Spring Health

June 16, 2025

Via Electronic Submission on regulations.gov
Centers for Medicare & Medicaid Services
Assistant Secretary for Technology Policy
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: CMS-0042-NC
Baltimore, MD 21244-8013

Re: File Code CMS-0042-NC
Request for Information Regarding Health Technology Ecosystem

Dear Secretary Kennedy, Assistant Secretary Posnack, and Deputy Administrator Carlton:

Spring Health (or "Spring") appreciates and welcomes this opportunity to comment on the Request for Information related to the Health Technology Ecosystem issued by the Department of Health and Human Services, through the Centers for Medicare & Medicaid Services ("CMS"), and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology ("ASTP/ONC") (the "RFI"). We have responded to select questions below.

ABOUT SPRING HEALTH

Spring Health provides mental health benefits to more than 4,500 employers globally, supporting more than 20 million covered lives. Our model offers comprehensive, data-driven behavioral health support, ranging from employee assistance programs to long-term therapy support. Spring's services include in-person and virtual therapy, substance use disorder ("SUD") care, coaching, medication management, and self-guided digital tools. Our AI-assisted Precision Mental Healthcare model enables personalized care pathways, helping individuals access the right support, whether digital content, therapy, coaching, or medication, at the right time.

Spring's multi-year return on investment ("ROI") guarantee provides employers with measurable, increasing, multi-year financial accountability. An independent study by the Validation Institute, covering over 31,000 individuals across four years, demonstrated that a 2x ROI in year one, increasing to 3x by year three, along with a 21% net savings in

mental health spending.[1] These results underscore the importance of targeted, effective, and accessible behavioral health interventions supported by technology.

Spring's mission is to eliminate barriers to care by delivering data-driven, effective mental health support and we believe technology is critical to our mission. We share CMS's and ASTP/ONC's vision that the responsible and effective use of digital tools can empower individuals to make more informed decisions about their health and well-being. In alignment with this shared goal and drawing on our demonstrated success in leveraging technology to improve outcomes and generate strong returns on investment, Spring respectfully submits the following comments for your consideration.

SPRING'S RECOMMENDATIONS FOR CMS AND ASTP/ONC

Spring has four overarching recommendations for CMS to support improvements in the health of Americans by prioritizing behavioral health, empowering patients, prioritizing outcomes, and developing payment approaches that support the development and use of digital tools.

1. *Prioritize Behavioral Health*
   In a time of persistent behavioral health professional shortages and mental healthcare access barriers, Spring believes digital tools are integral to addressing care gaps. Prioritizing solutions to improve access to mental health and substance use disorder care can have a significant positive impact on patients, providers, and payers. As CMS continues to develop and execute strategies related to the Health Technology Ecosystem, Spring encourages CMS to explicitly incorporate behavioral health technology into its broader digital health framework.

2. *Empower Patients*
   Spring encourages CMS to continue supporting the development and adoption of tools that promote patient self-monitoring, such as patient-reported outcomes ("PROs") and passive data collection. These tools empower shared decision-making between patients and providers.

3. *Emphasize Outcomes*
   Spring urges CMS to adopt a flexible outcomes-based evaluation framework for digital tools that includes:

   - Patient-reported improvements;

[1] Spring Health. "*The long-term cost savings of mental health benefits."* Spring Health, March 13, 2025, https://www.springhealth.com/news/long-term-cost-savings-mental-health-benefits.

- Non-PRO clinical outcomes;
- Treatment adherence;
- Equitable access and use across all populations, especially underserved populations; and
- Sustained engagement in care.

4. *Develop and Enable Sustainable Payment Models*
   CMS should develop and test payment mechanisms that reward providers and health systems for implementing digital and AI-enabled behavioral health solutions.

Below, please find detailed responses to selected questions posed in the RFI.

RESPONSES TO SELECTED HEALTH TECHNOLOGY ECOSYSTEM RFI QUESTIONS

Digital Tools for Patients and Caregivers

PC-1: What health management or care navigation apps would help you understand and manage your (or your loved ones) health needs, as well as the actions you should take?

Patients and caregivers benefit most from tools that synthesize AI-powered insights with human oversights. Patients and caregivers should have access to health management or care navigation apps that help patients track their progress using patient-reported outcomes and passive monitoring tools. For example, Spring's app leverages AI for dynamic intakes, smart summaries, and in-the-moment support to help members stay engaged, repeat themselves less, and connect to the right provider faster. With consent from providers and members, Spring can securely record and transcribe sessions and generate structured summaries directly within our proprietary electronic health record system helping providers complete clinical notes up to 40 percent faster, freeing them to focus on patient care, not keyboards.

Of course, none of this matters to our patients and their caregivers if AI is not implemented responsibly. That's why Spring built every part of our AI experience around trust and transparency. Consent is required by members and providers before any session is recorded or transcribed by AI. Audio recordings are deleted shortly after transcription. Transcripts are encrypted and never shared externally, and any data used for improvement is fully de-identified. AI-generated summaries are editable, and final notes are always reviewed and signed by the provider. It is imperative to build that trust, and Spring does so

by ensuring that all AI functions are privacy-centered, HIPAA- and SOC2-compliant, and built on transparent consent protocols.

Spring encourages CMS to consider consent, privacy, transparency, and security in any future rulemaking around patient-facing tools that leverage AI.

PC-5: What can CMS and its partners do to encourage patient and caregiver interest in these digital health products?

CMS should establish a core outcomes framework for digital health tools that identifies key domains for evaluating effectiveness, while allowing flexibility in implementation across organizations. This framework should reflect real-world patient experience and include the following domains:

- *Patient-Reported Improvement*
  Spring is a strong proponent of Measurement-Based Care ("MBC"), requiring all patients to complete clinically validated assessments, such as the PHQ-9, GAD-7, and PCL-5, before beginning care. These assessments are repeated at regular intervals to inform treatment planning, track progress, and adjust care intensity, ensuring clinically meaningful improvement over time.

- *Non-PRO Outcome Measures*
  In addition to standardized patient-reported outcomes, Spring is advancing the use of complementary data sources and we encourage CMS to include these non-PRO outcome measures in any established framework. Passive biomarkers from session "exhaust" such as tone, cadence, and content of voice and video, as well as AI-generated summaries, provider notes, and wearable data (e.g., HealthKit, Oura, Fitbit) create non-PRO metrics, allowing for more holistic and continuous measurement of patient well-being and treatment impact.

- *Treatment Adherence*
  Spring's integrated technology fosters high levels of treatment continuity. Our app enables patients to stay connected between sessions through asynchronous messaging, personalized reminders, care homework, and in-app support. These features increase adherence by maintaining patient engagement and strengthening therapeutic alliances between sessions.

- *Access to Care and Barrier Reduction*
  Through direct scheduling, precision provider matching, and support from dedicated care navigators, Spring ensures that patients are efficiently and

appropriately connected to care. Our platform is designed to proactively eliminate traditional access barriers, particularly for underserved populations and geographies.

- *Ongoing Engagement in Care*
  Sustained engagement is critical for therapeutic success. Spring promotes continued participation through a multimodal ecosystem that includes real-time care team messaging, AI-guided support tools, digital check-ins, and personalized interventions. These tools ensure patients remain actively engaged throughout their care journey, ultimately driving better outcomes.

To further promote adoption and informed decision-making, CMS should also establish routine mechanisms for digital health tools to share data with providers, enabling them to make more nuanced and evidence-based choices about which products to adopt, continue, or discontinue. Enhanced interoperability and transparency will support continuous improvement and critical alignment across the care continuum.

Finally, CMS should develop payment approaches that reward providers and health systems for implementing effective digital tools, including AI-enabled solutions. Payment innovation aligned with clinical outcomes and patient engagement will accelerate responsible adoption and encourage sustainable use of digital tolls in everyday care delivery.

PC-7: If CMS were to collect real-world data on digital health products' impact on health outcomes and related costs, what would be the best means of doing so?

Spring recommends CMS consider a hybrid data strategy using PROs, passive monitoring, clinical records, and administrative data to evaluate effectiveness and cost impact of digital tools.

Digital Tools for Providers

PR-1: What can CMS and its partners do to encourage providers to leverage approved digital health products for their patients?

In Spring's perspective, broader provider use hinges on payment and workflow integration. CMS should:

- Expand remote monitoring codes to cover:
    - *Asynchronous Communication,* which minimizes hassle for patients and providers and allow for between-encounter check-ins and updates;
    - *Digital Navigation Tools*, which help patients find experienced providers who match their needs for access;
    - *Caregiver Portals*, to incentivize provider use of advanced tooling for tracking patient progress, visualizing change over time and across patients, identifying potential flags for interventions, providing comparative information to other providers; and
    - *PRO and Passive Monitoring Tools*, which help patients track their progress, and specifically which take advantage of AI tools that can provide insights and support patients and their care teams in shared decision-making;
- Allow reimbursement for services delivered by a wider array of licensed behavioral health professionals, including coaches, social workers, and out-of-state providers under interstate licensure compacts; and
- Pilot a digital-first Alternative Payment Model ("APM") comparing AI-enabled and traditional models, using the outcomes framework outlined in PC-5 above, with a goal of establishing the value proposition for both the provider and the patient in using AI tools and illustrating how these tools can be used successfully in routine care settings.

Value-Based Care

Value-Based Care Organizations

VB-1: What incentives could encourage alternative payment models ("APMs") such as accountable care organizations ("ACOs") or participants in Medicare Shared Savings Program ("MSSP") to leverage digital health management and care navigation products more often and more effectively with their patients? What are the current obstacles preventing broader digital product adoption for patients in ACOs?

Currently, several obstacles prevent broader adoption of digital tools for patients. CMS can unlock digital health's full potential within APMs by addressing:

- The absence of robust reimbursement for AI-powered care;
- Gaps in provider digital fluency and data infrastructure; and
- Higher evidentiary thresholds for digital tools than traditional services.

CMS should develop and test pilot APMs which explicitly measure digital solutions' effectiveness across populations using longitudinal metrics and the core outcomes framework discussed in Question PC-5 above.

VB-2: How can key themes and technologies such as artificial intelligence, population health analytics, risk stratification, care coordination, usability, quality measurement, and patient engagement be better integrated into APM requirements?

Spring believes the key elements to better integration with APM requirements include:

- Surfacing personalized insights (e.g., predicted deterioration, optimal care pathways) to care navigators and providers as part of clinical decision support (CDS); and
- Predicting outcomes using structured assessments and engagement signals to identify dropout risk and enable proactive interventions.

VB-3: What are essential health IT capabilities for value-based care arrangements?

Health IT capabilities that are essential for value-based care arrangements include:

- *Measurement-Based Care*
  Systems that capture regular, validated clinical assessments, and surface patient progress over time (or proxies of these measures – see notes from Digital Tools for Patients);
- *Panel Management / Risk Stratification*
  Tools that deliver real-time alerts for clinical deterioration or disengagement, enabling timely outreach and escalation of patient risk;

- *Dynamic Care Navigation / Tiered Care Models*
  Platforms that match patients to the most appropriate and cost-effective care modality (e.g., therapy, coaching, medication, or digital interventions) based on evolving needs using data; and

- *Integrated Outcome Reporting*
  Dashboards for employers, payers, and provider organizations that aggregate engagement data, clinical improvement rates, and care gap insights.

Spring Health shares the goals of and is aligned with CMS and ASTP/ONC's mission to modernize healthcare delivery through responsible and patient-centered digital innovation. Through our products, Spring harnesses the power of technology to simplify and streamline care management, reduce barriers to data access and exchange, and achieve proven improvements to health outcomes. Spring's work demonstrates that when implemented thoughtfully, AI and digital tools not only improve health outcomes but also enhance equity and economic sustainability. We hope CMS and ASTP/ONC will consider Spring both an example of and a resource on the power of technology to transform care navigation and delivery for patients. Spring welcomes continued dialogue and collaboration with CMS and ASTP/ONC in shaping the future of the digital health ecosystem.

Sincerely,

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