December 3, 2010

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
Attention: CMS-1345-NC
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Berwick:

The enactment of the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Affordable Care Act (ACA) offers an unprecedented opportunity to strategically align efforts to improve health and health care. Both the Meaningful Use program under HITECH and Medicare Shared Savings Program under ACA can help set essential priorities to improve health care coordination, quality, and patient engagement.

Markle Connecting for Health, a public-private collaborative of more than 100 organizations across the spectrum of health care and information technology (IT), appreciates the opportunity to comment on patient-centeredness and experience assessment criteria, as well as quality measures for accountable care organizations (ACOs) within the Medicare Shared Savings Program.

Our primary recommendation is to urge the strategic alignment of HITECH and ACO opportunities to create a more optimal environment for doctors and patients to share and use the best available information for high quality and cost-effective health decisions. Based on our many previous collaborative public [comments](#) on HITECH and Meaningful Use of health IT,[1] we believe there is significant opportunity to create such alignment now.

As the Centers for Medicare and Medicaid Services (CMS) works to establish the scope for the Medicare Shared Savings Program, it is important to leverage the foundation that has been laid through the objectives of HITECH and the definition of Meaningful Use of health IT, including:

- Emphasizing information sharing to improve patient safety and care coordination.

- Prioritizing quality improvement and not simply technology adoption.

- Embracing and rewarding patient engagement.

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[1] Markle Connecting for Health. "Comments on the Centers for Medicare and Medicaid Services' Notice of Proposed Rulemaking for the Electronic Health Record Incentive Program." Markle Foundation, March 15, 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf.

The Meaningful Use requirements should be a key starting point for CMS' assessment of ACO criteria, particularly for the goals of care coordination, quality reporting, patient engagement, and privacy and security. To the extent that the requirements for these programs are aligned, it can ease implementation, create necessary focus for participants, and sustain innovative efforts designed to achieve these important goals.

Patient Centeredness and Experience Assessment

Individuals need and want information. Empowering patients and their families by placing information directly in their hands can help fill information gaps in health care and enhance communication between patients and medical professionals. According to the Markle Survey on Health in a Networked Life 2010, roughly 2 in 3 of the public and doctors agree that people should be able to download their personal health information.[2]

A broad vision for patient engagement should guide the criteria for patient centeredness and assessment of beneficiary and caregiver experience for the Medicare Shared Savings Program. Such a vision should include using modern information tools and services to engage patients and their providers to improve the nation's health. We articulated themes for this vision in Markle Connecting for Health collaborative [comments](#) to HHS on the draft Meaningful Use rule, which applies fittingly to the Medicare Shared Savings Program:

- Consider individuals as information participants—not as mere recipients, but as information contributors, knowledge creators, and shared decision makers and care planners.

- Shift paradigms so that information is not provided to individuals only upon request, but is delivered routinely after every visit in a format that matches the individual's needs and wishes.

- Encourage the extension of communication and feedback cycles among individuals and care teams beyond episodic, office-based encounters.

- Enable individuals to compile copies of their information on a timely basis and share it in the manner of their choosing.

- Research and develop new patient engagement performance measures that are directly tied to health improvement goals.[3]

Meaningful Use Stage 1 already includes key requirements to facilitate individual access to personal health information, and these requirements could be baseline elements for providers participating in ACOs. Patient centeredness criteria for the Medicare Shared Savings Program should similarly require ACOs to allow individuals to securely access their information electronically and include an option for

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[2]   Markle Foundation. *New Markle Survey Finds US Public and Doctors Alike Support 'Blue Button' for Downloading Health Information*. October 7, 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20101007_bluebutton_pr.pdf.

[3]   Markle Connecting for Health. "Comments on the Centers for Medicare and Medicaid Services' Notice of Proposed Rulemaking for the Electronic Health Record Incentive Program." Markle Foundation, March 15, 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf.

individuals to download their own information with sound privacy and security policies and practices in place, in ways that enable individuals to use and share their own information as needed and desired.[4]

Markle Connecting for Health identified this simple but important first step for using health IT as a building block for this vision—the ability for patients to download their own health information. Recognizing the important role that access to information plays in helping patients become active participants in their health and health care activities, the Markle Connecting for Health collaborative encouraged HHS to make the download capability a priority in health IT efforts.[5] The Markle Connecting for Health collaborators recently published a set of privacy practices for the download capability supported by more than 50 organizations representing technology companies, insurers, provider groups, and consumer and privacy advocates.[6] These practices further specify the Markle Common Framework for Networked Personal Health Information, which recommends policy and technology safeguards to encourage individual access to information while protecting privacy. [7]

Already, the Medicare program and the Department of Veterans Affairs have worked to support individual access for their own programs by offering a "blue button" for beneficiaries and veterans to download key parts of their personal health information. This provides a clear example for the rest of the health sector.

Determining whether beneficiaries and caregivers have ready access to health information should be part of the assessment criteria for the experience of care within ACOs.

Quality Measures and a National Health Care Quality Strategy

The Medicare Shared Savings Program should build upon the quality reporting requirements established within the Meaningful Use Program and leverage a National Health Care Quality Strategy. HHS has made strides toward prioritizing Meaningful Use requirements for reporting quality and aligning them with various HHS quality reporting initiatives. Building upon these activities, the quality measures for the Medicare Shared Savings Program should support national health goals while adopting innovative approaches to quality measurement and improvement which motivate the improvement of care over time while reducing administrative burden to providers and minimizing privacy risks.

Harnessing a National Health Care Quality Strategy will be instrumental to the success of the Medicare Shared Savings Program. In previous comments to HHS, we articulated the importance of having a

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[4]   Markle Connecting for Health. "Common Framework for Networked Personal Health Information, Policies in Practice: The Download Capability." August 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20100831_dlcapability.pdf.

[5]   Markle Connecting for Health. "Common Framework for Networked Personal Health Information, Policies in Practice: The Download Capability." August 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20100831_dlcapability.pdf.

[6]   "The Common Framework for Networked Personal Health Information Statement of Support." Accessed on the Web December 1, 2010: http://www.connectingforhealth.org/resources/CCEndorser.pdf.

[7]   Markle Connecting for Health Common Framework for Networked Personal Health Information. Markle Foundation. Accessed on Web December 1, 2010: http://www.connectingforhealth.org/phti/index.html.

National Health Care Quality Strategy that clearly defines actionable health goals. Having clear national health goals can help define the scope of public and private programs, align efforts for maximum impact, and help ensure the appropriate allocation of resources.

CMS has already begun to implicitly identify a set of health priorities in the implementation of HITECH by requiring the reporting of certain quality measures. One could extrapolate priorities in the following areas:

- Reduce hospital readmissions.

- Improve medication management (safe medication use and effective medication management for heart disease, diabetes, asthma, mental health conditions, and hospital procedures).

- Improve care coordination and reduce gaps in care.

- Improve chronic care management, including blood pressure, diabetes, and cholesterol control.

- Improve preventive care, including healthy weight and smoking cessation.

- Improve patient safety.

- Reduce disparities.

- Increase efficiency and appropriate use of resources.

- Improve active engagement of patients in their care.[8]

These priorities should serve as the basis for refining and focusing efforts toward clear health goals.

The quality measures for the Medicare Shared Savings Program should be identified, tested, and developed through a dynamic and distributed approach, generated from the real-world experience of providers and their patients. Quality measures should not become compliance exercises or create unnecessary administrative burdens. Quality improvement activities should engage and support ACOs in moving the needle in improving quality and safety, enabling ACOs to share and study successes and failures among a vibrant and networked community of active learning.

Quality measures and reporting should rely on methods that minimize privacy risks. As recommended in the Markle Connecting for Health collaborative comments on the NPRM on Meaningful Use, a feasible quality reporting strategy that does not create burden on providers and that minimizes privacy risks is needed. The Meaningful Use reporting, which relies on summary results rather than individually identifiable patient data, serves as a good model for quality reporting among ACOs.[9]

We have an incredible opportunity to strategically align efforts to improve the health of our nation through ambitious but achievable targets. Empowering patients with their health information and improving quality by disseminating best practices through a coordinated and responsive process will hold great promise for the Medicare Shared Savings Program.

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8   Markle Connecting for Health. "Comments on the Department of Health and Human Services' Request for Input on the National Health Care Quality Strategy and Plan." Markle Foundation, October 15, 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20101015_hhs_hcq_letter.pdf.

9   Markle Connecting for Health. "Comments on the Centers for Medicare and Medicaid Services' Notice of Proposed Rulemaking for the Electronic Health Record Incentive Program." Markle Foundation, March 15, 2010. Accessed on the Web November 22, 2010: http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf.

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John Rother
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Peter A. Schad, PhD
RTI International

Scott Schumacher
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Raymond Scott
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