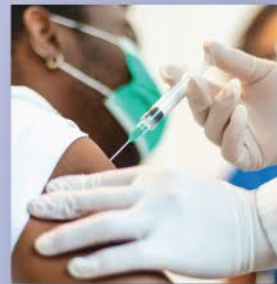


# Promoting Evidence-Informed Policy

## *Analyzing Changes in Burden from CMS Rulemaking*

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U.S. Public Health Service, CMS Office of Burden  
Reduction & Health Informatics (OBRHI)





# Agenda

- Burden Impact Analysis
- Impact Analysis Methodology Approaches
- Application and Evolution of the Impact Analysis Methodology



# Burden Impact Analysis



# Burden is Wide-Ranging and Impacts Patients, Providers, and Payers

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## *Areas of Burden*

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**Administrative Challenges**



**Health Equity & Access to Care**



**Quality & Health Outcomes**



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## *Measures of Burden*

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Cost of Compliance  
Reporting Requirements

Financial Barriers  
Timeliness  
Culturally Appropriate Care

Disparities of Care  
Mortality & Morbidity



# The Impact Analysis Methodology Supports CMS' Efforts to Address Burden

## Why was the methodology created?

- Provides a holistic methodology to assess changes in burden and impacts to patients, providers, and stakeholders, beyond using dollars and hours saved, which is currently used
- Measures changes in health care delivery efficiency, health equity, and patient outcomes

## What is the methodology?

- Applies scoring to prioritize rules and policies released by CMS for additional burden impact analyses, using a consistent multi-step methodology
- Expands upon methods to include measures (qualitative and quantitative) to identify and measure the impact of rule actions



# OBRHI and Other CMS Components Created a Methodology that Measures Burden Holistically

- The Impact Analysis Workgroup (IAW), composed of 14 offices and centers throughout CMS, developed, tested, and discussed various burden measurements, data sources, and analysis methods
- Cross-office collaboration was an essential part of the design process and allowed OBRHI to:
  - build consensus on how to measure burden impact
  - align the methodology to the needs of the different CMS components





# Impact Analysis Methodology Approaches



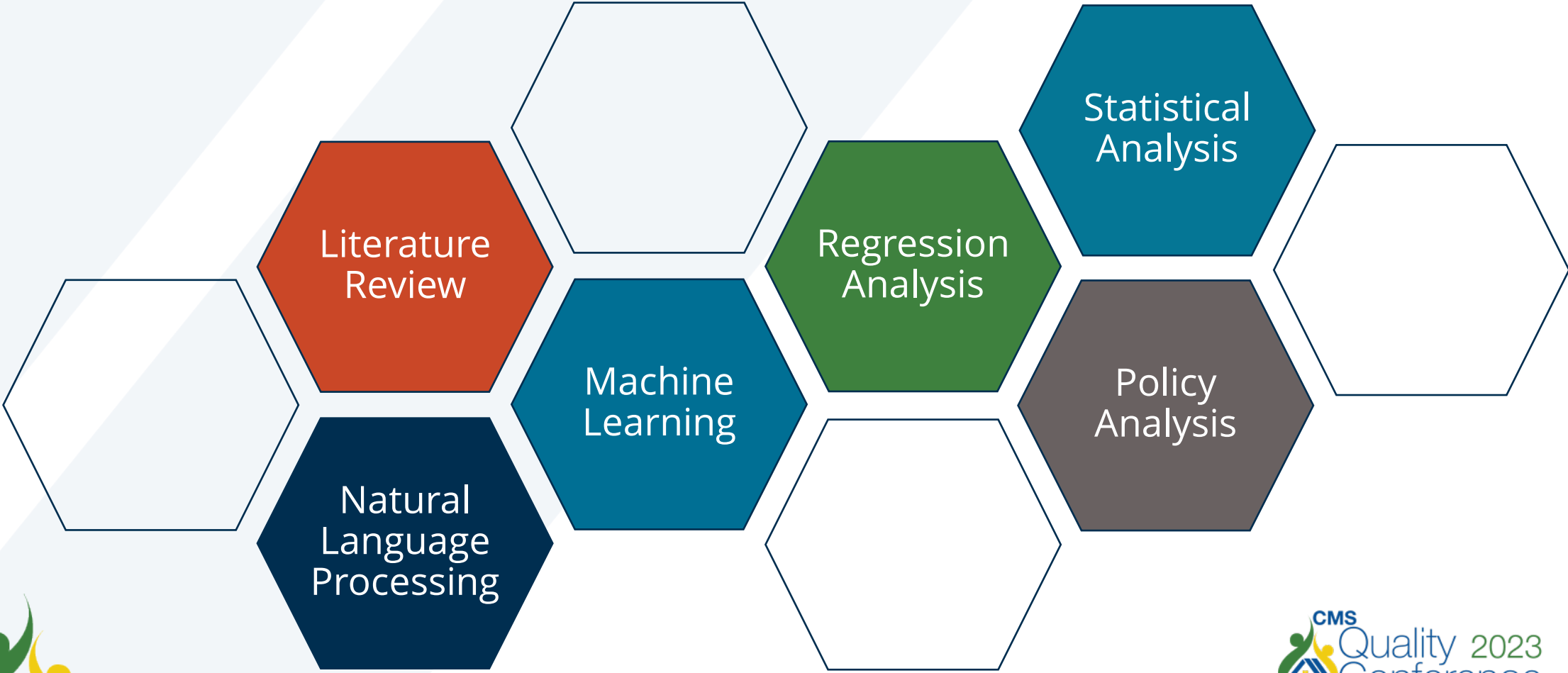
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# OBRHI has Implemented a Three-Step Methodology on Dozens of CMS Rules





# Each Step in the Analysis Uses a Combination of Quantitative and Qualitative Techniques



# Step 1 Prioritizes Rules Based on Their Potential to Affect Burden



## Step 1: Prioritization Scorecard

**Prioritize rules for impact analysis by identifying which rules have the most potential for improving health care efficiency, patient health outcomes, and health equity**

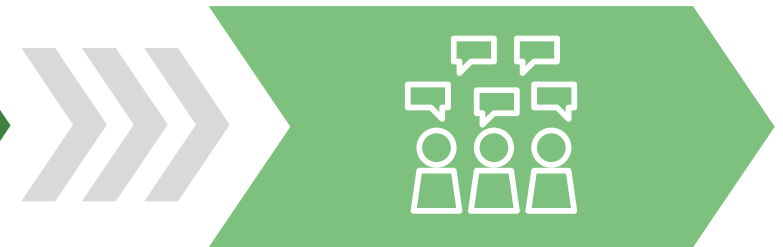


**Review the CMS fact sheet and the rule's Executive Summary** to determine whether the rule potentially contains burden reducing policies or actions.



If so, **use the Prioritization Scorecard** to assess the rule's potential to reduce burden, producing a score based on analysis of the rule that enables comparison to other proposed rules.

*Score encompasses potential burden reduction impact to beneficiaries/consumers and providers, and assesses industry and media attention.*



**Discuss the rule with the relevant component(s)** to understand what information will be most helpful to identify through Initial Impact Analysis.



# The Prioritization Scorecard Measures Burden Potential Across Different Rule Types



## New Policies

Rules that introduce new benefits or eligibility requirements, conditions of participation, or related requirements



## Corrective Actions

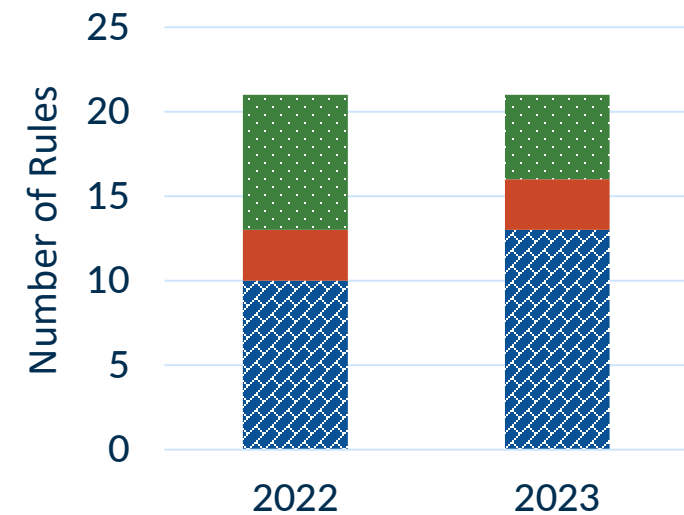
Rules that repeal or revise previous rule actions or address unintended consequences of previous rules



## Annual Updates

Rules released at regular intervals primarily to update payment rates and calculations

Proposed Rules by Type  
(2022 & 2023)





# Step 2 Measures Stakeholder Reaction to Recently Finalized Rules and Identifies Affected Stakeholders



## Step 2: Initial Assessment

Select and analyze high-scoring rules (from the Prioritization Scorecard) to identify specific promising or concerning provisions for affected stakeholders



**Select rules for assessment** based on the Prioritization Scorecard results, discussion with relevant components, and CMS priorities.



**Assess likely and/or perceived rule impacts** using a combination of comment analysis, RIA review, media scans, and provider surveys.



**Produce summary report** of initial findings and key themes and areas of focus for further investigation.

# Step 2 Analyzes Burden Data from Several Sources with a Focus on Stakeholder Reaction

- To meaningfully assess burden, OBRHI developed a holistic framework to identify, measure, and assess specific impacts of regulatory actions on providers, patients, and payers.



## Stakeholder Voices

- Requests for Information
- Public Comments
- Provider Surveys



## Secondary Data Sources

- Literature Reviews
- Publicly Available Datasets



## Media Sensing

- Industry Media Monitoring
- General Media Monitoring



## Regulatory Impact Analyses

- Economic Estimates

# Stakeholder Voices are Analyzed from RFIs, Public Rule Comments, Surveys, and CMS Outreach Events

- Stakeholder voices provide a description of the real-life experience of patients and providers that can be paired with quantitative metrics of burden



"I found negotiating the process of signing up for a Medicare Advantage plan very confusing, very labor intensive, and very unpleasant...Too many choices lead to no choice at all and, I am convinced, will not advance either equity or person-centered care."

*--Comment from patient on CY 2023 Medicare Advantage and Part D Advance Notice*

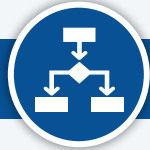


"...I also applaud CMS for recognizing the more than 20 years of psychological research demonstrating that psychotherapy delivered through telecommunications (including the use of videoconferencing and phone) is as effective as the care delivered in person..."

*--Comment from provider on telehealth provisions of Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule (CMS-1751-F)*



# Step 3 Measures Realized or Potential Burden Changes



## Step 3: Impact Measurement

Evaluate specific rule provisions for realized or potential change in burden (either decrease or increase) and changes are estimated using quantitative and qualitative approaches



**Identify a specific rule and corresponding provision(s)** likely to produce a measurable change in burden considering the initial findings of the Step 2 analysis and available data sources.



**Develop research questions** to structure analysis and **conduct qualitative analyses** of literature **and quantitative analysis** of primary and secondary data sources.



**Generate summary findings** on estimated change in burden, including disparities burden across affected stakeholders and **produce key policy recommendations.**



# Applications and Evolution of the Impact Analysis Methodology



# The Impact Analysis Methodology Has Been Applied to CMS Proposed Rules Since April 2021

Prioritized **45 proposed rules** based on burden reduction potential

Identified **135 rule actions with potential to reduce administrative burden** for providers and **136 rule actions with potential to improve health equity**

Conducted Initial Impact Analysis on **22 finalized rules** to identify expected burden reduction

Identified over **\$1.9 billion in anticipated burden reduction** for patients, payers, and/or providers

Conducted Impact Measurement on **6 finalized rules** to measure actual burden reduction

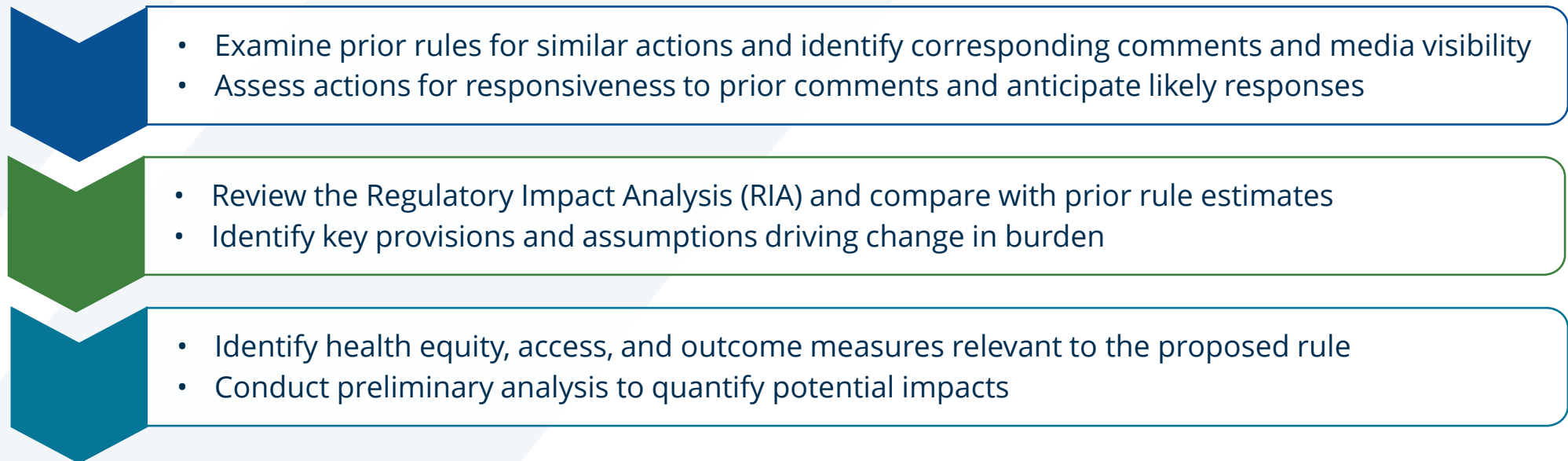
Identified evidence of **increased patient access to care** and potential **patient cost savings** associated with multiple CMS rules





# OBRHI Is Continuing to Adapt and Build upon the Impact Analysis Methodology

- Approaches and analysis techniques from the existing methodology are being used to conduct analysis of draft rules and prospective impact measurement of proposed rules. OBRHI is formalizing a concrete process for evaluation of forthcoming rules



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# Thank you

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