The CMS Innovation Center's Approach to Person-Centered Care: Engaging with Beneficiaries, Measuring what Matters
September 20, 2022

>>Alexis Malfesi, CMS: Next slide, please. Good afternoon, everyone, and welcome to the CMS. Innovation Center's Approach to Person Centered Care Webinar: Engaging with Beneficiaries, Measuring What Matters. My name is Alexis Malfesi, and I am a health insurance specialist with the Learning and Diffusion Group at the CMS Innovation Center. Before we get started, I just have a few administrative items to address.

First, I wanted to let you know that this session is being recorded. Closed Captioning is available for this event by clicking the CC button at the bottom of the screen. I also want to point out that we have a Q&A function available to us during this meeting, and I encourage you all to use it. Due to the size of this event, we may not be able to respond to everyone's questions, but we will be monitoring the Q&A closely and capturing any follow-ups there. Lastly, if there's any press on this call, please submit questions through the CMS Media Inquiries Portal, and that link is going to be shared with you all now. Next slide please.

I'm joined today by Dr. Liz Fowler, Deputy Director, excuse me, Deputy Administrator and Director of the CMS Innovation Center; Dr. Purva Rawal, Chief Strategy Officer of the CMS Innovation Center; and Rachel Roiland of the Policy & Programs Group. I will now hand it over to Liz for opening remarks. Next slide please.

>>Liz Fowler, CMS: Thanks so much. Alexis. Today I'd like to share a little bit about the Innovation Center's vision for person-centered care, how that vision has been informed by lessons learned from the previous 10 years, and how we're taking steps to build a person-centered health care system. Alexis will then walk through our approach to incorporating patient and caregiver perspectives across the model life cycle. We'll then turn to Rachel, who will talk about our patient reported outcomes measure strategy to help us measure what matters to patients and caregivers. And from there we'll conduct the Q&A. Please note, that due to the size of this event, we may not be able to respond to all questions today. And then we'll wrap up with closing remarks. Next slide please.

As many of you know, the Innovation Center published a white paper in October of last year in which we laid out a strategic vision for the next ten years, and committed to deeper partnerships with beneficiaries and patient groups. The goal of such partnerships is to better understand the beneficiary perspective, so that we can incorporate that perspective across the life cycle of our models from when they are developed, to when they are implemented, and all the way through to evaluation. Incorporating beneficiary perspectives into our work can also help guide and refine our overall strategy. We believe that designing models that are responsive to beneficiary and caregiver needs will enable and result in tangible improvements to quality of care that make a difference in people's lives. Next slide please.

The goal of the Center's strategic vision is to achieve equitable health outcomes through high quality, affordable, and person-centered care. We focused on five objectives; driving accountable care, advancing health equity, supporting innovation, addressing affordability, and partnering to achieve system transformation. As a roadmap, to achieving this goal over the past year, we've started implementing a Center-wide strategy that aims to place the person at the center of their care, that Alexis and Rachel will discuss in more depth shortly. Next slide please.

But first, I want to talk about where we've been, and how that is informing our work. Over the past decade, we've been capturing beneficiary experience in Innovation Center models and evaluations. We've looked at care experience, communication and coordination, satisfaction, functional outcomes, and financial impact on beneficiaries. But, primarily the focus has been on measuring beneficiary experience. In this next decade, we want to build on this and focus on improving beneficiary experience in our models. However, we can only do this by identifying what patients want from their care experiences.

In the past, we have also taken a model-by-model approach to capturing and evaluating patient and beneficiary experience in our models. Moving forward, we want to capture and assess beneficiary perspectives and experiences systematically and across models, where possible.

Our Center-wide strategy aims to extend our work in two ways. First, we have developed an approach to engaging with patients, caregivers, and patient organizations and incorporating their perspectives across the lifecycle of models. This will allow us to better design models that respond to beneficiary needs by creating a continuous feedback loop for the Innovation Center to sustain, and strengthen its relationships with patients, caregivers, and advocates.

Second, we have developed a patient reported outcome measures, or PROMs, strategy, which aims to measure what matters most to patients, including health related quality of life, symptoms of burden of disease, experience of care, and health behaviors. PROMs will help us better assess how we are impacting more dimensions of beneficiary experience and improving them.

You'll hear about each of these strategies from Alexis and Rachel, and I'm going to hand this off to Alexis who is going to kick off the discussion with a quick poll.

>>Alexis Malfesi, CMS: Thanks, Liz. So I am going to take us through our first poll here. Our question is: Please select the top two topics that you would like the Innovation Center to cover in any future patient and caregiver focused listening sessions. You can select, again, two options. The first being ways to advance health equity, like through improving access, closing disparities and outcomes, addressing social needs in Innovation Center models. Next, patient and caregiver focus perspectives on measuring what matters. Or, how Innovation Center models can better incorporate support for caregivers. Or, information patients and caregivers want to know about Innovation Center models like benefit enhancements or provider incentives. Or an "other" option, and you can enter that "other" response in the Q&A box.

Alright, thank you all for participating and providing your feedback. It looks like we have a lot of folks that are interested in ways to advance health equity. Also, patient and caregiver, focusing perspectives on measuring what matters. Coming in third, we have more information about how innovation, how we can better incorporate support for caregivers, tied very closely with information that patients and caregivers want to know about our models. Thanks all to those of you who had entered some options in the Q&A box. We look forward to taking a closer look at those. Next slide please.

I'll now share more about our patient and caregiver engagement and experience strategy, if you can move to the next slide again. As Liz had mentioned, the Innovation Center is working to place patients and caregivers at the center of its models and its strategic direction. And this means improving the

quality of care that people receive, the experience of care for both patients and their caregivers and health outcomes. To accomplish this, the Innovation Center has developed a strategy that's going to help us to understand patient and caregiver perspectives through engagement opportunities that promote rich patient and caregiver feedback, act on the feedback and experience information that we receive from patients and caregivers, be transparent and communicate how we are acting on that feedback that we receive, and ensure we are able to continue to harness that feedback over time and sustain engagement. We'll also be seeking input from and looking to collaborate with other stakeholders across the industry like providers and health plans. Next slide please.

Earlier this year, the Innovation Center hosted a listening session with a panel of patient advocates to gather feedback on the Center's patient engagement strategy and also to capture patient and caregiver perspectives on gaps in the current health care landscape. We received input and recommendations about how the Center should move forward. We heard the need to be more transparent, to share detailed steps that we believe will make meaningful long-term connections with communities, and share more information about patient and caregiver experience, for example, through patient and caregiver survey results. Acting on this, we're going to hold ourselves accountable by reporting measures that help track our progress toward improving patient and caregiver outcomes and improving engagement at the Innovation Center. We also heard the need to advance health equity, like including patients and caregivers with diverse lived experiences, in our engagement efforts. We're actively ensuring that models address social needs, and that we adapt a more inclusive approach to how we engage with patients, caregivers, and also patient organizations.

We heard the opportunity to enhance how we communicate, to share more information about how we incorporate caregivers as meaningful partners, and continue to hold listening sessions to hear from patients and caregivers directly. So, we've committed to regularly holding patient and caregiver focus listening sessions, to solicit feedback on issues that matter most. And last, listening session attendees called for the Center to support innovation, incorporating patient and caregiver perspectives into model ideation, implementation, and evaluation.

So we're building a continuous feedback loop that spans the model life cycle from development all the way through evaluation and we'll explore that a little bit further today. The listening session that we hosted earlier this year has been just one input into the strategy that we've developed. We're hoping to continue to collaborate with patients and caregivers, to really solicit more feedback, as our strategy continues to evolve. Next slide please.

Looking across the Innovation Center model life cycle, the Center is pursuing additional opportunities to incorporate patient considerations, really at each phase of development and release. It'll be critical to ensure that patient and caregiver perspectives are captured and addressed at the outset of a model's development. We want to consider quality measures that meaningfully capture patient experience and priorities, and how the model will impact affordability, access to care and equity.

During recruitment we want to be thoughtful about what kind of information patients want to know about the model, and how we can communicate what that model might mean for improving care. As participants are applying to the mode, which is the third phase in the diagram on the screen, we can analyze applicant distribution to consider those implications for equitable access to care. Throughout the duration of the model, through to its evaluation, we want to understand how patients and caregivers are actually experiencing changes in care delivery, outcomes, and quality of life as well as any potentially adverse impacts to assess the impact of the model on patients and caregivers, so that

we can really think about scalability. How will scaling or expanding the model affects patients, and how can we make sure that the benefits that patients have gained are built into new programs after the model ends? Next slide please.

So we've already begun to move into action across the Innovation Center's portfolio models. I wanted to share some examples with you today. So just for instance, the ACO REACH model will require that at least two beneficiary advocates sit on the governing board and hold voting rights. Payment, under the Enhancing Oncology Model will be impacted by performance on key patient experience survey measures and clinical care is going to be impacted by electronic patient reported outcomes. The VBID hospice component engaged patients, caregivers, and patient organizations to inform approaches for enhancing collaboration with plans and providers. Primary Care First model participants must engage with a Patient and Family Advisory Council, which is embedded into the model's design. And taking a look at evaluation, the Maternal Opioid Misuse model is using photovoice to help mothers with opioid use disorder share their life experiences. And, the Comprehensive End Stage Renal Disease Care Model used utilization data to assess patient experience as related to whether missed treatments could be made up. Next slide please.

So just taking a look ahead as we move forward, stakeholders should expect to have more opportunities to provide input and feedback on what matters most for achieving high quality care, better outcomes and better experience, and also to hear more from the Innovation Center on exactly how we're using that feedback and input. We'll be holding more listening sessions and incorporating patient and caregiver perspectives earlier and more intentionally into our models, and also enhancing support for model participants to be able to engage with patients and caregivers, improving experience. We'll also be holding a follow-up webinar to provide an update on how the strategy has evolved, and we will be, as mentioned earlier, reporting on some key metrics to demonstrate progress toward our goals.

So I'd like to close out this portion of the webinar with a poll question for participants, if we can go ahead and launch that. Our second question is: What are the top two tools or technologies that can improve patient care and patient and caregiver engagement with their care teams? And we're asking you all to select two. Options being: Access to community-based coordinated care; Telehealth options like video or phone; Enhanced communication options like text or online chat from the provider; Applications that support treatment and healthcare decisions; And then we also have an "other" option. So if you have "other" as a selection, please enter that into the Q&A box.

Alright, so taking a look at our results, it looks like most folks have selected access to community-based coordinated care, followed closely behind by telephone or telehealth options (including video and phone), as well as other enhanced communication options like text or online chat. About 31% of folks selected applications that support treatment and health care decisions, and 3% have submitted another option. And again, we look forward to taking a look at those responses submitted in the Q&A.

But now I'd like to turn things over to Rachel to tell you more about our patient reported outcomes measure strategy. Next slide.

>>Rachel Roiland, CMS: Hi, thanks so much Alexis. Next slide please. Alright, so one of the ways we plan to improve our understanding of patient experience and increase the patient centeredness of our models is through our Patient Reported Outcome Measures or PROMs strategy. The goal of this strategy is to make the beneficiary perspective a key dimension of quality by advancing the use of

patient reported measures, which are those measures for which data comes directly from the patient. These tend to be measures about key aspects of health, well-being, and care delivery that tend to be difficult to capture through other data sources like administrative claim. Generally, they fall into four broad categories: Health-Related Quality of Life; Symptoms or Burden of Disease; Experience of Care; and Health Behaviors. And before I move on, I do just want to take a moment and note that while this strategy is specifically focused on patient reported measures, we recognize the importance of also capturing data directly from caregivers and we're continuing to explore opportunities to improve our ability to use measures that give us better insight into caregivers' experiences and health status, so just wanted to make that little note too right here at the top of my portion of the presentation. So, next slide please.

But before diving into the details of our PROMs strategy, I do want it to sort of level set a little bit, and take some time to define some terms that we use within that strategy. Specifically, I'd like to define Patient Reported Outcomes, generally abbreviated as PROs. Patient Reported Outcome Measures, often referred to as PROMs, and then finally Patient Reported Outcome-Based Performance Measures, often referred to as PRO-PMs.

Patient Reported Outcomes, or PROs, represent the information we get directly from the patient about things like quality of life. Symptoms, burden of disease, experience of care, or health behaviors. Examples of PROs are the responses the patient provides to questions about whether or not they're experiencing feelings of hopelessness or helplessness, and how often they may be experiencing those feelings. So again, it's information about a dimension of health or a patient's experience with health care that comes directly from the individual patient.

Patient Reported Outcome Measures, or PROMs, are the tools used to collect this information from patients. An example of a PROM is the Patient Health Questionnaire 9 (PHQ-9), which is a validated tool used to assess depression. And using this tool, patients provide responses to questions about signs or symptoms of depression, such as whether or not they're having feelings of hopelessness or helplessness. So essentially the PROM is the tool we use to collect the PROs.

Then, finally, we have the Patient Reported Outcome-based Performance Measures or PRO-PMs, which are how we calculate the PROs by the PROMs into an aggregated, reliable, and valid performance measure. An example of this is the NQF-endorsed measure on Depression Response at 12 Months, Progress Towards Remission, which is a PRO-PM that uses the PHQ-9 to look at whether adult patients who have depression experience a response to treatment. This measure can then be used to assess a specific clinician group's impact on depression among the patients that they care for. So each of these, the PROs, the PROMs, and the PRO-PMs play an important role in our strategy, as I'll detail in the coming slides. Next slide please.

So to achieve our goal of advancing the use of patient reported measures in Innovation Center models, we've identified four guiding principles that we'll follow as we develop new accountable care models and develop the quality strategies for those models. And just to note, that accountable care model here is defined as a model that supports a longitudinal and aligned care relationship between a patient and a clinician or provider, and that providers' performance includes a measure of total cost of care.

Our first guiding principle is to include at least two patient reported measures in the Center's new accountable care models. At least one of those selected measures should be a PRO-PM. So, from our previous example, this could include the Depression Response at 12 months quality measures that I

gave as an example of PRO-PM. The other of the two measures that we would like included in our models, may be a measure that incorporates PROs or PROMs in some way, but is not itself a PRO-PM. So this may include a quality measure that captures whether or not the PHQ-9 or another depression focused PROM was administered, but it doesn't actually focus on sort of the outcome of care around depression or similar outcome.

The second guiding principle is that CMS should support PRO-PM development, where appropriate. This will be to help advance our goals focused on using outcome measures and having accountability around those outcome measures. We recognize that the universe of available PRO-PMs still contains several gap areas, such as caregiver health status and experience, like I indicated at the top. So measure development may be necessary to help support the development of measures that help address those gap areas. We thought it important to include that as a guiding principle for the strategy.

Our third guiding principle is focused on how we use PROMs and PRO-PMs in our models. Specifically, we're aiming to tie these measures at a minimum pay-for-reporting arrangements, or ideally pay-for-performance. Our rationale for this is that linking these measures to payment in some way helps to emphasize their importance. And it's also a key tool for ensuring there's accountability for addressing the outcomes and aspects of care that are captured through patient reported measures.

Finally, our fourth guiding principle is that we should work to align the PROs, the PROMS, and the PRO-PMs that are used across the Center, the Innovation Center models, excuse me, as well as other CMS quality programs. And we consider this guiding principle important in helping us recognize that the collection and use of PROMs and PRO-PMs can be burdensome. Burdensome to patients, to caregivers as well as providers, and fostering alignment across models and across different components of CMS, can help us less lessen that burden. Next slide please.

In addition to the guiding principles, there are also number of considerations for implementation of PROMs that we are keeping in mind as we move forward with our strategy. These considerations include a model design specifically looking at a model, specifically looking at a model's target population and overall quality aims when considering which patient reporter measures to include in a model. The decisions that will impact a model design will include such things as whether or not to use a condition specific or more general patient reported measure within a model, whether and how to incorporate incentives for the collection a patient reported measures within a model, and whether collecting patient reported data is even appropriate for a given model.

Another key consideration is related to health equity and working to ensure that health equity is considered throughout measure selection and implementation processes. Also, prioritizing the selection of disparity-sensitive measures that can help us identify and then trust the disparities that may be identified in a given model.

Burden and cost are another consideration. As I mentioned earlier, we know the collection and use of patient reported measures can be burdensome and costly for patients, their caregivers, as well as providers and we work to take those issues into account when selecting measures for our models. We're also continuing to connect and collaborate with stakeholders to identify innovative patient reported measures or measure collection processes that may be able to help us address the issues of burden that can sometimes come along with the use of these measures. And we're also continuing to gather feedback on how to minimize measurement related burden for both patients and model participants. Next slide please.

And two other final considerations are related to monitoring and evaluation, and also measure development, as I mentioned earlier, as well. With respect to monitoring and evaluation, we plan on tracking progress on the use of patient reported measures in the Center's accountable care models and we plan to track that progress throughout the model life cycle. We're also continuing to identify opportunities to incorporate patient reported measures into the evaluation portion of our models as well. And finally, related to measure development, as I mentioned before, we recognize that measurement gaps still remain with respect to patient reported outcome measures. It'll be important for us to consider how we can leverage our resources in the broader CMS enterprise to keep measures up to date, and to support the development of measures where necessary, to help close those measurement gaps that still exist. Yes, next slide please.

As we work to implement our PROM strategy, we'd like to share what you can expect from us as we take on this new approach. In particular, we'll continue to gather stakeholder feedback and compile lessons learned to help inform future work at the Center, including our quality-related work. An example of how we've leveraged stakeholder feedback, to help inform quality-related aspects of model design can be found by work recently undertaken by the team working on the Innovation Center's oncology focused models. As that team was considering the development of future oncology models, they held the public listening session, as well as released an informal Request for Information (RFI) to solicit feedback from stakeholders. And the team used that feedback from those forums and from the RFI to inform how they would plan to incorporate electronic Patient Reported Outcomes, or ePROs, in the recently announced Enhancing Oncology Model. In response to stakeholder feedback that highlighted that providers are at different stages of readiness in terms of implementing ePROs and that different ePROs tools are used across providers, Enhancing Oncology Model intends to include gradual implementation of ePROs in the model's design to allow model participants with varying capabilities to eventually develop the tools necessary to implement ePROs and the model also includes flexibility on the specific ePROs tools that can be used by providers participating in the model.

We consider this an excellent example of how we can work with our model participants to understand the challenges they face related to quality and measurement. We look forward to continuing this approach with new models, continuing to engage with you and our other stakeholders, to help inform future models quality strategies.

To conclude this section, we have one last poll for the audience. And this question is focused on your preferred method of providing feedback to your health care provider about your care experience. And the options are: Live, so during your health care experience; Text message; Phone call; Email; Patient portal or app; or "Other". As with the other poll questions, please feel free to add any "other" responses to the text box that will pop up with the "other" response. So we'll just give everyone a minute to complete that.

Alright, looks like we have some interesting responses. It looks like the most preferred method is through the patient portal or application, followed by text message, and then live during the health care appointment, followed by phone call, and then "other." So, as Alexis mentioned, we look forward to seeing what those comments options are that you all entered. But want to, again, say thank you so much for providing this feedback. I think it's very helpful, as we consider how we might support less burdensome ways for patients to provide information about their health care experiences. So your thoughts and input here are really helpful. Thank you so much. And now I will turn it over to Purva for Q&A. Next slide please.

>> Purva Rawal, CMS: Thank you, Rachel. I want to say, thanks to Rachel and Alexis today for those presentations. I thought I'd recap a little bit of Liz's remarks as I know there were some audio issues at the top.

As Liz said at the start of the webinar today, over the last decade we've been capturing beneficiary experience in innovation models and evaluations. We've looked at care experiences, communication, and coordination. We've looked at satisfaction, functional outcomes, and financial impact on beneficiaries. But primarily, the focus has really been on measuring beneficiary experience. But as Alexis and Rachel described today, we want to, they described a little bit more how we want to build on this and focus on improving beneficiary experience in our models in this coming decade.

We can only do this by identifying what patients want from their care experiences. Even just monitoring some of the questions that are coming through during today's webinar, it's clear that there's a lot of excitement about our ability to do this, and our partnership with those of you out there to accomplish that. You know in the past we've also taken a model-by-model approach to capturing and evaluating patient and beneficiary experience in our models. So moving forward, as Alexis and Rachel spoke to, we want to be able to capture and assess beneficiary perspectives and experiences systematically and across models where possible. And our Center-wide strategy aims to extend our work in the two ways we talked about today. So first, was the development of an approach to really start to engage patients, caregivers and patient organizations and incorporating their perspectives across the life cycle of our models, as Alexis spoke to. I think this is really going to help us better design models that respond to beneficiary needs and hopefully by creating a continuous feedback loop for the Innovation Center to sustain and strengthen its relationships with patients, caregivers, and advocates.

And second, Rachel spoke about our patient reported outcome measure strategy, which again aims to measure those things that matter to most of patients in their care journey, including things like health-related quality of life, symptoms, burden of disease, experience of care, and health behaviors. We hope that PROMs are a way to better help us better assess how we're impacting more dimensions of beneficiary experience and improving them.

So with that I'm going to go ahead and kick off our Q&A, and really want to thank everyone for submitting questions. Many of you already submitted questions, so want to say thank you to you, first of all. I see more and more coming through, so I'm trying to sift through some of these. But I see a theme coming through in terms of the questions about how we are going to implement these two components of our strategy. So I'm going to direct the first set of questions to Alexis, if that works Alexis. First, how are caregivers' needs and perspectives incorporated into model design and implementation? Then second, how are they incorporated into the collection of data/information?

>>Alexis Malfesi, CMS: Thanks Purva. So we want to be sure that we're not only capturing patient experience and feedback information, but also the experience of caregivers. This will include holding listening sessions on topics that matter to caregivers, expanding our measurement and evaluation strategy to assess caregiver experience and outcomes, and engaging with caregiver focused organizations to provide input and feedback on CMMI models. CMMI models are also working on, addressing caregiver unmet needs more intentionally. So, for example, one of the core elements of the Enhancing Oncology Model's approach to patient navigation includes maintaining communication, with not only Enhancing Oncology Model beneficiaries and health care providers, but also families and caregivers to monitor satisfaction with the cancer care, experience, and to provide health education.

The Innovation Center will also be conducting interviews with Enhancing Oncology Model beneficiaries, eligible beneficiaries, and their caregivers for purposes of monitoring. This will help CMS examine issues related to care coordination, particularly for patients with complex care conditions who are also undergoing chemotherapy for a cancer diagnosis, and their caregivers. Newer models could tackle conditions requiring significant caregiver support, such as dementia.

>> Purva Rawal, CMS: Thanks, Alexis. You know, just again looking through the Q&A as it's coming in live, I see the kinds of issues that it sounds like beneficiaries and caregivers really care about. Folks are mentioning things like access to navigation services, improving a consumer experience, for instance, the administrative burden of navigating the health system, engaging patients as an ongoing resource. We talked today a little bit about, you know, creating a feedback loop and then again going down on PROMs to really understanding those things that are important to patients.

Another area where we're getting questions is how we have engaged externally to inform our strategy which we talked about at the top of the call. And in particular, how stakeholders, patients, and their care partners are involved or have been involved in developing the Innovation Center strategy. I am happy to take that one.

So, some of you know, starting last spring, the Innovation Center engaged with subject matter experts across multiple fields about what they see as the greatest needs for our health care system. Including, gathering perspectives from patients and consumer advocates, payers, providers, hospital leaders, academics and thought leaders, accountable care organizations and technology experts. The CMS Innovation Center also consulted with experts in other parts of CMS, in our agency, and completed a literature review. In addition to that individual outreach, the Innovation Center also conducted market research studies with both providers and health administrators and with beneficiaries and caregivers so that we could gain a better understanding of their priorities and what they perceive as obstacles to value-based person-centered care and then directly for those perspectives able to influence our work and the development of our strategy.

And then, as some of you know, starting with late 2021, we began a series of listening sessions, this being another one in that series. And in February of this year, we had a listening session specifically focused on beneficial engagement. We started this process close to a year ago, and we're going to continue to host listening sessions to gather additional feedback on our strategy.

So, Rachel, I think we have a number of questions coming in on the quality fronts. If you don't mind, I'm going turn to you. The second half of our discussion today was about advancing quality measurement. Let's start with this first question: How does the CMS Innovation Center select the patient-reported measures that will be included in its models?

>>Rachel Roiland, CMS: Yeah, thanks Purva, it's an excellent question. I think, first and foremost, the selection of the measures is informed by the model's overall aims and their quality aims specifically. So you know, for a model that is focused on a specific patient population or a specific condition we may decide to use patient recorded, or caregiver recorded measures if they're available that are focused on a specific health condition. Or, if it's sort of more broadly focused, we may choose measures that have a broader focus, focusing on quality of life or a concept like patient activation. So it's really driven by the focus of the model as the first primary driver. And as a second driver, too, we also consider the domains within [CMS' Meaningful Measures 2.0](#) framework. That framework identifies key areas of

measurement that are considered sort of most meaningful to patients and providers. We do try to select measures that represent a good portion of those of those different domains, to make sure that we're collecting a range of data, touching on a variety of different measurement domains that we think are important. So those are the two main sort of drivers that our measure selection for our models.

>>Purva Rawal, CMS: Thank you. I'm going to hand over the next question at you as well, if that's okay. Today we laid out how we want it better support more meaningful measurement, as you said, through the use of PROMs. I also see several questions, and I think we got these for those of you that submitted questions beforehand, and even today, in the live Q&A, several questions on implementation. Can you share some thoughts on how we can assist health care entities, providers, and our model participants in implementing both PROs and PROMS?

>>Rachel Roiland, CMS: Yeah, I think you know again, just targeting back to the comments made, we are recognizing the burden that some of these measures can represent. And we definitely want to help lesson that burden, for folks participating in our models in particular. I think one key area where we do that is through the technical assistance that we offer through many of our models. That technical assistance does try to focus on providing guidance to model participants on how to both collect the data needed for these measures, and also how to use that data through the course of care. And so we try to focus on that through our technical assistance. And then I think another key component of that TA is really helping to help model participants figure out how to embed the collection of that data into their workflows, because I think that's one of the key challenges: Settings are already very busy with delivering care, how do we add this additional thing on top of it? So I think finding ways to both efficiently embed the collection of these measures into their workflows is another key thing we try to address through our technical assistance.

>> Purva Rawal, CMS: That makes a lot of sense. I know that we're also getting a number of, you know, thoughts and suggestions, feedback in the Q&A so I'll just give you a flavor for some of that. We have providers that are asking about being able to get patient experience data themselves to better inform care efforts to hopefully reduce duplication, and duplication in quality measurement and reduction of administrative burden, which you already hit on, and then streamlining quality reporting. So those are some of the other pieces of feedback we are getting from participants today.

Continuing on the theme of implementation, Rachel how are you, how are we, proposing to facilitate greater use or development of reliable PROMs to better collect that patient and caregiver experience information and information on outcomes?

>>Rachel Roiland, CMS: With respect to greater use of these measures, I think the Innovation Center really does work to include measures in our model that are fully tested and in line with the needs of a given population, sorry a model's target population. So I think that's key. And being able to identify those valid and reliable measures, and really try to find homes for them in our different models, I think, is sort of a key strategy we're trying to implement, really emphasizing the selection of those measures. We're also thinking it's important to focus on those tested measures. We really want them to have been tested in diverse, patient, and caregiver populations, and also to sort of have ideas around the time and resources required to provide data on the measures and can get that information through some of the testing. We're also really proactive in our relationships with measure developers and stewards. We have regular contact with those parties to stay up-to-date on the development of new measures or new innovations around the collection and use of patient reported, or even caregiver

reported measures. So that's sort of our focus on how to promote the use of the measures that are already out there.

In terms of promoting the development of reliable patient reported measures, I think, you know, the Innovation Center may support the development of patient reported measures for use in a model, when perhaps there isn't an appropriate or fully tested measure available. So that's something we may consider. I think also moving forward, using events like this for a focus on beneficiary engagement and our other beneficial engagement work will be helpful in identifying topics for measurement that are particularly meaningful to patients. That can inform, you know, where CMMI measure development might need to happen. It can even help inform the selection of measures as well, if they already exist, to make sure we are including measures in our models that really are meaningful to patients and caregivers as well.

>> Purva Rawal, CMS: Yes Rachel, I think that last point is really important one and again that seems to be another theme that's coming through some of the questions. As we think about measure selection, how do we identify those areas from a measurement perspective that are really meaningful to patients, that identify what it is that they and their families and caregivers really want from their care experience.

Alexis, I'm going to turn to you for our next question. We are clearly committed to beneficiary engagement to inform our work. What are the kinds of topics that we are going to be seeking feedback from patients and caregivers to inform our models?

>>Alexis Malfesi, CMS: Yeah, so we are enhancing our approach to seeking input from patients, caregivers, and patient and caregiver organizations. We're going to be using the feedback that we've received today and also from other stakeholder engagements, to identify topics and issues that are most important to patients and caregivers, as Rachel had alluded to in her response to that last question. You know, we recognize that patients and caregivers do not experience the health care system through the lens of our models necessarily, but rather through their relationships with their providers. So we want to prioritize the topics that are going to most meaningfully impact how patients and caregivers experience care and achieve improved outcomes, like time spent with their providers, receiving support or referral to address social needs, and providers communicating with one another. For instance, we recently held a listening session with patient and caregiver groups to understand patient and caregiver experiences with serious illness care, more broadly in their experiences with changes in care delivery. We use feedback like this to identify gaps in our model portfolio and strengthen our existing models.

>> Purva Rawal, CMS: Thanks, Alexis. You know, at the top of the call we talked a little bit about strategic, or our strategic objectives at CMS. As many of you know, health equity is a strategic pillar for the entire agency, for all of CMS. And the way the Innovation Center is supporting the CMS strategy and vision is by embedding health equity in all of our models and using all of the design levers that we have available to us to hopefully to be able to use them to advance equity. So there were a number of questions and comments coming in about equity, and so wanted to switch gears a little bit and start with the question, for Rachel: Are there strategies to ensure PROs and PROMs collection does not exacerbate disparities due to access, technology, literacy, or language or other beneficiaries may have?

>>Rachel Roiland, CMS: Yeah, great question. And I think sort of two primary responses; one is sort of how we select our measures, and then second, is sort of how we use the information we get from the measures to help identify disparities and address them.

So for the first part, not the use of the measures, is selecting the measures to use in models. We do look for measures that have undergone robust testing again, like I mentioned, in a diverse sample of patients and/or caregivers. This often includes this robust testing often includes assessments of the literacy level needed to understand the questions included in the measures so trying to make sure that we're using measures that can be understood by a wide variety of people. Second, we also prioritize measures that can be offered in multiple languages. So we know the CAHPS can be translated and offered in different languages. We also try to look for measures that that can be inclusive of different levels of digital skills. So to say, measures that can be offered in alternative modes of delivery such as phone calls or in-person completion, so you don't need to navigate a website to try to provide information. We also try to look for measures that don't require significant time or resources on the part of a patient or a caregiver to respond to the measure. So those are sort of key things we look at when we're selecting measures and trying to select those that are that can be, that are most accessible to a large number of people.

Then I think so the second part of the response is really focused on how we use the data that we get from a given measure. I think the Innovation Center is actively identifying different strategies to use these measures to both monitor and address disparities and outcomes, as well as other quality measures used in our models. Some of these strategies include things like stratifying patient and caregiver reported measures by key patient characteristics, so to say a lot of dual eligibility status or looking at the measure data by geographic markers like the Area Deprivation Index. We're also looking at how sharing that information with providers, to get to an earlier point I think that was made about sharing this information, at the provider level. Looking at how we can share this information with, providers, so they can know where disparities might exist in the in their patient population, and how they can use that information to, you know, implement different interventions to reduce those disparities. That's sort of the ideal way you would use a quality, measure. So, how can we sort of facilitate that use?

And then finally, I think we're also working actively with other components at CMS, so Center for Medicare, Center for Medicaid and CHIP services, to align on the strategies we're using around patient recorded measures and other quality measures to identify and address disparities. So, lots of different ways that we take disparities into account when looking at which measures to use and how to use those measures.

>> Purva Rawal, CMS: Thanks Rachel. Building on Equity, we also got some questions that were submitted, and there's a definite theme in feedback on health equity issues, and so kind of take the next question in a related note. How will the Innovation Center measure person-centeredness in terms of health equity given limited, or at least currently limited, demographic, and social determines of health or SDOH data?

So we're continuing to use available data and proxies as Rachel also just said, such as dual eligible status, Area Deprivation Index to evaluate the reach of existing models and underserved communities in their impact on equity. And I think that's a place where we'll continue to do work. Additionally, we're identifying opportunities to increase the emphasis of health equity in existing models. So, for instance, model participants are submitting health equity plans, and we're collecting demographic data

from model participants to help us assess, understand, and improve the health equity impact of our models. And I think to the best biggest examples, Alexis and Rachel spoke to them earlier as well, are our ACO REACH and our more newly announced Enhancing Oncology Model, where we are not only collecting self-reported demographic data, but also requiring health equity plans from participants. I think we'll have some great learnings there.

Moving forward, new model designs are incorporating health equity into their quality strategies and they're encouraging, going to be encouraging, participants to utilize tools that are specifically designed to screen for social needs and social determinants of health. And then we're also partnering with other Federal partners. You know, partnering with the office of the National Coordinator for Health Information Technology or ONC, where CMS is planning to align participant report. Some of you may be familiar with the United States Core Data for Interoperability or the USCDI Version 1 and 2 requirements for demographic and social needs data. We're also working to identify other sources of demographic data that may be available from Federal partners, you know, where it's feasible, and of course in a way that's always consistent with HIPAA and privacy laws.

I'm going take the next question as well. We're getting a lot of questions about how today's webinar also relates to our broader strategy. So, how are we going to use the feedback that we've received previously, that we're receiving today, to not only impact our models and demonstrations, but also our broad strategy?

So the feedback that we receive from patients, caregivers, and other stakeholders certainly has implications for specific models, and so some of the ways that I think Alexis and Rachel already point out, was that we are executing on beneficiary engagement, how they are in this first year of work, how it's already influencing some of our early models and model redesigns. But we also know that there's an opportunity to use that feedback more broadly across all of our initiatives at the Innovation Center. I think this kind of engagement and feedback is also going to help us prioritize which goals the Innovation Center should set across our models. This is going to help us assess our impact on beneficiaries, adjust our approaches as we go along, and allow us to identify those larger issues that affect multiple models across patient populations.

And while we are on the question of strategy, you know, we had a question earlier about how our new Strategy Refresh took stakeholder, including beneficiary and caregiver perspectives, into account. Some of you are also wondering if there are any care innovations or tools the Innovation Center is developing to support patient-centered care. We also got some feedback on that in the chat in the Q&A as well.

So we completely understand and agree that the success of person-centered care really hinges on significant integration and coordination across provider types and care settings, from hospitals to post-acute care to physician offices and into the home. So there are a number of ways innovations, and data in particular, can support more person-centered care. So I'll lay out some examples here. First is payments, you know, we can use payment, set incentivizes for providers to address patient social determinants of health, and ultimately lower the total cost of care while maintaining or improving quality. We can consider payment, waivers and other flexibilities that support the provision of care in patients' homes, in community settings, and even via telehealth. We need to be thinking, like accelerated data sharing, which is definitely a theme, I think, from some of the providers that are participating in today's call. And seamless information exchange across, again, providers and settings to facilitate and really make possible that care coordination and case management. At the same time,

that kind of data sharing and seamless information exchange can also reduce administrative burden, which is another theme that seems to be coming up in our Q&A today.

We talked a lot about, thanks to Rachel, about the role of quality measurements and selecting quality measures that matter most to patients. I think the closer that we can get to that the more we'll be able to support a more person-centered health system and a more person-centered care experience.

I think the last point is good way to segue to burden. Rachel, can you speak a little bit to how we're thinking about minimizing the burden that collection of PROMs and PROs made place on patients and on providers? A number of questions have come in on the chat on that.

>>Rachel Roiland, CMS: Yes, most definitely. We definitely recognize that the collection of patient reported measures does have the potential to place additional burden on patients and providers. So the strategies for implementing and to try to minimize that burden include really being intentional about the measures we're including in our measure sets and selecting only those we believe will provide meaningful insight into a patient's health, wellbeing, and experiences with health care. We're also trying to be really thoughtful about the design of the models that we're putting out, and specifically the aspects around requirements to use patient reported measures and including opportunities for model participants to build up the capabilities needed to effectively collect and use these measures.

I think, just calling back to the slides that I went over. You know, we cite the Enhancing Oncology Model, having sort of the build up to using ePROs, and also the flexibility to use different ePROs tools, I think that's important. And then also harkening back to our discussion about technical assistance just really trying to continue to evolve our technical assistance to make sure we're providing the assistance people need to implement and use these measures effectively. So I think that's another key area that we're trying to think about for burden.

And then finally, just continuing to connect with and partner with external stakeholders, particularly measure stewards and developers to identify, again, new measures that may be in development. There may be administrative ways that try to reduce burden. Looking at different ways we can leverage technologies to help minimize burden as well. We're just always continuing to have those conversations with folks to see what we might be able to implement here at the Center. So I think those are important things that we are trying to implement right now in terms of addressing burden.

And I think again, just to sort of repeat, I think I may add, as I said in other questions, but just ending with also really wanting to continue to engage with the beneficiary aspect of all of this engagement to see sort of what the specific aspects of burden we might need to address from the beneficiary perspective, and what we might be able to do there. I think as well it's making sure that we're aware that there's burdens on both the beneficiary and the provider side that we need to be cognizant of and thinking about when we are designing and implementing our models.

>> Purva Rawal, CMS: Thanks, Rachel. Looking at the time, I'm going end with one final question. There were several folks in the Q&A, that asked how patients and caregivers and providers can send comments and feedback to CMMI. Before we head out today, you'll see a slide that provides some resources, email addresses etc. for those of you that want to get in touch and provide feedback. We want to offer opportunities for as much stakeholder comment and feedback as possible. That's why we're holding today's webinar, with more listening sessions planned. So please make sure you're on

our list serve so you can hear about those. And then, of course, there's often requests for information and rulemaking. But you can also, you know, for additional information and to learn about more ways to connect with the Innovation Center you can also go to our website, Innovation.CMS.com and hit "Connect With Us" there. But we'll have some more resources on the next slide before we close.

I just want to thank you all for sharing your questions and insights from so many of you and for participating today. We're really grateful for all of your feedback to the polling questions, the additional thoughts you put in the Q&A. Your questions and your feedback really help us understand what's top of mind as we look to implementing this work. Please make sure to join our future listening sessions as we continue on this path together towards building a more person-centered health system. Next slide.

I hope it's clear from what you all heard today that the Innovation Center is committed to putting the patient at the center of our models and the center of our strategy. We'll do so by engaging regularly with beneficiaries and patient advocacy groups through listening sessions, conferences and in other ways so that we understand current priorities and emerging needs. And we'll continue to seek feedback from patients, caregivers, and patient organizations to strengthen our approach to incorporating perspectives across the life cycle of our models.

Furthermore, including more patient reported outcome measures in our models, hopefully will allow us to assess our impact on those dimensions of the health care, experience that matter to patients. Some of these steps that we outlined today are really important to help us understand patient experiences both within and across cross our models, so that we can assure that our work is improving the care experience for the people we serve.

We look forward to releasing more updates this fall on our strategy implementation and our progress on implementing our strategy. And as I said earlier, more listening sessions and opportunities for engagement.

I really want to thank everyone on this call, and my colleagues, Alexis and Rachel, for joining today's webinar and for all the folks that help behind the scenes it possible. We are proud to share where we're headed with your partnership and feedback along the way. I'd like to now hand it back to Alexis to close out today's session.

>>Alexis Malfesi, CMS: Great thanks so much. If we can move to the next slide. Thanks again Purva for your closing remarks and for facilitating our Q&A today, and to Liz for her opening remarks, and also to Rachel for sharing our PROM strategy. In follow-up, the Innovation Center will be synthesizing today's questions to inform a future listening session. We also ask that you please participate in the survey for today's event by clicking the link in the chat.

Please also take note of the following actions to continue engagement and learn more. You can follow us on Twitter @CMSInnovates. You can send us your comments, or feedback, to the Innovation Center strategy email displayed on the screen. You can also visit the Innovation Center strategic direction web page for more resources and sign up to receive Innovation Center email updates, including upcoming events, and model participation opportunities.

So with that, this concludes today's webinar. Thank you so much for joining. I hope you have a great rest of your day.