June 3, 2019

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave SW
Washington, DC 20201

Re: CMS-9115-P

Dear Administrator Verma:

The Personal Connected Health Alliance (PCHAlliance), a non-profit membership association, appreciates the opportunity to provide comment on the Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-Facilitated Exchanges and Health Care Providers (CMS-9115-P).   We appreciate the opportunity to provide comments and are excited that CMS is advancing policy to enable consumer access to health information and administrative information about them.

Interoperable, connected health requires a broad ecosystem of shared digital health information. PCHAlliance members span this ecosystem and include entities that: manufacture the devices patients and providers use to measure biophysical data; provide health insights and increase the usability of clinical decision support; provide care; operate the networks that communicate patient-generated data between patients and providers; and represent consumer perspectives on connected health.  PCHA's member list can be found at http://www.pchalliance.org.  PCHAlliance works to advance evidence-based two-way digital communications between patients, their caregivers, and providers through the development of open technical standards, real-world testing, and through health policy and coverage advocacy.

Our comments are brief and express support for those standards and policies that advance interoperable information exchange and patient engagement in their care.

- **Patient Access to their Health Plan Data**:  PCHAlliance supports the proposed provisions providing patient access to data through FHIR based APIs aligned with ONC's API standards. Health plan data and claims data helps consumers become more engaged in their care and more knowledgeable consumers.  And, the development of third-party software and apps serving patient/consumer needs will drive innovation, engagement in, and transparency of health care delivery.

- **Information Exchange for Transitions of Care**:  While we have long supported digital information exchange notifying of care transitions, we are concerned that such functionality will not have the technology or interoperability support needed to implement if it is a Condition of Participation.  We recommend that this standard be a component to electronic information exchange standards, like the annually published Interoperability Standards Advisory and/or a function of a certified health record.

- **Adoption of Interoperability Across the Care Continuum**:  We strongly support work to advance information sharing using open APIs across the care continuum.  And we urge that information sharing and interoperability be viewed broadly, and not solely as electronic health record to electronic health record communication.  There are many forms and means of digital information sharing and platforms that provide interoperability between providers and between consumers and their caregivers.  For example, remote monitoring platforms can provide digital information between patients and multiple providers – allowing for interoperability and two-way, patient engaged, communications.  These more expansive and dynamic forms of interoperability should be embraced and incorporated into reimbursement systems (a first step was taken with the Home Health payment system allowing for the cost of remote monitoring equipment as a base cost beginning in 2020; similar steps should be taken in other payment systems) as they offer important and potentially cost savings means of improving care, reducing care costs through interoperable communication.

- **Innovation Center Testing of Interoperability Models**:  Please, direct the Innovation Center, to expressly include personal connected care, telehealth and remote monitoring, as integral and measured parts of pilot programs.  We remain frustrated that connected care may be part of a pilot or may not and there is no data collected or analyzed to evaluate the role of connected care.  We believe that connected care is integral to innovations that improve quality and lower costs, and the authorizing statute for the Innovation Center directed its work to include telehealth and remote monitoring. Yet, data on when and how telehealth and remote monitoring in pilots does not exist and analyses and evaluations of the impact of personal connected health remain are not conducted.

Please contact me if you need any additional information or have questions.  The Personal Connected Health Alliance welcomes the opportunity to work with CMS as these and other exciting regulatory and policy changes are under consideration.

Sincerely,

Robert Havasy
Managing Director
Personal Connected Health Alliance

PERSONAL CONNECTED HEALTH ALLIANCE
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Submitted on 6/3/2019
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