Reducing Unnecessary Administrative Tasks on Physicians and Patients

Congress should take action to help reduce excessive administrative tasks that negatively impact physicians and their patients, including: urging the administration to convene a multi-agency task force to obtain input from clinicians and review evidence to identify administrative tasks that could be streamlined or eliminated, based on a new comprehensive framework to assess the intent and impact of administrative tasks on patient care as proposed in ACP's new policy paper. Immediate priority should go toward: reducing the burdens associated with clinical documentation requirements as described below in the "What is ACP Asking of Congress" section.

What's it all about?

The growing number of administrative tasks imposed on physicians and patients adds unnecessary costs to the U.S. health care system. Excessive administrative tasks divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and improving quality, and may prevent patients from receiving timely and appropriate care or treatment. In fact, the literature has consistently found that time spent by clinicians and their staff on billing and insurance-related activities is about 3 to 5 hours per week, and time spent on quality measurement and reporting activities is potentially up to 15 hours per week (sources available upon request). In addition, administrative tasks are keeping physicians from entering or remaining in primary care and may cause them to decline participation in certain insurance plans. They're also a major contributor to the "physician burn-out" epidemic.

These tasks can stem from federal health care requirements, as well as from private payers, vendors, and suppliers. Often administrative tasks are added without any formal assessment of *why* the task is being proposed, what is *intended by the task and its actual impact* on physicians and patients (such as diverting physicians from spending time with patients to complying with unnecessary administrative tasks), and whether the tasks could be eliminated, streamlined, or modified to reduce the burden on physicians without harming quality, safety, or program integrity. In a major new position paper, *Putting Patients First by Reducing Administrative Tasks in Health Care (see link below)*, ACP proposes a cohesive framework for analyzing administrative tasks to better understand any given task that a clinician and his/her staff may be required to perform and then potentially be revised or removed entirely, by government and other external entities.

- ✓ View ACP's policy paper *Putting Patients First by Reducing Administrative Tasks in Health Care*
- ✓ View ACP's *Patients Before Paperwork* initiative

What's the current status and why should Congress address it?

A prime example of excessive administrative tasks is that of the unintended consequences associated with the use of health information technology (health IT), including electronic health records (EHRs), a tool that can and should be instrumental in improving patient care and reducing costs.

EHR Interoperability: The 21st Century Cures Act, which was enacted into law last year, created a Health IT Advisory Committee that must provide recommendations to the National Coordinator for Health IT on policies, standards, specifications, and certification criteria relating to the implementation of a health IT infrastructure that advances the electronic access, exchange, and use of health information. The committee will begin its work in July 2017. ACP supports this important step toward improved interoperability, which will help improve how health IT systems, including EHRs, communicate with each other and how patient data is shared. As the committee commences its work, ACP would urge inclusions of protections for clinicians, particularly those in small/medium-

sized practices, from any unreasonable costs associated with facilitating the transmission of health data. These EHR interfaces can be expensive and do not always provide clinical value.

EHR Usability: The ability of EHRs to collect, display, and share usable information among clinicians and with patients and families is directly impacted by coding and other regulatory requirements. Template driven documentation originated as a consequence of the 1995 and 1997 Evaluation and Management (E/M) Documentation Guidelines—which redefined the cognitive office visit by what was *documented*, rather than what service is actually provided. EHRs then digitized these templates and created software to make sure that what was required for a particular E/M CPT code (e.g. how physicians report their services) was addressed within the patient record, losing the patient's story along the way. The purpose of clinical documentation should return to supporting excellence in patient care.

Strategies for Reducing Burden**:** The Cures Act required the Secretary of Health and Human Services (HHS) to develop a strategy and recommendations to meet the goal of reducing regulatory or administrative burdens (such as documentation requirements) relating to the use of EHRs. This strategy must examine incentive programs under Medicare and Medicaid and Hospital Value-Based Purchasing. ACP sees value in developing such strategies/recommendations, which will be needed in a health care system that is evolving to focus on value of care over volume of services. However, while most regulations currently include impact statements on payment rates and cost, they do not assess the time and expense associated with reporting requirements imposed on physicians (that then determine their payments).

What is ACP asking of Congress?

ACP is encouraged that President Trump's administration, including HHS Secretary Tom Price and the Office of the National Coordinator, are committed to addressing excessive administrative tasks and regulatory burdens. That said, more can and should be done by Congress to support these efforts, including:

Encourage the administration to convene a multi-agency task force to obtain input from clinicians and review evidence to identify tasks that could be streamlined or eliminated, based on a new comprehensive framework to assess the intent and impact of administrative tasks on patient care as proposed in ACP's policy paper, *Putting Patients First by Reducing Administrative Tasks in Health Care.* Agencies to be included in such a multi-agency task force might include: HHS--and within HHS, the Office of Inspector General and CMS—and specifically, the Center for Medicare and Medicaid Innovation; the CMS offices responsible for health IT (ONC), program integrity, Medicare Advantage, Medicaid, and plans offered through the exchanges; OPM; DoD, and the VA. This would allow for a coordinated and cross-cutting approach to ease administrative tasks across health care programs regulated by the federal government.

Establish a process to require that CMS and other relevant federal agencies reexamine and replace the existing E/M documentation guidelines with input from practicing clinicians and in collaboration with their professional organizations. The guidelines should ensure that the narrative of the patient's history, which is invaluable from the clinical perspective, can be easily documented, preserved, and accessible within the record.

Call on federal advisory bodies, such as the Medicare Payment Advisory Commission (MedPAC), to research the effect of administrative tasks on patient and family care experience and outcomes.

Facilitate congressional hearings among government, clinician stakeholders, EHR vendors and suppliers to foster collaboration between parties requiring everyone to recognize their role and responsibility in reducing administrative burdens associated with health IT. EHR vendors have not had adequate discussions with frontline clinicians to better understand their needs, often leading to workarounds that create additional steps and burden.

Who can I contact to learn more?

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Digital version of this issue brief can be found at: https://www.acpservices.org/leadership-day/policy-priority-issues