



June 16, 2025

Attention: CMS-0042-NC  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Request for Information; Health Technology Ecosystem**

Next Level Health Innovations is a leading provider of clinical informatics and federal program management expertise, dedicated to enhancing health outcomes through innovative policy, research, and data analytic solutions. We strive to be the trusted partner for public sector health leaders in the health IT ecosystem.

In response to the recent ASTP/CMS Request for Information (RFI) issued this year, Next Level Health Innovations is pleased to present our insights and recommendations. Our response includes our perspective as healthcare consumers as well as advisors under contract to the government to manage data standard and interoperability projects such as the USCDI+ program. This letter addresses key areas of interest, including advancements in health IT policy, program support, systems development, data standards implementation, and quality measurement. We aim to contribute valuable perspectives that will support the ongoing efforts to improve healthcare delivery and outcomes.

**Desired Capabilities in Digital Health Tools**

1. Based on the Health Information National Trends Survey (HINTS), secure messaging improves patient engagement and satisfaction. We recommend integrating responsive messaging features into patient portals and mobile apps to support consistent communications from providers via messaging platforms.
2. Evidence-based mental health apps using CBT approaches improve outcomes for depression and anxiety. We recommend FHIR-based mood tracking tools that synchronize with EHRs, as demonstrated in the SMART on FHIR ecosystem, to support CMS' goals of improving behavioral health outcomes.

3. Culturally tailored chronic disease management tools and interventions improve chronic disease outcomes. We recommend mobile apps that provide lifestyle guidance in culturally relevant formats, such as the ¡Viva Bien! program for Hispanic women with diabetes, to support CMS' goals of health equity.
4. Digital meal tracking tools for chronic illness support improved patient outcomes. An example is an app for dietary adherence and glycemic control in diabetes patients. Integrating apps like MyFitnessPal into care plans supports CMS' goals of preventive care and chronic disease management.

#### **Tasks for a Digital Personal Health Assistant**

1. Digital assistants that automate appointment scheduling, coordination, and reminders, such as the VA's Annie App, reduce missed visits and improve care continuity.
2. A digital assistant that helps reconcile insurance claims and billing issues can reduce administrative burden and patient stress, aligning with CMS's goal of simplifying healthcare navigation.

#### **Integrated Health Information Systems**

1. EHR system apps that include a calendar feature within the patient portal allow users to manage both medical and personal appointments, enhancing care coordination and patient outcomes.
2. Allowing caregivers to have their own login to the patient portal facilitates better care management, as demonstrated by the My HealtheVet portal.
3. Developing a unified portal that consolidates health information from multiple providers reduces the burden of managing multiple logins, as seen in New York State's Health Information Exchange systems.

#### **Useful Health Management, Care Navigation, or PHR apps**

CRISP InContext is part of the Maryland HIE and has been successfully used to integrate community-based resources with clinical care, enhancing the overall care experience for Medicare beneficiaries. Care navigators utilize the CRISP InContext application to make real-time referrals to community-based resources for patients directly within the EHR system workflow.

#### **Missing Features from Apps**

Provide financial incentives for healthcare providers and Community Based Organizations to implement and use closed-loop referral tracking systems to ensure providers adequately acknowledge and follow-up on referrals.

### **Encouraging Patient and Caregiver Interest**

1. CMS should review digital health products to ensure they meet efficacy, quality, and impact standards.
2. Including questions in patient surveys about user experience with digital health products in patient surveys can provide valuable feedback for continuous improvement.
3. Digital tools should prioritize and address real-world challenges such as appointment scheduling, transportation requests, and chronic condition management tools that allow patients to track symptoms, monitor severity, and upload data directly to their health records.
4. Implementing digital health literacy programs in community centers and healthcare facilities can educate patients and caregivers on using digital health tools effectively.
5. Sharing testimonials from users of successful digital health tools can encourage adoption.

### **Accessibility and Usability for Medicare Beneficiaries**

1. EHR system apps should include a user-friendly onboarding process and comprehensive user guides.
2. Developing intuitive interfaces using features such as large print, high-contrast text, read-aloud text, and seamless caregiver access support the CMS goal of enhancing accessibility and usability.
3. Ensuring transparency in the security of user data builds trust and confidence among Medicare beneficiaries and caregivers.

### **Collecting Real-World Data**

1. Partnerships with Providers and HIEs for capturing clinical metrics and patient outcomes tied to digital tool usage can provide valuable insights into the effectiveness of digital health tools.

2. There is a body of research that explored the use of audit logs to assess provider burden and interactions with health IT. Audit logs could be a useful source of real-world data.
3. Leveraging claims data for tracking outcomes prior to and after digital utilization can support regulatory decision-making and track health outcomes, such as hospital readmissions.

### **Valuable Health Data for Patients and Caregivers**

1. Implementing standardized formats and interoperability protocols for pathology reports and laboratory test results/interpretations can make these reports more accessible.
2. Providing real-time access to insurance authorizations at the point of care enhances transparency and patient engagement.
3. Developing tools that provide upfront service out-of-pocket cost estimates for services helps patients understand their financial responsibilities.
4. Ensuring access to clinician narrative notes provides a comprehensive understanding of health status.
5. Accessing Behavioral Health data is often challenging due to interoperability, privacy and security, and provider-level barriers. Expanding integrated care and leveraging tele-behavioral health can help alleviate behavioral health workforce shortages and improve access to care.

### **Advancing Patient Access through HIEs**

Ensure HIEs provide direct patient access to health information to enhance care coordination and patient outcomes.

### **Additional Valuable Use Cases for Patients and Providers:**

1. Disease specific use cases such as utilizing RWD and RWE to inform Oncology treatment decisions and improve patient outcomes.
2. Use Cases Possible Today:
  - Systems that allow patients to schedule appointments in real-time.

- Patient access to quality metrics on healthcare providers and facilities, such as the Leapfrog Group's Hospital Survey results which provide valuable insights into hospital performance<sup>1</sup>

### **Strategies to Encourage Provider Data Quality Improvements and Simplifying Clinical Quality Data Reporting**

1. Offer financial incentives or credits.
2. Clearly communicate and demonstrate the benefits of digital health tools.
3. Provide training programs.
4. Develop clear pathways for integrating digital health products into provider workflows.
5. Collaborate with organizations that manage registries and reporting programs to reduce the reporting burden on providers.
6. Simplifying data collection by focusing on a core set of elements from all patient encounters can provide valuable insights into patient outcomes.
7. Payers can provide technical assistance (training sessions, webinars, detailed implementation guidance) to healthcare providers and implementers to speed up the adoption of interoperability standards.

### **Encouraging Payers to Submit Information Blocking Complaints**

1. Simplify and streamline the information blocking complaint process to make it more user-friendly and accessible. This can include creating a straightforward online submission form and providing clear instructions on how to file a complaint.
2. Implement accountability mechanisms for confirmed violations of information blocking. This can include penalties, public reporting of violations, and corrective action plans.

### **USCDI Improvements to Interoperability and Data Exchange**

1. USCDI has established a standardized set of data elements that must be available for exchange across all care settings, thereby improving the interoperability of health information systems. USCDI focuses on core data elements that are essential for interoperability. However, it may not contain the full extent of data elements needed for

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<sup>1</sup> Leapfrog Group. (2025). Hospital Ratings and Reports. Retrieved from <https://www.leapfroggroup.org/ratings-reports>

specific use cases. The addition of USCDI+ has introduced use case-specific data elements, addressing some of the limitations of the core USCDI.

2. Additional limitations may arise from both the definition of the USCDI format and the way it is utilized. Clear mapping of USCDI to technical specifications is needed to ensure its usefulness to both technical and non-technical implementers.
3. Adding more data elements to USCDI can add value by addressing specific use cases, but it may also create scoping challenges. These challenges can be addressed by prioritizing data elements based on their impact on interoperability and patient care.

### **Effective Certification Criteria**

1. The requirement for CPOE has enabled Electronic Health Records (EHRs) to build in structured fields for medications, laboratory orders, diagnostic imaging, and clinical problems. The CPOE criteria ensures that orders are electronically recorded, changed, and accessed, improving accuracy and reducing errors in EHR systems, and significant improvements in medication safety and clinical workflow efficiency. The eCFR outlines the capabilities required for CPOE, including the ability to record, change, and access medication, laboratory, and diagnostic imaging orders.
2. The requirement for data reporting, particularly through QRDA-1 reports, has enabled hospitals to submit patient-level clinical data to the Inpatient Quality Reporting (IQR) and Promoting Interoperability programs. This standard facilitates the capture of granular clinical elements and supports quality measurement and reporting. Over 3,000 hospitals submit QRDA-1 reports, making it one of the largest CMS programs capturing detailed clinical data.
3. The adoption and certification criteria for USCDI have established a standardized set of data elements that must be available for exchange across all care settings. This standard promotes interoperability and ensures consistent capture and exchange of essential health information.
4. Bulk data transfer must efficiently handle the scale and volume of quality measurement data, as slow processing times can significantly reduce its effectiveness.
5. Low data quality is a significant barrier to providers feeling comfortable with allowing CMS direct access to pull data via APIs. This issue could be mitigated by allowing providers to approve data requests before any exchange occurs. Additionally, providing



providers with quicker access to CMS measure results could incentivize them to grant API access to their data.

6. Redefining certification to prioritize API-enabled capabilities over software functionality will enhance efforts to identify and address barriers. For example, prioritizing seamless data exchange between systems over adding new features to EHRs. However, vendors and implementers should not prioritize interoperability at the expense of improving EHR clinicians' workflow.
7. EHRs capable of bulk data transfer can be used to reduce the burden on providers for reporting quality performance data to CMS as Providers would only need to share data with CMS, alleviating the administrative tasks of updating measure logic or correcting submission errors. Providers can focus on patient care rather than spending time on administrative tasks related to data submission.
8. CMS could monitor performance more frequently, providing 'nearer real-time' feedback to providers. This ensures that Providers receive timely updates on their performance metrics, allowing for quicker adjustments and improvements.

#### **Incentives for APMs and MSSP Participants**

1. **Endorsing Digital Health Platforms:** Endorsing dependable digital health platforms can encourage adoption. Endorsed platforms would meet higher standards of efficacy, security, and interoperability.
2. **Financial Incentives:** Offering financial incentives for adopting and effectively using digital health products can improve patient outcomes. These incentives may include grants, subsidies, or performance-based bonuses tied to improved patient outcomes.

We appreciate the opportunity to provide our insights and recommendations in response to the ASTP/CMS RFI. We look forward to continuing our collaboration with CMS and ASTP to advance the health technology ecosystem and improve healthcare delivery and outcomes.

Sincerely,

Llew Brown  
Founder and CEO  
Next Level Health Innovation