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CMS DELAYS CDS IMPLEMENTATION

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By Sheila M. Sferrella, CRA, FAHRA

We did get one win. CMS is acknowledging that they can't meet the AUC/CDS consultation deadline of January 1, 2017 and will be giving extra time to comply.

Comment: Many commenters expressed significant concerns regarding the implementation timeline set forth in section 218(b) of the PAMA. Commenters questioned whether it is feasible or reasonable to meet the January 1, 2017 deadline to require consultation by ordering professionals with CDS mechanisms given that we do not anticipate finalizing requirements for CDS mechanisms until rulemaking for the CY 2017 PFS and CDS mechanism developers and ordering professionals will need 12-18 months to incorporate the requirements into clinical practice.

Response: We understand these concerns and agree that the timeline set forth in section 218(b) of the PAMA is difficult to meet. As such, we will delay implementation of certain AUC program components including the requirement for consultation with CDS mechanisms. Consultation with a CDS mechanism will not be required on January 1, 2017 because we do not expect to have approved CDS mechanisms by that date. Although we will develop our plans through further rulemaking, at this time, we do not expect to have approved CDS mechanisms until approximately summer of 2017. In that event, consultations with CDS mechanisms could not take place on January 1, 2017.

I would like to be clear on the delay issue. AHRA supports Clinical Decision Support and Appropriate Use Criteria which we stated in our CMS response letter. We also support the CMS proposed definition of "provider-led" entities. We also posted our letter previously in *Link*.

That said, what we have heard CONSISTENTLY from our members is the timing of the implementation date. We have no disagreement with the endpoint, or where we want to go, or what it is we are trying to build as we all hope this will improve patient care. No one in radiology wants to perform a test that is not appropriate. As a technologist, I complained many times about that very issue. The question is do we do this in a way that is thoughtful, deliberative, and less likely to have errors? Or, do we rush pell mell ahead and get to the finish line only to discover that we did a shoddy job and have lots of mistakes to fix or try to get past? There are many unknowns at this point. We expected more definitive answers from CMS in the proposed rules released in July, which were absent.

If you do the preparatory work and go a bit slower, you avoid downstream mistakes and workarounds. In my humble opinion, we are seeing the consequences of trying to do too much, too fast with lots of other policies (can you say EHR Meaningful use and inter-operability!).

One small example is that there is supposed to be a hashtag that will cross interfaces to billing. This has only been considered for a HCFA 1500 bill. No one has thought about the UB04 form which is used for hospital billing. AHRA has raised this issue with the e-Ordering Coalition and is working with HFMA and the committee that approves what goes onto the HCFA and UB billing forms. That is just one issue we have identified. There are numerous other ones.

How about if we go a bit slower and get it right rather than racing towards an arbitrary deadline and making mistakes along the way? No one who writes these policies sits down and maps out from the deadline back to see everything that needs to be done. So YES we believe the delay is appropriate, and AHRA supports the delay of CDS implementation until CMS settles on clear definitions and establishes a process for CDS mechanisms. Once that happens, we believe it will take 12-18 months to establish processes, modify systems and comply with the regulations. Thank you.

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http://link.ahraonline.org/2015/11/04/cms-delays-cds-implementation/