



**David Harlow**

Chair, Policy Committee

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November 22, 2010

Donald M. Berwick, MD  
Administrator  
Centers for Medicare & Medicaid Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: [CMS-1345-NC] Medicare Program; Request for Information Regarding Accountable Care Organizations and the Medicare Shared Saving Program

Dear Dr. Berwick:

On behalf of the Society of Participatory Medicine, we are writing to provide input, solicited at the Accountable Care Organization (ACO) Workshop on October 5, 2010, on key elements of the ACO definition that are of greatest concern to the Society:

- The ACO shall define processes . . . to promote patient engagement
- The ACO shall demonstrate . . . that it meets patient-centeredness criteria specified by the Secretary [of Health and Human Services]

Patient Protection and Affordable Care Act (ACA), s. 3022(b)(2)(G) and (H).

The Request for Information (RFI) published in the Federal Register on November 17, 2010 specifically solicited input on the definition of patient-centeredness as well.

The Society of Participatory Medicine has individual and institutional members nationwide. It was founded to study and promote participatory medicine, which we see as being centered around networked patients shifting from being mere passengers to responsible drivers of their health, and providers who encourage and value them as full partners. For further background on the Society and its tenets, we invite you to peruse the Society's website (<http://participatorymedicine.org>), its online journal, The Journal of Participatory Medicine (<http://jopm.org>) and its blog, e-patients.net (<http://e-patients.net>).

We applaud the government's efforts to date in developing a high-performance health care system that can improve its processes and outcomes as a result of being more highly attuned to patients, and we are pleased to offer a series of specific recommendations regarding definitions of patient engagement and patient-centeredness in order to promote these positive outcomes. We propose that the regulations provide:

**Patient Engagement.** Each ACO shall define processes to promote patient engagement. Such processes shall include:

1. Working with patients to identify and minimize barriers to timely and effective action by patients.
2. Involving patients with central, meaningful roles in practice improvement efforts, such as quality improvement teams. This may include involving patients in developing patient materials and evaluating practice design, staff, and workflow.
3. Creating a patient advisory council with adequate resources and meaningful access to ACO leadership.
4. Mechanisms for regular assessment (at least annually) and improvement of patient engagement standards and processes.

**Patient-Centeredness.** In order to be eligible to participate in an ACO, a health care provider shall, and each ACO shall ensure that a health care provider that participates in such ACO shall:

1. Collaborate with patients to ensure that they have the knowledge, skills and support to make informed decisions about their care as providers and patients work together to achieve the patients' aims.
2. Maintain and enforce policies that ensure the provision of clear explanations and availability of individuals' information about their health and health care while guarding the privacy of this data.
  - a. Comply with all legal requirements related to timely patient access to complete patient records, including without limitation HIPAA, and provide access to electronic health records, e.g. through the "Blue Button" system.
  - b. Comply with all Meaningful Use requirements established by CMS.
  - c. Maintain an on-line patient portal.
  - d. Provide visit and discharge summaries to patients.
  - e. Provide continuity of care communications to other providers engaged in a patient's care.
3. Maintain and enforce policies that facilitate and encourage individuals' full engagement and participation in their care, but do not require it. Such policies shall include, without limitation, the following:
  - a. Offer open scheduling and extended office hours.
  - b. Create reminders for patients and providers, delivered by means selected by the individual.
  - c. Provide direct patient access to health data (e.g., lab results, growth carts, immunization records).
  - d. Otherwise use technology as appropriate to facilitate meaningful patient and family (and/or other patient designees') participation in care.
  - e. Provide transparent information about services, their cost, insurance coverage and

4. Serve as a knowledgeable resource about the tools, communities, and databases patients can use to support participation in their care.
5. Communicate with patients using approaches that minimize barriers to timely and effective action by patients.
6. Accommodate diversity in literacy, culture, ability and level of functioning and support the ability of all to participate in their care.
7. Collaborate with patients in order to
  - a. Identify and monitor treatment and self-care goals.
  - b. Understand what matters to the patient throughout the course of care, and implement changes to provider operations to accommodate patient needs and preferences (e.g., ask patient permission to include a student or trainee in a patient visit, provide patient chairs in addition to examination tables in examination rooms, provide pen and paper available for patients or designees to use in taking notes during appointments).
  - b. Listen to patients with respect and cultural sensitivity.
  - c. Respect patients' time.
8. Train staff on policies relating to patient-centeredness.
9. Adopt mechanisms for regular assessment (at least annually) and improvement of patient-centeredness standards and processes.

Given the broad vision behind the legislative language calling for these regulatory enactments, and the lofty goals of the "Triple Aim" which you described at the ACO Workshop, we urge you to be bold at this critical juncture, and include the strong framework for ensuring patient engagement and patient-centeredness that we offer today for your consideration. We believe that our recommendations are congruent with earlier work on patient engagement and patient-centered care at the Institute for Healthcare Improvement. We also wish to emphasize that final regulatory language should be broad enough to accommodate not only Stage 1 Meaningful Use criteria, but also the Stage 2 and Stage 3 Meaningful Use criteria now being developed as recommendations by the HIT Policy Committee's workgroups.

We are available to discuss these recommendations with you and your staff.

Thank you for the opportunity to provide these comments.

Sincerely,



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