Washington D.C. & You

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Agenda

- Secretary Azar
- The Bipartisan Budget Act of 2018
- The Opioids Package
- The Proposed Physician Fee Schedule
- Requests for Information
- 21st Century Cures

Secretary Azar

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Background

- Former General Counsel for HHS under George W. Bush from 2001-2007
- Eli Lilly & Co.
  - Lobbyist
  - VP of Managed Healthcare
  - President

Policy Statements

- Drug pricing
- Consumer access to health data
- Usability
- Value-Based Care
- Interoperability

The Bipartisan Budget Act of 2018

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Funding

- CHIP
- National Institute of Health
- Medicare Extenders
- Community Health
- Opioids crisis

CHRONIC Care Act and Telehealth

- ESRD Patients
- Tele-stroke
- Medicare Advantage
- Accountable Care Organizations

MACRA & MIPS

- CMS given discretion on mean and median scoring
- Discretion to set Cost/Resource use between 10%-30%
- Miscellaneous: the stages of meaningful use repealed

The Opioids Package

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Overdose Prevention and Patient Safety Act, HR 6082

- Aligns substance abuse sharing with HIPAA TOPs criteria, shifts away from patient consent requirements
- Replaces 42 CFR Part 2 criminal penalties with HIPAA-like civil fines
- Disclosures of De-identified health information to public health authorities
- Prohibition on use of records in criminal, civil, or administrative context continues
- Passed House

Medicaid Providers Are Required to Note Experiences in Record Systems to Help In-need Patients (PARTNERSHIP) Act, HR 5801

- Requires states to establish PDMPs
- Requires healthcare providers to query PDMP for enrollee's prescription drug history before prescribing a controlled substance.
- Each PDMP must allow healthcare providers access to the number and type of controlled substances prescribed in a 12 month period
- Passed House

Medicare and Opioid Safe Treatment Act (MOST) Act, HR 5776

- Creates bundled payment for opioid use disorder treatment services
- Adjusts payments under outpatient prospect payment system to avoid financial incentives for prescribing opioids
- Expands access to addiction treatment in FQHCs and RHCs
- Initiates studies on supplemental benefits in MA plans, pain management, and clinical psychologist models
- Introduced to the House, latest action 6/19/18 amended by Committee on Ways and Means

Preventing Overdoses While in Emergency Rooms (POWER) Act, HR 5176

- Creates grant to developing protocols for discharging patients presenting with an overdose
- Aims to improve post-discharge care delivery integration
- Telehealth
- Passed House

Combating Opioid Abuse for Care in Hospitals (COACH) Act of 2018, HR 5774

- Funds opioid quality measure development
  - Focus in on surgical setting and perioperative opioids use
- Requires CMS to publish guidance on pain management and opioid use disorder prevention strategies
- Requires reporting on diagnosis-related group codes regarding opioid use after surgery, including prescription patterns and rates of consumption
- Passed House

Jessie's Law, HR 5009

- Requires HHS to establish best practices for the display of a patient's history of opioid addiction in a patient's medical record
  - What should be displayed upon patient request
  - What constitutes a patient request
  - Process and methods for display
- Communication with Families During Emergencies

Proposed Physician Fee Schedule

E&M Coding

- Stepwise multiyear approach
- Choices in documentation
  - Medical decision making
  - Time
  - Current framework
- Single billing rate for E&M visits levels 2-5
- Documentation for E&M visits levels 2-5 set at current requirements for E&M level 2
- Soliciting comment

Non-Medicare Telehealth

- Brief Communication Technology-based Service, e.g. Virtual Check-in
- Inter-professional Internet Consultation
- Remote Evaluation of Pre-Recorded Patient Information

Appropriate Use Criteria for Advanced Diagnostic Imaging Services

- Begins on Jan. 1 2020
- Voluntary period from July 2018 – January 2020
- Auxiliary personnel may consult the AUC through a qualified CDSM
- Proposing G-codes and modifiers to communicate required AUC information on a claim

Requests for Information

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Medicare Conditions of Participation and promoting interoperability

- If CMS were to propose a new CoP/CfC/RfP standard to require electronic exchange of medically necessary information, would this help to reduce information blocking as defined in section 4004 of the 21st Century Cures Act?
- Should CMS propose new CoPs/CfCs/RfPs for hospitals and other participating providers and suppliers to ensure a patient's or resident's (or his or her caregiver's or representative's) right and ability to electronically access his or her health information without undue burden? Would existing portals or other electronic means currently in use by many hospitals satisfy such a requirement regarding patient/resident access as well as interoperability?
- Are new or revised CMS CoPs/CfCs/RfPs for interoperability and electronic exchange of health information necessary to ensure patients/residents and their treating providers routinely receive relevant electronic health information from hospitals on a timely basis or will this be achieved in the next few years through existing Medicare and Medicaid policies, the implementing regulations related to the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-91), and implementation of relevant policies in the 21st Century Cures Act?
- Do stakeholders believe that new or revised CMS CoPs/CfCs/RfPs for interoperability and electronic exchange of health information would help improve routine electronic transfer of health information as well as overall patient/resident care and safety?
- Under new or revised CoPs/CfCs/RfPs, should non-electronic forms of sharing medically necessary information (for example, printed copies of patient/resident discharge/transfer summaries shared directly with the patient/resident or with the receiving provider or supplier, either directly transferred with the patient/resident or by mail or fax to the receiving provider or supplier) be permitted to continue if the receiving provider,

Quality measures and burden reduction

- What aspects of the use of eCQMs are most burdensome to hospitals and health IT vendors?
- How could we encourage hospitals and health IT vendors to engage in improvements to existing eCQMs?
- What ways could we incentivize or reward innovative uses of health IT that could reduce burden for hospitals?
- What additional resources or tools would hospitals and health IT vendors like to have publicly available to support testing, implementation, and reporting of eCQMs?

Stark

- Please tell us about either existing or potential arrangements that involve DHS entities and referring physicians that participate in alternative payment models or other novel financial arrangements, whether or not such models and financial arrangements are sponsored by CMS.
- The categories/types of parties (for example, the parties are a hospital and physician group with downstream payments to individual physicians in the group).
- Which parties bear risk (and how and to what extent) under the arrangement (for example, per capita payments from a payor are paid to a hospital with downstream payments on a discounted fee schedule to individual physicians; a bundled payment from a payor for all hospital and physician services is split between a hospital and physicians based on a predetermined percentage; hospital-sponsored gainsharing program where participating physicians share in cost savings; physician incentive payments are available for achieving

Price Transparency

- How should we define “standard charges” in various provider and supplier settings?
- What types of information would be most beneficial to patients, how can providers and suppliers best enable patients to use charge and cost information in their decision-making, and how can CMS and providers and suppliers help third parties create patient-friendly interfaces with these data?
- Should providers and suppliers be required to inform patients how much their out-of- pocket costs for a service will be before those patients are furnished that service? How can information on out-of-pocket costs be provided to better support patients’ choice and decision making? What changes would be needed to support greater transparency around patient obligations for their out-of-pocket costs? How can CMS help beneficiaries to better understand how co-pays and co-insurance are applied to each service covered by Medicare? What can be done to better inform patients of their financial obligations? Should providers and suppliers of healthcare services play any role in helping to inform patients of what their out-of-pocket obligations will be?

21st Century Cures

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The Trusted Exchange Framework and Common Agreement

- Aims to create the HIE of HIEs
- HINs and QHINs
- Recognized Coordinating Entity
- Common Agreement terms
  - Data availability
  - CEHRT
- QHIN participants
- Consent management

USCDI

- Onramp to data liquidity
- Emerging status > Candidate status > Inclusion
- Clinical notes and provenance data

Draft 1 data classes

Draft 1 data classes	Candidate data classes	Emerging data classes
Patient name	Admission and Discharge Dates and Locations	Advance Care Planning
DOB	Cognititve Status	Advance Directive
Race	Encounter	Power of Attorney and name of person
Smoking status	Discharge Instructions	Physician Orders for Life Sustaining Treatment Form
Laboratory values/results	Family Health History	Alive Status/Date of Death
Problems	Functional Status	Care Provider Education/Licenses
Medication Allergies	Gender Identity	Communication Facilitators
Care Team members	Pediatric Vital Signs	Minor Consent
Immunizations	Pregnancy Status	Disability Status
Unique device identifiers for a patient's implantable devices	Reason for Hospitalization	Durable Medical Equipment
Provenance	Care Provider Demographics	Electronic endpoint/ESI
Sex (birth sex)	Care Team Members Contact information	Health Insurance Information
Preferred language	Care Team Member Roles/Relationships	Minor Status for Emancipation
Ethnicity	Diagnostic Image Reports	Personal Representative
Laboratory tests	Individual Goals and Priorities	Social, psychological, and behavorial data
Vital signs	Practitioner Responsible for Care	Education
Medications	Provider Goals and Priorities	Overal Financial Resource Strain
Health concerns	Reason for Referral	Social Connection/Support and Isolation
Assessment and plan of treatment	Referring or Transitioning Provider's Name and Contact information	Exposure to Violence
Procedures		Employment Status
Goals		Depression
Clinical notes		Stress
		Physical Activity
		Alcohol Use
		Veteran's Status/Military History
		Reconciled Medication List
		Special Instructions or Precautions for Ongoing Care
		Travel Status/History
		Weight-Based Dosing Calculation

Questions

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Resources

- COACH Act
- Overdose Prevention and Patient Safety Act
- Medicaid PARTNERSHIP Act
- MOST Act
- POWER Act
- Jessie's Law
- 21st Century Cures Act
- Bipartisan Budget Act of 2018
- Proposed Physician Fee Schedule
- Inpatient Prospective Payment System final rule
- Stark Law RFI
- TEFCA & USCDI Drafts

Join us on Sept. 26!

Webinar: Addressing opioid stewardship in your communities

Presented by Colleen Keenan, The Advisory Board