

Documentation Requirements: Balancing Quality, Safety and Program Integrity

25 by 5: Symposium to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025

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Mary G Greene, MD, MPH, MBA
Director, Office of Burden Reduction and Health Informatics



Office of Burden Reduction and Health Informatics

- Reduce administrative burden
- Advance interoperability and national standards
- Engage beneficiaries and medical community to inform solutions
- Infuse customer-focused mindset throughout CMS



Prior Authorization and Documentation Requirements

Prior Authorization

“I hate to say it, but...prior authorization is unseating electronic health records as the top source of burden for clinicians and providers...”

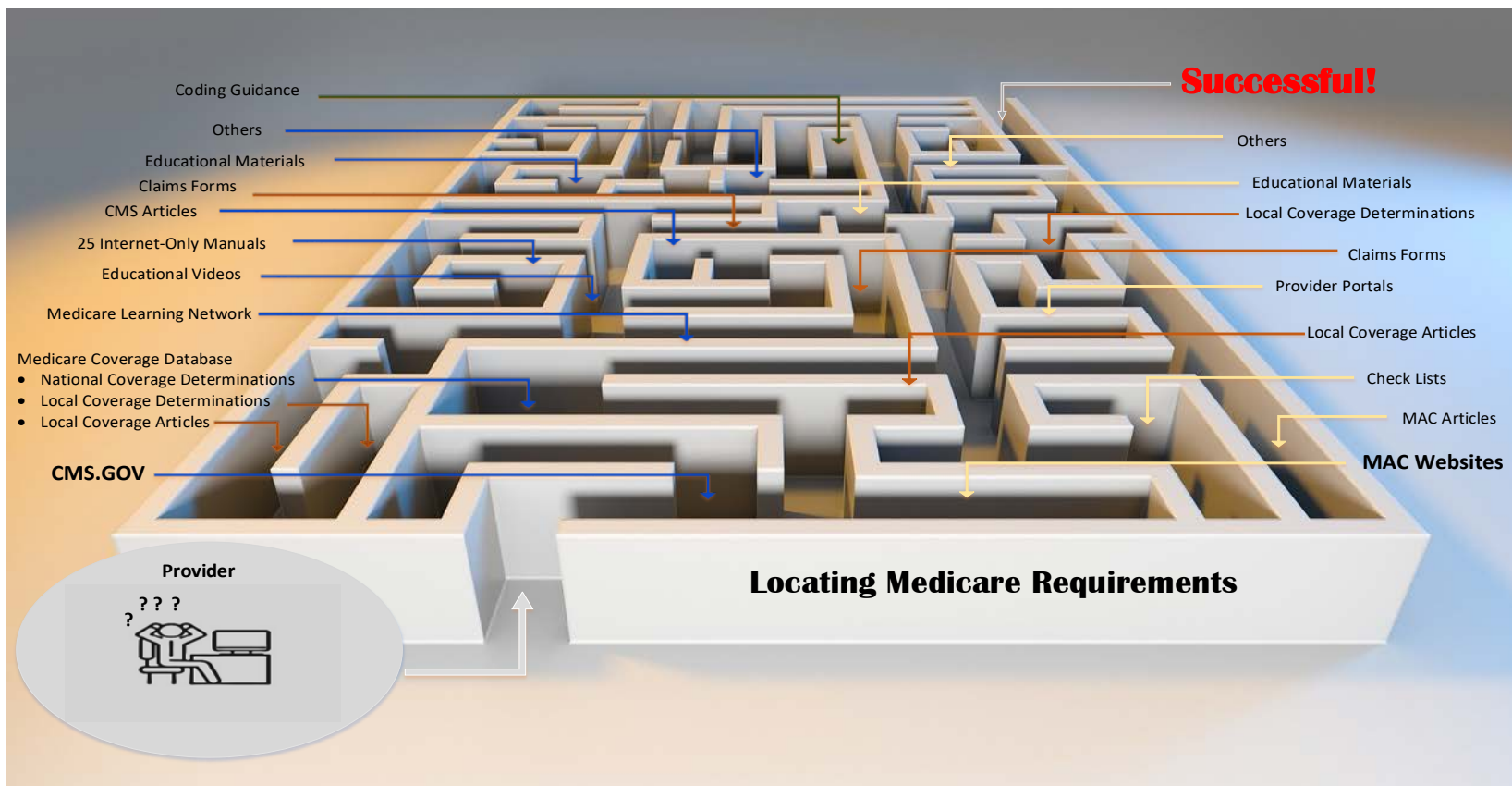
- Medical community stakeholder

Documentation Requirements

“...even if you can find the instructions, there is no guarantee that it is right”

“From a physician standpoint, I want to know what I need to do while the patient is here.”

Information Maze Unintended Consequences



This contributes to:

- Clinician burden / burnout
- CMS burden and rework
- Inconsistent requirements
- Delayed services to beneficiaries
- Errors in claims processing
- Improper payments
- Barriers to interoperability
- Customer dissatisfaction

Balancing Clinical Relevance with Program Oversight

Clinical
Relevance

<

Quality
Safety
Program Integrity

Are we
here?

Clinical
Relevance

=

Quality
Safety
Program Integrity

Should we
be here?

Clinical
Relevance

>

Quality
Safety
Program Integrity

What does
it mean to
be here?

Clinical Relevance: Likely already documented in the course of providing clinical care

Streamlining and Making CMS Documentation Requirements More Accessible



What requirements do we need?

Documentation Requirements:
Single Source of Truth

How can the medical community find them?

Thank you!

Mary G Greene, MD, MPH, MBA

Mary.Greene1@cms.hhs.gov

410.786.1244