Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers

Request for Input (RFI)

The Physician-Focused Payment Model Technical Advisory Committee (PTAC) is hosting theme-based discussions to inform the Committee on topics that are important for physician-focused payment models (PFPMs). Given the increased emphasis on developing larger population-based Alternative Payment Models (APMs) that encourage accountable care relationships, PTAC has conducted a series of theme-based discussions that examined key definitions, issues, and opportunities related to developing and implementing APMs with accountability for quality and total cost of care (TCOC). Subsequent theme-based discussions have addressed topics related to improving care delivery and integration of specialty care, improving the management of care transitions, increasing participation of rural patients and providers, developing and implementing performance measures, addressing the needs of patients with complex chronic conditions or serious illnesses, identifying pathways toward maximizing participation in value-based care, and reducing barriers to participation in APMs.

These theme-based discussions are designed to give Committee members additional information about current perspectives on key issues related to developing and operationalizing APMs. This information will be useful to policy makers, payers, accountable care entities, and providers for optimizing health care delivery and value-based transformation in the context of APMs and PFPMs specifically. The theme-based discussions provide an opportunity for PTAC to hear from the public and subject matter experts, including stakeholders who have previously submitted proposals to PTAC with relevant components.

To assist PTAC in preparing for future theme-based discussions, the Committee is interested in seeking stakeholder input about using data and health information technology to transparently empower consumers and support providers. Specific topics that are of interest include:

- Approaches for improving data infrastructure and interoperability to support patient empowerment and shared decision-making;
- Effective digital tools for equipping patients with information about their health care;
- Emerging strategies for promoting shared decision-making between providers and patients;
- Data-driven approaches for enabling patients with multiple chronic conditions to take control of their health care; and
- Payment models and benefit design improvements to enhance patient empowerment.

Stakeholders will have an opportunity to provide public comments at the end of the second day of the public meeting. Findings from this theme-based discussion will be included in a report to the Secretary of Health and Human Services (HHS).

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Background:

Engaging and empowering patients to make informed decisions about their health care is associated with improved clinical outcomes and is an important aspect to preventing chronic disease.[1] Additionally, it is important to improve the use of data and health information technology to empower patients to make informed decisions and to support providers in delivering quality care to their patients.

Within this context, PTAC has assessed previous submitters' inclusion of patient choice (criterion 8) and health information technology (criterion 10) in its model design components. Among the 35 proposals that were submitted to PTAC between 2016 and 2020, including 28 proposals that PTAC has deliberated and voted on during public meetings, nearly all of the proposals address patient choice and health information technology (IT). Committee members found that 25 of these proposals met criterion 8 (Patient Choice) and 22 proposals met criterion 10 (Health IT). Seven proposals were selected for review and inclusion in an environmental scan: four proposals describe specific strategies to support patient choice, and three proposals describe innovative health IT approaches that promote data standardization, interoperability, and transparency.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) provides an environmental scan for every proposal reviewed by PTAC so that Committee members understand the clinical and economic circumstances within which a proposed model would be implemented, as well as related resource information that can inform their evaluation of each proposal. To assist PTAC in preparing for the September 2025 theme-based discussion, an environmental scan is currently being developed on topics related to concepts around patient-centered care including patient empowerment, the use of digital tools to empower patients and support providers, and patient empowerment and value-based care.

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[1]Bailo L, Guiddi P, Vergani L, Marton G, Pravettoni G. The patient perspective: investigating patient empowerment enablers and barriers within the oncological care process. Ecancermedicalscience. 2019 Mar 28;13:912. doi: 10.3332/ecancer.2019.912. PMID: 31123495; PMCID: PMC6467453.

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PTAC is using the following working definitions for patient empowerment and engagement:

Patient Empowerment

- *The process and state whereby a patient acquires and has the ability (knowledge and skills) and motivation (desire and confidence) to control and make timely decisions regarding their own health and health care.*

Patient Engagement

- *The process and state by which a patient actively communicates their health status, health care needs, and health care wishes; makes informed decisions regarding their health and health care treatments; and participates in shared decision-making regarding their health with their providers.*

These definitions will likely continue to evolve as the Committee collects additional information from stakeholders.

PTAC Areas of Interest:

PTAC is particularly interested in improving the use of data and health information technology to transparently empower consumers and support providers. Particular topics of interest include improving data infrastructure to empower patients and providers; assessing the availability and effectiveness of digital tools for equipping patients with information about their health care; discussing emerging data strategies for supporting shared decision-making between providers and patients; examining data-driven approaches for enabling patients with chronic conditions and enhancing secondary prevention; and considering payment models and benefit design improvements to enhance patient empowerment.

PTAC seeks to build upon the insights of stakeholders and use those insights and considerations to further inform the Committee's review of proposals and recommendations that the Committee may provide to the Secretary relating to this topic. Therefore, PTAC requests stakeholders' input on the questions listed below.

Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

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Questions to the Public:

1) How can electronic health vendors work together to improve data interoperability?

2) How can data infrastructure be improved to ensure the availability of patient data?

3) What are solutions to transferring data from mobile and wearable apps into EHRs and vice versa?

4) What funding mechanisms can be used to promote improvements in patient data?

5) How can patients be empowered to:

   a) better understand the health care data they can access through tools such as patient portals (e.g., to make data meaningful and actionable).

   b) make better decisions regarding their health?

6) How can patient outcomes (e.g., quality, patient experience, clinical outcomes, total cost of care) be improved by empowering patients through the use of health data and digital health tools?

7) What are effective approaches for using patient navigators to support patients in managing their health care?

8) What are best practices for encouraging shared decision-making between clinicians and patients?

   a) What role can health system level incentives and organizational culture play in influencing shared decision-making?

9) How can providers help to engage patients and promote patient empowerment?

10) What are the most effective approaches for empowering patients with multiple chronic diseases to help improve quality, outcomes, and TCOC?

11) What are effective care delivery models to increase the engagement of patients with chronic conditions?

12) What role can ancillary providers (e.g., nurses, nutritionists, community health workers, pharmacists, behavioral health providers) play in promoting shared decision-making and patient empowerment?

13) How can patients with chronic diseases be empowered to make healthy choices about nutrition and other factors that affect their health?

14) What kinds of benefit design changes can help to incentivize patient empowerment?

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15) How can payment and performance measurement for population based, total cost of care models such as ACOs be designed to incentivize patient empowerment?

16) How can providers be incentivized to promote patient empowerment (e.g., through the use of digital tools, patient education)?

17) How can patients be incentivized to participate in value-based care?

Where to Submit Comments/Input: Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

Note: Any comments that are not focused on the topic of using data and health information technology to transparently empower consumers and support providers; APMs and PFPMs; and efforts by physicians and related providers caring for Medicare FFS beneficiaries, or are deemed outside of PTAC's statutory authority, will not be reviewed and included in any document(s) summarizing the public comments that were received in response to this request.

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Appendix: Working Definitions Related to APMs

PTAC is using the following working definition of TCOC:

> *Total cost of care is a composite measure of the cost of all covered medical services delivered to an individual or group. In the context of Medicare Alternative Payment Models, TCOC typically includes Medicare Part A and Part B expenditures, and is calculated on a per-beneficiary basis for a specified time period.*

Within this context, some examples of existing models/programs that include components that are relevant for the development of APMs include:

- *Advanced primary care models (APCMs)* that promote the use of Advanced Primary Care, an approach that enables primary care innovations to achieve higher quality care and allows providers more flexibility to offer a broader set of services and care coordination.

- *Accountable Care Organization (ACO) programs* where physicians or health systems assume responsibility for TCOC associated with a patient population.

While some existing APMs may include shared savings with upside risk only, PTAC anticipates that value-based care models/programs will include pathways for allowing providers and organizations to gradually assume more downside financial risk over time.