

May 25, 2018

Adam Boehler  
Deputy Administrator and Director, Center for Medicare & Medicaid Innovation  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
[DPC@cms.hhs.gov](mailto:DPC@cms.hhs.gov)

***BY ELECTRONIC DELIVERY***

**Re: Center for Medicare & Medicaid Innovation Request for Information on Direct  
Provider Contracting Models**

Dear Mr. Boehler:

The Consumer Technology Association (CTA™) appreciates the opportunity to submit comments on the Center for Medicare & Medicaid Innovation Request for Information (RFI) on Direct Provider Contracting (DPC) Models issued April 23, 2018. CTA will focus its comments on question seven of the RFI, related to beneficiary participation, and, more specifically, “[w]hat other tools would be helpful for beneficiaries to become more engaged and active consumers of health care services together with their family members and caregivers (e.g., tools to access to their health information, mechanisms to provide feedback on patient experience)?”<sup>1</sup>

CTA is the trade association representing the \$321 billion U.S. consumer technology industry, which supports more than 15 million U.S. jobs. More than 2,200 companies – 80 percent are small businesses and startups; others are among the world’s best known brands – enjoy the benefits of CTA membership, including policy advocacy, market research, technical education, industry promotion, standards development, and the fostering of business and strategic

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<sup>1</sup> CMS, Center for Medicare and Medicaid Innovation Request for Information on Direct Provider Contracting Models, Question 7 (Apr. 23, 2018).

relationships. CTA also owns and produces CES® – the world’s gathering place for all who thrive on the business of consumer technologies. Profits from CES are reinvested in CTA’s industry services.

CTA’s membership includes medical device manufacturers and general health and fitness firms that are commercializing technologies focused on improving patient care through remote patient monitoring services while empowering consumers and patients in their own care. These services aim to change the way health care is delivered, improve patient outcomes, and enable medical efficiency. CTA therefore appreciates the Centers for Medicare & Medicaid Services’ (CMS’s) efforts to do the same through the potential development of DPC models that promote patient-centered care and reduce costs and that may incentivize provider and patient use of tools that could help CMS better achieve these goals. In particular, CTA encourages CMS to incentivize the use of health and fitness technologies as part of these models to improve quality of care and reduce costs, as discussed further below.

### **CMS Should Incentivize the Use of Health and Fitness Technologies in Any DPC Models It Adopts to Improve Care, Reduce Costs, and Empower Patients**

Health and fitness technologies, including, but not limited to, remote patient monitoring technologies and mobile health applications, are important tools to help providers better monitor their patients’ care while at the same time enabling patients and their caretakers to more easily engage with providers. More, expanded use of these tools has broad support in patient and provider studies, from diverse advocacy groups, and from CMS itself, as discussed further below. For all of these reasons, CTA encourages CMS to incentivize the use of these technologies in any DPC models it adopts.

Health and fitness technologies allow providers to connect to real-time medical and other data on their patients. They also create a readily available point of access for patients and their caregivers to communicate with their providers and access their electronic health records (EHRs) so that they can better monitor their own care. These technologies not only empower patients, working with their providers, to take charge of and coordinate their care but also enable providers – and patients – to better understand the patient’s health.

The capabilities inherent in these technologies can improve patient quality of life, increase life spans, and reduce costs for patients with chronic diseases.<sup>2</sup> These technologies also can reduce costly hospitalizations,<sup>3</sup> as providers and patients are better able to work together to forestall medical issues before they start. And they could help prevent medical errors, which are

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<sup>2</sup> James Minyika, et. al., *Unlocking the Potential of the Internet of Things*, McKinsey Global Institute at 39 (June 2015).

<sup>3</sup> *Id.* at 39.

estimated to be the third leading cause of death in the United States,<sup>4</sup> and help reduce redundant medical care. These health care issues are both major contributors to unnecessary health care spending in the United States, which is estimated to account for one third of health care expenditures.<sup>5</sup>

Provider and patient advocacy groups have agreed that health and fitness technologies can be beneficial in providing health care. In a 2017 report of the Government Accountability Office (GAO), both provider and patient organizations indicated that the increased use of remote patient monitoring technologies can facilitate follow-up care, alleviate provider shortages, increase patient convenience, and increase coverage of services.<sup>6</sup> The same organizations also indicated that existing rules regarding payment and coverage make it difficult to take advantage of these services.<sup>7</sup> This makes the use of health and fitness technologies particularly suited for adoption as part of a DPC model so that CMS can better test the value of these services outside of the existing rules under Medicare and Medicaid.

CMS has a demonstrated interest in patient-centered health and fitness technologies as evidenced by updates to the Quality Payment Program (QPP) established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and adopted as part of a final rule published in the Federal Register on November 16, 2017. In the final rule, CMS adopted a QPP improvement activity concerning beneficiary engagement under which clinicians would work to “[e]ngage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing assessment and guidance outside the encounter . . . .”<sup>8</sup> CMS expressly indicated that this improvement activity should be undertaken using technology that provides active, real-time feedback to patients and clinicians regarding the patient’s condition and care.<sup>9</sup> This use of patient-centered health and fitness technologies can similarly support any DPC models that CMS adopts.

To encourage the use of health and fitness technologies as part of a DPC model, CMS could establish incentives and rewards to encourage providers, patients, and payers to adopt these technologies in practice. These incentives would not need to be technology-specific but instead could encourage broad use of technologies that meet CTA’s industry standards, where applicable, so as to maintain provider and patient choice as to what technologies to use and to permit providers and patients to evolve and to continue to incorporate the latest and most

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<sup>4</sup> Martin A. Makery & Michael Daniel, *Medical Error – The Third Leading Cause of Death in the United States*, *The BMJ* (May 3, 2016), available at <http://www.bmj.com/content/353/bmj.i2139>.

<sup>5</sup> Nicole Cafarella Lallemand, *Health Policy Brief: Reducing Waste in Health Care*, Health Affairs (Dec. 13, 2012).

<sup>6</sup> US GAO, *Health Care: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs*, GAO-17-365, at 21 (Apr. 2017), available at <http://www.gao.gov/assets/690/684115.pdf>.

<sup>7</sup> *Id.* at 23.

<sup>8</sup> 82 Fed. Reg. 53,568, 53,669 (Nov. 16, 2017).

<sup>9</sup> *Id.*

innovative technologies into their care. CMS could monitor the benefits of these technologies using National Quality Forum (NQF) remote monitoring measures, including those that measure patient empowerment through demonstrated confidence in, understanding of, and compliance with the patient care plan.<sup>10</sup>

Lastly, in the RFI, CMS notes that DPC model(s) would differ from existing primary care models by placing greater emphasis on the central role of the beneficiary in selecting a primary care practice, with beneficiary engagement tools to empower beneficiaries, their families, and their caregivers to take ownership of the beneficiary's health. Question number seven asks what tools would be helpful for beneficiaries to become more engaged and active consumers of health care services (e.g., tools to access their health information, mechanisms to provide feedback on patient experience). We recommend that CMS incorporate mobile health tools that allow patients to have access to their health records into new payment and delivery models, including any direct provider contracting model(s). Blue Button 2.0 is a central component of CMS's Data Driven Patient Care Strategy, and Innovation Center models should advance this key Administration effort by including design elements that encourage patients to access and use their medical claims data. Building on ongoing work related to the Promoting Interoperability program (formerly Meaningful Use), Innovation Center models should also incorporate cutting edge tools that give beneficiaries access to their clinical data via EHRs and Medicare Blue Button data, and that enable them to share their clinical data with their providers and caregivers. Such tools are already being offered or will soon be offered for use by Medicare beneficiaries by various tech companies, among which several are CTA members, which have signed up to make use of the new Medicare Blue Button 2.0.

For all of these reasons, CTA urges CMS to adopt a DPC model that promotes the use of health and fitness related technologies and tools to improve quality of care while reducing costs and increasing patient access to providers and services.

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CTA thanks CMS for this opportunity to comment on the RFI and appreciates CMS's time and consideration of these comments and how to best integrate technology into any DPC models the agency may develop. We would be happy to discuss our comments with you. If you have any questions, please do not hesitate to contact Kinsey Fabrizio at 703-907-4341 or [kfabrizio@CTA.tech](mailto:kfabrizio@CTA.tech) or Michael Petricone at 703-907-7544 or [mpetricone@ce.org](mailto:mpetricone@ce.org).

Respectfully submitted,

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<sup>10</sup> NQF, Creating a Framework to Support Measure Development for Telehealth at 14 (Aug. 31, 2017).

Consumer Technology Association

Michael Petricone

Senior Vice President, Government and Regulatory Affairs

Kinsey Fabrizio

Senior Director, Member Engagement, Health and Fitness Technology

1919 South Eads St.

Arlington, VA 22202