

March 1, 2024

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Director, Center for Medicare
Centers for Medicare & Medicaid Service
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Submitted electronically at [regulations.gov](https://www.regulations.gov)

Dear Dr. Seshamani:

On behalf of Phreesia, I am pleased to submit comments to the Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

Phreesia is the trusted leader in patient activation, giving providers, health plans, life sciences companies and other organizations tools to help patients take a more active role in their care. Founded in 2005, Phreesia enabled more than 120 million patient visits in 2022—more than 1 in 10 visits across the U.S.—scale that we believe allows us to make meaningful impact. Offering patient-driven digital solutions for intake, outreach, education and more, Phreesia enhances the patient experience, drives efficiency, and improves healthcare outcomes.

At Phreesia, we believe that when every person is an active participant in their care, we will see optimal health and outcomes. Phreesia proudly stewards the Patient Activation Measure® (PAM®), which is the only endorsed performance measure (PM) for gains in patient activation. The PAM is a brief survey that assesses patients' ability to manage their own health care by measuring their knowledge, skills, and confidence. Patient activation is a key component of person-centered care and a large body of peer-reviewed research has shown that increasing patient activation is critical to improving clinical and mental health outcomes, medication adherence, disease self-management, and treatment satisfaction across numerous patient populations and chronic diseases. In fact, PAM scores predict most health-related behaviors, regardless of health status or conditions. Importantly, interventions designed to increase activation also result in decreased costs and provider burden.



Based on the initial PAM assessment, patients are grouped into one of four activation levels (PAM level 1 – very passive to PAM level 4 – very proactive) that provide insight into health behavior-related characteristics, including attitudes and motivators, allowing health care providers to tailor interventions and efficiently allocate resources to support patients. The PAM performance measure (PAM-PM) identifies the change in two PAM scores over a twelve-month period.

The PAM is backed up by over 850 peer-reviewed studies published over nearly two decades. More than 300 health care organizations in nearly a dozen countries are using it to allocate resources to patients who may need more support along the care journey. The PAM-PM is also in use among several CMS quality programs, including the Center for Medicare and Medicaid Innovation (CMMI) Kidney Care Choices (KCC) Model and the Merit-based Incentive Payment System (MIPS), including 18 specialty sets and 5 MIPS Value Pathways (MVPs).

The PAM-PM would be a meaningful addition to the STARS program for numerous reasons, including alignment with the CMS National Quality Strategy priority areas of engagement, outcomes, and alignment as well as the cascading Meaningful Measures 2.0 objectives of high-value quality measures, outcome and patient-reported measures, and measure alignment.

The PAM-PM:

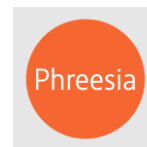
- ✓ Empowers and amplifies the patient’s voice;
- ✓ Promotes health equity;
- ✓ Supports CMS’ push to adopt more outcomes-based measures, while complementing, not duplicating, other, existing measures;
- ✓ Improves clinical quality for the most prevalent healthcare issues and chronic diseases plaguing the Medicare population; and
- ✓ Aligns measures across quality and payment programs.

Empowering and Amplifying the Patient Voice

PAM aligns with CMS’ health priorities of amplifying the patient voice, ensuring patients can be partners in healthcare decisions, and active participants in their care. Patient engagement is the cornerstone of PAM and the PAM-PM. PAM provides an assessment of a patient’s knowledge, skills, and confidence to self-manage their healthcare at discrete points in time. The PAM-PM measures improvements in patient activation resulting from tailored interventions thereby measuring and promoting patient engagement and the patient voice throughout their healthcare journey.

Promoting Health Equity

PAM is universally applicable, identifying low activated patients across varying patient populations, regardless of where they live or receive care, their income, education, race, or ethnicity. Low activation can reflect historical disparities, specifically for underserved populations. However, those disparities are not in themselves predictive



of increased activation – all patients can improve leading to better outcomes and reduced costs.

Additionally, by measuring activation using PAM, resources can be focused on low activated patients who are less likely to seek support services. Without using PAM to measure activation, resources often inadvertently go to higher activated patients (“hand raisers”) within populations. Through appropriate interventions, like tailored support, anyone (regardless of their starting PAM level) can become more activated and improve their health outcomes.

Advancing Outcome-Based Measures

The PAM-PM was designated as a *high-priority and outcome measure for MIPS in 2024*. The PAM-PM is unlike other quality measures that focus on patient experience, functional status, or administrative and process measures because the PAM-PM measures patient activation through a provider/patient relationship over time. The PAM-PM has demonstrated usability across patient populations, sociodemographic segments, modes of administration, and across multiple languages. Across all patient populations, lower activation has been shown to be predictive of poor self-management, higher healthcare utilization, and higher costs. The evidence shows that all patients can improve in activation when appropriately supported and increased patient activation has repeatedly been shown to be associated with better patient clinical outcomes, mental health outcomes, medication adherence, and disease self-management.

Complementing Other STARS Quality Measures

The PAM-PM is an outcome measure. It does not compete with nor duplicate any other STARS measures. Rather, other STARS measures can also be improved by gains in patient activation.

Leveraging Clinically Relevant Measures for the Medicare Population

The Medicare population faces important and unique clinical issues including cancer, diabetes, arthritis, chronic kidney disease (CKD), and cardiovascular issues related to high blood pressure and heart disease, among others. While PAM is broadly applicable it is also clinically proven to improve outcomes for patients facing these clinical issues and was included in relevant MIPS Specialty Sets and MIPS Value Pathways. Below we’ve highlighted a sample of relevant findings and MIPS measures.



THE PAM SUPPORTS COMMON CLINICAL ISSUES IN THE MEDICARE POPULATION

Clinical Issue	Research & Evidence	MIPS
Geriatrics	<p>Patient activation levels may help providers and caretakers assess how much assistance older adults need in managing their health care.</p> <ul style="list-style-type: none"> · Higher patient activation to manage one's overall health care is associated with higher engagement in advance care planning.¹ · In older adults, mental competence, physical health, health-related quality of life and mental health are positively associated with patient activation. Frailty is negatively associated with patient activation.² 	Family Medicine, Internal Medicine and Preventive Medicine Specialty Sets
Cancer	<p>Oncology patients who have a lower activation level are less likely to adhere to treatment pathways and clinical recommendations.</p> <ul style="list-style-type: none"> · Patients with a cancer diagnosis who have lower activation levels are less likely to improve their lifestyle behaviors after a cancer diagnosis, are less likely to adhere to treatment regimens, less likely to actively engage in decision making with their provider and are less likely to seek information about their conditions and treatments.^{3,4} · Oncology patients with lower activation levels are less satisfied with their care, are more likely to report less ease of access to their providers, that their providers spent less time with them, and they are less likely to feel that their treatment plan reflects their values and priorities.^{5,6} · Oncology patients with lower activation levels are less likely to report troublesome symptoms and have more difficulty coping with treatment side effects.⁷ · There is some evidence that patient activation level is predictive of health-related quality of life among patients with cancer, even after controlling for demographics and current number of treatments.⁸ 	<p>Oncology and Hematology Specialty Sets</p> <p>Advancing Cancer Care MVP</p>

<p>CKD</p>	<p>Among patients with CKD, there is substantial evidence showing that more activated patients achieve better self-care, are more adherent to medications, and experience better health-related quality of life and symptom burden.</p> <ul style="list-style-type: none"> · In a sample of young adults receiving kidney replacement therapy, patient activation, along with several other factors, was associated with medication adherence.⁹ · In an Australian sample of patients with CKD and diabetes, higher patient activation was positively associated with higher levels of self-care. PAM scores in that sample did not significantly differ by gender, age, socio-economic status, CKD stage, CKD duration, or dialysis status.¹⁰ · In a larger English study (n=3325), patients on hemodialysis reported lower PAM scores compared to patients with non-dialysis CKD, patients on peritoneal dialysis, and patients who had received kidney transplant. Lower activation scores, in this sample¹¹ and others¹², were associated with lower health-related quality of life and higher symptom burden. · A recent study also replicated the finding of higher PAM activations scores for patients on home dialysis compared to those on hemodialysis, after statistically controlling for a number of variables.¹³ 	<p>Nephrology Specialty Set Optimal Care for Kidney Health MVP</p>
<p>Diabetes</p>	<p>PAM scores identify diabetic patients who may have poorer clinical outcomes, use more hospital resources, and be more nonadherent to their medications.</p> <ul style="list-style-type: none"> · PAM scores can be used to identify patients at risk for poorer health outcomes, including HgB A1c.¹⁴ · More activated patients with diabetes and pre-diabetes had better outcomes than less activated patients. More activated patients without diabetes or pre-diabetes were less likely to develop pre-diabetes over a three-year period.¹⁵ · Low levels of activation are associated with higher utilization of hospital resources even after controlling for relevant factors such as disease severity and co-morbid depression.¹⁶ · Lower patient activation and more diabetes-related distress were associated with poor glycemic control.¹⁷ · Patient activation at follow-up is a significant predictor of medication adherence at follow-up.¹⁸ 	<p>Endocrinology, Internal Medicine, and Preventive Medicine Specialty Sets</p>



Aligning Measures Across Medicare Quality Programs

The PAM as a quality measure indicates whether practices are helping patients gain in their ability to manage their own health over time. This is a critical element of care, only recently becoming part of the definition of quality. Last year alone, we collected more than 250,000 PAM surveys among Medicare beneficiaries. With PAM-PM in MIPS and KCC, including PAM in the STARS program is a logical next step to meaningful measure alignment, particularly within and across the Medicare program and as Medicare Advantage enrollment continues to grow.

We are grateful to CMS for your continued focus on improving the quality of care. We believe the PAM-PM would be a valuable and meaningful addition to the STARS program and appreciate the opportunity to comment and for your consideration of our recommendations. Please feel free to contact us for additional information on these comments or to serve as a resource for patient activation and quality of care.

Sincerely,

Hilary Hatch, Ph.D.

Chief Clinical Officer