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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• 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: Likely already documented in the course of providing clinical care
Streamlining and Making CMS Documentation Requirements More Accessible

Is it clinically relevant? What else do we need for program oversight? Do we really need the rest?

Documentation Requirements: Single Source of Truth

What requirements do we need? How can the medical community find them?
Thank you!

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