C-TAC
COALITION TO TRANSFORM ADVANCED CARE

900 16th Street NW
Suite 400
Washington DC, 20006

December 22, 2020

To: OASHcomments@hhs.gov

Re: **Request for Information (RFI): Landscape Analysis to Leverage Novel Technologies for Chronic Disease Management for Aging Underserved Populations**

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to respond to this RFI on behalf of those living with serious illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is composed of over 170 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

Overall, we appreciate the opportunity to discuss novel technologies in regard to those with chronic disease who are older and underserved. This represents part of the population C-TAC is focused on helping. While we agree that technology could help improve access and quality of care for this group, we are also concerned that such technology needs to address systemic and structural inequities in health care for this population. Additionally, technology needs to be shared rather than imposed on this group. They should be active participants in deciding what technology should be used, when, and how. Finally, we strongly encourage you to include family caregivers into the group to consider for technology access and management. Many of them are heavily involved or are the main point of contact in the day-to-day care of the elderly. With those overall comments, here are our responses to the specific RFI question areas:

Barriers and Opportunities for Technology-Driven Solutions

- Data sharing -The aging underserved population has high social risk factors and are best served by a combination of social and medical services delivered at the local level. However, there is currently little policy or investment available to help providers of such social services interact technologically with health care providers. One opportunity could be supporting funding of Community Information Exchanges (CIE's), such as the innovative CIE program that exists in San Diego, CA[i]. A first step to learning more about such CIEs could perhaps be a study around the value of San

Diego's CIE work.

- Broadband and internet access limitations—This is a key barrier that limits personal and professional use of needed technologies in underserved areas. One policy solution could be supporting the FCC's Universal Service[ii] goals and emergency broadband plans for public health emergencies similar to COVID-19, 5G access efforts, etc.
- Lack of technical expertise, capital to invest in integrating technology- This is a third barrier and providers and community service organizations need assistance with funding investments related to prerequisite tools and technology, such as certified electronic health record technology (CERHT).[iii] Upfront capital funding support is especially important to enable broad participation in forthcoming CMMI models that require the use of CERHT.
- Lack of personal technical facility- Finally, some in this population lack the facility to manage technologies due to functional or cognitive impediments and their family caregivers can have similar limitations. These technical facility barriers need to be considered when developing any novel technologies for this group. Sensory limitations of vision, hearing, and manual dexterity also need to be considered and addressed as well as adapting technologies to be culturally and linguistically appropriate.

Key Indicators & Data Sources of Technology-Driven Chronic Disease Management

- Data sets- We support using racial, ethnic, gender identity, sexual orientation and socioeconomic disparities as data set factors and would encourage technology developers to address all the key social determinants of health when developing technologies for this population.
- Selected health conditions- We support focusing on those with chronic, serious, or advanced illness. Our definition of the latter is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some patients and their families may lead to transition to hospice.

Examples of Health Promotion using Technology-Driven Solutions

- Telehealth programs- Several C-TAC partners use telehealth very effectively to deliver care to those with serious or advanced illness in underserved areas. Resolution Care[iv] provides remote palliative care in rural north California, Avera[v] provides a range of medical services in the Upper Midwest, Medstar Health uses video tablets to deliver tele-palliative care to those in urban Baltimore[vi] and a similar tele-palliative care program is offered by Optum Supportive Care in the greater New York City area[vii]. We would be happy to connect you with these partners if you are interested in learning more about their innovative and effective programs.

Public-Private Partnerships

- Payer/provider value-based purchasing (VBP) arrangements- In the absence of federal Medicare or Medicaid programs for serious illness, local payer-provider arrangements are delivering such services using technology as part of their care delivery. One example of this is Votive Health[viii] which builds networks of palliative care, hospice, and home-based primary care providers for payers in locations across the country. Resolution Care, noted above, also contracts with payers to deliver palliative care via telehealth to payer members in their geographic location on a capitated basis. Value-based payment, as opposed to fee-for-service, seems the best way to allow providers to use innovative technologies to deliver important outcomes.

Thank you for the opportunity to comment on this RFI. If you have any questions, please contact Dr. Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

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[i] https://ciesandiego.org
[ii] https://www.fcc.gov/general/universal-service
[iii] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification
[iv] https://www.resolutioncare.com
[v] https://www.avera.org/about/
[vi] https://www.jpsmjournal.com/article/S0885-3924(18)30857-1/abstract
[vii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5178024/
[viii] https://www.votivehealth.com