

No Spoiler Alert Here: Technology Top CMS Priority

Last week, Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma sat down with American Hospital Association (AHA) President and CEO Rick Pollack for a discussion about CMS' 2018 priorities. What followed was an enlightening conversation centering on innovation and responsiveness to patients – without overburdening providers with bureaucratic responsibilities, especially small, rural offices.

Luckily, the whole thing is [available here](#), on the AHA website. But since you may not have the time to watch the webcast—though we suggest you do—here are our takeaways and some key quotes from Verma:

* “CMS is conscious of working with providers to reduce regulatory burden. “CMS puts out 11,000 pages of regulations every year. I’m not sure how the healthcare system has been dealing with this over the years, but we are dedicated to trying to address that issue.”

* “We need to prepare for a new generation of beneficiaries. Especially in our Medicare program where we know this is a more tech savvy population that’s coming into the program.”

* “It’s up to IT to provide the innovative solutions the next generation will expect. How can we prepare and how can we give them the tools that they’re going to expect – they’re going to expect more of an Amazon experience. Our focus is going to be on both modernizing the Medicare and the Medicaid program.”

* The specific needs of rural providers will not be ignored. I understand they might just need more time or more technical assistance around implementations, or some things just may not make sense in a rural area. We’re trying to have as much

flexibility as possible to accommodate both rural and urban providers.”

Did you catch it? At the center is one main theme—technology. It is going to be how we address regulatory burden, modernize our systems, and expand rural health. And we’re very excited about our role in these priorities. Stay tuned for future posts on CNSI’s plans to contribute.

AHA Regulatory Priorities

Regulatory Relief Actions

The balance between flexibility in patient care and regulatory burden seems to have reached a tipping point. The Centers for Medicare & Medicaid Services (CMS) and other agencies of the Department of Health and Human Services (HHS) released 43 regulatory-related proposals and final rules in the first 10 months of the year alone, comprising almost 21,000 pages of text. In addition to the sheer volume, the scope of changes required by the new regulations is increasing, as is the need for the industry to adapt to them. Moreover, the rules do not include the necessary use of technology to offset their burden. Therefore, the AHA calls on the Administration to suspend the implementation of such regulations.

There are numerous duplicative and excessive rules and regulations. The AHA supports the following actions to streamline rules, reduce burden on hospitals and patients. These regulations are prioritized by CMS (Table 1), other agencies within HHS (Table 2), and other departments of the federal government (Table 3).

Table 1. Actions to be Taken by CMS

Action	Description
Regulatory relief rule ratings	Review regulations that are subject to the "regulatory relief" standard as well as others. Review regulations that impact on the delivery of care. The ratings are directly affected by the volume and complexity of the regulations and the impact on patients, providers, and payers. CMS should review regulations that have a high impact on patients, providers, and payers. The AHA calls on the Administration to suspend the implementation of such regulations.
Final Rule 101 "meaningful use" program	Regulations that require "meaningful use" of electronic health records (EHR) will no longer be in effect. These regulations are set to expire more than a year after their implementation in 2015. They will have a significant impact on the industry. The AHA urges the Administration to suspend Final Rule 101 until the industry has had time to adjust to the regulations. The Administration also should consider a 100-hour pilot program to allow providers to test the program and gather data on implementation in order to better inform the final rule. The AHA also supports the suspension of the current regulations.
Expanded electronic clinical quality measures reporting requirements	Hospitals have spent significant time and resources to have certified EHRs to meet CMS electronic clinical quality measure requirements for 2015, with no benefit for patient care. Moreover, CMS acknowledges that the electronic test submissions to hospitals are not accurate. In order to accurately measure the quality of care provided, CMS should suspend the 2015 regulations until the industry has had time to adjust to the regulations. The AHA urges the Administration to suspend all regulatory requirements that require submission of electronic clinical quality measures.

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