



December 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-0058-NC

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) is pleased to provide the following comments in response to the Request for Information: National Directory of Healthcare Providers & Services (NDH).

Created by and for patient organizations more than 100 years ago, the National Health Council (NHC) brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 145 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

It is critical that CMS, patients, providers, and payers work together to create an end product that focuses on more than the health care system, but on meeting the needs of individual patients. We recommend a phased approach where the data infrastructure and interoperability are designed and built before incorporating any consumer-facing elements. This can help prevent difficulties in rolling it out and promote confidence in and usability of the tools. However, it is critical that patients are engaged from the beginning of this process to provide input on issues about how and what data is collected and what the end product could look like.

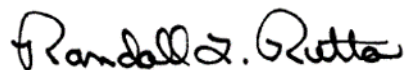
If CMS chooses to create an NDH, it is crucial that the directory includes information that is useful and accessible to patients. The NHC recommends that there be a patient advisory group that serves as a tool to assure that the final provider directory content is the most useful to patients. All consumer-facing tools must be designed in collaboration with patients from the start so that they are usable, relevant, actionable, and accessible to all patients.

We strongly urge a more formal and consistent method of collecting the patient perspective on the types of information that would be most useful. Some of the examples of data that would be useful to patients include languages spoken, sexual and gender identity, accessible buildings and equipment, and other reasonable accommodations the office has undertaken, states where the provider is licensed, and more. While some of these elements may not matter to all patients, for the ones who do need this information, it is paramount. We also agree with CMS that you should include information on providers that have completed cultural competency training. Including such information will help prospective patients not only find accessible care, but also find a provider more likely to provide them with high quality care.

Finally, people with chronic conditions and disabilities often need services from many different types of providers, including allied health professionals and suppliers of durable medical equipment. We believe that including such providers in the NDH will facilitate access to these providers. In addition to the providers listed in the RFI, we encourage CMS to include providers of home- and community-based services (HCBS). If this expanded inclusion of providers is not feasible in the initial rollout of an NDH, CMS should be planful in terms of how it considers adding additional provider types in the future. We recommend building the infrastructure to accommodate future expansion.

Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at egascho@nhcouncil.org.

Sincerely,



Randall L. Rutta
Chief Executive Officer