



PATIENTS OVER PAPERWORK

Thank you for interest in burden reduction and regulatory reform currently ongoing at the Centers for Medicare & Medicaid Services (CMS). Starting today, CMS will send out a newsletter on a regular basis about our progress on regulatory reform. We hope you find it informative.

What is Patients over Paperwork?

At CMS, our top priority is putting patients first. In October, CMS Administrator Seema Verma announced the “Patients over Paperwork” initiative, which is in accord with President Trump’s Executive Order that directs federal agencies to “cut the red tape” to reduce burdensome regulations. Through “Patients over Paperwork,” CMS established an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, to increase efficiencies, and to improve the beneficiary experience. In carrying out this internal process, CMS is moving the needle and removing regulatory obstacles that get in the way of providers spending time with patients.

Specifically, we aim to:

- Increase the number of satisfied 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.

How does “Patients over Paperwork” work?

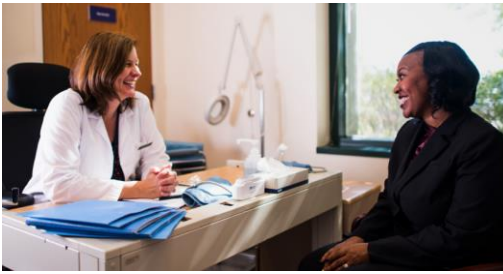
Steering Committee: Patients over Paperwork is well underway. We have established an executive-level Burden Reduction Steering Committee, which will take the lead on coordinating burden reduction across all of CMS. This Steering Committee oversees and prioritizes these reform efforts and ensures we have the right collaboration across the Agency to drive results.

Customer Centered Workgroups: We established customer-centered workgroups focusing first on clinicians, beneficiaries, and institutional providers. The job of these workgroups is to learn from and understand the customer experience, internalize it, and remember these perspectives as we do this work. Over time, we will establish similar workgroups for health plans, states and suppliers.

Journey Mapping: We will use tools to capture customer perspectives, like human-centered design and journey mapping the customer experience. Also, we will establish mechanisms to share across CMS what we learn from our customers so we all benefit from that input. We will develop multiple stakeholder journey maps over the coming months.

A journey map is developed with the customer (in the image below, the clinician), and visually depicts clinician experiences, including pain-points, and challenges or roadblocks to effective care delivery. Each map is developed with our customers in the room with us. During the session we start to identify trends and patterns of experiences across providers, and generate more detailed insights about their experiences. Ultimately this work can help CMS to have a more holistic view of the day-to-day experience of providers, leading to creative solutions to reduce administrative and regulatory burden.

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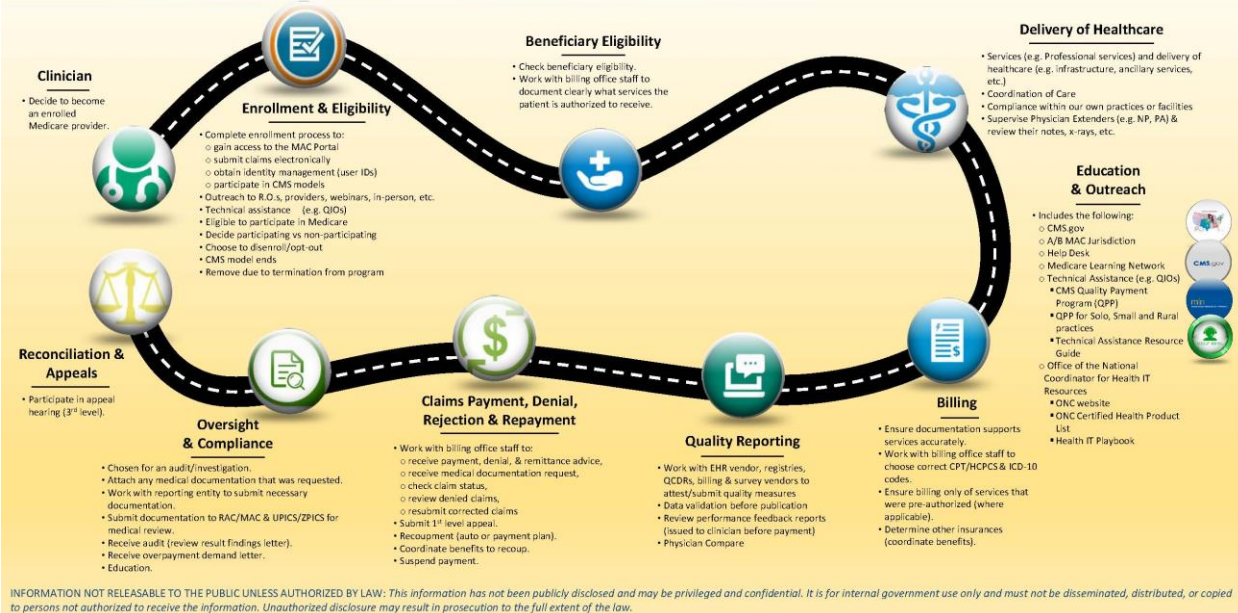


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Medicare FFS Clinician Journey Map

Reduce administrative burden so that providers can focus on delivering high quality healthcare to their patients.

Version 9.4



What we are hearing: CMS has listened to you and we are starting to address burden areas we have heard the most about:

- Payment policy,
- Quality measures,
- Documentation requirements,
- Conditions of participation, and
- Health IT.

Listening Sessions: CMS has already begun and will continue to hold listening sessions, meetings, customer centered workgroups and other gatherings across the country. We understand how valuable it is to hear directly from healthcare providers and beneficiaries. Our commitment is to keeping patients first and to do that we must hear firsthand from them and the people who care for them every day.

Reducing burden through rule making: As part of our commitment to hearing from our stakeholders about the burden of regulations, CMS solicited comments on specific ideas to reduce those burdens through several Requests for Information in 2017. We received thousands of comments from the public and are actively reviewing them to determine which ones we can address through rule-making in 2018. We will continue to solicit ideas for ways to reduce regulatory burden on an ongoing basis, and look forward to working with our stakeholders to better understand their experiences with CMS regulations.

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Sub-regulatory Changes: While much of the burden providers experience is due to CMS regulations, we know that there are many policy changes that CMS could make to address provider pain points that do not require rule-making. We call these sub-regulatory changes. In our listening sessions and from comments received in response to the Requests for Information, we have heard a number of ideas on ways in which we could ease burden on providers that we can implement on a faster timeline through updated guidance, FAQs or other mechanisms. We are actively working to identify and implement these improvements.

What's Next?

You will be receiving regular Patients over Paperwork initiative newsletters. These newsletters will provide you with the latest updates, policy changes, and resources that CMS has on burden reduction and regulatory reform. We encourage you to share the newsletters with your partners and colleagues and have them sign up for future emails. To subscribe to the email click [here](#).

CMS is developing a central webpage to share updates and news related to Patients over Paperwork. More information on the website will be released soon.

CMS looks forward to working with you to strengthen our healthcare system by putting Patients over Paperwork. We appreciate all of the work you do to ensure good health care for the people of this country.

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