November 20, 2017

The Honorable Seema Verma
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20002

Submitted electronically to: CMMI_NewDirection@cms.hhs.gov

Re: CMS Innovation Center New Direction Request for Information

Dear Administrator Verma:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide input on the CMS Innovation Center Request for Information (RFI) on New Directions. Six years after the first of CMMI's many efforts launched, we concur that the time is right to consider the next evolution of CMS innovation, and AMIA supports the principles articulated by this RFI.

AMIA is the professional home for more than 5,400 informatics professionals, representing frontline clinicians, researchers and public health experts who bring meaning to data, manage information and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

A. Guiding Principles

Five years after many CMS Innovation models launched, we concur that the time is right to consider the next evolution of CMMI. AMIA urges the next evolution in CMS Innovation to not only focus on payment reforms, but also put a greater emphasis on the interdependency of payment and delivery reforms, supported by health IT and health informatics. AMIA supports the principles articulated by this RFI, and we recommend CMMI consider an additional principle: *Innovation support: Leverage innovation and lessons learned so that successful strategies can be duplicated and expanded beyond initial pilots.*

AMIA strongly encourages CMMI to consider ways it can provide *innovation support*, not simply financial support, to transform care delivery. AMIA recommends CMMI consider ways

it can serve as a clearinghouse, or platform, of innovation to avoid waste in having separate organizations discover innovations independently. Innovation support may include activities such as:

- Dissemination of best practices and education modules developed by successful awardees;
- Creation and dissemination of benchmarks for workforce competencies, especially for data analytics and IT skills;
- Development of a commons for shared resources, such as workflow redesigns and software integrations;
- Funding or credit for informatics researchers who develop useful tools, such as dashboards or other visualizations; and
- Funding for shared informatics tools or services that can be used by any EHR / HIT or HIE system, including shared clinical decision support services, and tools for population health, social determinants of health in clinical care, chronic care management and care coordination.

Another principle that CMMI should seek to adopt or apply regards *Program stability – Develop pilots and test models that include a longer time horizon so that innovations can spread and scale.*

As critical leaders and experts within healthcare organizations for data analytics, clinical decision support, EHR optimization, and other kinds of informatics expertise, AMIA members are keenly aware of how important culture change is to the success of programs like those tested by CMMI. AMIA members report that CMMI programs have helped their organizations refocus and reemphasize their culture on care delivery efficiency and quality. However, they believe that CMMI should provide more stability in program requirements year-over-year. The rapid cycling of CMMI program goals and reporting requirements has, at times, made it difficult to progress towards the larger goals of optimal care at lowered cost. For the vast majority of organizations to be successful in a value-based payment paradigm, CMMI should acknowledge what is required for lasting change to occur, including an accurate representation of the time and resources needed.

B. Potential Models

Given the continued digitization of care delivery, we envision that informatics competencies will be pre-requisites for success across every focus area described in this RFI. Whether considering computational models to extract data from free text to reduce clinician burden, or risk stratification of patient populations by including social determinants of health data, or the integration of consumer-based technology into care decisions, an informatics infrastructure and workforce will underpin both the intervention and measurement of care.

As such, AMIA strongly recommends CMMI leverage new models and pilots to further promote and optimize the use of informatics tools and capabilities to support patient care. CMMI could achieve this goal through direct funding and enhanced application requirements.

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Direct Funding
CMMI could consider funding tools and strategies related to various goals as supplements to existing or potential models, such as: Developing better outcomes data through novel documentation requirements currently included within the Review of Systems for E/M code documentation; engaging patients and clinicians in the use of patient-generated health data; developing analytic methods for risk adjustment; or enabling quality improvement through machine-learning from large data sets, for example. Such tools and strategies could then be incorporated into CMMI's innovation support portfolio, as described above, for other organizations to leverage.

Enhanced Application Requirements
Another approach to optimize the use of informatics to support patient care is through enhanced application requirements. **AMIA recommends CMMI evaluate application requirements across models to ensure they convey how informatics will be leveraged.** Informatics tools and methods will be at the heart of innovations sought by CMS, and this will require that applicants describe their informatics infrastructure and capacity, including key personnel. Such a focus on applications will encourage the private-sector to coalesce on specific data standards and improve harmonization to assure successful efforts are generalizable. Further, this will require that application reviewers possess requisite competencies in informatics to discern quality applications.

For instance, the recently funded Accountable Health Communities program funded through CMMI promotes the capture of social determinants of health data outside established clinical workflows, which will likely create additional burdens on participating organizations. These burdens could be mitigated by applying informatics principles that promote the optimal fit of information systems into workflow, and could help encourage the use of recognized clinical data standards in CMMI application IT requirements.

Just as clinicians are expected to use medical devices and pharmaceuticals to improve patient outcomes, so too must we expect them to leverage evidence-based informatics tools and methodologies. We recognize that evaluating implementation of informatics as an intervention is difficult, but we strongly believe it is important to take time to think through this increasingly important dimension of care delivery. Dedication to rigorously reviewing the informatics components of CMMI grantees will allow for greater involvement and integration with real-world environments and will improve the generalizability of models beyond the pilot stage.

Finally, AMIA and the informatics community stand ready to assist CMMI as it endeavors to develop long-lasting, scalable models of care for the 21st century. To this end, we have membership spanning multiple specialties and care team member types, which could be convened to review and recommend specific enhancements to potential new model applications.

We hope our comments are helpful as you undertake this important work. Should you have questions about these comments or require additional information, please contact Jeffery Smith, Vice President of Public Policy at jsmith@amia.org or (301) 657-1291. We look forward to continued partnership and dialogue.

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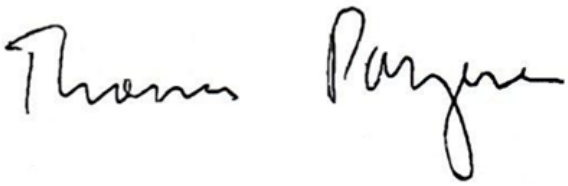
Sincerely,

Douglas B. Fridsma, MD, PhD, FACP, FACMI
President and CEO
AMIA



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