CMS Technology: Accomplishments and Challenges

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Technology is Critical to CMS’ Strategic Goals

**Mission:** To ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries.

**Vision:** To achieve a transformed and modernized health care system.
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<th>Trend</th>
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| Larger and more sophisticated group of beneficiaries demanding greater choice in Medicare, more control over their healthcare information, and more visibility into treatment options | • Greater diversity of Medicare benefit packages.  
• More flexibility in enrollment process that allows beneficiaries to select from among several benefit packages.  
• More direct and transparent interactions with external stakeholders. |
| Continuing advancement in medical technology and pharmaceuticals    |                                    |
| Continuing rise in health care costs                               | • Continuing pressure to prevent fraud, waste, & abuse.  
• Greater frequency of medical policy changes intended to improve health outcomes while controlling costs. |
| Quality and cost transparency initiatives, such as pay-for-performance, will continue to mature | • Increased demand for more sophisticated payment methods that incentivize quality healthcare delivery and healthier behaviors.  
• Increased demand on CMS to collect and analyze clinical information as well as financial information. |
| More pervasive use of health IT across provider and payer communities. | • Increased pressure on CMS business operations to offer more self service tools for beneficiaries.  
• Increased requirements to adopt clinical standards (e.g., HL7, SNOMED) in addition to administrative standards (e.g., x12). |
| A more technology savvy beneficiary population                       |                                    |

We must supply the systems to support these business needs in an environment of scarce resources.
CMS Technology Journey

- CMS has been on a long journey to mature its architecture and IT governance to support the CMS business components and the broader healthcare community . . .

- **Key accomplishments:**
  - Application and data projects
    - Reduced number of claims processing applications
    - Prescription Drug Implementation
    - Financial Accounting System Implementation
    - Customer Service – 1-800-MEDICARE and Medicare.gov
    - First phases of enterprise warehouse
  
  - Infrastructure projects
    - Data center modernization and consolidations
  
  - Governance and standards
    - CMS Technical Reference Architecture
    - Improved governance and contracting
Current Activities and Priorities

- We still have hard work to do to accomplish our mission.

- Key CMS technical priorities
  - Executing projects and implementing systems that help improve:
    - Quality of Care
    - Program Integrity
    - Payment Accuracy
  - Maturing business, data, and technical architecture
  - Maturing the governance and quality assurance processes for systems development and integration efforts
  - Modernizing the systems that support the Part A, B, C, and D benefits
Problem:
- Transitioning patients from acute care to post-acute care facilities (e.g., nursing facilities) creates opportunities for quality of care, continuity of care, and cost problems.

Business Goals:
- Develop a uniform Post Acute Care assessment instrument that measures patient health and functional status across provider settings, over time.
- Beginning in 2008, use the instrument in a Post-Acute Care (PAC) Payment Reform Demonstration whose outcomes will guide quality and payment policy development.

Mandate:
- Deficit Reduction Act of 2005 (Section 5008)

Results:
- Web-based tool for collecting patient assessment information in various provider settings (March 2008):
  - Can serve as a continuity of care record by allowing secure visibility to patient records across providers
  - Has potential for being the foundation of an Electronic Health Record
  - Employs national E-Health standards
- Data import capability that will allow providers to automatically insert information from their medical management systems into CARE (August 2008).