

Response to CMS/ONC Request for Information on Digital Health, Data Access, and Value-Based Care

Topic: Digital, Automated Pre-Visits and Decision Support as Drivers of Value and Patient Empowerment

Thank you for the opportunity to comment on how digital tools can expand patient empowerment and advance value-based care. This response highlights the utility of automated digital pre-visits and clinical decision support as critical, underutilized strategies that advance both goals.

Introduction

A major component of U.S. healthcare spending is the estimated \$400 billion devoted annually to outpatient visits that support patient decision-making.[1] These visits primarily address chronic condition management, care plan revisions, and therapeutic decisions. As with most healthcare sectors, this cost is projected to grow by approximately 5% per year, or \$20 billion annually.

Now imagine containing or even reducing that \$400 billion—not through rationing, but by reengineering the work of clinical encounters. While tools like ambient listening and in-visit documentation have demonstrated time savings of 5–10% for physicians, even greater efficiencies are achievable before the encounter begins. Automated pre- and post-visit platforms—particularly those using structured logic—can reduce clinician time by up to 50% in both primary and specialty care.

Pre-visit digital agents have already demonstrated value in conditions such as diabetes, hypertension, hyperlipidemia, urinary tract infections, orthopedic and spine pain, and prostate cancer. These systems guide patients through structured, clinically informed engagement that improves visit efficiency and patient preparedness. The incorporation of generative AI is poised to expand this utility even further.

Despite this promise, adoption of automated pre-visits remains low. Barriers include workflow integration challenges, limited interoperability, and—most importantly—misaligned incentives. However, product design and clinical workflows are maturing. CMS now has a unique opportunity to catalyze adoption with modest, targeted investments in comprehensive pre-visit systems—not just administrative checklists, but platforms that engage patients in decision-making and prepare both patient and provider for more efficient, goal-concordant care.

Section: Value-Based Care Organizations

VB–1. Incentives to Encourage Digital Health Product Use in APMs

WiserCare recommends that CMS introduce targeted incentives to accelerate the adoption of digital tools that support personalized, high-quality decisions in outpatient care. Specifically, CMS should:

- Include automated pre-visit and decision support tools in quality programs, recognizing their ability to improve shared decision-making for metabolic conditions, cancer care, and preventive services.
- Develop reimbursement pathways that reward the use of digital tools to prepare patients and clinicians in advance of or between clinical encounters, reducing reliance on in-person time for basic education and preference elicitation.

These changes would enable providers to incorporate efficient, scalable decision support into value-based care delivery without sacrificing capacity or continuity.

VB–3. Essential Health IT Capabilities for Value-Based Care

CMS should incentivize adoption of digital tools that provide core value-based health IT functions:

1. Automated Pre-Visit Engagement

Structured digital workflows that gather clinical context, set agendas, initiate patient-reported outcomes, and optimize in-visit efficiency.

2. Condition-Specific Decision Support

Interactive, evidence-based modules that help patients make informed choices around:

- Metabolic disease treatment (e.g., diabetes, hypertension, hyperlipidemia)
- Cancer care and advanced screening
- Musculoskeletal pain management

These tools:

- Incorporate personal values and clinical parameters
- Reduce decisional conflict and regret
- Improve treatment adherence and patient engagement
- Integrate with EHRs and are compatible with population health platforms

Such capabilities are essential for ACOs seeking scalable, cost-effective tools to enhance care personalization and reduce unnecessary utilization.

Section: Patients and Caregivers

PC–1. What Would Help Patients Navigate Care?

Patients benefit most from tools that combine clinical accuracy with personal relevance. Pre-visit and decision support tools help individuals:

- Understand complex medical options in areas like cancer, diabetes, or preventive screening
- Align medical choices with their personal values, life goals, and comorbidities
- Involve family members or caregivers meaningfully in the process
- Digitally document, update, and share decisions with their providers

This functionality closely aligns with CMS's concept of a "personal assistant" for health care—providing proactive, guided, and patient-centered decision support.

PC–5. How Can CMS Encourage Adoption of Digital Tools?

CMS can drive adoption of evidence-based digital tools by:

- Endorsing validated decision support solutions for high-volume, high-cost clinical domains
- Leveraging Blue Button 2.0 and APIs to surface contextually relevant, personalized prompts (e.g., "Would you like help deciding on a colorectal cancer screening?")
- Funding awareness campaigns to normalize use of digital pre-visit and decision-making tools in chronic and preventive care
- Attaching modest incentives to existing E/M payment codes to reward pre-visit engagement
- Requiring use of such tools in global budget or total cost-of-care models
- Reimbursing digital decision support as a substitute for certain low-complexity visits

PC–6. Features to Promote Accessibility

To ensure tools are effective for Medicare beneficiaries, they must be:

- Mobile-first, multilingual, and designed for intuitive use
- Integrated with human support—such as phone-based facilitation or care coaches
- Built with behavioral design, plain language, and visual aids
- Validated to show high engagement across diverse literacy and cultural contexts

Section: Providers

PR–1. Barriers to Provider Adoption

Providers face clear structural barriers to implementing digital tools:

- Lack of payment pathways for time-saving or decision-enhancing digital engagement
- Resource and time constraints that prevent internal validation and integration
- Unclear return on investment for tools that improve quality but don't generate RVUs

WiserCare recommends CMS expand billing flexibility and provide transition support to allow providers to incorporate digital pre-visit tools without jeopardizing productivity or compliance with current performance measures.

Section: Technology Developers

TD–10. API Certification for Patient Access Without Special Effort

To support meaningful engagement, APIs should do more than expose basic health data. CMS should:

- Require APIs to make available decision-relevant data, such as clinical staging, comorbidities, prognosis estimates, and documented care preferences
- Support interoperable metadata structures for patient goals, care plans, and advance directives—so they can be surfaced and acted upon across platforms

These enhancements would make it easier for digital tools to deliver intelligent, context-aware recommendations without duplicating effort.

Conclusion

Automated pre-visit engagement and structured decision support represent some of the most effective, scalable ways to empower patients and make outpatient care more efficient, personalized, and aligned with value-based goals. CMS has a timely opportunity to modernize incentive structures to support adoption of these tools—bringing technology, patient engagement, and cost-effective care into better alignment.

We thank you for your leadership and for the opportunity to contribute to this critical policy conversation.

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