



# PATIENTS OVER PAPERWORK

Welcome to the February Patients over Paperwork newsletter. Patients over Paperwork is our effort to lower administrative burden and put patients first. In this edition, we'll:

- Look closely at the new Meaningful Measures initiative.
- Update you on documentation review improvement.
- Tell you how we're going out in the field to hear from providers.

## Quality Measures

### What is the Meaningful Measures initiative?

The Meaningful Measures initiative helps us find the highest quality measurement and improvement priorities that are most important to improve patient outcomes. Based on stakeholder feedback on the growing number of quality measures and the burden of quality measure reporting, CMS incorporated diverse stakeholder feedback to develop the Meaningful Measures initiative to focus on core quality priorities that are most vital to providing high-quality care and improving patient outcomes. Meaningful Measures supports Patients over Paperwork by helping us:

- Lower providers' reporting burden
- Focus on quality improvement in only the most critical areas
- Adopt the most meaningful quality measures
- Get better patient outcomes at lower costs

Using the Meaningful Measures framework will let us use measure sets that are:

- Most prudent
- Least burdensome
- Well understood by external stakeholders
- Helpful in guiding quality measurement efforts
- Aligned to reduce clinician and provider burden
- Focused on interoperability and patient care

### How does Meaningful Measures work?

Meaningful Measures (see diagram) puts patients at the center of everything we do. This framework serves to focus on measures that matter. It takes into account opportunities to reduce paperwork and reporting burden on providers associated with quality measurement. The framework is focusing on patient-centered outcome measures over process measures. To decrease the reporting burden for clinicians, we utilize measures drawing on data from claims, registries or electronic health records (EHRs) where possible.

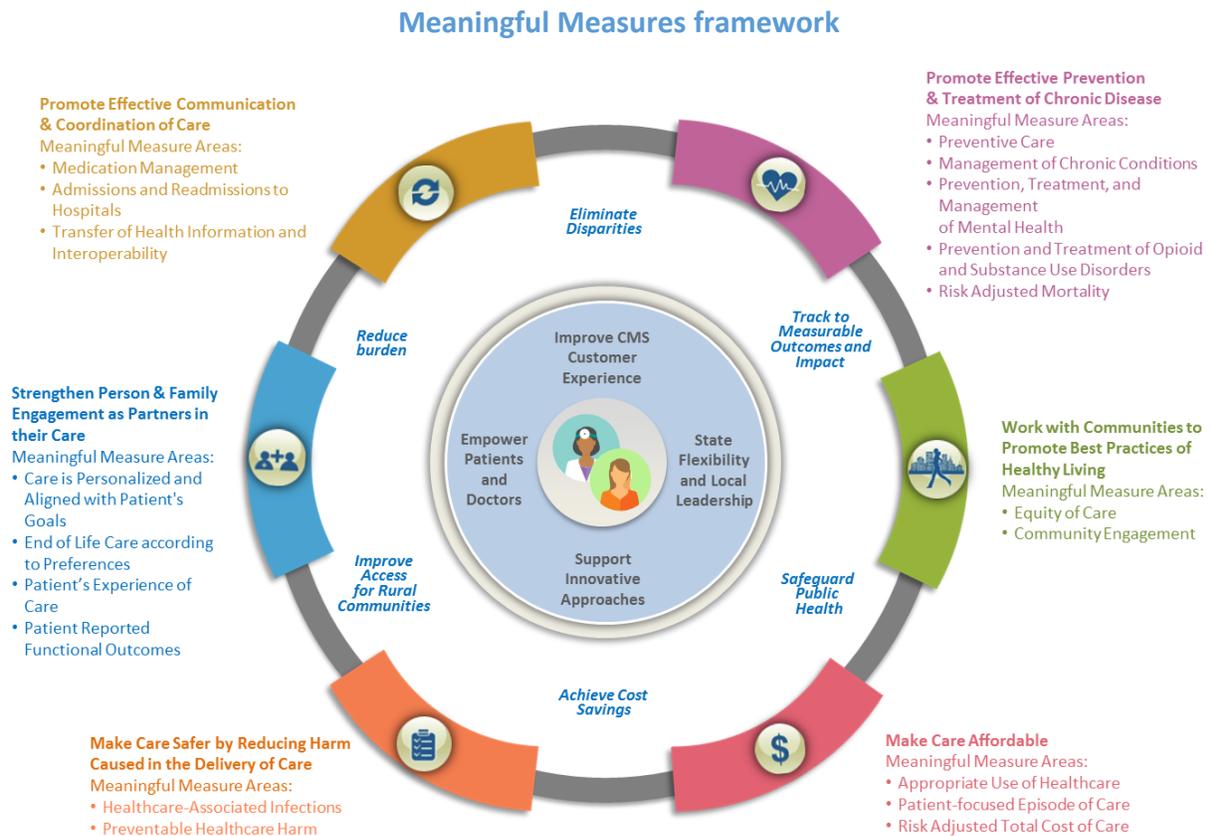
The framework is based on our 4 strategic goals, aligning our 19 Meaningful Measures topics under 6 quality priorities. For example, the quality priority "Promote Effective Prevention and Treatment of



# PATIENTS OVER PAPERWORK

Chronic Disease” includes 5 Meaningful Measure areas. One of these 5 Meaningful Measure areas is Prevention and Treatment of Opioid and Substance Use Disorders because the opioid crisis has been declared a public health emergency and is a high priority for measurement. This example shows how coordinating cross-cutting criteria like safeguarding public health and measures in the quality priority, “Promote Effective Prevention and Treatment of Chronic Disease” work together to address this important public health issue.

By focusing on this Meaningful Measure area, we can find where there are gaps in measurement and quality improvement, and then look to our partnerships with states and communities to fight opioid misuse.



## How was the Meaningful Measures framework developed?

We worked with stakeholders to identify the most impactful Meaningful Measures areas so we can focus on the highest priority areas for quality measurement and improvement. Based upon widespread



# PATIENTS OVER PAPERWORK

input from patients, clinicians and many others, the framework will help us and all of our stakeholders improve patient outcomes.

## How does the Meaningful Measures framework relate to the measure development process?

Quality measures that are used in CMS quality reporting and value-based purchasing programs are developed and maintained with early and frequent input from clinicians, payers, patients, caregivers, and other stakeholders. For example, we post a public call for members of technical expert panels (TEPs) and then include TEP input from measure concept through specification and testing. Measures are carefully evaluated and tested based on the most current clinical evidence and scientific standards for use across multiple care settings which is a critical objective in the transition from paying for volume to rewarding value. This process ensures that quality measures in all CMS programs are based on scientific evidence, are rigorously tested for validity and reliability, and are appropriately risk-adjusted. The Meaningful Measures framework complements these rigorous development processes by further focusing on priority areas and engaging stakeholders throughout the process. The framework guides CMS in reduction of paperwork and reporting burden, associated with quality measurement, for clinicians and other providers. Using the Meaningful Measures Framework will allow for the most parsimonious and least burdensome measure sets that are focused on health outcomes that are important to patients and their providers.

## How can I learn more about the Meaningful Measures initiative?

See the *Meaningful Measures website*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

Want more information on Measures Development? Stay tuned for next month's newsletter. In the meantime, visit CMS' measures management system website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/New-To-Measures-SubPage.html>

## Documentation Review

### What are we doing to make documentation review easier?

What needed updating?	Why was it updated?	What we are doing now
Our manual instructions prohibited suppliers from making changes to Certificates of Medical Necessity (CMN) and DME Information Forms (DIF)	Suppliers couldn't make changes to a CMN/DIF form, even to improve efficiency, such as adding a bar code	We revised the manual instructions to indicate that suppliers can use bar codes to track CMNs in their systems. Now it's easier for suppliers to process and archive these forms.  See the <a href="#">manual</a> .
Requiring teaching physicians to re-document most updates made by medical	Teaching physicians had to re-document most updates even when they concurred with	We revised the manual instructions to allow teaching physicians to verify in the medical record any student



# PATIENTS OVER PAPERWORK

students in the patient record as part of a billable service	what the medical student wrote	documentation of billable services, rather than re-documenting the work.  See the <a href="#">manual</a> .
We did not have manual instructions on scribe signatures	It wasn't clear if scribes had to sign their documents.	We clarified: <ul style="list-style-type: none"> <li>• a physician may delegate documentation requirements to another person, as long as the physician signs and verifies the documentation</li> <li>• the scribe's signature is never needed for payment.</li> </ul> See the <a href="#">manual</a> .
Skilled Nursing Facility (SNF) Advanced Beneficiary Notice	Before providing beneficiaries with certain items or services, a SNF can issue either a: <ul style="list-style-type: none"> <li>• SNF Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN),</li> <li>• 1 of 5 denial letters.</li> <li>• Notice of Exclusion from Medicare Benefits – Skilled Nursing Facility (NEMB-SNF).</li> </ul>	We're releasing: <ul style="list-style-type: none"> <li>• A newly revised SNFABN</li> <li>• Newly developed, concise and separate instructions for filling out the form</li> </ul> We're no longer using the 5 denial letters and NEMB-SNF.  Altogether, we estimate this change will save SNF providers roughly 220,000 hours per year because they'll no longer have to: <ul style="list-style-type: none"> <li>• Decide which form to use the SNFABN, one of the 5 denial letters, or NEMB-SNF</li> <li>• Will only have to print one form rather than 7.</li> </ul>

Learn more about documentation review by visiting: <http://go.cms.gov/SimplifyingRequirements>

## Burden Reduction Highlights

### How we are making connections

On December 15, 2017, we held a listening session with a group of 21 clinicians, provider representatives and patient advocates at the Kansas City Regional Office. Participants candidly commented on the first draft of the Nursing Home Journey map.



# PATIENTS OVER PAPERWORK

On January 18, 2018, a team from our Central and Region IV Offices held two listening sessions during the Georgia Health Care Association (GHCA) in Atlanta, GA. We received feedback from owners, clinicians, pharmacists, maintenance staff and administrators that the relationship between staff and residents is like a family. Many employees spend their personal time taking care of residents.

During November and December of 2017 and January 2018, we visited a series of skilled nursing facilities, conducted interviews and held workshops with clinicians, staff, residents, and family members. They shared their thoughts and feelings about the nursing home journey. One clinician said, “We got into this field to take care of patients, not to take care of computers.”

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