1. Patient Needs

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?

a. What are the top things you would like to be able to do for your or your loved ones' health that can be enabled by digital health products?

Response:

- Would like to capture current medications, who prescribed it and for what condition; adding a picture of the pill would help
- Track vitals taken via wearable, and/or OTC and prescribed medical devices
- List of my doctors
- All of medical records including lab results
- Ability to schedule an appointment inclusive of telehealth
- It would be beneficial to message my care team however they now charge for messaging even if it's related to a resent visit and asking for clarification on prescribed medication of care plan.
- There is a service I find very helpful, Doctronic.ai, it's a free AI oriented service, that provides me an assessment of any condition and recommends a care plan for each diagnosis. I only pay if I elect to see a telemedicine provider. It's is the only service that allows me to aggregate my medical history and related records.

b. If you had a personal assistant to support your health needs, what are the top things you would ask them to help with? In your response, please consider tasks that could be supported or facilitated by software solutions in the future.

Response: Doctronic.ai is like my personal assistant. It helps me perform self-assessments, engage a telemedicine provider, provides medication reminders, and also provides health maintenance reminders based on what it has learned about me.

PC–2. Do you have easy access to your own and all your loved ones' health information in one location (for example, in a single patient portal or another software system)?

Response: No, each provider uses a different EHR. While access to each portal is possible, the ability to aggregate all health records is difficult – and not some any of my providers could achieve.

As well, I live in New Jersey and have used doctors in NYC, Philadelphia and in the Princeton area; I'm also a snowbird and have providers in Florida – getting records to share is almost impossible - unless they are faxed or mailed. So much for a certified EHR that using direct messaging. CMS should eliminate providers using faxes to transmit medical record as they can't be searched for critical infromation.

I've stopped using the patient portals and now using Doctronic.ai – it knows me based on the aggregate health records I've provided, it's a great health assistant, and its free (unless

I see a telemedicine provider). I also can solicit active medication and other health records from pharmacy and HIE/QHIN.

a. If so, what are some examples of benefits it has provided?

Response: I can manage my health records in one location. Use it to personalize the AI tools about me, and it can guide me as situations are presented. I've learned that not everything required a call to my provider or a need to see a provider.

b. If not, in what contexts or for what workflows would it be most valuable to use one portal or system to access all such health information?

c. Were there particular data types, such as x-rays or specific test results, that were unavailable? What are the obstacles to accessing your own or your loved ones' complete health information electronically and using it for managing health conditions or finding the best care (for example, limitations in functionality, user friendliness, or access to basic technology infrastructure)?

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?

Response: Doctronic.ai for the reasons outlined above – experience is great, very informative, allows me to performance self-assessments and allows me to bring/share critical information with by care team.

PC–4. What features are missing from apps you use or that you are aware of today?

a. What apps should exist but do not yet? Why do you believe they do not exist yet?

Response: any useful app isn't going to come from my provider because 1) they are bound to their patient portal 2) the EHR vendors aren't true innovator (protect their core EHR license revenue, and 3) providers themselves aren't considered innovators - their focus is on care delivery and just doing enough.

b. What set of workflows do you believe CMS is uniquely positioned to offer?

Response: none – putting data in the names of the Federal Government only allows the data to be weaponized – like IRS Data.

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

Response: As well, the product has no value of the consumer isn't convinced to change behaviors and maximize compliance with guidance provided by their doctors.

a. What role, if any, should CMS have in reviewing or approving digital health products on the basis of their efficacy, quality or impact or both 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)?

Response: CMS/ONC should not have any role in reviewing, approving or certifying Digital health products. EHRs have already been emboldened and establish command and control over installs. Vendors should self-attest it meets specific functional criteria. 3rd party services can always surface to validate compliance.

b. What changes would enable timely access to high quality CMS and provider generated data on patients?

Response: Cost; the following was received by a QHIN the week of June 9, 2025, "our tiered pricing model for QHIN transactions inherently comes with minimum volume commitments for each tier. Even our lowest tiers involve a transaction count that would typically result in a monthly spend significantly higher than the $10k per month." separate they stated, "Our per-transaction costs operate on a tiered model, generally ranging from approximately $3 per transaction down to less than a dollar, depending on the volume." $10,000/per month – what provider is going to pay that? A provider would need to generate 3,333 transactions per month to break even. One provider probably see between 2,000 – 2,500 patients each month.

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

Response: Using a browser or phone app works. The number one issue is usability – there has to be an "intuitive" test – some of these patient portals are simply confusing to use and if there needs to be a training session on how to use it – then it's too complicated. Technology doesn't have to be hard. Easy to read navigation, and minimal clicks to get to end point is a great start to building a great experience.

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?

Response: It's not recommended - CMS would become a marketing agency, influenced by outside forces; hence never sure if the source could be trusted. Even if CMS established an eval criteria measure – it would still have a large element of subjectivity – in the end let the consumer decide and keep the EHR vendors out of the equation.