




**HEALTH IT
ADVISORY
COMMITTEE
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PATIENTS OVER PAPERWORK



OUR TOP PRIORITY AT CMS IS PUTTING PATIENTS FIRST

CMS is committed to reducing unnecessary burden, increasing efficiencies, and improving the beneficiary experience.



- Patient over Paperwork aims to:
 - Increase the number of customers – clinicians, institutional providers, health plans, etc. engaged through direct and indirect outreach;
 - Decrease the hours and dollars clinicians and providers spend on CMS-mandated compliance; and
 - Increase the proportion of tasks that CMS customers can do in a completely digital way.

PATIENTS OVER PAPERWORK



Examples of Work to Date



1. Greatly **reduced the number of EHR measures and thresholds** required for Meaningful Use and QPP
 - Re-engineering these programs for future years to **focus on interoperability** and further reducing burden for providers
2. Developed an **API for data submission** under QPP that can be used for reporting to MIPS for clinicians using registries or QCDRs
3. Removed and de-duplicated numerous measures from the hospital quality programs
4. E/M Med Student Documentation
 - Now allow teaching physicians to verify in the medical record student documentation of E/M services, **rather than re-documenting** the student's notes

Meaningful Measures Objectives



Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:

- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant for and meaningful to providers*
- *Minimize level of burden for providers*
 - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population based payment through alternative payment models*
- *Align across programs and/or with other payers (Medicaid, commercial payers)*

Meaningful Measures

Promote Effective Communication & Coordination of Care

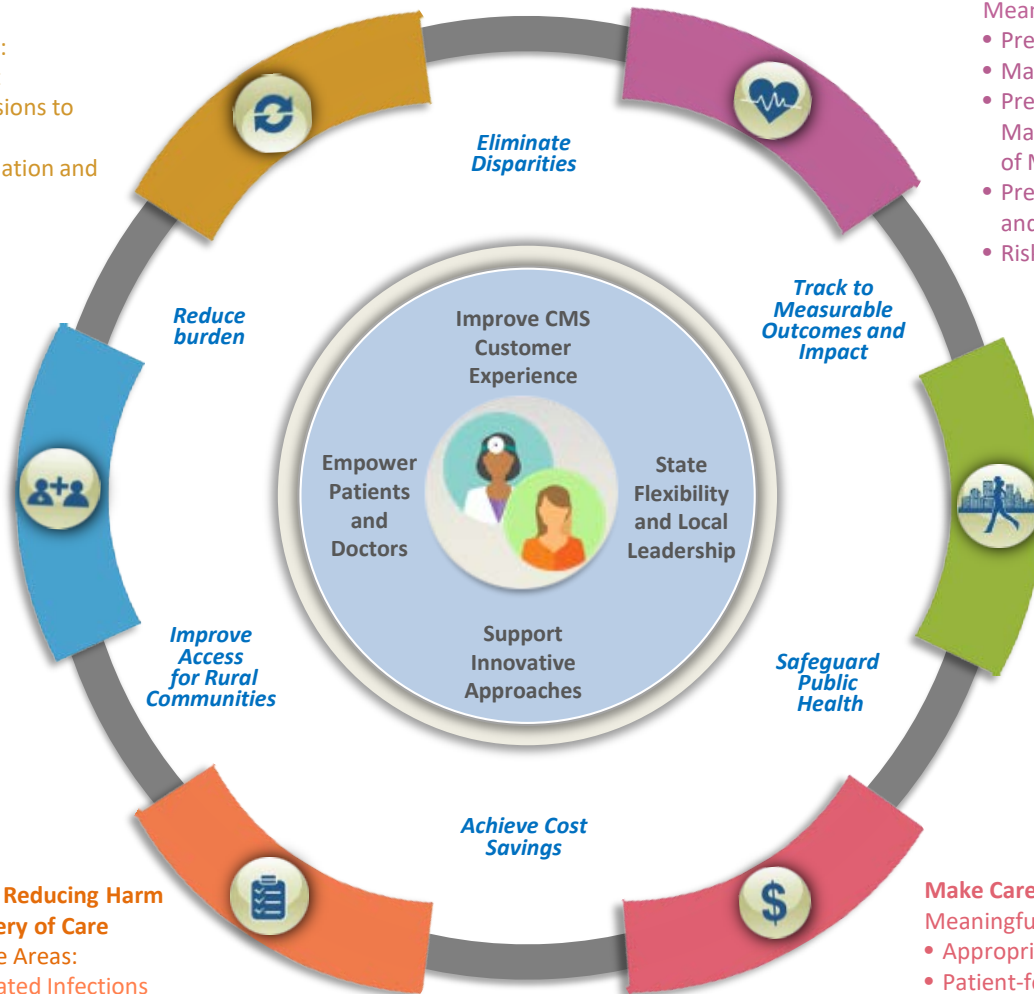
- Meaningful Measure Areas:
- Medication Management
 - Admissions and Readmissions to Hospitals
 - Transfer of Health Information and Interoperability

Strengthen Person & Family Engagement as Partners in their Care

- Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
 - End of Life Care according to Preferences
 - Patient's Experience of Care
 - Patient Reported Functional Outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care

- Meaningful Measure Areas:
- Healthcare-Associated Infections
 - Preventable Healthcare Harm



Promote Effective Prevention & Treatment of Chronic Disease

- Meaningful Measure Areas:
- Preventive Care
 - Management of Chronic Conditions
 - Prevention, Treatment, and Management of Mental Health
 - Prevention and Treatment of Opioid and Substance Use Disorders
 - Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

- Meaningful Measure Areas:
- Equity of Care
 - Community Engagement

Make Care Affordable

- Meaningful Measure Areas:
- Appropriate Use of Healthcare
 - Patient-focused Episode of Care
 - Risk Adjusted Total Cost of Care

**All presentation images are still under development.*

Meaningful Measures



- Remove low value measures
- Develop and implement measures that fill gaps in the framework – only high value measures
- Intensive work with Health IT organizations, registries and clinicians to reduce the burden of measurement

Meaningful Measures: Summary of Measures Proposals



Goal: To create a parsimonious measure set that focuses on the most critical quality issues with the least burden for clinicians and providers.

- **Measure Proposals**

- **Hospital Inpatient Quality Reporting Program** - Proposed to remove 39 measures (18 removals, 21 additional de-duplicated measures) over four fiscal years
- **Hospital Value Based Purchasing Program** - Proposed to remove 10 measures beginning with the FY 2021 program
- No proposals to remove measures from the **Hospital Acquired Condition Reduction Program** or **Hospital Readmissions Reduction Program**

Meaningful Measures Burden Reduction



The IPPS Proposals will:

- Remove 18 measures and de-duplicate 21 additional measures for hospitals across 4 programs
- Reduce hospital burden by over 40%
- Over **2 million hours** of reduced hospital burden

Announcements & Proposals

2019 IPPS NPRM for Promoting Interoperability Program



- Name Change to Promoting Interoperability Program
- Require use of 2015 Edition beginning in 2019
- EHR reporting period in 2019 and 2020 proposed for a minimum of any continuous 90 days
- Scoring Methodology Proposal
- Objective/Measure Proposals
- CQM Proposals
 - No change for 2019
 - Propose CQM reduction from 16 to 8 in 2020
- Puerto Rico Hospitals – codify program instructions

Comparison of Current and Proposed Promoting Interoperability Requirements



Current Stage 3 Requirements

- Report 11 measures from 6 objectives and meet required measure thresholds
- Scoring is pass/fail
- All-or-nothing; report every single measure and meet all requirements or be subject to a payment adjustment

Proposed Requirements

- Report 6 measures from 4 objectives (Query of PDMP and Verify Opioid Treatment Agreement are optional in 2019)
- Scoring based on performance (Public Health and Clinical Data Exchange measures are reported using yes/no responses)
- Score of 50 points or more would satisfy the reporting requirement.
- Flexibility; allows hospitals to focus on the measures that are more appropriate for the ways in which they deliver care to patients and types of services that they provide.

Contact Information



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