



June 27, 2016

Mr. Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Attn: CMS-5517-P
US Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Ave. SW
Washington, D.C. 20201

Via Electronic Submission: www.regulations.gov

Re: CMS-5517-P, Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician Focused Payment Models; Proposed Rule
81 Fed. Reg. 89 (May 9, 2016)

Dear Administrator Slavitt:

The Partnership to Improve Patient Care (PIPC) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule, “Medicare Program: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule and Criteria for Physician-Focused Payment Models” (CMS-5517-P). 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 need for foundational and meaningful patient engagement and the development of shared decision-making tools that allow patients determine the value of treatments on an individual basis.

Patient Advisory Panel

As we have proposed in the past, a broad Patient Advisory Panel within CMMI would be a first step to 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.

Direct Outreach to Impacted Patients

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. This means conducting outreach to subgroups of organizations representing patients and people with disabilities that are directly impacted at the outset to determine what innovative models may be needed to improve care for particular patient populations. It is important to highlight that these groups bring with them invaluable data related to the patients and people with disabilities that they represent from their networks and registries.

For example, patient groups whose members are directly impacted by Medicare Part B should have been engaged in CMMI’s work to develop its recently proposed Part B Drug Payment Model so that it would have the desired impact of improving patient care. Where CMS has not conducted the desired engagement of patients and patient groups such as under the proposed Part B Drug Payment Model, we would urge CMS not to move forward its proposed models and instead learn from the experience of patients and people with disabilities how to best align payment and delivery models with their goals to achieve outcomes that matter to patients.

Develop Measures to Achieve Outcomes that Matter to Patients

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. 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.

Be Accountable for Patient Input

As part of the process for obtaining public input, CMS and 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.

Advance Shared Decision-Making

PIPC appreciates CMS' inclusion of several activities to promote shared decision making in the Clinical Practice Improvement Activities Category of the MIPS score. This is an important first step to build on the Affordable Care Act's provisions calling for a shared decision-making program. The Patient-Centered Outcomes Research Institute and others have done significant work to determine what types of shared decision-making tools work best in practice. Patient groups are prioritizing the development of shared decision-making tools, informed by their work to identify and reach patients from whom we can learn in real time what they value in health care. Patients deserve the ability to make informed choices about their care so that we are not wasting health care resources on care that does not work. That is the promise of personalized and precision medicine.

PIPC urges policymakers not to lose focus on the building blocks for patient-centered health care incorporated into the early phases of evidence development, translation and implementation, all the way through to the design and implementation of new payment and delivery reform models. In this way, our health care system will be built to improve health outcomes by identifying the treatments that work best for individual patients.

On behalf of patients and people with disabilities and their families, I appreciate this opportunity to provide input on your process for implementing MACRA so that it puts patients first. Having epilepsy myself, I know it is vital for patients to know that the agency is prioritizing innovative models that will ultimately improve patient care. By embracing the perspectives of patients and the groups that represent them, CMMI's work will truly represent value. Feel free to call on me at any time.

Sincerely,



Tony Coelho