

HIMSS Federal Affairs Policy Update

Last week, the Centers for Medicare & Medicaid Services (CMS) released the [2019 Physician Fee Schedule \(PFS\) and Quality Payment Program \(QPP\) Final Rule](#). The agency finalized several health IT-related provisions, including measures to pay separately for two newly-defined physicians' services furnished using communication technology: brief virtual check-ins between clinicians and Medicare beneficiaries; and, remote evaluation of recorded video and/or images submitted to a clinician by an established patient. CMS is also promulgating final policies for Year 3 of QPP that advance CMS' [Meaningful Measures](#) initiative and seek to reduce clinician burden, while focusing on patient outcomes and promoting interoperability between clinicians and beneficiaries.

In addition, CMS made significant changes to its evaluation and management (E/M) documentation requirements to help address clinician burden issues. The agency is changing the parameters around when a clinician has to document information in a patient's electronic health record. More information is available in the [summary prepared by HIMSS](#).

In additional news, HIMSS submitted recent public comments on two significant measures:

In late October, HIMSS submitted a [letter](#) to the National Science Foundation's (NSF) [Request for Information on Update to the 2016 National Artificial Intelligence Research and Development Strategic Plan](#) in support of the Strategic Plan and the federal government's efforts to improve the coordination of artificial intelligence (AI) as well as ensure continued U.S. leadership in AI. HIMSS noted that the priorities developed in 2016 are still very relevant today and provide an actionable framework for identifying the scientific and technological needs in AI that will allow the government to maximize the impact of research and development investments in these technologies.

HIMSS also provided a [letter](#) to the Department of Health and Human Services Office of the Inspector General's (HHS-OIG) [Medicare and State Health Care Programs: Fraud and Abuse; Request for Information Regarding the Anti-Kickback Statute and Beneficiary Inducements CMP](#) offering its support of HHS-OIG's efforts to address regulatory provisions that may act as barriers to coordinated care or value-based care. HIMSS recommended that the healthcare regulatory oversight system create a balance between additional flexibilities for stakeholders to provide efficient, well-coordinated, patient-centered care with protections against the harms caused by fraud and abuse.

In addition, HIMSS echoed the concerns noted in the June 2017 [HHS Cybersecurity Task Force Report](#) that, under the current physician self-referral law and Anti-Kickback Statute, cybersecurity vulnerabilities exist due to the legal prohibition on larger healthcare organizations helping smaller organizations and physician practices to purchase cybersecurity software, training, hardware and operational services. HIMSS requested an exception to the Statute to

allow for the subsidizing of cybersecurity needs such as software, hardware, training and tools for cybersecurity risk identification as well as threat assessment.