

Centers for Medicare and Medicaid Services Request for Information: Health Technology Ecosystem

June 16, 2025

We are submitting for the Request for Information: Health Technology Ecosystem on behalf of Violet Services, Inc. (Violet Health). We support the Centers for Medicare and Medicaid Services (CMS) efforts at increasing beneficiary access to effective digital capabilities needed to make informed health decisions, and increasing data availability for all stakeholders contributing to health outcomes. Our current healthcare data systems are deeply fractured, and we applaud the CMS and ASTP/ONC efforts to lead infrastructure progress.

PC-8., a. What data is valuable, but hard for patients and caregivers, or app developers and other technical vendors, to access for appropriate and valuable use (for example, claims data, clinical data, encounter notes, operative reports, appointment schedules, prices)?

At present moment, patients and caregivers have very limited access to provider skilling data—especially around the patient populations each provider is uniquely skilled at serving. When searching for a provider, it is difficult for patients to obtain accurate data to understand which patient populations a provider has greater experience with and has completed a sizable amount of clinical education for. We are advocating for a standardized, unified benchmarking system to assess provider skilling in patient populations such as Rural communities and Veterans. This information would allow patients and caregivers to make better, more informed decisions on which providers to seek care from, with the care provided being of higher quality for their specific clinical needs. Additionally, care providers will see a lower rate of burnout as they attract and retain patients from the patient populations they are most passionate about.

C-12. What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers or both?



For the aforementioned provider skilling data would allow for a more effective mechanism for care navigation and improved access via an enhanced definition of network adequacy. The benchmarking data can be used to better match providers and patients from the patient population with which they have expertise. Routing patients to providers most suited for their care would allow the expansion of personalized care and would facilitate a person-centered approach to care matching. Additionally, comparing provider skills to patient populations across health plan services areas will improve access to care and build systems that incentivize greater transparency and personalization, yielding lower cost of care for all of us.

In closing, we urge CMS to develop and implement more mechanisms for personalization of healthcare, including more in-depth provider skilling data, greater access to accurate provider directories, and care matching that connects patients to providers best suited for their care.

With regards,

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