CHRISTUS Health

PUTTING CARE within REACH

November 16, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: Centers for Medicare & Medicaid Services: Innovation Center New Direction Request for Information

Dear Administrator Verma,

CHRISTUS Health ("CHRISTUS") appreciates the opportunity to submit the following comments to the Centers for Medicare and Medicaid Services (CMS) in response to the Request for Information (RFI) announced by the Center for Medicare and Medicaid Innovation (CMMI) on September 30, 2017. CHRISTUS is an integrated, not-for-profit international health system that includes nearly 350 services and facilities, with more than 50 hospitals in seven U.S. states.

I. General Comments

We share the Administration's strong commitment to promoting health and wellness solutions that improve the lives of the individuals and communities we serve, and we appreciate the ongoing efforts by CMS to administer and improve access to patient-centered, cost effective care. Our general comments are focused on the Consumer-Directed Care and Market-Based Innovation Model outlined in the RFI.

Lowering the costs of care is critical to the sustainability of our nation's health care system. As noted in the RFI, empowering consumers through their choices is essential to drive much-needed reforms and reduce unnecessary costs. Helping hospitals lower their operating costs also would represent significant progress, as would efforts to encourage pharmaceutical and medical supply companies to adopt sensible solutions to control these substantial expenses.

CHRISTUS also recommends that CMS adopt systemic reforms to reduce the administrative costs involved in obtaining reimbursement for health care services. Being paid correctly and timely, in a cost-effective manner, will help health care providers achieve greater financial transparency and stability.

In addition, we encourage CMMI to consider pursing new models that better standardize care in order to decrease the variation in use of different supplies and medications, as well as the variation in hospital stays for similar diagnoses. Differing prescribing practices by physicians may fluctuate in cost while producing minimal differences in patient quality or health outcomes.

Further, CMMI should consider conducting a demonstration of a model in which either insurance companies or individual states create high-risk pools for certain insured groups (*e.g.*, employees with catastrophic or chronic conditions). By focusing resources on high-risk employees and family members, actual utilization of health care services could be reduced, along with premiums and costs for employers. Such a model would support a stable commercial market for employer-provided health coverage and help reduce the rising costs of government-funded health care programs.

II. Comments on the Potential Models

While we agree on the importance of all the focus areas, we note that both customers (patients) and clinicians (providers/physicians) are demanding the use of digital health tools to help with the furthering of a convenient, efficient communication, care coordination and improved health status. CHRISTUS urges CMS, as it develops the new direction for CMMI, to incorporate and promote digital health and medicine and measure its impact on care.

The approach and principles outlined in the RFI make no mention of digital medicine, and we note our concern that connected health care, specifically digital tools for improving outcomes, efficiencies and patient engagement remains missing from CMMI pilots. CHRISTUS urges CMMI to ensure that all the focus areas maximize the use of digital tools (remote patient monitoring (RPM), telehealth) especially to help gather evidence of the impact of these digital interventions. We offer our comments and recommendations to help enable the use of evidence based telehealth and remote patient monitoring as tools to improve and enable patient centered health care delivery. Our own results show that patients feel empowered, more in control and more secure when we include remote monitoring in their home. The new remote monitoring and telehealth CPT codes recently released by the American Medical Association acknowledge the role and impact of RPM in improving care and quality.

A. Guiding Principles

CHRISTUS supports the Innovation Center's Guiding Principles in general and as a provider organization the specific guiding principles that focus on provider choice and incentives, patient centered care, transparent model design and small scale testing are especially meaningful to us. Innovation Center efforts should focus on building effective collaborative models with patients and providers and strive for transparency and accessibility of cost and quality data to drive improved outcomes. The pace of change in society, in technology and healthcare makes it imperative that new models of care delivery include the patient as a full member of the care team if we are to impact quality and outcomes. Outcomes rely on behaviors and how we encourage behavior change must be built into Accountable Care Organizational (ACO) models, especially the Shared Decision Making ACO.

We also encourage the Innovation Center to promote and test new models that utilize a wide and varied range of care professionals such as navigators, home health providers, community health workers and pharmacists. Collaborative care requires effective coordination

and communication across the entire care team and this approach has shown to improve outcomes, furthering the goals of the Innovation Center.

B. Incorporating and Evaluating Remote Patient Monitoring in Pilots

Remote patient monitoring (RPM) (the ability to monitor patients' medical conditions outside of traditional care settings) is a critical tool for the implementation of patient-centered care. We urge CMS to include RPM as a standard of care across multiple focus areas noted in the RFI, while also ensuring that evaluations of CMMI pilots track the use and outcomes associated with the use of RPM. This matches perfectly with pilots in the Consumer Directed Care and Market Based Innovation Models, Expanded Opportunities and State Based and local Innovation Models including Medicaid.

C. 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). While that is a start, it is insufficient to drive the type of change and innovation that needs to occur on the road to the triple aim.

The Innovation Center should emphasize Advanced APMs across care settings in order to facilitate patient ease of transition and reduced cost, which should include more diverse models that can aid clinicians in multiple settings and in different specialties. As many patients have multiple chronic conditions, incorporating technologies such as RPM and telehealth must be encouraged if not required.

D. Consumer-Directed Care & Market Based Innovation Models

CHRISTUS supports Innovation Center action on innovative payment models that demonstrate cooperative development between patient, caregiver, and physician groups. The Innovation Center should consider how these two concepts intersect as market based innovations are not always consumer driven. This focus area could hasten the development of increased transparency and understanding how consumer directed care is considered.

E. Prescription Drug Models

CHRISTUS supports the idea of the Innovation Center testing new prescription drug payment models for both Medicare and Medicaid beneficiaries. Currently, drug pricing is controlled by the manufacturer and pharmacy benefit managers that negotiate prices on behalf of their beneficiaries.

One innovative idea would be to develop a risk-based financial model that includes the drug supply chain. This could be tested with individuals with chronic diseases as they are most

likely dependent upon certain medications over long periods of time. Developing a methodology that rewards the drug manufacturer for achievement of certain clinical outcomes could be a way to lower costs while improving outcomes.

Assuring that there are incentives for sharing health information could be a component of a risk based model that included pharmaceuticals. Meaningful use furthered the use of electronic systems for prescribing medications and medication reconciliation. Providing additional reimbursement incentives to payment models that demonstrate truly interoperable systems should be reviewed and encouraged.

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

The Innovation Center should continue to look to states for innovative ideas and model practices leveraging information and communication technology (ICT). State Medicaid programs are often laboratories of innovation and should be cultivated for potential advances that are worthy of being examined at a national level.

Telehealth and remote patient monitoring (RPM) are key areas where state Medicaid programs have become innovation leaders. As CMS seeks broader stakeholder comment about 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 that should be tested for relevance across both programs and the nation.

In addition, one innovation topic that should receive more attention and testing from the Innovation Center is interoperability and health information exchange and how different types of provider business models impact their ability or incentivize them to share patient data.

G. Mental and Behavioral Health Models

Mental and behavioral health issues are usually not stand alone needs. It is common for other health issues to either contribute to or be an outcome of mental and/or behavioral issues. The use of health information and communication technology should support care coordination, especially as it relates to 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, health information technology can play a critical role in these new payment models as these disorders often involve coordination across care settings. Care coordination including holistic approaches that incorporate mental and behavioral health issues can be positively impacted through the use of telehealth and remote patient monitoring solutions. More research and testing of the role that information and technology can provide to mental and behavioral health models is essential.

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On behalf of CHRISTUS Health, we appreciate the opportunity to share our perspective and recommendations as CMMI develops its priorities and initiatives. Our suggestions aim to make a significant impact in decreasing health care costs and making health care more affordable for all. Thank you for your consideration, and we would welcome the opportunity to collaborate with CMMI going forward to achieve those objectives.

Sincerely,

George Conklin
Senior Vice President & Chief Information Officer
CHRISTUS Health