

January 29, 2016

Honorable Orrin Hatch  
Chairman  
U.S. Senate Finance Committee  
219 Dirksen  
Washington, DC 20510

Honorable Ron Wyden  
Ranking Member  
U.S. Senate Finance Committee  
219 Dirksen  
Washington, DC 20510

Honorable Johnny Isakson  
U.S. Senate  
131 Dirksen  
Washington, DC 20510

Honorable Mark Warner  
U.S. Senate  
475 Russell  
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Partnership to Improve Patient Care (PIPC) appreciates this opportunity to comment on the Bipartisan Chronic Care Working Group Policy Options Document, and applauds your efforts to achieve outcomes that matter to patients. Since its founding, PIPC has been at the forefront of patient-centeredness in comparative effectiveness research (CER) – both with regard to the activities of the Patient-Centered Outcomes Research Institute (PCORI), and the translation of this work into patient care. Having driven the concept of patient-centeredness in the conduct of research, PIPC looks forward to bringing the patient voice to the discussion of how to advance patient-centered principles throughout an evolving health care system.

Because PIPC represents a broad range of stakeholders, we will target our specific comments to the document's provisions that are foundational for meaningful patient engagement.

*Increasing Transparency at the Center for Medicare & Medicaid Innovation*

Notice and Comment

PIPC applauds the working group's consideration of policies to improve transparency at CMMI. We agree that modifications are needed to require CMMI to utilize the existing notice-and-comment rulemaking process for all mandatory models and offer at least a 30-day public comment period for all other innovation models. As part of either process for obtaining public input, CMMI should note where they have incorporated stakeholder feedback in the final framework of a demonstration program, and provide a rationale for instances in which stakeholder feedback has not been accepted, similar to the current requirements in place for notice-and-comment rulemaking. Of particular importance is a required notice and comment period for proposed care models that will have a significant impact on Medicare patients, including, but not limited to, models that would seek to limit Medicare coverage or access to services. Rulemaking and public comment should include information about how the model is incentivizing high-quality patient-centered care, including any measures that are being used to evaluate the model. This will help to give patients and other stakeholders an opportunity to

shape CMMI's work.

### Patient Advisory Panel

Achieving meaningful input from beneficiary stakeholders, particularly patients, people with disabilities, and their families, is a continuous process that requires targeted strategies in addition to regulatory notice and comment. We believe such input from the beneficiaries whose care relies on getting this right will be vital to achieving CMMI's goals. Ultimately, the transition to value-based health care must look at value from the perspective of patients served by the system of care.

In addition to creating public comment opportunities, the work group could also consider the creation of a Patient Advisory Panel within CMMI to help ensure new payment models are aligned with care that patients' value. A Patient Advisory Panel could provide guidance to CMMI in identifying the key areas that would benefit from patient input, including APM development, model design features that will promote effective patient engagement, and metrics (e.g., patient-centered quality measures and other tools) on which to assess the success of these efforts. The Patient Advisory Panel could also assist CMMI and its contractors in the evaluation of APMs by identifying patient-centered quality measures and connect CMMI with the broader patient community to solicit input from patient organizations at all stages of CMMI's model development, testing, and evaluation process.

Finally, the Patient Advisory Panel could develop and apply the required patient-centeredness criteria to APMs. Section 1115A of the Affordable Care Act calls for evaluation of payment models against "patient-centeredness criteria" – yet no such criteria have been formally developed or publicly released for comment by CMMI. Establishment of these criteria will provide a structured patient-focused framework to guide CMMI's work.

### *Identifying the Chronically Ill Population and Ways to Improve Quality*

#### Developing Quality Measures for Chronic Conditions

To promote patient-centered care, payment systems must have incentives to capture patient preferences and to demonstrate those preferences are driving care decisions. At the same time, it is important to prioritize the measures to which providers are held accountable so that they truly reflect outcomes that matter patients and do not place undue administrative burdens on providers. Patients and providers should be at the forefront of this process.

Therefore, PIPC supports requiring that CMS include in its quality measures plan the development of measures that focus on health outcomes that matter to patients with chronic disease. In particular, PIPC appreciates the document's attention to the need for measures that address patient and family engagement, shared decision making, and care coordination. CMS should engage patients throughout the development and use of quality measures to ensure that quality measures reflect patient values and preferences and evolve with the standard of care. This

includes patient input at the front end to identify gaps where measures need to be developed, and also at the back end to assess the ability of existing measures to reflect the care an individual patient receives, as well as to help determine if and when measures need to be updated or replaced.

On behalf of patients and people with disabilities and their families, thank you for your bipartisan collaboration and work on behalf of patients with chronic conditions. I know that it takes significant time for you personally and for your staff to get this right. Having epilepsy myself, I know it is vital to get this right. I look forward to continuing to provide input as this process evolves. Feel free to call on me at any time.

Sincerely,



Tony Coelho