

# 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 L. Peltier, 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, detailing actions such as "Regulatory relief rule change," "Final Stage 1 EHR meaningful use program," and "Repeal electronic clinical quality measures reporting requirements." The video player controls at the bottom show a play button, a progress bar at 06:38, and a volume icon.

## AHA Regulatory Priorities

**American Hospital Association**

December 9, 2018

Mr. Donald Trump  
President of the United States  
1600 Pennsylvania Avenue, N.W.  
Washington, DC 20503

Dear President-elect Trump:

On behalf of the American Hospital Association's (AHA) nearly 2,000 member hospitals, health systems and other health organizations, and our 4,000 individual members, I am writing to thank you for your interest and commitment to reducing regulatory burden. As noted in our letter dated November 30, the regulatory burden faced by hospitals is substantial and unacceptable.

We appreciate your Administration's willingness to modify or eliminate duplicative, outdated and unnecessary provider regulations. Reducing administrative burdens to health care providers is a key goal of AHA's strategy and allows providers to spend more time on patients, not paperwork. The Centers for Medicare & Medicaid Services (CMS) and other agencies of the Department of Health and Human Services (HHS) released a proposed and final rule affecting hospitals and health systems in the first six months of the year alone, comprising almost 100 pages of text. In addition to the sheer volume, the scope of change included by the new regulations is beginning to reduce the health system's ability to deliver care.

Please find attached a document that lists and explains your Administration could take immediately to reduce the burden on hospitals, health systems and the patients we serve. It includes actions that would be taken by CMS, other agencies within HHS and other departments of the federal government.

Again, we thank you for your focus on this critical issue. We look forward to working with you and your administration.

Sincerely,

Richard L. Peltier  
President and CEO Executive Office

**American Hospital Association**

**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 41 hospital-related proposed and final rules in the first 10 months of the year alone, comprising almost 21,300 pages of text. In addition to the sheer volume, the scope of change required by the new regulations is beginning to reduce the health system's ability to deliver care. Therefore, this document includes the following list of regulatory priorities (PACs) that we believe are the most important regulatory relief actions.

There are numerous duplicative and excessive rules and regulations. The AHA supports the following actions to streamline existing burdens 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 change	Review regulations that are subject to the "sunlight" rule established in a final of 2015. Review hospital star ratings on its website for 18. The ratings were created after the implementation of the Hospital Care Act. The ratings were created after the implementation of the Hospital Care Act. The ratings were created after the implementation of the Hospital Care Act. The ratings were created after the implementation of the Hospital Care Act.
Final Stage 1 EHR meaningful use program	Repeal the electronic clinical quality measures (eCQMs) and the use of electronic health records (EHR) with no clear benefit to patient care. These measures are not to be used as a basis for payment or other financial incentives. The AHA urges the Administration to repeal Stage 1 EHR meaningful use program. The AHA urges the Administration to repeal Stage 1 EHR meaningful use program. The AHA urges the Administration to repeal Stage 1 EHR meaningful use program.
Repeal electronic clinical quality measures reporting requirements	Hospitals have spent significant time and resources to have certified EHRs to meet CMS electronic clinical quality measures requirements for 2015, with no benefit for patient care. Moreover, CMS acknowledges that the electronic test submissions to hospitals are not accurate. In fact, the accuracy of the quality of care data is low. CMS regulations require the electronic clinical quality measures reporting requirements for hospitals for 2017, creating additional burden without an expectation that the data generated by EHRs will be accurate. The AHA urges the new Administration to suspend all regulatory requirements that require submission of electronic clinical quality measures.

