

September 20, 2021

Elizabeth Fowler, Ph.D., J.D.
Deputy Administrator of the Centers for Medicare and Medicaid Services &
Director of the Center for Medicare and Medicaid Innovation
U.S. Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

Dear Deputy Administrator & Director Fowler:

We, the undersigned, are committed to a healthcare system that is defined by continuous improvement, a focus on elevating value, and superior patient outcomes. We believe that the Center for Medicare and Medicaid Innovation (CMMI) is an invaluable asset in attaining these objectives. We look forward to working with you in ensuring that CMMI achieves its full potential as an agent of patient-centered system transformation.

We applaud and concur with much of what you and your colleagues have said and written to date, notably in the recent Health Affairs blog, in sharing your vision as to the role CMMI can play in shaping the healthcare system of the future, and we greatly appreciate the time you have taken in gathering perspectives and insights from numerous stakeholders on how the Center has performed to date and how it can be optimized for the future.

Many of the priorities you have already outlined – prioritizing health equity, re-evaluating what constitutes manageable risk, taking steps to encourage broader provider participation, reducing unnecessary complexity and overlap in ongoing models being tested – are directions we strongly support.

The primary point we wish to convey is that transparency, communication, and collaboration are keys to achieving a stronger CMMI. There are healthcare providers, plans, patient groups, and organizations throughout the country that are intent on improving payment and delivery systems to achieve better patient outcomes while controlling cost. We encourage you to continue embracing these organizations as partners in the pursuit of shared goals.

Healthcare entities should have regular, open two-way communication with CMMI leadership that includes the opportunity to propose new payment and delivery models, based on their hands-on experience. We believe that this frequent and substantive communication at the front end of the process will pre-empt downstream differences and result in greater success in developing models that work.

We know, too, that models have a greater opportunity for success if participants can consistently receive real-time data on a project's ongoing impact. It is essential for providers to have this level of transparency and collaboration if they are to be advocates

of system innovation while also being able to monitor the effects of change on their patients. This two-way communication must take place, as well, between model designers and model evaluators, with critical information being shared throughout all stages of model development and progress. This will enhance the ability to determine whether a model needs to be modified and ultimately meets the criteria for possible expansion or change. And, generally making model data and outcomes more publicly available will help to encourage adoption of successful model approaches beyond CMMI participants.

We are strongly supportive of Biden Administration efforts to pave a new direction for CMMI, one that utilizes a fully collaborative approach in developing, monitoring, evaluating and optimally expanding promising new payment and delivery concepts. We believe the potential of CMMI as a change agent remains strong and we look forward to working with you to advance our shared goal to improve the healthcare system today and for years come.

Sincerely,

Academy of Nutrition and Dietetics
Advanced Medical Technology Association (AdvaMed)
Adventist Health Policy Association
Alliance for Aging Research
Alliance of Community Health Plans
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Physical Medicine and Rehabilitation
American Association for Respiratory Care
American Association of Neurological Surgeons
American Association of Nurse Practitioners
American College of Obstetricians and Gynecologists
American College of Rheumatology
American Geriatrics Society
American Medical Association
American Psychiatric Association
AMGA
Arizona Bioindustry Association Inc. (AZBio)
Arthritis Foundation
Association for Behavioral Health and Wellness
Asthma and Allergy Foundation of America
Better Medicare Alliance
BioNJ
Blue Zones Well-Being Institute
California Academy of Nutrition and Dietetics
Christian Council of Delmarva
Colorado Gerontological Society
Congress of Neurological Surgeons
Connected Health Initiative

Diabetes Advocacy Alliance
Federation of American Hospitals
Health Care Transformation Task Force
Healthcare Leadership Council
ICAN, International Cancer Advocacy Network
International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)
International Pemphigus Pemphigoid Foundation
Living Hope for Mental Health
Lupus and Allied Diseases Association, Inc.
Lupus Foundation New England
Lupus Foundation of America
Medical Oncology Association of Southern California
Michigan Society of Hematology and Oncology
MidWest Rheumatology Association
Mississippi Arthritis and Rheumatism Society (MSARS)
NAMI Lewis County
National Association of Chronic Disease Directors
National Coalition on Health Care
National Hispanic Medical Association
National Multiple Sclerosis Society
New Jersey Rheumatology Association
New Mexico Podiatric Medical Association
NHMH - No Health without Mental Health
Ohio Sickle Cell and Health Association
Public Sector HealthCare Roundtable
RetireSafe
Rheumatology Nurses Society
Sick Cells
Society for Women's Health Research
Texas Podiatric Medical Association
The Medical Alley Association
The OrthoForum
The US Oncology Network
Transplant Recipients International Organization Pacific Northwest
US COPD Coalition
Wyoming Epilepsy Association