

Thank you for the opportunity to add to the CMS review of technology [CMS-0042-NC] our perspectives on how incentivizing health IT adoption can improve the health of beneficiaries and the experience of healthcare providers. My name is Ruth Poliakine Baruchi, CEO and co-founder of MyndYou. I am responding as an individual, with comments representing the position of our company.

Our first comment pertains to the definition of digital health products and care navigation applications. With the rapid expansion of AI solutions available to providers, health systems, and payers, CMS should seek to expand the definition to include AI solutions that may not be delivered through a traditional “app.” Conversational voice AI provides a key mechanism for healthcare providers to expand support for beneficiaries through both inbound and outbound call solutions. Voice as a modality expands the ability to support beneficiaries, removing barriers to service and, importantly, helping address the digital divide. Many conversational AI solutions focus on removing lower-level yet important tasks for providers and payers. This allows clinicians to focus on top-of-license activities and healthcare organizations to operate more efficiently, maximizing human time for interacting with beneficiaries on more complex issues. It removes burdens on healthcare providers and improves the experience and outcomes for Medicare beneficiaries, ultimately helping address the four components of the Quadruple Aim.

Our second comment relates to PR-1, TD-1, and VB-1

It is well recognized that the healthcare system is facing a scarcity of resources. It is predicted that there will be a shortage of 100,000 critical healthcare workers by 2028¹ and that 23% of the 3M RNs in outpatient, ambulatory, and clinical settings have retired or will in the next five years.²

We believe that outbound conversational AI solutions have the ability to perform in a manner similar to digital health tools, without the burden of beneficiaries having to download and engage with an app. In the case of MyndYou, our AI-enabled assistant we call Eleanor is able to call patients, for instance after a hospital discharge or as part of a chronic care management program, speak with beneficiaries, identify risks and needs, prioritize them for clinicians, and integrate back into providers’ workflows and electronic health records. Through technology, we can do multi-threaded outreach, increasing the capacity of the healthcare team to monitor patients; we discover patients’ acute or rising-risk needs so that teams can allocate the right resources for follow-up. In addition, in our experience, proactive outbound outreach for chronic condition support or to prepare a patient for an upcoming procedure such as a colonoscopy has been shown to reduce the inbound call load on a provider’s practice, further reducing the burden on capacity-strained organizations.

We believe that CMS should consider payment models that incorporate support for AI and other digital health tools that support proactive care management. Beneficiaries in rural areas (PR-1) have a particular benefit from additional monitoring that may help identify rising risk that can be addressed and managed at home before an escalation requiring an emergency room visit. And although this RFI pertains to Medicare coverage, we see additional benefits for Medicaid and duals populations, which may have cell phones but not the always-on data plans required for some digital health applications.

¹ Future of the US Healthcare Industry, Mercer, 2024

² [American Association of Colleges of Nursing](#)

In response to PR-1, b, we believe that with the proliferation of AI tools that sound and act more and more human-like, it is important to introduce guidelines for providers and vendors to inform patients that they are speaking with a non-human agent. In our experience, this is as easy as telling the beneficiary at the beginning of the call that they are talking to a virtual assistant.

In response to TD-1, CMS can stimulate developer interest;

And in response to VB-1, CMS can encourage APMs 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:

by creating payment incentives that allow providers to receive payments for care management services delivered through digital health and AI products. MyndYou has seen the improvement in outcomes from programs as such. In one customer program in which Eleanor was used to regularly deliver condition-specific chronic condition management, there were 33% fewer hospitalizations in patients contacted than patients not contacted by Eleanor.

When looking at chronic care management programs, often the investments being made by providers in managing rising-risk (or low-risk) patients will not be realized in the immediate term, limiting the potential ROI of investing in management solutions in that population. CMS is uniquely incentivized to ensure adoption of management strategies to stem emerging risk. Using cost-effective technology solutions such as AI-enabled care management allows providers to proactively monitor a larger population and apply interventions to improve outcomes and lower overall cost of care.

In regards to VB-3, b, we have a number of customers in value-based care arrangements who have implemented MyndYou's AI-enabled conversational AI in order to expand support for patients being managed under such arrangements. One customer reduced their avoidable admissions rate from 39% to 36%, an 8% drop in a six-month period, with transitions of care and chronic care management monitoring delivered by Eleanor, an AI-enabled virtual assistant who identifies patients' needs for follow-up by clinicians.

We have seen measurable improvements from AI-assisted conversational voice solutions that expand a providers' ability to proactively manage a patient population. One of our customers uses Eleanor in support of its home infusion services. They report that the use of Eleanor has helped create consistency in patient interactions where there used to be variability across how staff conducted similar calls. Embedding technology-enabled patient support has also allowed them to better track data and measure outcomes to identify improvement opportunities, predict patient needs, and plan staff resourcing.

We encourage CMS to evaluate incentives to help encourage both the development and adoption of technology that can underpin and amplify the results of value based care.

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