

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Administrator Oz,

Shatterproof appreciates the opportunity to provide comment on Centers for Medicare and Medicaid Services's (CMS's) and the Assistant Secretary for Technology Policy / Office of the National Coordinator for Health Information Technology's (ASTP/ONC's) Request for Information, focusing on opportunities to build a patient-centered digital health ecosystem. Shatterproof is a national non-profit focused on providing trusted guidance to and removing systemic, healthcare, and social barriers to recovery for those impacted by substance use disorders (SUDs). To accomplish this, Shatterproof focuses on three pillars of work:

- 1) Transforming the treatment delivery system so that all people have access to evidence-based SUD treatment;
- 2) Breaking down SUD-related stigmas by changing people's knowledge, attitudes, and behaviors; and
- 3) Supporting and empowering communities.

Pillar 1 demonstrates Shatterproof's commitment to strategies that support patients in making informed decisions about care so that they may experience positive healthcare outcomes, all while increasing the adoption of clinical best practices and reducing costs.

Decades of research have identified effective clinical practices for treating and managing substance use disorders. Yet, unlike other chronic diseases, only [15%](#) of people with SUD get treatment at all, and even fewer have access to evidence-based care. Too often, individuals end up in care settings that do not fit their needs. According to SAMHSA, [38.7%](#) of adults who needed and perceived the need for SUD treatment indicated not knowing where to go as a reason for forgoing care.



In 2024, Medicare had about 1.7 million enrollees with an SUD. Of those 1.7 million, only [approximately 187 thousand \(11%\) of those entered any treatment at all](#). Given a noted rise in substance use disorder diagnoses across older populations, it is critical that Medicare beneficiaries have proper tools to identify SUD treatment programs covered by Medicare and/or in network with their Medicare Advantage plan and are aligned with effective standards of care for the treatment of SUD.

Already, CMS is working to improve access to quality SUD treatment for beneficiaries. Through core provisions of the new Ensuring Access to Medicaid Services Rule, CMS is working with state Medicaid agencies to monitor several quality and access metrics for behavioral health services. Relevant information on provider networks, as described above, is also needed for Medicare and Medicare Advantage as evidenced by introduction of the bipartisan [Real Health Providers Act](#), S 3059, by Senators Bennet, Tillis and Wyden.

Shatterproof is committed to supporting those impacted by SUD in finding appropriate, evidenced-based care through Treatment Atlas (“Atlas”). Launched in July 2020, Treatment Atlas is a public-facing platform that uses validated measures to assess the quality of SUD treatment facilities and displays this information for patients, family members, providers, and other stakeholders to use when searching for care. Coupled with the Addiction Treatment Needs Assessment, which assesses the risk and severity of a person’s addiction and then provides recommendations for level of care and additional services (e.g., coordinated mental health services), Treatment Atlas offers the information people need to navigate the complex and sometimes predatory SUD treatment system. In addition to this, Treatment Atlas also includes customized dashboards for providers, states, and health insurers to use when pursuing data-driven solutions that advance the delivery of evidence-based care. Treatment Atlas is a key component of Shatterproof’s work to transform the addiction treatment system.

Recommendations

To best support Medicare beneficiaries in navigating to effective SUD treatment, Shatterproof offers the following recommendations.



Standardizing Quality Metrics for SUD

To support the delivery of high-quality SUD treatment, it is essential to use standardized measures to assess the delivery of clinical best practices and make this information publicly available to Medicare beneficiaries, providers, referral sources, federal agencies, payers, and other key players to align the treatment system with protocols based on proven research. Evidence has shown that such measurement systems drive quality improvement activities within healthcare sites, providing benefits to consumers, providers, and payers alike.

The transparency realized through public quality reporting will enable market forces and support Medicare patients in finding effective care. Facilities with a 1-star rating can experience as much as an [8% relative drop in market share](#), while those with a 5-star rating have seen a 6.4% increase in market share. These systems also provide a check on low-performing providers by creating [public accountability](#). Consumers find the content of a provider quality report, particularly if the report has measures for their specific conditions, to be [an important factor in their awareness and use of the report card](#). This evidence supports the necessity of bolstering user-friendly, publicly available quality information for the field of SUD treatment.

Public reporting of quality measures tends to improve care quality over time, largely due to changes in [provider behavior](#). Programs assessed by quality measurement systems are often motivated to conduct quality improvement activities due to results, the threat of declining patient volume, organizational objective to improve, or professional pride. [One study](#) showed that hospitals for which ratings data were released publicly began significantly more quality improvement activities following data release, compared with hospitals for which ratings data were released privately or not at all.

Creating Accessible, Patient-Centered Navigation Tools

As with any patient navigation tool, it is essential to validate that the functionality is as simple and straightforward as possible through usability and cognitive testing with a representative sample of the target audience. This notion is particularly true for older populations that may have less exposure to technology.



In general, it is critical for any navigation tool to have a clear interface that supports quick review and digestion of the healthcare information presented. This type of display is best achieved through concise language, visual cues, and simple educational content to support health literacy, particularly for beneficiaries that are navigating the SUD treatment system for the first time.

Patients have also previously reported a desire to filter based upon treatment services and program preferences, to visually compare services available at different treatment locations, and to be able to understand which locations are offering clinically effective services. These comments should be strongly considered for any navigation tool created to serve Medicare beneficiaries and were fundamental to our work on Treatment Atlas.

Supporting Treatment Sites in Data Sharing Capabilities

While electronic health records (EHRs) are fairly ubiquitous in primary health care and hospital settings, they remain less common in behavioral health care, including SUD treatment sites. To support more sophisticated data sharing and usage across SUD treatment, including the standardized assessment of program quality and patient outcomes, it is imperative to first empower these providers through incentivization of improved data infrastructure. Such investment will support more effective participation in data activities and lead to the types of data-driven approaches and tools of interest to CMS.

Shatterproof is grateful for the opportunity to provide public comment. Any questions should be directed to info@shatterproof.org.