

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.

The screenshot shows a video player interface. On the left, a video frame shows two people, a man and a woman, sitting at a table with microphones, likely in a meeting or press conference. On the right, a document titled "AHA Regulatory Priorities" is displayed. The document is a letter from Richard A. Peltz, President and CEO of the American Hospital Association, dated December 9, 2018. The letter discusses the balance between flexibility in patient care and regulatory burden, and lists several regulatory relief actions. A table titled "Table 1. Actions to be Taken by CMS" is included in the document.

AHA Regulatory Priorities

Regulatory Relief Actions

Table 1. Actions to be Taken by CMS

Action	Description
Regulate hospital rate setting	Remove regulations that impede or are "unnecessary" for the establishment of a rate of return based on hospital rate setting or its ability to pay. The volume rates are already effective for health plans and Congress is taking measures and requesting comments to ensure which hospitals with more than 100 beds to provide safe higher quality care. The AHA calls on the Administration to suspend the rate setting from the Hospital Compare website.
Eliminate "top-down" meaningful use program	Repeal the Medicare "top-down" and "meaningful use" regulations from CMS that require significant investments in the use of electronic health records (EHR) with no clear benefit to patient care. These regulations are set to become more onerous after June 1, 2019. They also will have a negative impact on hospitals to ensure they comply with EHR rules for the purpose of meeting regulatory requirements. The AHA urges the Administration to suspend "top-down" meaningful use regulations for 2019 and after from the regulations. The Administration also should accelerate a 2019 rule that would allow a more flexible approach to the program and further reduce the burden of the meaningful use program from current regulations.
Repeal electronic clinical quality measure reporting requirements	Hospitals have spent significant time and resources to have certified EHRs to meet CMS electronic clinical quality measure requirements for 2017, with no benefit for patient care. Moreover, CMS acknowledges that the electronic test submissions for hospitals are not accurate. In fact, the accuracy of the quality of care provided through EHRs. CMS regulations require the electronic clinical quality measure reporting requirements for hospitals for 2017, pending additional notice without an exception for the data operation by EHRs with no records. The AHA urges the new Administration to suspend all regulatory requirements that require submission of electronic clinical quality measures.

