

Improving Technology to Empower Medicare Beneficiaries RFI Q&A Call
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Webinar recording: <https://www.youtube.com/watch?v=E6ylVWZSiqs>

Daniel Stansbury: Wonderful. Thank you. Hello! And welcome. My name is Daniel Stansbury. I am the Division Director for the Division of Customer Experience and Engagement in the Office of Health Care Experience and Interoperability at CMS. Thank you so much for joining us today for our Centers for Medicare & Medicaid Services call to discuss the CMS and Assistant Secretary for Technology Policy, ASTP, Health Technology Ecosystem Request for Information (RFI). I'm going to walk you through today's agenda and turn things over to our speakers. But before I do that, I have a few housekeeping items to cover. This call is being recorded for our internal informational purposes, and closed captioning will be provided. Also, while members of the press are welcome to attend the call, please note that any press media questions should be submitted using our media inquiries form, which may be found at cms.gov/newsroom/media-inquiries. All other questions can be placed in the Q&A box on your screen. We will address as many as we can during the course of this call. It is important for me to point out, however, only comments submitted through the formal Request for Information process can be considered for the purposes of this RFI. You can find more information on the RFI at the Federal Register. And you can find the link to the RFI in the chat box. One other thing to point out is the public comment period for this RFI will be open through June 16. You should see a link in the chat box.

Everyone should be able to see today's agenda on their screen. John, if you can go ahead and share your screen. We have a full agenda today that includes remarks from Stephanie Carlton, our Chief of Staff and Deputy Administrator at CMS. Amy Gleason, Strategic Advisor to HHS (Health and Human Services) CMS, and Acting Administrator, U.S. DOGE (Department of Government Efficiency) Services. Steve Posnack, Acting Assistant Secretary for Technology Policy and Acting National Coordinator for Health Information Technology. Arda Kara, Senior Advisor for Technology at CMS, and Alberto Colón Viera, Senior Advisor for Technology at CMS. And with that, I'm going to turn it over to a special guest. The CMS Administrator, Dr. Oz. Over to you, Dr. Oz.

Dr Mehmet Oz: Daniel. Thank you very much. I am incredibly honored to kick off this event, which starts this massive push that we're going to be making at CMS and Health and Human Services to create an IT modernization effort for Medicare, Medicaid, the ACA (Affordable Care Act) Exchanges, and CHIP, which is Children's Health Insurance. I think, as you learn more and more about where we're trying to go, you'll find yourselves drawn into this because we believe there's a generational opportunity for people to participate. Now I have a couple of high-level ideas that I want to share with you, and I also want to highlight this is the kickoff of what I'm hoping will be lots of interaction between you and the other folks on this call. So first off, why is this so important? Part of our responsibility at CMS is to make sure that we're providing the best quality care possible, and it's affordable for all, so it's sustainable. We believe that of all the things we can do, fraud, waste, and abuse research, pushing hard on different ways of making sure everyone's aligned to get the right results, the best way for us to accomplish a lot of our

goals, especially the most important one for me personally, which is to make sure that we're providing high-quality care that continues to keep up with the times is to do this IT modernization that you have an RFI for. You can tell where an administration is going by seeing what questions they're asking and what answers they're trying to seek, and that's why we're messaging so loudly with this RFI. We're trying to make sure that people around the world are interested in offering their best thoughts, specifically with regard to how the information technology flows. Now, to do this, we've asked people to be a bit meek, and this is your vocabulary word for the day. The word meek is really not about what most people think, which is weakness or some biblical term. It's primarily about the fact that people have a sword, a weapon they could go to battle [inaudible]. It's to sheath that sword to put it away just for a while, so they can get together and make some important changes to how we do things. And that's what we're asking you to do. There's some large companies on the line now, I bet there's some insurgents, small-time folks still, who want to be big time. There's some people who have tons of funding, people trying to get funding. And there's lots of people who are providers and patients and caretakers, and different groups are represented here. But all of you have that same goal which is to figure out what we can do to modernize the practice of at least health information, so that the doctors can get real-time information as they're going through their day and begin to get decision support so, they don't have so much paperwork to do, so patients have access to information at their fingertips, and we help them navigate the challenges of the health care system. All things that you'll be talking about quite a bit, and the questions that you were given in the RFI, are ones that are critically important for us to understand this process.

I want to conclude by saying we have an incredibly high-quality team. Whenever I'm asked what surprises me the most about serving in government, and as many of you know, this is not part of what I had intended to do with my life. I was just fine doing heart surgery or hosting a TV show. But when you come to CMS, you realize the depth of talent in this organization. Amy Gleason is going to be speaking in a second, who runs United States Digital Services, iconic in this space. Arda Kara, who has a long and rich history working in the private tech sectors at some of the biggest companies, Stephanie Carlton, who's worked on Capitol Hill, but she has also been in the private sector and is Deputy Chief of Staff and was Administrator, Acting Administrator while I was going through the Senate confirmation hearings. And then folks like Alberto, who just knows everything. I got rid of Google when I met these guys. They just seem to always have the answers before anybody else can throw them out. But they're all going to do what I'm going to try to do, which is to host the event. So, think about what hosting means. Hosting means that you invite your guests in, you treat them well, you tell them where you're headed, you give them an idea what to expect, you let them have a joyous time as they're trying to interface. That's what we want to do. We want to tell you where we're headed at CMS. There's no secrets. There's not some unwritten or—or covert operation going on. We're trying to be as open as possible about what we think we can do because you're going to have to help us achieve this goal. Together we're going to be able to figure out answers to some of these big challenging questions that have been known of, but haven't been addressed as successfully as we believe they can be, and that's why hosting is the number one thing we want to do today and for the next month especially, as we get your answers and start moving forward into some of the big ideas that we have planned, and all this is going to happen at warp speed. So, thanks for jumping on board. Hold on tight, and please as much as possible, pull the oars with us. With that in mind, Stephanie Carlton, who's a whiz at so many of this stuff. As Acting Administrator, she navigated some very turbulent times and with

expert guidance, and I'm proud to hand the baton to her as she shares what we have planned with this RFI.

Stephanie Carlton: Thank you, Dr. Oz, and thank you to the rest of the team, and thank you all for joining us today. This is an ambitious effort. But as we look around at the U.S. health care system, we look around at what's possible with technology today, we really believe we're on the cusp of something that is really transformative, that can improve people's lives, deliver more efficient care across the country and really reposition the U.S. as leading in innovation and technology when it comes to health care. And we wanted to start with this. Dr. Oz told you a little bit about the team. We're excited about the team we have. You know, somebody like Amy, who has built really hard tech solutions in government before, has spent a lot of time with us at CMS. Arda, who's built really hard things in the private sector in the technology space. And then folks like Steve and Alberto, who know HHS and CMS inside and out, and some of these challenges. But we also know, as bold as these aspirations are, as optimistic as we are, we're also realists, and we know that to achieve some of these goals, we need your help. We need to understand some of the challenges that industry is facing. We need to understand what we can do about them and work together to really achieve something bold, I'm going to say by the end of this year, and then something even bolder, over the next few years, that really reaches that transformative potential in health care. So please view this as the start of a very important and robust conversation as we tackle some really hard issues. View the RFI as the hard issues we've identified, as we tackle this problem that we really need your help on. With that, said, let me turn it over to my colleagues. I think Amy's next.

Amy Gleason: Hi, everyone, thank you so much for coming today. I'm so excited to be here today with all of my CMS and HHS colleagues to discuss this RFI, and we're really focused on building a more connected, patient-centered health technology ecosystem. And this is really part of an ongoing effort many of you have been part of over the years to improve how health care data is shared, accessed, and used across the health care system. I do want to emphasize that this RFI is a call for ideas and really innovative thinking from all parts of health care. Through this RFI, we really want to understand what's working, what's missing, and what is needed to better connect patients, providers, payers, developers, and caregivers through that technology. And we want to learn from your experience to really design something that works. We know there've been a lot of efforts that have been going on. This work has a lot of deep roots, as you know, it's building on a lot of years of federal and private leadership in this space from the 21st Century Cures Act in 2016 for the launch of Blue Button here at CMS, and to countless other rules and APIs (Application Programming Interfaces) and private sector efforts. These have shared a lot of commonality through time. And that's really often a shared goal to give patients control of their information and to help the health care system work better for everyone, including patients, providers, caregivers, payers, and tech innovators. And I saw some comments in the poll was missing the tech innovators. That was an accident. We definitely meant to have you on there, and you're very important to us. I also do want to recognize the hard work that has been done. So, while moving from paper to electronic medical records and establishing HIEs (Health Information Exchanges) and health information networks, and beginning to move from things like point-to-point HL7 (Health Level 7) interfaces to more scalable approaches like FHIR (Fast Health Care Interoperability Resources). This progress has really laid the foundation for where we are today in order to even issue this RFI that touches such an ambitious space. But while this

work builds on the past, this is really a chance to look forward and to be bold in our ideas. Health care experiences today are very clunky, but imagine a world where your health information is as easy to share as scanning your boarding pass at the airport. Or where AI tools can help you manage your care 24 hours a day, and they're built on insights from your actual data, not just generic advice.

This issue is also deeply personal to me. As several people know, I have a daughter who has a rare complex disease, and she sees 12 different doctors across six different health systems in four states. She finds it very difficult to get her health care information. She's up to 47 different health care patient portals. And even with access to those, she finds that much of the information she needs is not available. She spends a lot of time going back and forth between her doctors just to keep them connected and trying to make sure they have the information to both treat her and to get her care covered by her payers. She doesn't really want to be a mediator between all of these people and wants technology to help make that a better experience. And from this experience, I do know that the health care system can be a very challenging, frustrating place for patients, for caregivers, for providers, and for those trying to build tech solutions. Throughout my career, I've really worked with many of you to advance technology. And, as I said, we have made progress, and I don't want to discount that, but we are absolutely not where we need to be. I've seen advances in technology across other parts of my life and other areas in other industries. And we do have an opportunity with this Administration. This is a once in a generational opportunity, I believe, to drive change, that's why I'm here working with this team. So, I'm really asking you to bring your big ideas. I really want you to kind of step back and imagine a world like, you know, the 21st Century Cures Act was released in 2016. Nine years is a long time in technology. And so, while it's got great ambitious goals and is doing good things, think about how that's working and how it's not working. But also imagine in a world where you might not have any of these constructs that are out there today, and what ambitious goals could we do if we reimagine things from today? So, I think we just are really asking you to think of what's possible and really bring all of these ideas to the table, and we're really excited to hear those. So, I'm going to hand it over to Steve Posnack from ASTP/ONC (Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology). Steve, take it away.

Steve Posnack: Thanks, Amy. It's great to be with all of you today. This RFI reflects longstanding collaboration between CMS and ASTP/ONC, especially when it comes to interoperability, patient engagement, and value-based care. And so, there's a lot to love in the Request for Information. Your feedback is sincerely appreciated. I think you'll hear that from all of us. We know it takes time to respond, to work through your coalitions, and we've heard that it's long. But what can I say? We have a lot of questions. As Amy, you know, identified, please let us know all of your bold ideas. We want to take them forward. It's the beginning of an Administration. It's a four-year policy cycle so, we're right at the start. You're welcome to answer all of them but—and you could probably put this in your response, it's OK to skip some. We know that you have specific expertise, and we'd like you to focus on those questions in those areas that you have the most expertise in and the ones that matter most to you. So, thank you again for your responses and the time you put into this in advance. I know our team is looking forward to digging through all those responses, and please be, you know, keep track of the comment period to make sure that you get your responses in on time. So with that, to keep us moving, I'm going to turn it over to Arda back at CMS.

Arda Kara: All right. Thanks much, Steve. Hi, everyone. I wanted to briefly take a step back and talk a little bit about why we're doing what we're doing in the first place. Like Amy, I also have a personal connection to health, and that's not necessarily health care, but actual health, and it's—it's—been a personal mission for me. Health is really the true North Star here that's because if we think about it, health is not just quality of life, it's cost saving, it's productivity, and it's really national security at the end of it as well. And right now, there are sort of three major shifts coming together when we think about health. The first one is this long needed recognition of chronic disease as a major primary driver of the various health conditions and the cost in our system. When we think about it, how much of later stage, more acute illness is really upstream mismanaged chronic conditions? And how to actually better target that when it could be prevented. The second is the scarcity of the professional capacity in our system. And especially the sort of assistance that you would need to—to—give that long—more longitudinal lifestyle support for the root causes of these chronic diseases for the patients. And—and—and—finally, it's the reality that our industry is probably the largest one with negative productivity historically, and how, you know, probably so much of that is due to our rate of adoption of technology. So the—the—broader goal here is to establish both the building blocks and the appropriate market dynamics to demonstrate the viability of this new modality of care and—and—disease management and prevention and both leveraging pre-existing technology and also, you know, foster an ecosystem of new novel innovative solutions that can give that daily tactical support that our beneficiaries and patients more broadly need, and have things work not just on paper in policy, but also in the real world for real outcomes. I also want to mention that there've been a few questions about this since the RFI was formally published on Friday. This RFI is not directly acquisition-centric. It's really for us to understand what's standing in the way of cultivating this ecosystem and what might be areas CMS, ASTP/ONC can be in a unique position to help with. So, with that, said [Inaudible]

Alberto Colón Viera: Thank you, Arda. Well, before going into our Q&A. I'll give you a quick overview of the RFI. First, we think it's important to emphasize that this is not a procurement RFI, as Arda mentioned. So, the purpose of this RFI is to generate ideas and learn how CMS and ASTP/ONC can inspire the market and support the digital health ecosystem. We want to hear from you. We want to hear your insights, your experiences. We want to get your feedback, which is really critical and valuable to help us break down barriers that make keeping this technology and interoperability revolution from happening. So, I'm going to share my screen real quick. So, we have posted this on the—we have posted this on the—chat for the Zoom, so you may have the link for the actual posting of the webinar in the General Register—in the Federal Register. So, this is the—how it looks the page where we have our RFI. We're going to do a rundown and go over the different few sections of the RFI to help guide you and help you on how to answer this RFI. First of all, I'm going to click the table of contents here. So, we have a background section which includes some of the history and background that frames the current state of interoperability and the framing for this RFI. We also have some relevant definitions and terms that are used through this RFI which we invite you to very carefully read to help you better answer the questions that we have included here. And then we have the most important sections of the RFI, which are the actual questions. So, we have divided this into a few sections that are

focused on use cases. Thinking of Patients and Caregivers, Providers, Payers, Technology Vendors, Data providers, and Networks, and then Value-Based Care Organizations. I'll go through each of them, for the intent of these questions is to help you and guide you on answering. We do not expect every participant respondent to provide feedback to all the questions, but we invite you to provide responses to those questions that are more relevant to your experiences, to the work you do, and to your experiences in health care.

So first, we're going to go to the Patients and Caregiver Section. So, this RFI asks, how do we make digital tools work for real people, right? We want to hear how apps and platforms can help patients and caregivers access, understand, and act under health data. What can we do to help manage chronic disease, coordinate with multiple providers, or even help with more simple tasks that are very hard still today, like remembering your medication list? This is about improving usability, trust, and real-life utility for patients and caregivers. Then we have the Provider Section. So, we know clinicians are overwhelmed today. So, this RFI focuses on how digital tools can be seamlessly integrated into clinical workflows. We don't want to add to the burden. Think about how can we improve things for providers? What needs to make—what's needed to make data access timely, actionable, and relevant at the point of care? How can we reduce friction so that providers can spend more time with patients and less time clicking screens? Then we have the Payer Sections. We recognize that health plans and value-based care organizations play a big role in the digital health landscape. Through this RFI, we're looking to understand how we can align incentives and remove barriers to data sharing, care coordination, and the use of digital tools in value-based models. We're also looking at how claims quality and clinical data can work better together. Then we have the developer and technology vendor sections, Technology vendors, Data Providers, and Networks. We want to lower the barriers to entry for innovators at CMS. This section of the RFI is asking, how do we make it easier to build tools that serve Medicare beneficiaries? That includes enabling APIs, using consistent data standards, and ensuring products can connect securely and meaningfully across systems. And finally, but not least, we have the Value-Based Care Organization Sections, where we are, as we mentioned before, we're looking to improve the way health care can be incentivized for patients and providers. So, with this, I hand it back to Arda.

Arda Kara: Thank you, Alberto. So, thank you for that quick overview. I know it's a large volume of text to look at, especially for all the various categories of stakeholders that you want to engage with this, who may not historically have been very active with RFI responses, but we really appreciate you, you know, looking—focusing on the parts that resonate with you the most. No response has to be addressing every question. It's important to target the ones that you have the strongest, most observations for and—and—that we can learn from in the best way. And—and—I'm looking through some of the questions that are coming in right now. So, I think one thing that I want to highlight is, I think there's a lot of questions around what is—what is—what is—the goal of CMS and ASTP/ONC with the RFI? It's really our goal to understand what's working and what's not, and that's potentially separate from what there is policy for, what there might be offerings, options, products for. But really, what's serving the outcomes that we're targeting, many of which are iterated, enumerated in the RFI, with the questions are really serving those outcomes, and—and—and—what's not, especially in the real world for the

beneficiaries, for the providers when they need it. There's been questions about how these comments are going to be made available. There's a process where the comments go through a— a—pending process in the Federal Register, and—and then they'll be made available through that same platform.

Amy Gleason: I see a question about—it says, “monitoring medication adherence and vital signs are a challenge for seniors and patients struggling with complicated medication regimens. Will Medicare ever reimburse for compliance, packaging, medication adherence, technologies, or remote vital sign monitoring?” I don't know that we can answer that question today, but I do think that obviously, we believe medication adherence and managing your vital signs at home are important things to—to—inspire in consumers. So, I think if you have feedback for us on recommendations, we would definitely encourage you to put those into the RFI response.

Arda Kara: Somebody is asking what sort of stories, or data points, or observations are the most helpful? There is one that's been shared many a time, but this is—there's a number of questions in the RFI that you'll see targets this, which is, what is that experience of the patient beneficiary being able to access the data that already exists in the system, and that should be usable to them, and—and—being able to both get access to that and—and—and—allow a digital health product to actually leverage that data to better understand their needs, their risks beyond what they might type into that product and—and—in situ? And examples of the various obstacles that might stand in the way of this—having to track the different providers that they have seen, needing to have credentials with each of them, having those credentials expire at different intervals, and then, once you actually do all of that, how you might be able to leverage the data on the other hand, on the other end of that process. There was a question about the duration of the RFI. Thirty days, unfortunately, is the duration that we need to go with at the moment because of the pace that we—that we—want to be working with. We understand that ideally, we would have indefinite time to think about these things, but I think it's important for us to keep—so a window of 30 days for this stage. Just so we can continue with the progress that we have in mind for the rest of the year, as well.

Amy Gleason: There's one question here that raises a good point of—will the RFI include a focus on proactive versus reactive data and analytics, leveraging AI to identify patients at greater risk of avoidable health or disease event? I think that's a great point of a lot of our medicine is reactive today, so I think we would love to hear your ideas on how we can move to be more proactive. And as Arda was defining earlier, really focusing on health and outcomes. So what are your ideas for that? We'd love you to put that in the RFI.

Arda Kara: There's a note that I saw that I thought was interesting, asking about what is difficult to do today, and—and—maybe because of existing work or priors from CMS or several, you know, different government agencies. I think those are important for us to hear as well. It's our intention to understand exactly what's working and what's not working, and how that could be improved so—and the more real world these stories can be, I think the more they'll be useful for us to understand the true experience of beneficiaries, patients, different stakeholders around—around—the digital ecosystem.

Amy Gleason: And to add to that, I think if you have technology or tools that you've seen that you have liked, whether it's in health care or not in health care, that you can use as examples of

things that are working well, we'd also like to hear that. So, we definitely don't want to throw the baby out with the bathwater. If there's good things that are working, please make sure we know about them, from both different apps that are out there, or some of the networks or certification things that are happening, different payment programs or services that are happening, like, we do want to hear the—the—positive sides as well as your brand new ideas, or what we should stop doing as well. And I think somebody also asked, “if it's not a procurement RFI, what is the actual process?” We're going to go through with all of the information that we get out of this. And I think we're open to all kinds of things going forward. I think we're just trying to really take a step back and get a lot of information from all of you to figure out the best ways forward. I think a lot of things, as maybe has been said, kind of work on paper. Things have been—all these works have happened, and we feel like they should work in the real world, but then, for whatever reason, they're not working in the real world. So, I think we want to take a look to see how could we emphasize things that are already there that should be working? How do we make changes where we need to make changes? So, I think there could be a lot of activity that comes out of this, but we need to see the responses to make a decision.

Alberto Colón Viera: There's a question about the public comments being visible right now in the Federal Register. So once the CMS team reviews all the public comments, then they will become available there for everyone to—to—read.

Amy Gleason: I see a question, too, about appreciating the enforcement of interoperability and real-time access, but also wanted to balance the privacy and security implications. So, I do just want to say we definitely take that very seriously. Privacy and security are at the very top of what we want to do. And you might notice there's a lot of themes about that in our questions of trying to figure out, how do we both make the data flow, and make sure it's only goes to the people that it should go to? So I just wanted to make sure to call out. That's very important to us, and definitely what we want to hear about, as well as, you know, how do we balance that?

Arda Kara: That's—that's—a great point, Amy. That's—that's—really the background and the premise around everything that we talk about. I do see a few comments about specific stories around, for example, patient intake, and how today still, it's clipboard after clipboard, or you know, making appointments and scheduling, and how that's usually is long waits on the phone. These are—these are—exactly the kind of stories that we'd like to hear from, and—and—even more helpful version of this could be the, you know, the—the—solutioning side of this. So, what's standing in the way of that getting better? Is that technology? Is that more in the human landscape of things? Is that a—a—business case? So, we welcome definitely, both the diagnoses and the prescriptions of—of—these.

There are some questions about specific programs—government programs and existing projects. I—I—think this applies an opportunity for us to really think through and understand what the ideal could be in the future if we were to think about everything in a way that targets truly the outcomes rather than the history of things. So, I think that's—that's—that's—that's—how I would talk about that of we—we're—just looking to understand what works and what doesn't in aggregate.

Amy Gleason: I see a question asking if there's nothing in the RFI about reducing the cost to taxpayers, and I would say this whole RFI, while it's focused on health outcomes, of course first, and they—also the patient caregiver provider experience, that—that's—foundational. And if we can improve things with technology, there will be cost savings to the taxpayer. So, if you have ideas on other things that we should have asked or things that we could do, we're—we're—open to that as well. Please share. We love to save taxpayer money.

Arda Kara: There are a few notes that I saw about different timelines, and—and—the various frames that might be considered for this. You might see a couple of questions in the RFI that—that—talk about shorter term and longer-term outcomes that we're targeting. The idea with those is obviously, there's different levels of what's possible when you go into legislation or rulemaking timelines versus existing frames that are already in place today, and how various digital products can fit into frames, business models, care models that might exist today and—and—and—maybe it's not in the ideal long term way that if we were to design these from scratch, but it's still a starting point for these versus maybe long term more de novo ways of—of—targeting these, and I think both are very interesting for us, given again the—the—pace that we're going to be targeting with this.

Alberto Colón Viera: There's one question, a comment, and a question, saying that “CMS has the ability to require strongly incentivized specific behaviors around technology adoption and crucially data sharing for the programs it directly pays for. Is CMS interested in hearing from stakeholders on this?” We definitely want to hear any ideas and feedback you may have about how CMS programs today can be enhanced or used to include technology and—and—other novel mechanisms to care for patients, health care givers, and also streamline, simplify the burden for providers at the point of care, absolutely.

Arda Kara: Thanks, Alberto. There are a few comments around the broader theme about what's being targeted and various different solutions about it. For example, you know, getting to patient records, needing potentially a patient identity, and other solutions like that. I think a good metaphor that have been publicly used about this is how internet has been a government-initiated project on—on—many levels. And it's important to get to both the safe and secure and—and—privacy preserving, but also and free and open and, you know, source providing version of this and—and—and—that there's a set of things that government agencies, like CMS and ASTP/ONC are maybe in a unique position for, to help enable and create the lever for then in turn, the ecosystem to flourish around—around—these things. So a—a—common theme across questions that we're looking to understand is, what are those things that maybe us as, you know, federal government agencies are in a unique position to support to the ecosystem versus how can we then enable the ecosystem to have the—the—proper appropriate ideal dynamics to create the solutions that we might look to create or look to exist?

Amy Gleason: There's one question asking if we're wanting solutions that are offering direct or indirect patient benefit, or both, and I think both for sure. Some patients are going to want to be more involved in this than others, and we definitely want this to be something, if only required by patients, if they desire to have this kind of technology interaction. So, I think we definitely want things that are direct and indirect benefit. And one other question about—it's asking if it's for Medicaid and ACO (Accountable Care Organization), or commercial as well, or just

Medicare. And while a lot of our initial focus here is on Medicare beneficiaries, we definitely want this to be something that's making change in the whole health care system, so for all different types of payers and patients.

Steve Posnack: I was just going to add in. See a lot of questions across the chat. Seems like there's some new folks potentially that are thinking of responding for the first time, which is great. Please contribute and practice your civil duty. So, a couple of things that I just wanted to give some tips on in terms of making your responses as effective as possible for us as well. You know, again, pick the questions that you feel most comfortable responding to. If you can be specific, that is great. If you can give, you know, the regulation text that you think is applicable to the particular scenario, if it's regulatory related, that is a bonus point. And you know, if you're able to provide suggestions of alternatives in your comments as well, those are sincerely appreciated. It helps us really connect the dots between what the potential problem statement is that you've identified and then how we can potentially look to approach the suggestions and solutions that you've laid out. In some cases, we have to look and see if we have statutory authority which applies to both of us. In other cases, especially on the CMS side, not to speak for them too much, you know, they have to look at a lot of other cost factors related to Medicare, Medicaid, other types of programs. And so, there are a variety of other dimensions that we have to look at once we're able to process your comments. We're like, "this is a brilliant idea." And then we have to—to—weigh it against a variety of different considerations that we have to keep in mind from a federal government perspective. You know, whether or not it's a regulatory action, if it's a deregulatory action, which we have a number of other RFIs out there that I hope you're also responding to. Please be on the lookout for those. And there are different tactics and techniques that we will approach vis-a-vis the policy solutions. And then, certainly, if they're program related, again, being specific about what type of requirement has been in the program. Sometimes we see that it's just a guidance document that can be updated or a frequently asked question, and it doesn't require a heavy lift on our part, but some type of clarification can help clear a path and open doors for folks.

Arda Kara: Thank you, Steve, for that. I see—and—and—you know there's—there's—obviously, a larger volume of questions and comments than we might be able to address individually in this call, but just to touch on some of the common themes across them. I do see a question about the different stakeholders and if we're looking to understand about solutions for one, you know, more for one versus the other. I would clarify that, not necessarily. It's—it's—the entirety of the outcomes that we're targeting. And some of these, as again, you know, is categorized in the RFI are maybe directly patient and caretaker workflows. Some are more provider workflows or provider assisted workflows and providers are also an important part of the access and distribution of these products, and there's a glossary of products that we highlight in the RFI about, you know, health management applications and digital health products and care navigation applications. And—and—and—I would also say that, you know, maybe as a—as a—as a—rule of thumb, you know, thinking about the needs of a—a—a—beneficiary in terms of, you know, vast majority of, or a lot of CMS beneficiaries—Medicare beneficiaries—are seniors. So senior-specific needs are definitely within the realm of—of—what we're looking for, but maybe going into sort of broadband coverage in—in—the entire country might be out of scope for this RFI, while acknowledging that it is—that is a challenge in some cases that we have to work with.

Amy Gleason: I see there's a question about reconciling data access to properly reconciled medication and diagnosis information is key. Currently, many HIEs have data, but it's not reconciled. This often confuses the situation even more. So, I would love to hear ideas you have about that. Obviously, there are some modern tech things with AI that can do some of that work. But having good insights into ideas around how to properly reconcile is a big benefit. I've definitely seen that with my daughter's care that I was talking about. It becomes a jumbled mess over time if you don't get to reconcile it. She actually reconciles it herself and sends it to her doctors before every visit, but most patients aren't going to do that. So, how can we do that for them?

Arda Kara: So again, there's more questions about the beneficiary, the patient, and the provider. So, just to kind of summarize the intention of the questions on that, on the provider side, on the beneficiary side, the patient side, it's existing needs of the patients. It might either be in solutions, products that you see available elsewhere. Maybe not targeting CMS beneficiaries today directly or needs that maybe aren't addressed, aren't solved today, but could be by technology and—and—and—helping us think about what those top-of-mind needs are. And on the provider side, it's important to both understand specifically for provider workflows, but also for that touch point with the patient and the beneficiary, and how these solutions can be really part of the toolkit, just like maybe pharmaceutical products are in a—in a—in a way that it could be made available to the beneficiaries in various ways or forms or formats that—that—we can imagine. So, we'd like to hear from that on—on—the experts as well.

Amy Gleason: There's one question that's asking if we're interested in hearing from providers that are already using an AI-supported platform. Yes, we would love to hear what you're using, what's working, what's not working. Existing things are great as well as new ideas.

Arda Kara: And another theme that comes up in a lot of comments is there is obviously a set of first party tools that—that—you know, CMS and—and—Medicare and various Medicare digital assets have—have—provided to beneficiaries and—and—the community. And then there is also a large and hopefully growing and—and—accelerating ecosystem of digital products by—by—the private sector, by third parties. It is not CMS's intention to compete against that—those set of, sort of, innovative novel private products. It is—it's the—the—goal is to understand where that best distribution of responsibility lies. So, what are the unique things again CMS can provide for the ecosystem to leverage, to flourish, to—to—offer more choice? And then in turn also, how can we enable these products in the third-party ecosystem to—to—really better—to better target the outcome and the needs of CMS beneficiaries?

Alberto Colón Viera: There's also a comment saying, “there doesn't seem to be an emphasis or concern about data privacy, and security in the RFI. With the significant amount of data breaches in the health care area, why is the RFI not focusing considering these key issues?” So, we do care and consider these issues. We definitely want feedback that allows, like, secure and privacy centered data sharing. We—there's a set of questions and areas in the RFI that touch on digital identity and mechanism to share credentials and do identity verification. So, we invite you to look at those questions and think through them through this data, privacy, and security lens and—and—provide your feedback.

Amy Gleason: I also saw a question around that of how did these kind of decisions also tie in with HIPAA (Health Insurance Portability and Accountability Act) security and privacy? And so, you know, all of these feelings around all those things would be helpful. There's also a question here that says there are only 12 questions directed to payers, and payers have been implementing FHIR since 2021. I think we definitely are interested in how payers can contribute to this work, and we know that some payers are very advanced in some of this, while others are not. So don't take the number of questions to be an interest level. It's just the questions that we had that we felt could drive the conversation. But if we miss them, or you know, other ideas, please, we're happy to hear your thoughts.

Arda Kara: Thank you, Amy, and I want to add one—one—more thing to what Alberto talked about, which is very important. I think it's important for us to understand through this RFI in the real world, what are cases where maybe we need better, more hardened security and privacy preserving measures? And then what are cases where maybe attempts at creating privacy protection and security is actually getting in the way of legitimate workflows that patients are looking to enable and—and—originate? And—and—I think getting a distinction of that from the folks that are actually, you know, who own the data and—and—are looking to enable these outcomes for themselves is really important for us.

Amy Gleason: I think there are a couple of questions just on how to comment and such. So maybe I'll let Alberto talk about how he got to the outline again, and—and—where they comment. But one other question while he's getting to that is how large or small the topics or comments should be focused on, like high how level—high level or low level. And I think that, you know, as Steve was saying, the more detailed that you can be is great. But in even a high-level comment is better than no comment. So, I think whatever you can give us, we appreciate, but obviously, the more detail you can provide. It also is kind of questioning how ambitious our goals are, and I would say they're very ambitious, so be ambitious with us.

Alberto Colón Viera: Thank you, Amy. I'm going to share my screen one more time. So we have posted on the chat the link to the Federal Register for this RFI. So, you will be directed to this page. And here on the left navigation, they have table of contents. So, you can use this to guide yourself into the different sections of the AP—of the—of the—RFI. So, you will see the background as we talk about definitions, and then, like, the different sections. So, you can click on a section, for example, Patients and Caregivers, and then you will see the details about this section, and then see the different questions that have been grouped in this case by patient needs. Then, Data Access and Integration, and kind of like specific subcategories to—to—the broader, like, Patient and Caregiver Section. So, we invite you to go through the relevant sections for you and your experiences and—and—provide feedback to those questions.

Arda Kara: And then at the very top there is a button to actually submit your comments. So, you will see at the Federal Register, there's a big green button where you can actually initiate your comments. You can, if it's—if it's—a short number of things, you can do it through just in the comments, or you can do it as an attachment in there for—for—a more structured response.

Alberto Colón Viera: We invite you to also add the numbering we have put on the different questions to simplify how we process your feedback.

Arda Kara: OK. And maybe with that, I'd like to hand it over to Dan to start wrapping this up.

Daniel Stansbury: Thank you, Arda. Yeah, so I—I—want to close today's session with sincere gratitude to all of you for taking the time to—to—join us today, for your RFI responses, and for your ongoing participation. We at CMS are committed to engaging with our partners and maintaining an open dialogue with the goal of improving the health care technology ecosystem. This is going to represent a lot of work, and we're excited to do it. The Request for Information is open for public comment through June 16. And we'll go ahead, John, if you could post a link to the Federal Register back in the chat box so everyone is encouraged to go ahead and visit and consider sending in your feedback. We'll—the link will also go out to our OA (Office of Acquisitions) Listserv at the conclusion of today's session. And so with that, this concludes today's session. I hope you all have a wonderful rest of your day, and thank you for joining us. Take care.

Arda Kara: Thanks, everyone.