Submission to CMS and ASTP/ONC Request for Information: Health Technology Ecosystem
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Subject: Public Comment on Digital Infrastructure Needs to Support Value-Based Care

To CMS and ASTP/ONC Teams,

Thank you for the opportunity to respond to the Request for Information: Health Technology Ecosystem. At Cahir, we are committed to leveraging the latest technology innovations and proven strategies to modernize electronic health systems, enhance data sharing and workflow efficiency, increase care quality and access, and reduce costs for our clients. With over twenty years of staff experience supporting government health agencies, our team brings deep expertise in aligning with agency goals to drive higher user satisfaction and improved population health outcomes. Our methodologies are designed to support CMS in advancing and modernizing the digital health ecosystem, enabling clinicians to deliver high-quality care while expanding access and engagement for beneficiaries. We are pleased to address the following topic areas and strategies in support of these objectives.

E. Technology Vendors, Data Providers, and Networks

1. Ecosystem: TD1/TD2

Steps CMS Can Take to Stimulate Developer Interest

Short-Term (Next 2 Years)

Streamline Developer Onboarding

- Simplify credentialing and identity verification processes for developers, reducing administrative friction.
- Provide clear, up-to-date technical documentation and responsive support channels to decrease onboarding time and errors

Engage and Incentivize the Developer Community

- Host meetings, webinars, and listening sessions to foster collaboration and gather real-time feedback from the developer ecosystem.
- Offer grants, competitions, or financial incentives for solutions addressing key Medicare beneficiary and caregiver needs.

Promote Interoperability and Standards

- Strengthen support for open, standards-based data exchange (e.g., FHIR, USCDI) to facilitate integration with other health systems and products

Longer-Term

Establish a Certification Framework

- Develop a formal process for certifying digital health products for Medicare, ensuring usability, security, and alignment with CMS goals.

Invest in Next-Generation Data Infrastructure

- Build a dynamic, interoperable national provider directory and modernize data exchange infrastructure to support advanced analytics and AI-driven applications.

Support Real-World Data Collection and Analytics

- Enable mechanisms for collecting and analyzing real-world data on digital health product impact, informing policy and continuous improvement.

Reduce Regulatory and Administrative Burden

- Harmonize standards and streamline regulatory requirements across CMS programs to lower barriers for innovation and reduce compliance costs.

Sustain Funding for Health Information Exchange

- Ensure ongoing investment in state and federal health information exchanges to maintain a robust, secure, and scalable data ecosystem

Focus Areas and Recommendations

Area	Short-Term Actions	Long-Term Actions
Developer Engagement	Incentives, hackathons, improved support	Certification, real-world data collection
Data Access	Broader APIs, better documentation, access to quality data	Interoperability, advanced analytics
Valuable Data	Clinical, SDOH, provider, coverage, outcomes	Full EHR, pharmacy, HIE, social services
Obstacles	Technical, cost, silos, privacy, documentation	Infrastructure, regulatory harmonization
APIs to Include	QPP, price lookup, marketplace, point of care, directory	Public health, payer-to-payer, analytics

High-Value CMS Data Sets for Developers

Data Set / API	Key Contents	Main Use Cases
Data at the Point of Care (DPC)	Claims history (A, B, D)	Care coordination, analytics, risk stratification
National Provider Directory	Provider info, networks, specialties	Provider search, navigation, interoperability
Prior Authorization API	Coverage rules, requirements	Streamlined care, transparency, admin efficiency
SDOH Data	Social risk factors (Z codes, HRSN)	Health equity, targeted interventions
Patient-Reported Outcomes	Surveys, digital tool feedback	Quality improvement, patient engagement
Pharmacy Data	Prescription fills, adherence	Medication management, safety
Marketplace API	Plan, network, coverage details	Plan comparison, cost transparency

F. Value-Based Care Organizations

1. Digital Health Adoption

VB-1/ VB2/VB3

VB-1. Incentives and Obstacles for Digital Health Adoption in ACOs and MSSP

Recommended Incentives to Encourage Digital Health Use

- Enhanced Shared Savings and Performance Payments: Offer increased shared savings rates or bonus payments for ACOs and MSSP participants that demonstrate effective use of digital health management and care navigation tools, including electronic clinical quality measure (eCQM) adoption and patient engagement platforms.
- Targeted Grants and Start-Up Funding: Provide financial support for the implementation and integration of digital health technologies, especially for smaller or rural ACOs that may lack upfront capital.
- Technical Assistance and Training Programs: Fund comprehensive training and technical support to help ACOs and providers implement, optimize, and sustain digital health solutions, with a focus on usability and workflow integration.

- Recognition and Public Reporting: Establish recognition programs or public reporting for high-performing organizations that excel in digital health adoption, incentivizing innovation through reputational benefits.
- Regulatory Flexibility: Offer waivers or reduced reporting burdens for organizations that achieve measurable improvements in patient engagement or care outcomes through digital tools.

Current Obstacles to Broader Digital Product Adoption

- Upfront and Ongoing Costs: High costs of acquiring, implementing, and maintaining digital health technologies, including integration with existing EHRs and ongoing support, remain a significant barrier for many clinical practices and ACOs.
- Interoperability Challenges: Lack of seamless data exchange between disparate EHR systems and digital health platforms hinders care coordination and limits the utility of new tools.
- Provider Engagement and Resistance to Change: Clinician skepticism and unified leadership buy-in challenges, workflow disruption, and limited digital literacy can slow adoption, especially when solutions are not well integrated or add to administrative burden.
- Data Privacy and Security Concerns: Concerns about HIPAA compliance, data breaches, and patient trust can limit willingness to adopt new digital solutions.
- Infrastructure and Technical Limitations: Inadequate IT infrastructure, particularly in rural or under-resourced settings, impedes the deployment and scaling of digital health products.
- Patient Engagement Barriers: Low patient awareness, digital literacy, and access to technology can limit the effectiveness of digital health tools, especially among older or underserved populations.

VB-2. Integration of Key Themes and Technologies into APM Requirements

Recommendations for Better Integration

- Explicit APM Requirements for Digital Tools: Embed requirements for the use of digital health management, care navigation, and patient engagement platforms within APM contracts, ensuring that digital adoption is tied to performance metrics.
- Incorporate AI and Advanced Analytics: Require and incentivize the use of artificial intelligence (AI) and machine learning for risk stratification, population health analytics, and predictive modeling to identify high-risk patients and tailor interventions.
- Standardize Data Collection and Quality Measurement: Mandate the use of standardized, interoperable data formats (e.g., FHIR, USCDI) and promote eCQM reporting to enable more accurate and timely quality measurement.
- Promote Care Coordination and Usability: Encourage the adoption of integrated platforms that support seamless care coordination across providers, with a focus on user-centered design and intuitive interfaces to reduce clinician burden.

- Support Real-Time Patient Engagement: Integrate requirements for patient-facing digital tools (e.g., portals, mobile apps, AI-powered engagement systems) that facilitate two-way communication, education, and feedback between patients and care teams.
- Continuous Training and Change Management: Include provisions for ongoing staff training, technical support, and change management resources to ensure sustained and effective use of digital health solutions.
- Monitor and Adjust for Equity: Require regular assessment of digital adoption and outcomes across diverse patient populations, with strategies to address disparities in access and engagement.

Summary Table: Incentives, Obstacles, and Integration Strategies

Area	Recommendations/Findings
Incentives	Enhanced shared savings, grants, training, recognition, regulatory flexibility
Obstacles	Cost, interoperability, provider engagement, privacy/security, infrastructure, patient factors
Integration	Digital tool requirements, AI/analytics, standardized data, usability, patient engagement
Equity	Monitor digital adoption across populations, address disparities

3. Technical Standards

VB-13. Improvements to Existing Criteria and Standards for Value-Based Care

To better support value-based care (VBC) capabilities while reducing provider burden, we recommend the following improvements:

Streamline Quality Measure Reporting:

- Align and consolidate quality measure requirements across CMS programs, reducing duplicative reporting and harmonizing measures with those used by commercial payers. Prioritize the adoption of electronic clinical quality measures (eCQMs) that leverage structured EHR data and reduce manual chart abstraction.

Advance Interoperability Standards:

- Mandate the use of modern, open standards such as HL7 FHIR for data exchange, ensuring seamless interoperability across EHRs, health information exchanges, and payer systems. This will facilitate automated data flows and minimize manual data entry.

Enhance Usability and Workflow Integration:

- Update certification criteria to require that digital health tools and EHRs demonstrate user-centered design and seamless workflow integration. This will reduce cognitive and administrative burden on clinicians.

Promote Real-Time Data Access:

- Encourage standards that support real-time or near-real-time access to clinical, claims, and patient-generated data, empowering providers to make timely, informed decisions in value-based arrangements.

Support Modular, Scalable Solutions:

- Revise certification and procurement standards to support modular health IT solutions, allowing providers to adopt best-in-class tools without the need for full system replacements.

VB-14. Digital Identity Credentials and Value-Based Care

Implementing digital identity credentials can significantly enhance value-based care delivery and outcomes in the following ways:

Secure, Seamless Access:

- Digital identity credentials enable secure, single sign-on access to multiple health IT systems and data sources, reducing login fatigue and administrative overhead for providers.

Improved Data Integrity and Attribution:

- By uniquely identifying providers, staff, and even patients, digital credentials ensure accurate attribution of care activities and outcomes, which is critical for VBC performance measurement and incentive distribution.

Enhanced Care Coordination:

- Trusted digital identities facilitate secure, role-based data sharing across organizations, supporting care teams in coordinating services and interventions for patients across the continuum of care.

Fraud Reduction and Compliance:

- Strong digital identity management helps prevent unauthorized access, supports audit trails, and reduces fraud, waste, and abuse—key concerns in value-based payment models.

Patient Engagement:

- Extending digital identity solutions to patients can improve access to personal health information and digital tools, supporting patient engagement and self-management—central to value-based care success.

VB-15. Nationwide Provider Directory of FHIR Endpoints

A nationwide provider directory of FHIR endpoints would offer the following benefits:

Improved Access to Patient Data:

- Such a directory would enable providers, payers, and authorized third parties to quickly discover and connect with the correct FHIR endpoints for data exchange, facilitating timely access to patient records across care settings.

Enhanced Claims Data Transparency:

- By mapping providers and organizations to their respective FHIR endpoints, stakeholders can better understand the provenance of claims data and more easily reconcile clinical and administrative records.

Accelerated Interoperability:

- A centralized, authoritative directory would reduce the friction and technical overhead of establishing connections between disparate health IT systems, accelerating nationwide interoperability.

Key Data Elements for Maximum Effectiveness

To maximize the effectiveness of a nationwide FHIR endpoints directory, these are some essential data elements to include:

- Provider/Organization Name and Type
- National Provider Identifier (NPI) and/or Organization Identifier
- FHIR Endpoint URL(s)
- Endpoint Type (e.g., patient access, payer-to-payer, clinical data exchange)
- Supported FHIR Versions and Profiles
- Contact Information for Technical Support
- Geographic Location and Service Area
- Affiliated Health Systems or Networks
- Endpoint Status (active/inactive) and Last Updated Date
- Security and Authentication Requirements
- Including these elements will ensure the directory is actionable, reliable, and supports a wide range of interoperability use cases critical to value-based care.

References Used:

CMS Building Foundational Infrastructure for Digital Healthcare Ecosystem

Connected Health Initiative: Leveraging Digital Health to Realize Value-Based Care

Microsoft: A New Era of Digital Identity Verification

HL7 National Directory Endpoint Query

CMS Seeks Public Input on Improving Technology to Empower Medicare Beneficiaries

CMS eCQI Resource Center: Digital Quality Measures

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