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October 16, 2018

The Honorable Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244

Dear Administrator Verma:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](#)), we are pleased to provide written comments to the Notice of Proposed Rule Making (NPRM) regarding [Medicare Shared Savings Program; Accountable Care Organizations Pathways to Success \(CMS-1701-P\)](#). HIMSS appreciates the opportunity to leverage our expertise in offering feedback on the Medicare Shared Savings Program (MSSP) as well as Accountable Care Organizations (ACOs) and we look forward to continued dialogue with CMS on these and other relevant policy topics that capitalize on utilizing health information and technology tools to drive greater value-based care delivery.

As a mission driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research, and analytics to advise global leaders, stakeholders, and influencers on best practices in health information and technology. Through our innovation companies, HIMSS delivers key insights, education, and engaging events to healthcare providers, governments, and market suppliers, ensuring they have the right information at the point of decision.

As an association, HIMSS encompasses more than 73,000 individual members and 655 corporate members. We partner with hundreds of providers, academic institutions, and health services organizations on strategic initiatives that leverage innovative information and technology. Together, we work to improve health, access, as well as the quality and cost-effectiveness of healthcare. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, United Kingdom, the Middle East, and Asia Pacific.

HIMSS supports accountable care organizations (ACOs) as an innovative care delivery model for providing and coordinating high-quality care. Moreover, HIMSS strongly supports the development and use of information and technology to provide the appropriate data required by emerging care delivery and business models as well as payment structures, such as ACOs, to demonstrate value while effectively managing and treating patients across the continuum of care, including in emergency, inpatient, post-acute, outpatient, and ancillary settings.

We are committed to assisting CMS in supporting the shift to value-based care delivery and facilitating greater data exchange across the healthcare community through MSSP. The Program incentivizes providers to improve quality, and reduce cost as well as resource utilization, which are efforts that require greater coordination in ways that would likely not occur in a typical fee-for-service environment.

HIMSS recognizes that technology and evidence-based medicine are helping our nation to transition from a fee-for-service system to a value-based care system. A critical piece of that transition is the ability to securely exchange timely health information between settings and providers of care, with patients and family members, and using that information to achieve improved outcomes as well as maximizing value for patients—all key tenets of MSSP as well as ACOs.

For our public comment, HIMSS offers the following thoughts and recommendations on this NPRM:

- **Support for the Proposed Agreement Period and Reconsideration of the Length of the Glide Path to Two-Sided Risk**

HIMSS has previously expressed its interest in extending the initial three-year agreement period for an additional two years in our [letter to CMS on February 5, 2015](#). In this NPRM, HIMSS applauds CMS for addressing the issue of extending and modifying the agreements periods from three years to five years to allow for a “gentler on ramp” for all tracks. Also, the certainty of a five-year agreement will be more reassuring to providers for making that initial investment in becoming a program participant.

HIMSS appreciates CMS’s interest to move providers towards risk-based payment models but cautions that moving too rapidly by shortening the length of time in which ACOs can participate in an upside-only model from six years to two years may negatively affect participation in the program. We believe that a balance of risk and reward must be maintained to ensure the success of MSSP. There is great diversity among clinician practices in their experience with risk-based payments that must be taken into account, especially given that MSSP is a voluntary endeavor.

We are also reassured by the recent [CMS data release](#)—MSSP is working successfully and ACOs are providing savings to Medicare and delivering high-quality care to beneficiaries. The 2017 CMS data indicate that 472 MSSP ACOs are caring for 9 million Medicare beneficiaries, which secured a total of \$1.1 billion in savings, with \$780 million in shared savings to participating providers and \$314 million in savings to Medicare. In addition, the average ACO in the program attained 92 percent on the required quality scores. Overall, the program, as currently constituted, is working and such data support our position for a longer glide path to ACOs assuming two-sided risk.

Providers should be encouraged to remain in the program so they can have more time to determine how to deliver improved, high-quality, coordinated care as an ACO before they are required to assume any risk through their participation in the program. ACOs that are not ready to take on downside financial risk in this shortened timeframe may exit the program or be dissuaded from

joining. We observe that motivating more participants to join MSSP and other CMS ACO models can help to promote the maturity of the foundational technology needed to support these reforms.

While many of these care delivery models are still progressing, they play a key role in health IT's evolution as well, by helping to encourage the adoption of interoperability standards, and enhance design and usability of health IT tools in order to meet provider, patient, and caregiver workflow needs. As clinicians continue to increase their understanding of risk-based models and the push to value-based care in future years, HIMSS supports the idea of allowing more time for ACOs in a shared-savings only model if the ACO is meeting certain cost and quality benchmarks to ensure that there is an equilibrium going forward.

Additionally, HIMSS recommends utilizing a shared savings rate of at least the current 50 percent, as opposed to CMS's proposed 20 percent. Given the considerable investment that ACOs have to make to join the program, lowering the sharing rate is counterintuitive as well as counterproductive.

- **Endorsement of the Expansion of the Use of Telehealth Services in ACOs**

Enabling technologies and services such as telehealth are critical for the success of an ACO to meet the tenets of the program and improve active care coordination for beneficiaries. As discussed in a HIMSS-Personal Connected Health Alliance [Letter](#) to the Federal Communications Commission from February 2018, trends suggest that rural communities across the country are falling behind when it comes to the availability of high-quality healthcare. By improving rural healthcare provider access to modern communications services, MSSP can help in overcoming some of the obstacles to healthcare delivery faced by rural and isolated communities.

As technology and telehealth assume an increasingly critical role in healthcare delivery, widespread inclusion in MSSP is more vital than ever to help realize its potential. HIMSS is supportive of CMS's proposal to expand the use of telehealth for practitioners in ACOs in performance-based risk arrangements and expanding coverage for some telehealth and telemedicine in MSSP to areas that are not designated as rural or shortage zones through limited waivers. In addition, we ask CMS to consider applying waivers as broadly as is permissible on statutory and regulatory restrictions related to telehealth to expand access to telehealth services (i.e., waivers on originating site restrictions and geographic areas where telehealth services are allowed).

As previously stated in our HIMSS [letter to CMS on February 5, 2015](#), we encourage CMS to share information that it collects from ACOs on the use of technology that would be helpful to other providers and stakeholders looking to adopt as well as promote the adoption of telehealth services. Sharing this information can inform potential telehealth providers about its benefits and also help identify and address potential challenges and obstacles.

- **Reinforce the Use of Electronic Clinical Quality Measures and Enhance Available Reporting Options**

Core to the HIMSS mission is promoting the use of health information and technology to improve the quality of healthcare delivery through effective performance measurement and clinical decision

support. HIMSS demonstrated its interest in improving clinical quality measurement in our [letter to CMS on May 31, 2018](#). In this letter, HIMSS emphasized that quality reporting policies should strive to enhance the value proposition of participating in quality reporting programs and ensure that electronic clinical quality measures (eCQMs) are actionable for hospitals, providers, and patients to drive improvement in care outcomes. All eCQMs should be fully tested for validity, reliability and feasibility which produces comparable and consistent results, an accurate reflection of care delivered, and be actionable to drive meaningful improvements in care delivery.

CMS has echoed these recommendations in the framework of the [Meaningful Measures Initiative](#) and HIMSS appreciates the thoughtful consideration of the Meaningful Measures criteria as CMS evolves MSSP. We support the idea that the accuracy and the ability to report measures across the nation are better supported by capturing the actual clinical data elements that demonstrate a quality measure was met. While HIMSS believes that the CMS Web Interface is an acceptable method and offers some flexibility for group reporting for MSSP, it is less than ideal in many ways. For example, a single annual submission of data on a sample of Medicare patients does not reflect the true quality of care across these reported measures. The process also requires manual abstraction which is inefficient and burdensome.

In addition, the CMS Web Interface does not give providers visibility on measure performance on an ongoing basis throughout the year, limiting their ability for true performance improvement. As CMS continues to move towards reimbursement models focused on outcomes, HIMSS recommends CMS encourage eligible clinicians to utilize eCQMs as a tool to make measures more actionable and explore reporting eCQM data for quality reporting in MSSP. Organizations, including HIMSS members involved with the feasibility testing of de-novo eCQMs designed to extract data from an electronic health record (EHR)-enabled clinical workflow, have indicated that significant progress is being made to extract meaningful clinical data from EHRs while minimally affecting current workflow.

Several application programming interfaces (APIs) are available to improve interoperability and to facilitate electronic quality reporting. This capability continues to evolve rapidly and should be leveraged to improve quality of care and reduce reporting burden. HIMSS endorses the reporting of quality measures as eCQMs for MSSP as well as for other CMS ACO programs.

HIMSS also supports CMS's proposal to remove the certified EHR technology (CEHRT) utilization quality measure from the MSSP quality measure set. As proposed in this rule, an MSSP ACO is required to attest that 50 percent or more eligible clinicians in that ACO are using CEHRT to document and communicate clinical care to their patients or other health care providers, rather than the data capture typically required for a quality measure. This proposal alleviates a significant burden on eligible clinicians, and such an attestation tool capitalizes on CMS's audit power. Overall, this step reinforces the utilization of CEHRT as a tool to minimize clinician burden as well as supports broader care transformation efforts.

- **Broad Support for the Inclusion of Beneficiary Incentives that Leads to More Patient Engagement Opportunities**

HIMSS supports the MSSP Proposed Rule focus on patient engagement as an important part of motivating and encouraging more active participation by beneficiaries in their health care. Health

information and technology tools play a critical role in advancing this paradigm. We believe ACOs that engage beneficiaries in the management of their health care may achieve better outcomes and experience greater success in the Shared Savings Program.

HIMSS appreciates the significant flexibility granted to MSSP ACOs in this proposed rule to offer beneficiary incentives to encourage patient engagement, promote care coordination, and achieve the objectives of the Program. The ability for ACOs to target their incentives to beneficiaries who are most likely to achieve the clinical goal that the incentive is intended to advance is helpful. Although beneficiary incentives will need to be evaluated on a case-by-case basis, the examples provided in the proposed rule will assist providers as they think about where to best employ and direct an incentive program. We are particularly interested in incentives focused on the mitigation of a chronic disease or condition, or chronic disease self-management, as these areas may be best-suited for greater patient engagement and intervention, and more significant impact on the broader healthcare system.

HIMSS also encourages CMS to look at alternatives to the requirements about only ACOs participating under certain two-sided risk models being allowed to establish beneficiary incentive programs to provide incentive payments to assigned beneficiaries who receive qualifying services. Given that such programs are in their nascent phase, allowing more kinds of CMS ACOs the opportunity to undertake these beneficiary programs could provide more of a research base about what works for different kinds of beneficiaries, from different backgrounds, and with different conditions. This kind of information would provide valuable lessons learned and model practices that could be built on in the future to expand and strengthen these programs across all healthcare settings.

HIMSS recognizes that technology and evidence-based medicine are helping our nation to transition from a fee-for-service system to a value-based care system. A critical piece of that transition is the ability to securely exchange timely health information between settings and providers of care, with patients and family members, and using that information to achieve improved outcomes as well as maximizing value for patients—all key tenets of ACOs and MSSP.

We look forward to the opportunity to further discuss these issues 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,

A handwritten signature in black ink, appearing to read "Harold F. Wolf III". The signature is fluid and cursive, with a horizontal line extending from the end.

Harold F. Wolf III, FHIMSS
President & CEO
HIMSS