AMERICAN PSYCHIATRIC ASSOCIATION

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December 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-0058-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code CMS-0058-NC; Request for Information; National Directory of Healthcare Providers & Services

Dear Administrator Brooks-LaSure:

The American Psychiatric Association (APA), the national medical society representing over 37,000 psychiatry physicians and their patients, would like to take the opportunity to comment on the Request for Information (RFI); National Directory of Healthcare Providers & Services (NDH). APA appreciates and supports the Administrator's commitment to creating a system that reduces the burden on patients and clinicians, reducing administrative costs and easing the time it takes to connect patients with a clinician. **APA supports the Administration's work but cautions the Centers for Medicare and Medicaid Services (CMS) in creating another directory that may not meet intended goals.**

As CMS indicates, a NDH infrastructure must align with the standards established by the Office of the National Coordinator for Health Information Technology for interoperability to generate data that is high-quality, consistently accurate, and widely accessible to facilitate increased access to care. Further, while FHIR-driven APIs are a valuable tool in advancing interoperability, they are currently not sufficiently widespread – particularly in small or independent practices and health systems – to present an immediate technological solution. There are current examples of directories that are well-done, and for the most part accurate, but many more examples that have not served the intended purpose while duplicating effort and increasing reporting burden. Through thoughtful planning, consultation with stakeholders, and rolled-out implementation, a NDH can be successful for all audiences.

Would an NDH, as described, provide the benefits outlined previously?

A NDH as outlined and with the intended goals would benefit all partners in the health care arena. Increased efficiency, access to timely information, and reduced administrative burden and cost are very important to both physicians and their patients. However, a directory is just one piece of the puzzle to reach those goals. Information about providers in a patient's area is important for patients looking for a clinician, but practice considerations including accepting new patients, modality of care, and licensure restraints, all of which can change much more frequently than would be feasible to update a directory, can limit the practical number of clinicians and appointments in areas that have traditionally seen shortages. APA appreciates CMS's work to reduce barriers to accessing care, including making permanent telehealth flexibilities for mental health and substance use disorders, removing in-person requirements for mental health care, and maintaining telehealth parity, while working with states and other partners to reduce clinician uncertainty post-PHE and incentivize more clinicians to practice in all regions throughout the country. As such, we recommend that the directory could include whether the clinician uses telehealth technologies for appointments and states in which the clinician is licensed to practice, providing those in appointment shortage areas additional tools to support access to the care they are seeking. The physical address of the clinician may not always give the full picture of a clinician's ability to practice in a patient's location, and a directory is only as good as the information available. If accurate, these data can also be used to assess appointment and provider availability and further inform policy efforts to improve access to care.

Would an NDH as described reduce the directory data submission burden on providers? How could a centralized source for digital contact information benefit providers, payers, and other stakeholders?

We appreciate that CMS has been working to reduce administrative burden and eliminate duplicative, unnecessary, and costly requirements and regulations. A NDH can meet further help with this if implemented successfully. CMS must have a strategy for accuracy and iteratively updating this strategy as technologies and data sources evolve. **We recommend that information is updated at least annually, if not more frequently, to reflect areas such as workplace setting, insurance types accepted, and whether a practice is taking new patients.** CMS should consider working with licensing boards to obtain up-to-date information without relying on clinician reporting, while independently conducting routine maintenance of the information. Syncing updates to other times when clinicians are updating their data would give the best opportunity for accurate and timely data sharing. However, the clinician must have access to the platform to modify the information as necessary. If done correctly, an accurate NDH can reduce phone calls and questions to practices, allow patients to find the best clinician to meet their needs, and reduce administrative burdens for practices in instances where prior authorization is required.
Clinicians working for larger systems, with decentralized billing, typically do not have the information that would be included in a directory such as specific insurance accepted at the facility. CMS must not require a clinician to find this information in order to be included in the system. CMS can partner with groups that currently collect and/or report this information to decrease the repetitive and burdensome process on clinicians.

What provider or entity data elements would be helpful to include in an NDH for use cases relating to care coordination and essential business transactions (for example, prior authorization requests, referrals, public health reporting)

Besides general information about the clinician, **APA encourages CMS to include information such as if the clinician participates in an integrated behavioral health model such as Collaborative Care**. Because the Collaborative Care team is led by a primary care provider, a consumer may be able to use that information to select not only a PCP, but also have an opportunity to access a psychiatrist, improving health outcomes and reducing stigma. This information would be key in areas that have either a workforce or appointment shortage as well as in communities that have shown to be less likely to seek mental health care due to cultural or social stigma.

APA also encourages CMS to include data for payers that would reduce the burden for prior authorization requests. In a 2022 survey to early career and psychiatric fellows, two of the top five reasons that were given to not join a commercial insurance network were administrative burden and burden of prior authorization. One respondent stated, "minimizing prior authorization is huge and being able to speak to a human being when issues arise on a help line is essential." The NDH is an opportunity to provide data to decrease administrative burdens and incentivize clinicians to join networks in a way that benefits both the clinician and the patient. APA cautions that not all physicians have the infrastructure on hand to implement a seamless system, therefore, **CMS should incentivize capacity building of infrastructure across all specialties.** If done properly, the utilization of out-of-network providers could decrease, again, decreasing the administrative and cost burden that clinicians and patients currently experience.

What are some of the lessons learned or mistakes to avoid from current provider directories of which we should be aware?

CMS notes in the RFI that directories are important but as currently implemented, they are inefficient, redundant, costly, inaccurate, and rarely support interoperable data exchange. There are many lessons of directories that have failed, but APA encourages CMS to research directories that have shown promise such as the New York Physicians Directory or the Directory for Minority Providers. APA also encourages CMS to consider a phased approach to this work. Start small and aim for inclusivity over time.

A challenge that CMS should consider is how to present clinician information for clinicians that change positions frequently, work at multiple places concurrently, or have names that are common or overlap with others. Information can quickly become inaccurate or incomplete. This can also affect a clinician's ability to receive information from or communicate with the NDH. There must be a system in place for a clinician who does not have an electronic health record or who has multiple (or no) health system affiliation(s) to be able to have a direct access mailbox, rather than contacting them only through a health system or primary place of business. In addition, **we also ask CMS to allow clinicians who work out of their homes or other private locations to have the choice to not share all private information.**

Thank you for the opportunity to respond to this RFI and provide recommendations on how CMS can move forward with a National Provider Directory. If you have questions or would like to discuss these comments in more detail, please contact Brooke Trainum, Director Practice Policy at btrainum@psych.org.

Sincerely,

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CEO and Medical Director
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