

October 15, 2017

Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5524-P
P.O. Box 8013
Baltimore, MD 21244-1850

Re: Medicare Program; Cancellation of Advancing Care Coordination Through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (CMS-5524-P)

Dear Administrator Verma:

I am pleased to submit comments on the proposed cancellation of the episode payment models. I applaud the agency for taking a step back to get additional feedback. This is an opportunity for the agency to forge a new path forward on engaging stakeholders, particularly patients, in the development, implementation and evaluation of alternative payment models. Without patients at the table, it will be impossible for new models to be truly patient-centered, meaning that they are built to achieve outcomes that matter to patients. Additionally, this is an opportunity to consider input from stakeholders about the scope and impact of new payment models and apply that feedback to episode payment models being implemented and evaluated by the Innovation Center.

As Chairman of the Partnership to Improve Patient Care (PIPC) and a person with a disability, I have long advocated for a health system that delivers care that is valued by patients. Innovation in health care does not happen overnight, but is the result of significant testing for effectiveness to achieve the desired outcome. We accept this reality when it comes to drugs, devices, health information technology and even delivery system reforms where we expect a robust evidence base of effectiveness before changing the standard of care. Payment reform should be no different. As alternative payment models for health care are implemented on a small scale, we should expect them to be robustly evaluated for their success in improving the quality of care to beneficiaries before their expansion.

Therefore, I was pleased to learn that the Centers for Medicare and Medicaid Services proposed to cancel the Episode Payment Models (EPMs) and Cardiac Rehabilitation (CR) incentive payment model and to rescind the regulations governing these models. It is not because I do not think the agency should test new payment models. It is simply because, based on input from patients and providers, these models required more work to get it right, and certainly were not seen as sufficiently evaluated to be mandatory. I agree with your conclusion to prioritize provider participation in voluntary models.

In the future, the Innovation Center should involve patients and other stakeholders in the initial formation of the proposal and demonstrate that it meets criteria for patient-centeredness. In fact, the agency has not yet developed criteria for patient-centeredness nor a robust infrastructure for early patient

engagement. We urge the agency to heed our recommendation to start a formal process of engaging patients and people with disabilities to develop the patient-centeredness criteria called for in the statute governing its Innovation Center. We should all be able to agree that new models should be tested and validated as meeting criteria for patient-centeredness before being considered for widespread implementation, especially as mandatory models.

The proposed cancellation states that the agency will not implement these or other models using a rulemaking process in the future, but “rather would use methods of soliciting applications and securing participants' agreement to participate consistent with how we have implemented other voluntary models.” We urge you to articulate a process that allows for a bidirectional engagement with patients and people with disabilities long before soliciting applications so that patients are at the table in the design phase. Organizations representing patients and people with disabilities can provide the agency with an opportunity to learn from patient experiences, potentially through surveys and focus groups, that will potentially mitigate unintended consequences for patient care. Once patients and other stakeholders have had an opportunity to collaborate with the agency on new model designs, we support the Request for Information (RFI) process as a means to get broader feedback, and would encourage patient stakeholder roundtables as an additional part of the feedback process.

We look forward to providing more in-depth comments in response to the Request for Information on CMMI's new direction. In the meantime, we hope the agency will commit to patient engagement early in the model design process to positively shape the direction of the Innovation Center's proposals so they can be introduced with support and buy-in from the impacted patient communities. Let patients and people with disabilities be your partners in building a patient-centered health system.

Sincerely,



Tony Coelho
Chairman, Partnership to Improve Patient Care