



701 Pennsylvania Ave. N.W., Suite 700  
Washington, D.C. 20004-2694  
(202) 737-5980 • (202) 478-5113 (fax)

info@carecontinuum.org

August 30, 2011

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Re: CMS-1524-P

Dear Sir or Madam,

On behalf of the Care Continuum Alliance, I am pleased to provide the following comments for your consideration in response to the proposed rule on changes to Medicare Part B of the 2012 Physician Fee Schedule.

The Care Continuum Alliance aligns all stakeholders along the care continuum toward improving the health of populations. Through advocacy, research and education, the Care Continuum Alliance advances population health management strategies to improve care quality, health outcomes and reduce preventable costs for those who are healthy, at risk of chronic conditions or maintaining chronic conditions. The Care Continuum Alliance represents more than 200 organizations and individuals including physician groups, nurses, other health care professionals, hospital systems, wellness and prevention providers, population health management organizations, pharmaceutical manufacturers, pharmacies and pharmacy benefit managers, health information technology innovators, employers, researchers and academics.

### III. Medicare Telehealth Services for the Physician Fee Schedule

We applaud CMS for recognizing the value of telehealth services and specifically adding smoking cessation to the list of approved telehealth services. Telehealth offers significant opportunities for improving mobility in care coordination and access to health promotion strategies. By including smoking cessation counseling under approved Medicare telehealth services, CMS expands access to health promotion tools and similar services toward overall population health improvement.

### IV. (E) Section 4103 of the ACA: Medicare Coverage and Payment of the Annual Wellness Visit Providing a Personalized Prevention Plan Covered Under Medicare Part B

The Care Continuum Alliance commends CMS for requiring the review and incorporation of health risk assessment (HRA) results into each Annual Wellness Visit. This substantiates the importance of HRAs as evaluation tools that provide personalized feedback to reduce patient-specific health risks and create patient-centered prevention plans. Further, the minimum set of core requirements for HRAs outlined by CMS will give health professionals a better perspective of the "whole" patient as the requirements captured many critical features including: collecting self-reported information from patients; tailoring HRAs according to the literacy needs of individual patients; addressing behavioral as well as psychological health risks; and flexibility in the overall contents and administration of HRAs as appropriate for each patient. The Care

Continuum Alliance strongly agrees that utilizing HRA results substantially enhances a health professionals' analysis of a patient's particular health risks. This ultimately improves the ability of health professionals and patients to collaboratively form a carefully tailored prevention plan, leading to more effective and efficient care during each Annual Wellness Visit.

HRAs will have a significant positive impact on health professional practices by increasing opportunities to identify and mitigate health risk factors, promote healthy behaviors, and improve opportunities to coordinate care among other, ancillary health care providers and specialists. Employing population health management strategies to take advantage of these opportunities will be critical to achieve CMS's goal to fully and successfully integrate HRAs into the Annual Wellness Visit. To further this goal, the Care Continuum Alliance encourages CMS to recognize the integral function that population health management techniques serve in ensuring minimal burdens on clinical practice while administering and evaluating HRA information. Combining HRAs with health information technology and health support services simplifies and streamlines the integration of HRA results into physician workflows. Collaborating with ancillary providers, including population health management programs, will significantly minimize the burden of incorporating HRAs into health professional practices and will dramatically improve health care quality and health outcomes.

The Care Continuum Alliance believes, however, that the successful implementation of HRA tools is highly dependent on the voluntary participation and engagement of patients.<sup>1</sup> The proposed rule should therefore encourage the use of incentives to health professionals for thoroughly outlining the importance of HRAs to patients. CMS should also encourage the use of incentives to patients for taking steps toward increased self-management in their health care by completing an HRA.

Finally, in order to ensure quality assurance in HRAs as evaluation tools, CMS should recognize the importance of certification or accreditation of HRAs. While flexibility in HRA content and administration is highly important to address unique circumstances affecting the health of individual patients, certification or accreditation is imperative to establishing an appropriate quality baseline. This ensures essential elements are present, such as cultural appropriateness, psychological considerations, confidentiality, predictive modeling of health risks and personalized feedback to patients.<sup>2</sup> Finally, the proposed rule should acknowledge that coordination with wellness programs would greatly enhance the effectiveness of HRAs and personal prevention plans as tools in successfully reducing patient-specific health risks. CMS may find the Care Continuum Alliance publication *Achieving Accountable Care: Essential Population Health Management Tools for ACOs* to be highly instructive in all of these areas as it contains many tools, strategies and case studies on the critical components and processes behind successful HRAs.

#### IV. (F) Quality Reporting Initiatives

The Care Continuum Alliance finds it very positive that CMS is actively taking steps to streamline and simplify reporting requirements and systems. This clearly reflects CMS' efforts to improve accountability in the health care system for health outcomes through reporting initiatives while minimizing the associated administrative burden. We are also pleased that CMS will give eligible practitioners the opportunity to provide input on the statutory requirements for

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<sup>1</sup> Care Continuum Alliance, *Achieving Accountable Care: Essential Population Health Management Tools for ACOs*, April 2011: 23.

<sup>2</sup> Id. at 22-23.

proposed 2012 Physician Quality Reporting Measures and through the Physician Feedback Program.

Given CMS's repeated emphasis on prevention and health promotion activities, prevention reporting measures should be elevated into the "Core" set of quality reporting measures. Prevention measures currently only appear in the "Individual" set of measures in this proposed rule. Also, the Care Continuum Alliance appreciates CMS's effort to increase prevention of cardiovascular conditions. However, efforts to prevent multiple chronic conditions are central to successful population health management. The Core set of reporting measures enumerated in this proposed rule would then benefit from measures that reflect a diversity of chronic conditions and services that prevent chronic conditions.

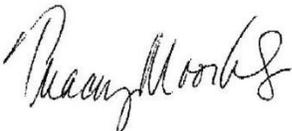
IV. (I) Improvements to the Physician Feedback Program and Establishment of the Value-Based Payment Modifier

We find it very encouraging that CMS will include a value-based component into the physician fee schedule that will provide a payment based on the quality of care provided through health care services in relation to the cost of those health care services.<sup>3</sup> This mirrors other agency efforts that support value-based models of care. Rewarding physicians based on the value of their services rather than the quantity of services provided, echoes broader principles in health reform that aim to help reduce costs in the healthcare system by efficiently delivering more effective care.<sup>4</sup> In developing this Value-Based Payment Modifier, CMS should consider including an evidence-based analysis to measure the effectiveness of health care treatments and accurately assess the value of physician services.

The Care Continuum Alliance also supports CMS's plans to build outcomes measures, care transitions measures and patient experience measures into this value-based assessment. As CMS seeks to resolve attribution issues in correlating patients to physicians as well as adding health information technology components in the Value-Based Payment Modifier, CMS may again find the materials in the *Achieving Accountable Care: Essential Population Health Management Tools for ACOs* highly informative.

Thank you for your consideration and the opportunity to provide these comments.

Sincerely,



Tracey Moorhead  
President and CEO

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<sup>3</sup> CMS-1524-P, Medicare Program Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2012, Department of Health and Human Services, 478.

<sup>4</sup> §2713 of the Public Health Services Act (as amended by §1001 of the Affordable Care Act, P.L. 111-148).