



June 13, 2017

Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

**Re: Centers for Medicare and Medicaid Services Request for Information on CMS Flexibilities and Efficiencies**

Dear Administrator Verma:

Nemours Children's Health System (Nemours) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on a Request for Information (RFI) on CMS Flexibilities and Efficiencies. Nemours is an internationally recognized and integrated children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware, and Nemours Children's Hospital in Orlando, along with major pediatric specialty clinics in Delaware, Florida, Pennsylvania and New Jersey. Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours offers pediatric clinical care, research, education, advocacy and prevention programs in the communities we serve. The Nemours promise is to do whatever it takes to treat every child as we would our own. We care for more than 400,000 patients each year and are committed to making family-centered care the cornerstone of our health system.

Nemours commends CMS for its commitment to advancing health care delivery transformation by seeking input on potential flexibilities and efficiencies within existing programs and regulations. We see particular opportunity in the areas of payment system redesign and health information exchange. Below are recommendations for each of these categories.

**I. Payment System Redesign**

***Innovation Center***

As part of the Innovation Center's Health Care Innovation Award (HCIA) Round 1, Nemours was awarded \$3.7 million to work with community partners in Delaware to better integrate clinical care with community-based prevention for children with asthma, including Medicaid beneficiaries. The target population included children with asthma receiving care in a family-centered medical home at each of three Nemours primary care sites in Delaware. The innovative approach included targeted clinical interventions, population health strategies







We made these investments because we believe interoperable technology and information exchange are vital underpinnings of payment reform and health care delivery transformation. Achieving a health care system that improves health outcomes by paying for value and promoting accountability is not possible without the support of reliable and accessible data. Yet, significant barriers to information exchange remain.

***Barriers to Information Exchange: Policy and Regulation***

In most cases, the regulatory environment, including agency policies, shapes business, clinical and cultural practices. As a result, it is critical that the right policy and regulatory incentives are in place at the state and federal level. Our experience has led us to believe that current policies and regulation misalign incentives to achieve various national health care goals, most often between the fee-for-service payment model and information sharing requirements. Such misalignment is the greatest barrier to



# National Health Care System

integrate information exchange into their workflow. We comment extensively on this subject in the previous section. However, as it relates to MU, it is important that CMS understand the constraints that well-intended and compliant hospitals and providers face when the culture of health care system has not fully shifted to a

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xiii <http://www.aappublications.org/news/2016/06/21/MaternalDepression062116>

xiv <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3589586/>