



Department of Health and Human Services (HHS) Request for Information: Health Technology Ecosystem

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Executive Summary:

In response to the CMS Health Technology Ecosystem Request for Information (RFI), we are providing information about Deloitte and Thrive Global's combined perspectives on the use of health technology, along with recommendations for advancing digital health for the Medicare population and their caregivers. We see a significant opportunity for CMS to encourage the adoption of digital tools that empower patients and caregivers with real-time insights for promoting well-being and managing illness. We recommend that CMS:

- Offer a **free health and wellness platform (i.e., a reimagined Silver Sneakers program)** to Medicare beneficiaries that uses behavioral science (e.g., nudges) and modern technology (e.g., artificial intelligence (AI) coaches) to empower seniors to live not just longer, but healthier and happier.
- Take an active role in vetting and approving digital health tools by **developing a transparent ranking system and issuing a CMS certification** or a “seal of approval.”
- Drive broader adoption among providers, patients, and caregivers by **creating additional reimbursement pathways and incentives** for digital health and wellness tools.
- Redefine health data and create opportunities to **combine data related to daily health behaviors with traditional health data** to create a more complete picture of health and better measure the return on prevention.
- Foster innovation and stimulate developer interest in Medicare by **streamlining and fast-tracking regulatory approvals** and potentially **launching a Digital Health Challenge**.

Together, these CMS actions can support digital product development tailored to meet the needs of Medicare beneficiaries and their caregivers and significantly enhance health outcomes.

Patients and Caregivers:

1) PC-3. Are you aware of health management, care navigation, or personal health record apps that would be useful to Medicare beneficiaries and their caregivers?

We believe a vetted subset of strongly evidence-based digital health management tools and applications (apps) is key to empowering Medicare beneficiaries and their caregivers to meet their health and wellness goals. We understand that health is also what happens between interactions with traditional healthcare. Because of this, people need health promotion tools that allow them to stay connected to ongoing support and care when and where they need it most – in their communities and beyond clinic and hospital walls.

As one example, **Thrive Global's (Thrive) AI-powered behavior change technology helps people improve health outcomes by building healthier habits.** Thrive's whole-human approach focuses on the five foundational behaviors that govern our health – food, movement, sleep, stress management, and connection. Thrive's evidence-based behavior-change approach offers people the tools to improve their overall health or focus on specific conditions (e.g., cardiovascular disease, obesity, diabetes, breast cancer, obstructive sleep apnea, migraines, and cognitive health). At the heart of Thrive's behavior change methodology is an engaging consumer experience. Thrive's platform brings together science-backed microsteps — tiny, incremental, daily actions that cumulatively become healthier habits — storytelling, and community to inspire people to make better decisions about their health.

Tools like these are particularly important for Medicare beneficiaries, for whom health and wellness become front and center as they age. Through initiatives like “Digital Seniors” and “Bluebutton 2.0,” CMS has recognized a readiness amongst its beneficiary population for greater access to the technological tools that can improve their health. However, the wellness tools available to Medicare beneficiaries are outdated. **CMS could work with an organization like Thrive, or launch a formal “challenge,” to update the Silver Sneakers program** (a fitness program currently only available to a subset of Medicare Advantage beneficiaries). This refresh would allow CMS to provide **a free health and wellness platform to all Medicare beneficiaries that takes advantage of modern technology** (e.g., AI coaches, behavioral nudges, wearables integration) to help them feel ready to meet aging with all the tools 2025 has to offer.

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

a. What role, if any, should CMS have in reviewing or approving digital health products based on their efficacy, quality or impact on health outcomes (not approving in the sense of a coverage determination)? What criteria should be used if there is a review process? What technology solutions, policy changes, or program design changes can increase patient and caregiver adoption of digital health products (for example, enhancements to data access, reimbursement adjustments, or new beneficiary communications)?

CMS can encourage patient and caregiver interest in and adoption of digital health products through behavioral science techniques to promote and incentivize their use. **Promotion may include community marketing campaigns focused on storytelling, workshops, and user experience.** For example, Thrive has succeeded by focusing on a community-based approach,

engaging scientific advisors to develop an evidence base for all promotion campaigns, and surrounding digital tools with pomp and fanfare. **CMS may employ these incentives with Medicare beneficiaries and their caregivers, offering free access to wellness tools or premium reductions for uptake and regular use.** CMS may also use regulatory mechanisms (e.g., payment rules) and guidance to encourage providers to integrate digital health tools into patient care workflows.

Digital health tools must be built on a robust evidence base to benefit patients and caregivers. They must also promote uptake and ongoing engagement through human-centered design and the integration of behavioral science techniques, such as nudging. Because the evidence base and ease of use are instrumental for digital health products, **CMS should have a role in vetting and approving digital health tools for use amongst the Medicare population**, based on quality, effectiveness, usability, and other factors. For example, CMS may develop a ranking system with criteria including an evidence-based framework for development, effectiveness or efficacy studies that demonstrate meaningful outcomes, regulatory compliance, and interoperability. **Technologies that meet an established benchmark may be included in Medicare incentive programs and/or given a CMS certification or “seal of approval.”**

Once a ranking system is in place, CMS can focus on increasing patient and caregiver adoption of CMS ‘approved’ digital health tools and expand into a secure, user-friendly patient portal and mobile application. CMS can simultaneously increase and enforce interoperability standards for improved data sharing and telehealth/remote integration (e.g., virtual coaching, health appointments/consults). Policy changes can encourage adoption, including additional reimbursements for providers offering digital health options and communications to ensure providers know these tools are billable. CMS could also use pilot programs to test and scale digital health interventions (e.g., through the CMS Innovation Center or the Healthcare Payment Learning and Action Network), generating or expanding the evidence base for newer ideas, allowing a wider range of potentially riskier ideas to be tried before full program implementation, and generating private sector ideas and investment.

3) PC-6. What features are most important to make digital health products accessible and easy for Medicare beneficiaries and caregivers, particularly those with limited prior experience using digital tools and services?

Human-centered design principles and behavioral science are instrumental in creating a digital health platform that is engaging, accessible, and easy to use for even the most digitally novice patient or caregiver. The platform must come with interactive features that simplify user

onboarding, encourage adoption, and sustain engagement over time. Tools must also provide personalized recommendations and pathways based on specific user characteristics, needs, and health goals.

As one example, **Thrive uses AI to deliver hyper-personalized and targeted recommendations and solutions** based on unique user characteristics, preferences, and goals, ultimately empowering people to form healthy habits that directly lead to improved health outcomes. Thrive's tools help people stay engaged, form healthier habits, and sustain them over time. These tools include:

- **“Daily steps,”** which are quick and digestible lessons on one of the five foundational health behaviors and three specific, small daily actions that support habit formation. Providing information in bite-sized amounts through multiple modalities is a cornerstone of Thrive's approach to user experience and sustained adoption.
- **“Challenges” and “achievements”** add a layer of motivation and incentive by building user communities around lifestyle change, motivating active engagement, and recognizing and rewarding accomplishments and progress.
- **Learning offerings** in Thrive's Library span multiple formats to address user preferences and learning styles, including bite-size videos, courses, webinars, stress reduction tools, recipes, articles, podcasts, and more.
- **Friends and family members** can be invited to join users along their health journey. Involving others helps build and strengthen community and connection, improving engagement in one's health and helping people sustain lifestyle changes over time.

4) PC-7. If CMS were to collect real-world data on digital health products' impact on health outcomes and related costs once they are released into the market, what would be the best means of doing so?

Although recent advances in data analytics and the rapid growth of available data present new opportunities, these benefits have yet to be fully realized due to fragmented data systems, limited interoperability, and barriers to data access. **Combining data on daily health behaviors (food, movement, sleep, stress management, and connection), user adoption, and engagement from digital health tools with clinical data (e.g., claims, readmissions) will allow CMS to gain a more complete view of patient health and more accurately measure the return on prevention and chronic condition management**—tracking the pathway from daily behaviors to care utilization, health outcomes, and associated costs. Thrive, for example, currently shares these data in anonymized, aggregate form at the organizational level, but could also implement

capabilities to support the secure and responsible use of individual-level data, where appropriate and with user permission, to enable greater visibility into individual health patterns and support personalized insights that may inform care planning and outcomes tracking. These capabilities would be designed in alignment with applicable data privacy and security requirements.

Integrating digital health tools into existing provider data systems and workflows requires merging complex data sets, developing clear guidelines for data access, use, and disclosure, and designing a flexible and adaptable process to account for new and evolving technologies and data formats. **CMS should collaborate with providers, payers, and digital health technology developers to standardize data definitions and reporting formats, supporting consistency and comparability across the healthcare ecosystem.**

5) PC-8. In your experience, what health data is readily available and valuable to patients, their caregivers or both?

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)?

b. What specific sources, other than claims and clinical data, would be of the highest value, and why?

c. What specific opportunities and challenges exist to improve accessibility, interoperability, and integration of clinical data from different sources to enable more meaningful clinical research and generation of actionable evidence?

CMS has a significant opportunity to track and use health data beyond what is collected through traditional healthcare settings. **Health outcomes are the result of both the healthcare we receive *and* our everyday habits. To that end, we encourage expanding and reframing what is considered health data.** Currently, health data includes metrics like blood pressure, weight, cardiovascular health and lab data, but not the upstream daily activities and associated metrics that lead to those outcomes. Access to real-time data on daily health behaviors through digital health products can enhance providers' ability to support chronic disease prevention and management by offering insight into the impact of patients' unique daily behaviors on acute and chronic illness. Specifically, lifestyle health data offer actionable insights that enable the development of personalized care plans and tailored, targeted support.

Thrive, for example, helps patients and caregivers understand the value of tracking and improving their daily health behaviors and the direct impact of those behaviors on health outcomes. Thrive empowers people by simplifying health monitoring, improving adherence to

treatment plans, and building healthier habits. Thrive also provides users with the opportunity to view their health data in real time, which, research shows, helps people truly make and sustain changes in their health habits over time.

By combining traditional health data with data from digital health tools, like Thrive, providers, payers, patients, and caregivers can have a more comprehensive view of health, and the specific, targeted steps individuals can take to meet their health goals. This same combination of data is extremely valuable in furthering research on which specific wellness and behavioral health interventions are most cost effective and work best for the Medicare population. To beat the epidemic of chronic disease and help people live healthy, happy, productive lives, we need to help them prevent diseases and slow their progression. Prevention is also key in breaking the cycle of high costs and poor outcomes that plagues the U.S. healthcare system. Directly tying specific evidence-based tools and interventions to better health outcomes and reduced costs by bringing those data sources together is a critical step to solving the puzzle of improving health and wellbeing for Americans.

Technology Vendors, Data Providers, and Networks:

1) TD-1. What short-term (in the next 2 years) and longer-term steps can CMS take to stimulate developers' interest in building digital health products for Medicare beneficiaries and caregivers?

CMS can take short-term steps to expand Medicare coverage for approved digital health products and create reimbursement mechanisms and incentives for providers, patients, and caregivers to encourage adoption. CMS can **streamline and fast-track the regulatory approval process for digital health products that demonstrate positive results around quality and outcomes** (e.g., expand fast-track programs). CMS can also **launch health campaigns or competitions** (e.g., a **Digital Health Challenge** similar to CMS' **Artificial Intelligence (AI) Health Outcomes Challenge**) that feature digital health tools to encourage developer integration of CMS APIs into their health technology, signaling to developers that this is a space where CMS is actively seeking innovation and adoption.

Longer-term steps CMS can take include **providing developers with access to de-identified Medicare claims data, encounter data, health outcomes, and demographic information** that they can use to enhance product development research. Developing and implementing a regulatory 'sandbox' can foster innovation by creating a controlled, low-risk environment where developers can test products and gather ongoing feedback from patients and caregivers in real-world settings.

2) TD-2. Regarding CMS Data, to stimulate developer interest—

- a. What additional data would be most valuable if made available through CMS APIs?**
- b. What data sources are most valuable alongside the data available through the Blue Button 2.0 API?**
- c. What obstacles prevent accessing these data sources today?**
- d. What other APIs should CMS and ASTP/ONC consider including in program policies to unleash innovation and support patients and providers?**

Access to CMS data can help developers tailor tools to support the unique needs of Medicare beneficiaries and their caregivers. In particular, data CMS collects on patient health outcomes and costs may be integrated with application data to more broadly understand and demonstrate the impact of a technology platform's interventions on Medicare beneficiaries' overall health, healthcare utilization, and cost of care.

For example, Thrive currently partners with healthcare organizations and employers to support the adoption of healthy habits for prevention and chronic condition management. Thrive and its partners' ability to **access additional CMS data would support more opportunities for integrating disease management and health promotion data to tailor healthcare journeys** for patients based on their specific disease progressions and lifestyle factors. Tailored healthcare journeys may include guiding patients to the right types of providers and appointments to meet their needs, medication selection and adherence support, and targeted resource recommendations for patients and caregivers based on their unique in-the-moment needs (e.g., healthy food, safe places to exercise). Data on the outcomes of these targeted interventions may be analyzed to determine which specific interventions for which groups of patients and caregivers have the most significant impact in both outcomes and cost of care.

Conclusion:

On behalf of Deloitte and Thrive Global, we thank you again for the opportunity to respond to this RFI and share our perspectives on opportunities for innovation in the Health IT Ecosystem. We would welcome the opportunity to further discuss any areas of interest.