access to care, and optimizing the effectiveness of public payment.

HIMSS offers the following comments on the critical role of health information and technology in the RFI's Guiding Principles as well as on the document's Focus Areas:

Guiding Principles

As CMS looks to forge a new direction through the Guiding Principles presented in the RFI, HIMSS offers to help CMS reach its goals of testing innovative payment and service delivery models while enhancing the quality of care for individuals.

HIMSS supports the Innovation Center's Guiding Principle on choice and competition—it is critical to promote competition and choice in the market based on quality, outcomes, and costs,

as true competition and choice can only happen when patients are fully engaged. Innovation Center efforts should build effective alliances with patients and providers and strive for transparency and accessibility of cost and quality data to drive improved outcomes.

Empowering patients and their families to take ownership of their health and ensure that they have the flexibility and information to make choices as they seek care across the care continuum is critical to transforming our healthcare system. HIMSS notes that offering information to patients requires supportive structures, such as formal use of Shared Decision-Making principles by physicians. The Innovation Center should consider expanding current efforts in the area of Shared Decision-Making to include requiring additional languages for patient-specific education materials, and expanding the current Shared Decision-Making Accountable Care Organization (ACO) models to include consideration of decisions for hospitalization, treatment options, and self-care decisions.

HIMSS also supports the new Guiding Principle which is focused on benefit design and price transparency as using data-driven insights ensures cost-effective care that leads to improvements in beneficiary outcomes. The Innovation Center should encourage the use of standards for price transparency at the point of decision-making, to include orders and referrals, and be used by patients and providers with an initial emphasis on prescription medication pricing.

We strongly encourage the Innovation Center to promote and test new models that utilize health care professionals in addition to physicians, such as nurses and pharmacists. Outcomes are improved when the entire patient care team works collaboratively, thus ensuring success of Innovation Center models in meeting the goal of providing patient-centric care throughout the continuum of care.

Focus Areas

Expanded Opportunities for Participation in Advanced APMs

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Proposed Regulation which was released in the spring of 2016 first presented the details on the incentives for providers who participated in Advanced Alternative Payment Models (APMs). As our [comment letter](#) on the proposed rule noted, HIMSS endorses the idea that the largest impact on healthcare transformation would come from those clinicians participating in MACRA's Advanced APM Track—but the community needs more options in order to fulfill that promise.

HIMSS encourages the Innovation Center to work with the broader community on creating more risk-bearing APMs that can serve clinicians as Advanced APMs in the Quality Payment Program (QPP). To facilitate patient ease of transition and reduced cost, the Innovation Center should emphasize Advanced APMs across care settings. This approach should include a greater quantity of diverse models that can aid clinicians in multiple settings and in different specialties. In addition, greater use of specialty-specific Advanced APMs should also be examined, as clinicians in a particular specialty could offer a more consistent and holistic approach to patient care, especially for patients with multiple chronic conditions. As CMS has relayed in the past, the Advanced APM Track in QPP holds the greatest promise for positively influencing healthcare.

Creating further compelling options for clinicians to adopt in the future will allow greater provider participation in broader transformation efforts.

One immediate area for additional Advanced APM opportunities that the Innovation Center should consider testing are medical home models which are primed for expansion. CMS has an opportunity to expand medical homes under their authority. The agency must test these medical home models to ensure that they meet certain criteria, including how the expansion can improve quality without increasing cost.

An additional area to pursue for increased Advanced APM participation would be to support patient activation and inclusion like the Direct Decision Support model and the Shared Decision-Making models that were announced by CMS in 2016.

Consumer-Directed Care & Market Based Innovation Models

HIMSS supports Innovation Center action on innovative payment models that demonstrate cooperative development between patient, caregiver, and provider groups. The Innovation Center should expand its role as a convener for interested parties on “neutral territory.” Further, the Innovation Center should implement a framework to evaluate whether proposed payment models are in the best interest of relevant stakeholders. In this role, the Innovation Center could level the playing field between the voices of healthcare providers and patients, and promote the goals of increased transparency and patient participation.

Prescription Drug Models

HIMSS supports the idea of the Innovation Center testing new models for prescription drug payment in an effort to incentivize better health outcomes for Medicare and Medicaid beneficiaries, especially as it works to lower health care costs and align payments with value. While HIMSS is supportive of this direction, we urge the Innovation Center to recognize that the cost of healthcare plays a major role in the patient/provider decision-making process. Cost transparency should be included in any new payment model.

Access to cost information at the point of decision-making will improve transparency of value and engagement of patients, families, and caregivers. We urge the Innovation Center to test new payment models that utilize cost transparency technologies at the point-of-care. HIMSS recommends this information should be integrated into provider clinical decision support to enable collaborative decision-making with patients and their families at the point-of-care. Specifically, an individual’s ability – at the point-of-care – to view the various cost components of their treatment plan, and simultaneously view the cost of alternative care options will empower patients to make decisions about their own care plans by working collaboratively with their care team.

Additionally, new incentives for health information exchange could directly impact supporting new and current health reform payment models. The provision of additional reimbursement incentives to those payment models that demonstrate robust use of secure, interoperable systems should be reviewed. Ultimately, we envision a coordinated and collaborative health system where patients, their families, and their clinicians are all part of the care team.

State-Based and Local Innovation, including Medicaid-focused Models

HIMSS supports further testing and greater study of models in this area. The Innovation Center should continue to look to states for innovative ideas and model practices leveraging information and technology that are appropriate for additional analyses for broader applicability in multiple states and localities, as well as in a variety of care settings. Out of financial necessity, State Medicaid programs are often laboratories of innovation to promote value transformation; these should be cultivated for potential advances worthy of examination at a national level.

Telehealth and remote patient monitoring (RPM) are key areas where state Medicaid programs have become innovation leaders. As CMS seeks stakeholder comment on expanding Medicare access to telehealth services within its current statutory authority, and to pay appropriately for services that take full advantage of communication technologies, the Innovation Center should examine and mine state-level Medicaid work for innovative ideas, and test these for relevance across both programs and the nation.

In terms of innovation, the Innovation Center should also consider who receives funding, and how these entities are funded for testing new care models. HIMSS encourages the Innovation Center to look to the start-up company community for generating and testing new ideas, and new ways of looking at questions and opportunities.

Moreover, CMS should consider adding challenge competitions to the Innovation Center research funding portfolio. HIMSS, foundations, and multiple DHHS offices have successfully used challenges to find innovative solutions and discover new ways of looking at vexing issues. For example, in April, HIMSS and collaborators funded a [business plan challenge](#) for start-up companies with big data ideas pertaining to patient engagement, clinical trial optimization, and clinical decision support. In October, HIMSS and the Cleveland Clinic [hosted a hackathon](#) focused on precision medicine, opioids, population health, and public health. Successful start-ups are provided a platform to introduce new ideas and tools that can be expanded, and eventually tested for scalability across the broader community.

In addition, one innovation topic that should receive more attention and testing from the Innovation Center is interoperability and health information exchange; specifically, how different types of provider business models impact providers' ability, or incentive, to share patient data. With more than 20 years of championing secure interoperability, HIMSS knows that business models often have a more significant impact on a provider's willingness to share patient data than do technical concerns about transferring information.

As the healthcare community continues to expand value-based care delivery, the Innovation Center should use the focus on interoperability from the 21st Century Cures Act (PL 114-255) to test

various provider business models. Such testing can help determine an appropriate set of incentives that promote secure e-exchange of health information. The tests could result in model practices on replicability and scalability. HIMSS's [Interoperability Call to Action](#) invites stakeholders to join us in these critical efforts.

Finally, when discussing innovation, HIMSS calls on the Innovation Center to share the outcomes, conclusions, model practices, implementation guides and lessons learned from its testing and pilots more broadly, as well as in a timely manner. Greater sharing of the Innovation Center's information will amplify the Innovation Center's message and impact. The Evaluation Reports that the Innovation Center produces at the conclusion of a research project are extensive and data-rich—however, they are often published long after the conclusion of the project and to a narrow audience, thus minimizing a positive impact on the healthcare community.

The Innovation Center should publish easily-digestible interim results reports as a method to publicize its work, and promote innovation in a suitable timeframe. After completing its evaluation, the Innovation Center can publish more extensive information. HIMSS supports the publication of clear and timely data and practical guidance from the Innovation Center as a means to promote innovation, increase transparency, improve community outreach, and build more grassroots support for the Innovation Center's mission and initiatives.

Overall, as CMS moves forward in promoting innovation, a foundational idea to consider focuses on encouraging innovation that incorporates change management or innovations in change management. Studying or testing information and technology issues without a sharp focus on the people and process aspects of achieving transformative change will likely be less successful and result in slower progress. The Innovation Center should examine how to incorporate these ideas into future research models.

Mental and Behavioral Health Models

Health information and technology are essential, foundational elements of meaningful transformation of the nation's healthcare delivery system; therefore, the use of information and technology should support care coordination, including as it relates potential new mental and behavioral health models. As providers share information across the care continuum, ease of use for providers, patients, and caregivers is paramount to the success of these models. Given the complexity of mental and behavioral health disorders, including the need to coordinate care across the continuum, health information and technology can play a critical role in these new payment models. HIMSS continues to support care coordination for patient populations, including those impacted by mental and behavioral health disorders. HIMSS recommends that care and outcomes can be positively impacted through the use of telehealth and remote patient monitoring solutions. More research and testing of the role of information and technology in mental and behavioral health models is essential.

Program Integrity

Greater use of health information and technology can reduce waste, fraud, and abuse, and improve program integrity across the Innovation Center. We see information and technology as

program integrity tools to be incorporated into all models under consideration by the Innovation Center and a critical component to broader study of the most effective path for enabling value-based care delivery. The appropriate use of secure health information and technologies can also help reduce the burdens on patients and providers, thus contributing to stronger program integrity initiatives.

We welcome the opportunity to meet with you and your team to discuss our comments and resources in more depth. Please feel free to contact [Jeff Coughlin](#), Senior Director of Federal & State Affairs, at 703.562.8824, or [Eli Fleet](#), Director of Federal Affairs, at 703.562.8834, with questions or for more information.

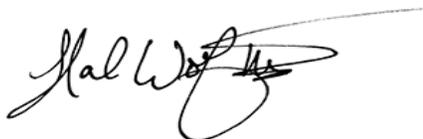
Thank you for your consideration.

Sincerely,



Michael H. Zaroukian, MD, PhD, MACP, FHIMSS

Vice President & Chief Medical Information Officer
Sparrow Health System
Chair, HIMSS Board of Directors



Harold F. Wolf III

President & CEO
HIMSS