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VIA ELECTRONIC SUBMISSION TO
<https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan>

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Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building
Mail Stop: 7033A
330 C Street, SW
Washington, DC 20201

Re: Draft 2020-2025 Federal Health IT Strategic Plan

To Whom It May Concern:

Cigna welcomes the opportunity to respond to the draft 2020-2025 Federal Health Information Technology (IT) Strategic Plan issued by the Office of the National Coordinator of Health Information and Technology (ONC) of the Department of Health and Human Services (HHS or the Department) related to the 21st Century Cures Act (“the draft Strategic Plan”). We appreciate ONC’s vision to improve access to, and the quality of, information that Americans need to make informed health care decisions, including their electronic health information.

Cigna Corporation, together with its subsidiaries (either individually or collectively referred to as “Cigna”), is a global health service organization dedicated to helping people improve their health, well-being, and peace of mind. Our subsidiaries are major providers of medical, pharmacy, dental, disability, life and accident insurance, and related products and services, with over 165 million customer relationships in the more than 30 countries and jurisdictions in which we operate. Worldwide, we offer peace of mind and a sense of security to our customers seeking protection for themselves and their families at critical points in their lives.

Within the U.S., Cigna provides medical coverage to approximately 14 million Americans in the commercial segment. We also provide coverage in the individual insurance segment in several states, both on- and off-Exchange, to about 300,000 people. Additionally, Cigna, together with our Express Scripts business unit, serves more than 4 million people through our Medicare Advantage, Medicare Prescription Drug Program and Medicare Supplemental products.

Cigna is committed to leading the transformation of U.S. health care to a system that is affordable and sustainable. Our whole person approach focuses on keeping people healthy rather than simply financing medical interventions. We leverage data and technology to close gaps in care, remove unnecessary cost, and deliver better clinical outcomes. Through consistent, rapid innovation, we create personalized solutions for individuals and health care providers and strive to make their health care experience simpler. This unique model has delivered market-defining medical cost trend at an average of four percent over the

past seven years – and looking ahead, we have committed to driving trend in line with the Consumer Price Index by 2021.

With that context as background, Cigna offers the following comments on the draft Strategic Plan.

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Cigna supports ONC’s Federal Health IT mission to improve the health and well-being of individuals and communities using technology and health information that is accessible when and where it matters most. We support the principles in the draft Strategic Plan, including focus on value, put individuals first, build a culture of secure access to health information, put research into action, encourage innovation and competition, and encourage responsible stewardship. We appreciate ONC’s reliance upon the private sector in developing health IT policies through open, transparent, and accountable processes. We look forward to working with you as you move forward to finalize and implement a final Federal Health IT Strategic Plan.

We also support how the draft Strategic Plan highlights the importance of the shift to value-based care through new incentives for health care providers to improve quality and patient outcomes. Real focus is placed on how health care provider success in value-based payment models is contingent upon access to robust data that allows them to better understand the needs of their patients and track improvement over time. We also appreciate the drive to minimize clinician burden through strategies that incorporate technologies into existing workflows and reduce reporting requirements.

We further agree that a skilled workforce is paramount for the health care community to meet the goals and objectives outlined in the draft Strategic Plan. A skilled informatics workforce is necessary to assess, design, implement and evaluate health IT capabilities. This workforce requires support from educational institutions to assist with preparing a skilled workforce. From an employer perspective, advocacy around cybersecurity and data analytics practices, hiring processes, and valuing these experts in the workplace is needed. ONC and its federal partners need to ensure that informatics professionals are leveraged to inform health IT design, workflow efficiency, data integrity, and optimization.

Overall, the draft Strategic Plan’s goals and objectives capture important themes that ONC should concentrate on over the next five years. We offer the following thoughts and recommendations on specific objectives, with the goal of creating an environment where the federal government collaborates with all health care stakeholders to empower patients while delivering better outcomes and higher quality and more cost-effective care.

Goal 1: Promote Health and Wellness

Objective 1a: Improve individual access to health information

ONC’s and Centers for Medicare & Medicaid Services’ (CMS’) interoperability regulations help set a course for a health care system that takes full advantage of the promise of standards-based application programming interface (API) technology, and capitalizes on the inherent opportunities for innovation while encouraging new market entrants. Overall, we appreciate the opportunity to help HHS create a new health care ecosystem that reinforces the secure access to, exchange of, and use of electronic health information, and welcome the emphasis in the draft Strategic Plan.

Moreover, we encourage ONC to ensure the federal government is focused on promoting the exchange of data that is useful for improving care processes and empowering patients. Priority should be placed on the quality, value, and usefulness of the information that is interoperable and being exchanged. Success in

this endeavor is not simply moving information between providers, or from providers to patients, but moving the right information among all system participants. Given broader concerns about minimizing clinician burden, we do not support potentially overloading information exchange processes without demonstrated utility of that information for clinicians as well as patients.

To encourage even more individual access to information, the federal government should work to define the value proposition for all health care system participants related to the collection and exchange of data. Such dialogue could better promote the need for individuals to have control over their health information and how care delivery is improved as data moves effortlessly across the continuum of care.

Another critical component to interoperability is ensuring the patient contribution is valued and incorporated into any discussions about data exchange moving forward. Health IT needs interoperability among patients/consumers, providers, and plans that allow individuals to both access as well as contribute to information that is created and retained by providers in electronic health records (EHRs). The next phase of ONC's policy development needs to capitalize on the importance of patient contributions to their EHRs. Expanding an individual's access to their data has been the focus over the past few years, and we encourage a shift to take advantage of an individual's contributions to health IT and connected care.

A potential model to consider is the work CMS is doing to update the Merit-based Incentive Payment System (MIPS) Program to launch the MIPS Value Pathways (MVP) Program. In the next three to five years, MVP will incorporate the voice of the patient into its payment and incentive structure, and provide enhanced performance feedback that is meaningful to clinicians as well as patients. Working to incorporate patient-generated health data and patient-reported outcomes into an individual's health record and contribute to the development of a care plan should also be considered moving forward.

Overall, we encourage ONC to continue to drive greater individual access to information, but urge the final Strategic Plan also include more emphasis on two-way information/data exchange between individuals and clinicians. Enabling two-way exchange processes is the next critical phase of work needed on behalf of individuals.

Goal 2: Enhance the Delivery and Experience of Care

Objective 2b: Foster competition, transparency, and affordability in healthcare

At Cigna, providing affordability and choice to our customers is fundamental to our mission. We enthusiastically support ONC's desire to provide consumers with higher-value health care by promoting policies that encourage choice and competition. Providing our customers with convenient access to personalized information about the cost and quality of care has long been one of our priorities. We designed industry-leading tools to help our customers make informed health care decisions, including the ability to view real-time cost-sharing information for prescription drugs and more than 1,000 medical procedures. We also make this information available to health care providers. We believe the Department is right to focus on guaranteeing all Americans have access to personalized information about the cost and quality of medical services before seeking care.

Based on our experience, the challenge in enabling patients to become active consumers of health care is not the availability of price transparency tools, but awareness and utilization of such tools. Published research has reached the same conclusion. A study of a price transparency website introduced by the New Hampshire state government found "that consumers used the website for only about 8 percent of medical

imaging visits.”¹ Another study of an online price transparency tool provided by two large employers to their employees observed, “Use of the tool was relatively low, with only 10% of employees logging on in the first year of its introduction. Such low use rates have been reported for other price transparency tools. Moreover, low utilization is the most commonly reported challenge to price transparency initiatives by insurers who offer tools.”² The study found that simply offering a health care services price transparency tool to employees was not associated with lower outpatient spending.

The Department should work with private sector partners to focus attention on educating the public on the availability of existing tools and the potential for significant out-of-pocket savings.

We recommend providers also be added to the final Strategic Plan, to address the quality and affordability of care. As a health services company using IT tools to share similar information, we recommend providers make certain information available in industry standard formats, including demographic information, languages spoken, years practicing, license status, locations where they see patients, and networks in which they participate.

Goal 4: Connect Healthcare and Health Data Through an Interoperable Health IT Infrastructure
Objective 4c: Enhance technology and communications infrastructure

Cigna agrees we need mechanisms to improve technology and infrastructure for communication with patients, particularly in hard to reach areas. Right now, the default position is that municipalities provide last mile broadband access, although they are not necessarily incentivized to provide these services. The final Strategic Plan should examine how to support municipalities in the provision of this last mile access and ensure patients have opportunities to maintain appropriate communication levels with health care providers. Federal agencies should not only promote building a broadband infrastructure, but a broader regulatory system that encourages patient engagement and access to information.

We also utilize telehealth services to reach patients outside of traditional care settings to assist them in accessing the care they need. We support the expansion of evidence-based telehealth services to better meet the needs of Medicare and Medicaid beneficiaries as well as other patients. Evidence-based telehealth will improve access to high-quality care and address many accessibility issues that underserved areas and beneficiaries often face.

Objective 4d: Promote secure health information that protects patient privacy

The privacy and security of an individual’s health information is the foundation of greater interoperability and data exchange efforts, with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) providing the legal framework to enable more data sharing. This objective is critical as we discuss the next phase of interoperability, both within a HIPAA-regulated environment as well as outside the purview of the HIPAA rules.

As a covered entity, Cigna complies with current HIPAA regulations, specifically the role of the patient as the primary authority in designating access to their data. In addition, we reaffirm that organizations should not be able to share an individual’s data for purposes other than treatment, payment, or health care operations without the expressed consent of that individual.

¹ Brown, Zach Y. *An Empirical Model of Price Transparency and Markups in Health Care*. Aug. 2019, www-personal.umich.edu/~zachb/zbrown_empirical_model_price_transparency.pdf.

² Desai, Sunita, et al. “Price Transparency Tool Availability and Outpatient Spending.” *JAMA*, American Medical Association, 3 May 2016, jamanetwork.com/journals/jama/fullarticle/2518264.

As HIPAA evolves, we envision that it should include a more explicit patient-centered consent framework that is straightforward for plans and providers to administer. Patients should have the means to identify all care team members. Under any scenario, the key is that the patient is involved, engaged, and at the center of any decision-making involving the sharing of their personal data. To promote secure health information that protects patient privacy, we have commented previously that HIPAA should be expanded to cover API developers. We continue to believe this is an appropriate recommendation and encourage HHS to work with Congress to address the privacy and security impact of individual access and data exchange outside of HIPAA's current scope.

Moreover, HIPAA alignment with other laws and regulations is a key consideration when thinking about potential regulatory changes. The patchwork of existing state laws focused on health information privacy make for a challenging environment when attempting to share data. Most of these state laws are not preempted by HIPAA, so inter- as well as intra-jurisdictional information sharing is impacted by myriad regulations and uncertainty over what rules apply in particular circumstances. This situation may lead to misinterpretation even by those who seek to comply, as opposed to supporting the efficient sharing of key health information to advance high quality, valued-based care. We encourage HHS to investigate how to harmonize any new iteration of HIPAA with other laws.

Thank you for your consideration of these comments. Cigna would welcome the opportunity to discuss these issues with you in more detail at your convenience.

Respectfully,

A handwritten signature in blue ink that reads "David Schwartz". The signature is written in a cursive, flowing style with a long, sweeping tail on the letter "y".

David Schwartz