

# Garner Health Law

## CORPORATION

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### FEDERAL GOVERNMENT DROPS ACRONYMS IN FAVOR OF DEWEY DECIMAL SYSTEM

Last week the United States Department of Health and Human Services announced all federal health care agencies will abandon the use of acronyms concurrently with the upcoming implementation of the tenth revision of the International Statistical Classification of Diseases and Related Health Problems. With more than 16,000 codes and sub-codes, this latest version leaves little room for the use of what many industry insiders view as health care's arcane acronyms, favoring instead a more numerical approach.



"The website for the Centers for Medicare and Medicaid Services contains pages and pages of industry initials that have become commonplace in health care," states one senior agency official. "There are just too many acronyms, not to mention a word like 'SA' means eight different things, including 'scheduled allowance', 'security administrator', 'settlement agreement', 'state agency', 'state assessment', 'supplemental agreement', 'systems administrator', and 'systems analyst'. With this transition, we can now rely upon a system that has worked for almost 140 years."

First developed in 1873 and published in 1876, Melvil Dewey's "Dewey Decimal System" revolutionized the athenaeum industry around the globe by separating libraries into nine "classes" using the numbers one through nine, then again into "divisions" by using the same nine digits, followed by the third and final "section," structured the same way. The "Acronymically Structured System for the Explanation of the Sciences" follows the spirit of Dewey by placing practical usefulness over philosophical theory and linguistic accuracy.

Critics of the Federal Government's new plan maintain that Dewey's antiquated method of classification is incompatible with existing acronyms, thereby depriving millions of any meaningful understanding or participation in the transition. "Health care simply does not work this way," explained a spokesperson for a group opposing the change. "Even Dewey understood the limitations in his work when he created a system designed to bring order where none existed, yet without any expense. This will create a very expensive form of chaos, and that's just not an accurate way to describe modern American health care."

Congressional leaders split support for the new direction outlined by the Federal Government. Earlier today the House announced its proposed "Acronym Mandate," while the Senate's "Periphrasis Mandate" is expected later this afternoon.

## **TASK FORCE STUDYING EMPLOYER MANDATE DELAY ON HOLD**

In an attempt to address concerns over the recently announced delays for the employer mandate, the White House launched a task force in January to study the reasons behind the slowdown, as well as any potential implications. Just weeks after its formation, however, officials were forced to place the task force on hold for an indefinite period of time. “The constant demand for federal resources sometimes results in the need to postpone investigations,” noted one senior official. “We hope this delay will be a short one, at which point the task force can return its focus to the issue at hand without any further interruption.”

Some Congressional leaders have expressed concern over the hesitation to study the delay, and have requested an additional task force to investigate this most recent setback.

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## **INNOVATION CENTER ANNOUNCES GRANTS FOR DOCTORS OF JURISPRUDENCE**

With an annual \$1 billion budget, the Centers for Medicare and Medicaid Innovation is charged with identifying the health care delivery models for the future. Proposals for funding typically address concepts designed to reduce the financial burden on federally funded health care programs, as well as those that seek to improve care for certain populations with special needs. Past applicants have included providers, health systems, payers, faith-based organizations, municipalities, and even for-profit entities.

This week CMS Innovation announced a new grant for doctors previously ineligible to receive agency funding. The long-awaited declaration welcomed doctors of jurisprudence to participate and help find solutions for the delivery of health care in the future.



“I am thrilled to be part of the solution, finally, and no longer part of the problem,” explained one new attorney-applicant. “The undeniable connection between the legal profession and our nation’s health will finally have its day at the bank.”

Applicants lined up on Monday to submit new proposals before the doors at CMS even opened. Submissions included doctors of jurisprudence from all parts of the nation, reflecting the broad range of ideas upon which CMS must decide. “Remote control robots are the way of the future for doctors like us,” said one lawyer who agreed to be interviewed anonymously. “With a robot in one court room, I can be in another. That way I get paid for both appearances, but only experience half of the stress.”

“Since the passage of the Affordable Care Act in 2010, doctors of jurisprudence have led the charge to save health care by trying to destroy it,” voiced another attorney. “Not any longer. Not any longer.”