

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Sent Via Electronic Transmission

Re: Request for Information; Episode-Based Payment Model (CMS-5540-NC)

Dear Ms. Brooks-LaSure:

The undersigned organizations thank you for the opportunity to comment on this Request for Information (RFI) focused on the design of a future episode-based payment model. Consistent with the goals articulated in the Innovation Center's [Strategy Refresh](#), we support the Innovation Center's efforts to ensure that all models are person-centered in both planning and execution, designed to address health disparities and advance health equity, and informed by comprehensive data collection which accurately assesses participants and beneficiaries.

Our comments to this RFI are informed by a set of 40 recommendations, presented to the Innovation Center and included as an appendix to this letter, which primarily focus on better incorporating individual beneficiaries, caregivers, community-based organizations, and advocates throughout the model lifecycle, as well as recommendations on improving health equity and data collection. The recommendations are model, participant, and disease-agnostic, as they are intended to focus on process improvements that could be made to any model in order to ensure that it is sufficiently informed by those it is designed to benefit. Further, the recommendations were designed to embed equity throughout the model life cycle, to ensure that more diverse beneficiaries and caregivers are represented in the creation and implementation of models, and that providers with experience caring for underserved populations and historically marginalized communities are able to participate in models.

Below, we have provided responses to several questions articulated in the RFI, as well as comments on the Innovation Center's planned process for the introduction of a new episode-based payment model.

1. Feedback on Process for Required Model Participation

The RFI notes that, in order to ensure that the model is representative of a large group of beneficiaries and participants and to avoid certain issues with voluntary model selection bias, it anticipates that participation in a new episode-based payment model would be required of certain Medicare providers and suppliers. It is also noted that CMS plans to utilize notice and comment rulemaking for implementation, with "ample opportunity for public comment."

We appreciate the Innovation Center's plan to utilize a formal rulemaking process prior to the implementation of a model with required participation. Such a process is critical for stakeholders, including target participants, beneficiaries, caregivers, and other organizations that may be involved in the model to provide feedback that will ensure the model can be

feasibly implemented as planned. This process also allows for stakeholders to weigh in on any potential participant burdens in participation, needs for transitioning to a mandatory model, as well as beneficiary impacts on care.

Given the crucial role that public input will have on the design and effective implementation of a new episode-based payment model, our organizations recommend that the Innovation Center take additional steps to ensure that it has received sufficient input from stakeholders on the model design prior to its introduction and the start of notice and comment rulemaking. In addition to feedback received in this RFI, we recommend that the Innovation Center reach out to a representative sample of potential model participants who would be required to participate in the model to guarantee that the Innovation Center receives significant input on the impacts a mandatory model would have. We would also urge that CMS allow for additional time for public comment on future RFIs related to model creation, to ensure organizations have sufficient capacity and time to provide meaningful responses to inquiries that shape model development.

Further, we urge the Innovation Center to conduct similar outreach to beneficiaries and caregivers, including through organizations representing their perspectives, to learn more about the models impact on their care, and to educate on intended impacts in care coordination and care transitions. As part of this process to request feedback from beneficiaries and their caregivers, we recommend that the Innovation Center provide additional details on the models direct and indirect impacts on cost of care.

To ensure that the process is both comprehensive and transparent in approach, we recommend that the Innovation Center, with individual and organization consent, publicize its conversations on the model's development and provide a summary of the types of feedback received on the model. While an accounting of public comments and responses is typically included as part of notice and comment rulemaking, additional detail from the Innovation Center on its process to make decisions informing the Investment Proposal for the model will also be important in ensuring that there is sufficient feedback on the model prior to implementation.

2. Care Delivery and Incentive Structure Alignment

We appreciate the Innovation Center's commitment to ensuring that Medicare beneficiaries receive the highest value care as the agency works to transition beneficiaries to accountable care arrangements. We have made several recommendations on ways to incorporate the beneficiary and caregiver perspectives directly into models as they are developed and evaluated, and many of these recommendations are directly applicable to the questions below.

a. How can CMS ensure patient choice and rights will not be compromised as they transition between health care settings and providers?

Since models are ultimately designed to ensure high-quality care for patients, respect for patient choice in health care settings and providers and rights over decisions about care must be prioritized throughout the model development and implementation process. To effectively understand what beneficiary and caregivers value as they transition between settings and providers, and to respect rights most critical to their care, concrete feedback must be incorporated at every step of the model lifecycle. The most important steps that the Innovation Center can take to safeguard patient choice and rights are to:

- (1) Provide early, consistent, and meaningful opportunities for individual feedback into the model design and in its implementation and evaluation;
- (2) Provide comprehensive education to patients potentially impacted by a model on what they can expect to experience as a result of the model's implementation; and
- (3) Partner with community-based organizations skilled in working directly with patients as it implements the model.

Understanding what patients and caregivers value in their experience during transitions of care *prior to the creation of a specific model* will be critical in the design of a model focused on improving both transitions of care for patients. The Innovation Center can provide a number of opportunities to gain this feedback, including public notices like this RFI and notice and comment rulemaking, but we also recommend that the Innovation Center look for additional opportunities to take comments, with a diverse array of methods to provide feedback in plain language to account for varying levels of health literacy.

In addition to opportunities to comment on the formation of a model, regular opportunities for feedback throughout the model's lifecycle will be useful in ensuring that the model is performing as expected and not compromising patient rights and choices in their care.

Coupled with opportunities to provide feedback, the Innovation Center should also engage in direct patient education on the model including its purpose, expected impacts on providers and care, direct and indirect costs, and the evaluation process. Community-based organizations and patient advocacy organizations with experience working directly with beneficiaries and caregivers would be an asset for the Innovation Center to utilize during a process to provide comprehensive education on a model, and those organizations could also be utilized to assist in the model's implementation.

b. How can CMS promote person-centered care in episodes, which includes mental health, behavioral health, and non-medical determinants of health?

A robust feedback loop with beneficiaries, caregivers, and advocates coupled with comprehensive educational efforts from the Innovation Center are critically needed to improve person-centeredness within models. As the RFI acknowledges, during its review of 21 Medicare models conducted over 8 years, CMS found that, while two-thirds of the models garnered significant gross savings, "most showed no significant improvement in patient experience or mortality." Further, while the CJR and BPCI Advanced models decreased readmissions, "neither model showed improvement in patient experience or reductions in emergency department use." These results demonstrate that there is a gap in patient understanding of the purpose of the model, as well as opportunities to better design the model on the front end with the beneficiary and caregiver perspective in mind.

The best way to incorporate these perspectives is to deliberately and consistently request those perspectives directly from beneficiaries and their caregivers, along with organizations with experience representing their interests. We encourage the

Innovation Center to utilize multiple methods for gaining public input. We also recommend that, in assessing feedback on model design, the Innovation Center prioritize feedback from providers and organizations with experience in providing culturally appropriate care to a diverse range of beneficiaries, working with underserved populations, and addressing non-medical determinants of health.

One concrete option for ensuring that the beneficiary and caregiver perspectives are incorporated into each model is to directly include those perspectives within the model's governance. For example, the Innovation Center could utilize a "community advisory board" or a similar body along with the technical valuation panel in scoring applicants, in order to incorporate beneficiary evaluation of individual applicants. The Innovation Center could also include patient, consumer, and beneficiary representatives in the governance body of each model as a prerequisite. To help address specific issues beneficiaries and caregivers might experience during the operation of the model, the Innovation Center could train staff to function as a "patient ombudsman" and hire or contract with patient navigators in order to provide beneficiaries with feedback on any inquiries on the model and its applicability to their care as well as provide technical assistance during model implementation.

The undersigned organizations again thank CMS for this RFI on a future episode-based payment model. We are grateful for the opportunity to provide feedback which will inform the process for and design of a new payment model, and we look forward to continued collaboration with the Innovation Center as it works to initiate new model options. If you have any questions on our comments or would like to further discuss the recommendations provided, please feel free to reach out to us by contacting Shannon.Deere@LeavittPartners.com.

Sincerely,

Alliance for Aging Research
Arthritis Foundation
Cancer Support Community
Genentech
National Alliance for Caregiving
National Kidney Foundation
Sick Cells