June 13, 2025

Dr. Mehmet Oz
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW, Washington, DC 20001

Re: Health Technology Ecosystem Request for Information

Dear Administrator Oz,

On behalf of the American College of Physicians (ACP), I am pleased to share our comments on the Centers for Medicare & Medicaid Services (CMS) and Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology's (ASTP/ONC) Request for Information (RFI) regarding the Health Technology Ecosystem. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP appreciates the opportunity to offer input on the health technology ecosystem and thanks ASTP/ONC and other agencies for their attention to these critical issues. ACP strongly supports the missions of CMS and ASTP/ONC and offers our full assistance to advance their essential work. The College is committed to ongoing collaboration with agency leaders and stands ready to provide insight to inform future development. In our comments, we prioritize the patient-physician relationship, patient safety, data security, and reducing administrative burdens. The College's response is as follows:

> **PR-1.** *What can CMS and its partners do to encourage providers, including those in rural areas, to leverage approved digital health products for their patients?*
> > *a. What are the current obstacles?*
> > *b. What information should providers share with patients when using digital products in the provision of their care?*

c. What responsibilities do providers have when recommending use of a digital product by a patient?

CMS and its partners should ensure that digital health products are easy to use, available, and routinely evaluated and updated. These products must also be appropriately reimbursed and covered by insurers to drive adoption. One current obstacle when integrating digital health products is knowledge and usability, which CMS can address by creating more materials, support, and implementation guides to aid in the adoption of new digital health products. Data safety poses another obstacle to adopting these technologies. There have been reports[12] of app developers selling patient data to third parties, failing to share their privacy policies with patients, or not following the policies they have published. Personal health information (PHI) is among the most sensitive and private information that individuals possess. Without adequate privacy and security controls, there is a significant risk that may affect patients' willingness to share information with their physicians and health systems.

In addressing these concerns, CMS and ASTP/ONC should ensure that support is available to physicians to implement recommended changes and best practices, tailored to the clinical setting and organization size. The landscape of digital health products has rapidly expanded, and the regulatory environment, or coverage and reimbursement policies, has not kept up with the pace of innovation. Many physicians struggle to maintain pace and respond to patient preferences within this dynamic environment, often relying on their health IT departments and other administrative and operational offices, which vary significantly across physician practices in terms of capabilities and resources, for recommendations. For smaller and rural practices that might not have the necessary infrastructure, extra support from CMS and ASTP/ONC is essential.

Physicians, when recommending digital health products to their patients, should be able to provide evidence of the benefits of these products and assurances that all entities, including those not covered by HIPAA, will appropriately manage their patients' data. The issue of responsibility is critical. Liability concerns significantly hinder the adoption of these

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[1] FTC to Ban BetterHelp from Revealing Consumers' Data, Including Sensitive Mental Health Information, to Facebook and Others for Targeted Advertising. Federal Trade Commission. March 2, 2023. Accessed June 6, 2025. https://www.ftc.gov/news-events/news/press-releases/2023/03/ftc-ban-betterhelp-revealing-consumers-data-including-sensitive-mental-health-information-facebook

[2] Caltrider J, Rykov M, MacDonald Z. *Privacy Not Included: A Buyer's Guide for Connected Products. Mozilla Foundation. May 1, 2023. Accessed June 6, 2025. https://www.mozillafoundation.org/en/privacynotincluded/articles/are-mental-health-apps-better-or-worse-at-privacy-in-2023/

technologies. To protect data, information, and products within the digital health ecosystem, ACP believes that all entities should be required to manage and use patient information responsibly, as well as to integrate various products effectively. ACP recommends that ASTP/ONC, along with other federal agencies, conduct research to assess the real-world implications of these products and to develop best practices that clearly define roles and responsibilities. ASTP/ONC and other federal agencies should collaborate to establish a uniform national framework for evaluating, recommending, and utilizing digital health products.

> **PR-2.** *What are obstacles that prevent development, deployment, or effective utilization of the most useful and innovative applications for physician workflows, such as quality measurement reporting, clinical documentation, and billing tasks? How could these obstacles be mitigated?*

ACP strongly supports policies that utilize digital health to enhance shared clinical decision-making at the point of care. These products should provide physicians with the tools needed to securely share practical and meaningful information with other clinicians and patients. Clinicians require features integrated into their EHR, including workflow support, data visualization tools, and shared decision-making resources that leverage existing data, thereby reducing the need to navigate multiple pages and templates to locate practical and actionable information. Physician reporting burdens take many forms, including manual abstraction and reporting duplicative information via various channels and portals. Solutions to reducing reporting burden should ideally be built into workflows and not require user action, particularly from physicians. ACP recommends implementing interoperability initiatives in stages, allowing for careful assessment and mitigation of impacts on patient care, including privacy, security, clinical workflow, and workload.

> **PR-7.** *What strategies can CMS implement to support providers in making high-quality, timely, and comprehensive healthcare data available for interoperability in the digital product ecosystem? How can the burden of increasing data availability and sharing be mitigated for providers? Are there ways that workflows or metrics that providers are already motivated to optimize for that could be reused for, or combined with, efforts needed to support interoperability?*

ACP is pleased to see that CMS and ASTP/ONC have acknowledged the challenge of increasing data availability. It is crucial to shift the focus towards meaningful data exchange rather than merely the volume of data shared. One way CMS can assist physicians is by reforming EHRs to facilitate meaningful data exchange amid the growing volume of information being sent to them.

While ACP appreciates the agencies' ongoing efforts to establish an interoperable health IT infrastructure, such as improving patients' access to their data and encouraging the use of standards, we remain concerned about the industry's focus on exchanging vast amounts of data without regard for its value. From a patient-centered care perspective, receiving large quantities of disorganized, often duplicative, data without appropriate context can hinder a clinician's ability to identify significant and actionable information, potentially adversely affecting patient care. Improvements in interoperability should focus on both the breadth and depth of information necessary for proper clinical management as patients navigate the health care system. This includes sharing relevant data at the point of care and enabling clinical perspectives to query health IT systems for up-to-date information regarding specific clinical questions.

As the interoperable infrastructure continues to develop, ACP recommends implementing these interoperability efforts in phases, allowing for careful assessment and management of impacts on patient care, privacy, security, clinical workflow, and workload.

> **PR-9.** *How might CMS encourage providers to accept digital identity credentials (for example, CLEAR, ID.me, Login.gov) from patients and their partners instead of proprietary logins that need to be tracked for each provider relationship?*
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>> *a. What would providers need help with to accelerate the transition to a single set of trusted digital identity credentials for the patient to keep track of, instead of one for each provider?*
>>
>> *b. How might CMS balance patient privacy with convenience and access to digital health products and services that may lead to significant improvements in health?*

ACP supports the concept of digital identity credentials and has long advocated for the MATCH IT Act and other initiatives to establish a national patient identification system. The College believes a similar system is essential for enhancing patient safety and improving interoperability. CMS should fund various pilot programs that incorporate industry input for testing and evaluation. These efforts should involve collaboration among physicians, payers, insurers, and federal agencies. To address the significant privacy concerns associated with a national digital identity system, CMS should partner with industry leaders and federal agencies to ensure that developers uphold a high standard of patient protection. Measures should also be implemented to prevent the misuse of patients' PHI.

> **PA-4.** *What would be the value to payers of a nationwide provider directory that included FHIR end points and used digital identity credentials?*

A nationwide physician directory, featuring FHIR endpoints and utilizing digital identity credentials, would benefit payers by saving them both time and money. A nationwide physician directory would help reduce administrative costs, enabling payers to exchange claims and prior authorization data more efficiently. Additionally, it would save time by eliminating the need to maintain a fragmented registry and reducing the likelihood of errors. Implementation should maintain a focus on limiting physician burden and require payers to use such a directory to remove duplicative updates and registries. The directory would represent a high-value infrastructure change, fostering better collaboration between payers and physicians.

> **PA-5.** *What are ways payers can help with simplifying clinical quality data responsibilities of providers?*
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>> *a. How interested are payers and providers in EHR technology advances that enable bulk extraction of clinical quality data from EHRs to payers to allow them to do the calculations instead of the provider-side technology?*
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>> *b. In what ways can the interoperability and quality reporting responsibilities of providers to both CMS and other payers be consolidated so investments can be dually purposed? Are there technologies payers might leverage that would support access to real time quality data for healthcare providers to inform clinical care in addition to simplifying reporting processes?*

ACP has long advocated for improvements in data exchange, and efforts to alleviate the human burden in support of bulk reporting should be a top priority. Recent advancements in EHR technology that allow for the bulk extraction of clinical quality data are a promising step forward. High-quality information from payers would greatly benefit physicians by saving time and reducing their administrative burden. By alleviating these challenges, physicians can become more effective caregivers, ultimately benefiting the entire health care system. These changes should be monitored and evaluated for success. Payers should implement safeguards to guarantee that data is shared and reported accurately. Physicians should also understand how this data is utilized and the processes involved in its application. To minimize the administrative burden, these technologies should be designed to facilitate one-time reporting, be streamlined, and be integrated with existing systems.

> **TD-1**. *What short term (in the next 2 years) and longer-term steps can CMS take to stimulate developer interest in building digital health products for Medicare beneficiaries and caregivers?*

CMS can boost developer interest in creating digital health products in the short term by investing in pilot programs and providing robust feedback and comment periods for industry input. This approach will position the federal government to implement changes effectively,

supported by a thorough review process. These pilot programs should incentivize developers and physicians to design and integrate digital health products tailored to the needs of Medicare beneficiaries and their caregivers, ultimately leading to improved health outcomes. Developers must focus on practical application, considering usability, population demographics, and data collection and analysis. It is also essential to explore how these initiatives can enhance risk adjustment. This could help physicians and payers gain a clearer understanding of their patient panels, facilitating a more accurate assessment of their associated costs. In the long term, CMS should consider incorporating successful digital health products into its models to leverage technology and achieve cost savings.

> **TD-7.** *To what degree has USCDI improved interoperability and exchange and what are its limitations?*
> > *a. Does it contain the full extent of data elements you need?*
> > *b. If not, is it because of limitations in the definition of the USCDI format or the way it is utilized?*
> > *c. If so, would adding more data elements to USCDI add value or create scoping challenges? How could such challenges be addressed?*
> > *d. Given improvements in language models, would you prefer a non-proprietary but less structured format that might improve data coverage even if it requires more processing by the receiver?*

The USCDI has enhanced the ability of physicians and other health care professionals to exchange information more effectively. While the College acknowledges that the USCDI comprises a limited set of data that may not encompass all necessary aspects of health care, it serves as a reasonable strategy for improving interoperability within a complex ecosystem. As the elements undergo real-world testing during their iterative process, the likelihood of successful implementation increases. Mandating the exchange of USCDI elements addresses the critical issue of data hoarding. It holds those who misuse data accountable, while also allowing the industry time to upgrade systems that support secure, safe, and practical interoperability.

> **VB-1.** *What incentives could encourage APMs such as accountable care organizations (ACOs) or participants in Medicare Shared Savings Program (MSSP) to leverage digital health management and care navigation products more often and more effectively with their patients? What are the current obstacles preventing broader digital product adoption for patients in ACOs?*

To encourage ACOs and MSSP participants to adopt digital health management and care navigation tools more effectively, CMS should align financial incentives with the use of

interoperable health IT solutions that reduce administrative burden and support value-based care. Current obstacles include fragmented reporting requirements, high implementation costs, and limited interoperability, particularly for small and under-resourced practices. CMS should simplify and align quality reporting through standardized, FHIR-based tools, support the use of MSSP funds for digital care coordination technologies, and provide technical assistance to practices that need it. ACP recommends adopting a cohesive framework to evaluate the necessity and impact of administrative policies, with a focus on their effects on care delivery, quality, and cost. Streamlining performance measures and data exchange processes will ease the clinician burden, enhance care coordination, and facilitate the broader adoption of digital tools across ACOs.

VB-3. *What are essential health IT capabilities for value-based care arrangements?*

> *b. What other health IT capabilities have proven valuable to succeeding in value-based care arrangements?*

Essential health IT capabilities for value-based care arrangements include interoperable tools that support care coordination, population health management, and streamlined performance measurements, while reducing administrative burden through simplified and aligned quality reporting. Systems should enable real-time or near-real-time data exchange. Automated quality reporting and bulk data submission are crucial for reducing clinician workload and enhancing data accuracy.

ACP supports additional valuable capabilities, including digital care management platforms, remote patient monitoring, centralized dashboards, and patient engagement tools. These technologies are most effective when integrated into clinical workflows and aligned with performance measures that are clinically meaningful and feasible. CMS should prioritize quality measures recommended by ACP's Performance Measurement Committee (PMC), which rigorously evaluates measures based on clinical relevance, evidence strength, and applicability. Promoting alignment across programs and payers will reduce duplication, ease reporting burdens, and support broader adoption of digital tools that advance patient-centered, high-value care.

> **VB-9.** *What technology requirements should be different for APM organizations when comparing to non-APM organizations (for example, quality reporting, and interoperability)?*

APM organizations require more advanced health IT capabilities than non-APM organizations to support the demands of value-based care, particularly in quality reporting and interoperability. While non-APM clinicians may rely on basic EHR functionalities and manual reporting, APM entities require interoperable, standardized tools such as FHIR-based APIs and USCDI-aligned

data elements that enable the automated extraction of data, real-time exchange, and bulk submission of quality metrics across payers and programs. These technologies must reduce administrative burdens, support care coordination, and facilitate performance improvement through capabilities such as predictive analytics, risk stratification, and digital care management. CMS should incentivize the adoption of such tools, especially in under-resourced settings, and align data standards to simplify compliance and enhance the utility of quality data.

Conclusion

Thank you for the opportunity to comment on CMS and ASTP/ONC's request for information regarding the health technology ecosystem. ACP believes the health technology ecosystem should facilitate an environment that promotes access to timely care and quality treatment for patients while reducing administrative burden and supporting physicians in their ability to deliver innovative care. All changes to the existing network must be thoroughly vetted, and the implementation must be fully explored. Potential changes must be carefully developed, with direct, measurable impacts on clinical workflow, to ensure that innovations truly reduce the burden on physicians and their staff.

ACP appreciates the opportunity to offer our feedback and looks forward to continuing to collaborate with CMS and ASTP/ONC to implement policies that support and improve the practice of internal medicine. Please contact Dejaih Johnson, JD, MPA, Manager of Regulatory Affairs, at djohnson@acponline.org with comments or questions about the content of this letter.

Sincerely,

Ross W. Hilliard, MD, FACP
Chair, Medical Informatics Committee
American College of Physicians