August 3, 2018

Honorable Seema Verma  Mr. Adam Boehler
Administrator Deputy Administrator and Director
Centers for Medicare & Medicaid Services Center for Medicare & Medicaid Innovation
Department of Health and Human Services Department of Health and Human Services
200 Independence Avenue, SE 200 Independence Avenue, SE
Washington, DC 20201 Washington, DC 20201

Dear Administrator Verma and Director Boehler:

We are writing to express our support for the commitment the U.S. Department of Health and Human Services has expressed to patient-centered reforms, and to urge you to apply this commitment to the work of the Centers for Medicare and Medicaid Innovation (CMMI). In particular, as CMMI prepares to launch a new round of demonstrations, we ask that you soon establish critically important safeguards and principles to ensure these demonstrations are genuinely centered on the needs of patients and their families. Advancing patient-centered alternative payment models will require a commitment from the agency as well. Each of our organizations stand ready to collaborate with CMMI in this work. We propose three simple steps to establish the criteria called for by CMMI’s statute:

1. **Establish, via rulemaking, the “patient-centeredness criteria” mandated under Section 1115A of the Affordable Care Act, which requires evaluation of alternative payment models (APMs) against patient-centeredness criteria.**

   When this provision was enacted, we were hopeful that it would help pave the way for a shift to truly patient-centered approaches to value in U.S. health care; unfortunately, this provision has never been meaningfully implemented. CMS has set goals for demonstrating that its Innovation Center models lower costs and improve quality, yet there are no clear standards against which demonstrations can be held accountable for truly putting patients first.

2. **Convene patient and consumer advisory panels for each of the Innovation Center models under development as well as those currently being implemented, to help ensure each demonstration is meaningfully evaluated against appropriate measures of patient-centeredness.**

   The panels would consist of representatives of patients and people with disabilities who are beneficiaries of the alternative payment model and have experience sufficient to identify the measurable outcomes that matter to them. Engagement of the panel must begin early in the model design process to ensure support and buy-in from people being served by the new payment model.

3. **Define “informed decision-making” as a core criterion of patient-centeredness and a goal of each alternative payment model.**
We believe, as you do, that substantial opportunities exist to improve health care value by equipping and empowering patients and their caregivers with the information they need to make the best decisions about their care. Patient advisory panels consisting of organizations representing patients and people with disabilities would be able to discern for each model how contracted entities could best ensure that patients are informed about their participation in an APM, all their treatment choices (as well as the financial incentives driving certain choices), associated out-of-pocket costs and the evidence base that supports their care and treatment. Only then can patients and people with disabilities truly be informed consumers in choosing the care that they value.

Therefore, we recommend that patient-centeredness criteria be explicitly tied to care delivery that seeks to understand and achieve individual patients’ goals for their care. Too often in health care, patients’ goals are silently assumed or dictated to patients, reducing their choices and engagement in their own care decisions. Health systems – both payers and providers – should be accountable for ensuring that a patient communicates information about what is important to them and that time is allotted to conduct the kind of shared decision-making that is called for by the National Quality Partners Playbook: Shared Decision-Making in Health Care. A tangible barrier to achieving patients’ goals for their care is that the time for care planning is not reimbursed or rewarded systematically. A patient advisory panel within each model could assess and provide recommendations to Innovation Center models on best practices for activating patients and people with disabilities, high quality decision aids, coding changes needed to adequately reimburse care planning and quality measures needed to capture outcomes that matter to people participating in the model.

In closing, patient-centered care, if done right, does not result in higher costs, but can indeed lower overall spending. As the agency seeks to change the culture of how we pay for care to put patients first, we urge these small steps toward identifying patient-centeredness criteria that give Innovation Center models a benchmark for meeting its goal.

Sincerely,

CancerCare
Cancer Support Community
Lung Cancer Alliance
National Alliance on Mental Illness
Partnership to Improve Patient Care