CENTER FOR CONSUMER ENGAGEMENT in health innovation
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October 28, 2016

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

Submitted electronically to: SIM.RFI@cms.hhs.gov.

Re: Request for Information on State Innovation Model Concepts

Dear Dr. Conway:

Community Catalyst respectfully submits the following comments regarding the request for information on State Innovation Model Concepts.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation focuses on health system transformation and bringing the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers, particularly those that are most vulnerable.

We appreciate the opportunity to offer our perspective as CMS considers future directions for the State Innovation Model (SIM) program. We support CMS' efforts to move the health care system away from one that is based solely on fee-for-service, and toward a system that focuses on better coordination, quality and value of care. The SIM grants play an important role in helping states accelerate this transformation. We appreciate CMS' efforts to build on the important work already being done through these grants, but have concerns about the possibility of implementing multi-payer initiatives without robust mechanisms for consumer engagement and sufficient resources to support that engagement. Additionally, while we understand CMS' desire for better alignment between Medicare and state-based advanced payment models, we have concerns about the implementation of the Quality Payment Program that would prevent us supporting alignment efforts until those concerns are addressed.

SECTION I: MULTI-PAYER STATE-BASED STRATEGIES TO TRANSITION PROVIDERS TO ADVANCED ALTERNATIVE PAYMENT MODELS

a. What factors are essential to the success of multi-payer delivery system reforms that are consistent with the April 2015 and November 2015 guidance (e.g. multi-stakeholder buy in, IT infrastructure)? How could a future state-based initiative support these factors?

Strong Consumer Engagement Mechanisms

Strong consumer engagement mechanisms are necessary for successful multi-payer delivery reforms. Increasing evidence points to the importance of consumer empowerment and engagement as a means of quality improvement and cost savings.[1] Consumer and patient voices provide a vital perspective for ensuring new delivery models are patient-centered, culturally competent, and meet the specific needs of the community. This is particularly important for SIM initiatives, where states have a lot of leeway in choosing which innovations they want to implement, and will be crucial as states move toward implementing multi-payer models that, by definition, will impact consumers with diverse circumstances and health care needs.

While the 2015 guidance mentions how patient engagement might play a role in specific delivery models (accountable care organizations or patient-centered medical homes, for example), it makes no mention of the importance of consumer input as states are deciding how to implement multi-payer models. As CMS considers next steps for advancing state based multi-payer reforms, we urge CMS to make consumer engagement at all levels an integral piece of future SIM initiatives and rule making.

Connecticut provides an excellent example of a state that is incorporating consumer and patient perspectives into their SIM initiatives at multiple levels. Connecticut uses a Consumer Advisory Board (CAB) model to "ensure significant consumer participation in the planning and implementation process."[2] The CAB is tasked with: providing advice and guidance to the SIM office; arranging for and supporting consumer representation on taskforces and councils; recommending and participating in consumer engagement activities; and reviewing and considering consumer and advocate input. Connecticut also utilizes a consumer engagement coordinator to conduct community outreach and solicit input from the broader consumer community on an ongoing basis. In addition to engaging consumers in the planning and implementation process, Connecticut requires consumer engagement at the individual model or initiative level, making it an integral part of their Advanced Medical Home (AMH) and the Community Clinical Integration Programs (CCIP) and including the consumer family advisory groups as a required component of CCIP.

We also encourage CMS to look at examples of how other health system transformation efforts, such as the dual eligible demonstration projects or Medicaid ACOs, have utilized consumer engagement. For example, Massachusetts established a statewide stakeholder Implementation Council with a requirement for 51 percent consumer and consumer advocate membership for its One Care demonstration for dually eligible individuals with disabilities, and built advocacy into its care model, such as through the inclusion of an independent long-term services and supports coordinator from community-based organizations.[3] Oregon's new Coordinated Care Organizations (CCOs) offer another model of multi-level consumer engagement, involving

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[1] See, e.g., Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitlaw N, Ory MG. The impact of chronic disease self management programs: healthcare savings through a community-based intervention. BMC Public Health. 2013; 13:1141; Carman KL, Dardess P, Maurer M, Sofaer S, Adam K, Bechtel C, Sweeney J. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. Health Aff. 2013; 32(2): 223-231. Greene J, Hibbard JH, Sacks R, Overton V, Parrotta CD. When patient activation levels change, health outcomes and costs change, too. Health Aff. 2015; 34(3): 431-437.

[2] Connecticut State Innovation Model Program Management Office. Available at: http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2765&q=333602

[3] Massachusetts "Frequently Asked Questions about the Implementation Council" http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/state-fed-comm/implementation-council-faq.pdf

consumers in public meetings and workgroups at the state level, as well as requiring at the CCO level a governance board that includes at least two members of the community, and a Community Advisory Council (CAC) that meets at least once every three months and is surveyed annually to assess their satisfaction with the level and quality of their engagement.[4]

We ask that CMS require all states to provide a plan for engaging consumers at the planning and implementation levels, as well as explain how they will ensure consumer input at the health system and plan levels. Engagement needs to be more than simply informing consumers or hosting focus groups. Consumers should be engaged collaboratively to design important aspects of the delivery of care.

A Focus on Equity

Low-income communities and communities of color still face significant disparities in health outcomes. Improving health equity must be a major goal of any health system transformation effort if we hope to achieve the triple aim of improving patient experience, improving population health outcomes and reducing costs. One benefit of the SIM grants is the flexibility they give states to focus transformation efforts on the communities and populations who can most benefit. While we understand the desire to set ambitious goals and move more patients into APMs through multi-payer models, we are worried about creating incentives for states to focus their efforts on the easiest-to-reach populations. This could have the unintended effect of actually broadening health disparities. As CMS considers how to use SIM grants to advance multi-payer models, we urge CMS to make health equity a more prominent focus. We ask that CMS require states to show how they will use future SIM initiatives to invest in communities disproportionately impacted by health disparities. We also ask that CMS consider ways to promote models that specifically address the social determinants of health, such as housing, transportation and food security.

d. What resources and tools (e.g., funding, infrastructure support, technical assistance, policy changes) do states need from CMS to design and launch robust multi-payer delivery and payment reforms with Medicare participation?

As described above, robust consumer engagement is vital to the success of multi-payer delivery reforms, but that engagement won't be successful without sufficient resources. Dedicated funding for consumer engagement activities is absolutely necessary for ensuring that multi-payer delivery and payment reforms are patient-centered and designed to meet the health needs of the diverse populations multi-payer efforts will impact.

Community Catalyst regularly speaks with consumer health advocates in 40 states across the country. These advocates are in direct contact with consumers in their state and, accordingly, are able to provide an accurate perspective on the issues consumers face in accessing health care on a daily basis. We've repeatedly heard from our advocates that one of the largest barriers they face to effective consumer engagement is a lack of resources.[5]

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[4] Wiitala, K, Metzger, M, and Hwang, A. "Consumer Engagement in Medicaid Accountable Care Organizations: A Review of Practices in Six States," Community Catalyst, September 2016, available at: http://www.communitycatalyst.org/resources/publications/document/ConsumerEngagementMedicaidACOs.pdf?1474915709

[5] ibid

On its most basic level, engaging consumers in payment and delivery reform efforts requires educating consumer representatives about the issues at hand and ensuring meetings are held at accessible times and adequately convenient locations for consumer representatives to participate. We would recommend that structured opportunities be created for consumers and consumer advocates to be informed by the SIM staff of the actions they are taking to protect consumer interests and seek consumer input on programmatic or policy choices that emerge in the implementation of the SIM. Many advocates and consumer representatives are using entirely volunteer time to learn about these issues and participate in meetings and forums. As volunteers, consumers differ from all the others at the table who get a paycheck to participate and prepare for the meeting. Consumers should be compensated for their time and preparation. To be maximally effective, consumer engagement should represent the voices of patients and caregivers from diverse backgrounds and communities. This perspective is absolutely necessary in ensuring health system transformation efforts appropriately address the unique needs of culturally distinct communities for resources for outreach, training, and leadership development.

The Massachusetts Implementation Council mentioned earlier is successful in part because of the associated resources provided. The state provides trainings and physical accommodations as needed to council members, pays stipends to consumer members for attending meetings and doing preparatory work, and provides reimbursement for travel expenses.[6]

We note the focus on technical assistance for providers in adopting new models of care, and we argue that the same degree of attention, engagement and resources should also be applied to prepare consumers for these new models, with a particular focus on vulnerable consumers who may be most impacted by these changes and who often face the most barriers to accessing information or services.

g. ***What factors should CMS take into account when considering overlap of existing or new Medicare-specific models with state-specific all-payer models?***

While we understand the move toward greater alignment of payment models, particularly the desire to align reforms to Medicare models that impact large numbers of beneficiaries and providers, we caution against alignment for the sake of alignment. As CMS considers how Medicare-specific models might overlap and interact with state-specific models, we ask CMS to ensure that robust consumer engagement mechanisms and strong consumer protections are not lost in the attempts to align.

This is particularly important given some of the concerns we have with the rules surrounding the Quality Payment program (QPP). We ask CMS to refer to the comments we submitted on June 27, 2016[7] and to pay close attention to consumer responses to the final MACRA rule released on October 14 as they consider how to support states which want to undertake multi-payer models with Medicare participation. While we think the QPP is an important first step in moving from a

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[6] Dembner, A and Regan, C. "A Seat at the Table: Consumer Engagement Strategies Essential to the Success of State Dual Eligible Demonstration Projects," Community Catalyst, May 2013, available at: http://www.communitycatalyst.org/doc-store/publications/a-seat-at-the-table-duals-consumer-engagement.pdf

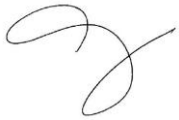
[7] Community Catalyst, Comments re: Notice of Proposed Rulemaking on Medicare Program; Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Medicare Physician Fee Schedule, and Criteria for Physician-Focused Payment Models (CMS-5517-P), Submitted electronically on June 27, 2016, available at: http://www.communitycatalyst.org/resources/commentletters/document/CCEHI-Comments-on-the-Quality-Payment-Program-June-27-2016.pdf

system based on volume to one based on value, the rules fall short in terms of requirements for, and promotion of, patient engagement activities, consumer-oriented quality measures, and measures to address health disparities. We urge CMS to ensure that multi-payer models advanced through future SIM initiatives address some of the weaknesses in the current Quality payment Program rules.

Additionally, many of the state advocates we work with have raised concerns that a push toward greater alignment might undermine important progress consumer advocates have made or could cause states to abandon new and innovative ideas they are currently pursuing through their SIM grant. For example, advocates in Oregon are working to ensure consumer voices are part of the conversation surrounding quality metrics and don't want to see any progress they make towards consumer-oriented measures erased in efforts to align quality metrics. Additionally, advocates in states that are exploring interventions to address the social determinants of health fear this work could be pushed aside in the movement to focus on aligning payment models. We caution against CMS prioritizing alignment over innovative state initiatives that are aimed at meeting the identified priority health needs of consumers. Aligning payment models should be a strategy that helps improve health care for consumers rather than an end in itself.

Thank you for the opportunity to comment on this important provision. Please do not hesitate to contact me at ahwang@communitycatalyst.org should you have any questions.

Sincerely,



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CC: Stephen Cha, M.D., Director, State Innovations Group