Reduce 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: streamlining the "prior authorization" process, rolling back "step therapy" protocols that can restrict patient access to timely, appropriate treatment and interfere with the physician/patient decision-making process, overseeing CMS' effort to overhaul clinical documentation guidelines, and simplifying Medicare's Quality Payment Program, as described below in the "What is ACP Asking of Congress" section.**

What's it all about?

The complexity of the U.S. healthcare system has resulted in an excessive amount of unnecessary administrative tasks imposed on both physicians and patients. These administrative tasks divert physicians' time and focus away from patient care, are costly, can prevent patients from receiving timely and appropriate treatment, and significantly contribute to the burnout epidemic among physicians. A survey by the Medical Group Management Association – which included 426 doctors from group practices – found that 86 percent believe that regulatory burdens increased in the past year, and 79 percent believe that their overall burden under Medicare increased as well. ACP's Patients Before Paperwork initiative outlines a cohesive framework for analyzing administrative tasks to better understand the source, intent, and impact of any given administrative task – providing the foundation for policy recommendations for revising, streamlining, or removing entirely burdensome administrative tasks. The framework and recommendations call attention to the untapped potential of electronic health records (EHRs) to improve care as well as provide a better understanding of the daily issues physicians face including prior authorization obstacles and irrelevant clinical documentation guidelines – all of which take away from patient care and can even result in administrative hassles and coverage issues for patients.

What progress has been made in addressing administrative burden?

In 2018, the White House announced a strong interest in focusing on removing outdated regulations overall, addressing the need for more usable EHRs, improving interoperability, significantly reducing reporting requirements for health information technology (health IT), more transparent and easily accessible health care data for clinicians and patients (My HealthE Data program), and overhauling evaluation and management (E/M) documentation requirements. CMS also included improvements to E/M documentation requirements (to be implemented in 2021), in an effort to reduce burden, as part of its final regulations on the FY2019 Physician Fee Schedule. Those reforms provide additional options for physicians to document an office or outpatient visit under Medicare to include medical decision-making and time-based standards. See ACP's comment letter on those final regulations. And, the Office of the National Coordinator for Health Information Technology recently released a *Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*, to which ACP also responded, as well as proposed regulations called for by the 21st Century Cures Act, to reduce physician burden, and improve EHR interoperability. CMS has continued to focus on its *Patients over Paperwork* and *Meaningful Measures* initiatives – both designed to reduce administrative tasks and are largely reflective of ACP's own policy. In 2018, the House Ways and Means Committee released a report on the findings of its multi-pronged Medicare Red Tape Relief Project in which they gathered information on specific Medicare regulations that interfere with providing high-value care to Medicare beneficiaries. Also in 2018, policy reforms were signed into law requiring standard electronic prior authorization for Medicare Part D prescription drugs and improving interoperability of state-run prescription drug monitoring programs, both of which were key advocacy priorities for ACP.

What more can be done to address this issue?

Improve EHR Functionality: Electronic Health Records (EHRs) are meant to house critical data about a patient's health and should facilitate the ability of clinicians to access the data they need to make the best medical decisions for their patients. EHRs should be able to effectively communicate with one another (i.e. interoperability), and function effectively in their own right (i.e. operability). In reality, EHRs lack standards that are needed for systems to be able to

talk to each other in a way that is meaningful. Physicians are required to input data into these records that have little to no clinical value. And, there is a need for EHR developers and vendors to do more to improve the usability, functionality, and interoperability of their products. EHR functionality continues to serve as a source of frustration for physicians and remains at the top of the list of burdensome tasks in their practice environment. Congress should address improvements in the following areas:

Prior Authorization/Step Therapy: "Prior authorization" involves varying forms, data elements, and submission mechanisms that force physicians to enter unnecessary data in the EHR or perform duplicative tasks outside of the clinical workflow. This inhibits clinical decision-making at the point of care and creates unnecessary burden. If prior authorization reporting requirements would be standardized, and stakeholders agreed to use the same data and structure definitions, the burden of prior authorization would be reduced dramatically and EHRs could become one of the key solutions to reducing administrative burden. "Step therapy" requires patients to first "try and fail" certain treatments before being allowed access to other, potentially more appropriate treatments, which can harm patients, undercut the physician-patient decision-making process, and create burden. Physicians do not currently have ready access to accurate patient benefit and formulary information, as there is no capability making this information available through EHRs. This lack of transparency makes it difficult to determine what treatments are preferred by a particular payor at the point of care.

Clinical Documentation: The primary goal of EHR-generated documentation should be concise, history-rich notes that reflect the information gathered and are used to develop an impression, a diagnostic and/or treatment plan, and recommended follow-up. EHRs should facilitate attainment of these goals in the most efficient manner possible without losing the humanistic elements of the record that support ongoing relationships between patients and their physicians. That patient narrative is being lost as a result of overly complex and burdensome clinical document requirements.

Simplify and Streamline Reporting Requirements in Medicare's Quality Payment Program (QPP): The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 ushered in a new value-based payment system for physicians under Medicare, which is now known as the QPP. Under this new system, most physicians fall under a payment track known as the Merit-Based Incentive Payment System (MIPS), which builds on traditional fee-for-service payments by adjusting them based on a physician's performance in four categories (Quality Measurement, Improvement Activities, Promoting Interoperability, and Cost). While ACP s supports the goals of MACRA, participation in MIPS remains burdensome on physicians due to siloed performance categories with differing requirements and the complexity of how their performance is measured and reported. The use of EHR data collection capabilities for secondary or alternative purposes, such as for performance measurement and reporting for regulatory requirements, must be redesigned in a manner that does not distract or detract from patient care. See the issue brief on *Physician Payment under Medicare* for more details and recommendations for Congress.

What is ACP asking of Congress?
Representatives and senators should introduce legislation to standardize prior authorization reporting requirements across the entirety of the Medicare Program, and work with all stakeholders to adopt the same data elements and structure definitions.

Representatives should cosponsor and pass the Safe Step Act (H.R. 2279), which would reduce the administrative burdens and barriers to care inherent in step therapy protocols. This bill would require health insurers to provide an exceptions process for any medication step therapy protocol based on clinical decision-making, medical necessity, and other patient needs. Senators should introduce companion legislation in the Senate.

Lawmakers should urge congressional health care committees with jurisdiction over Medicare to exercise their oversight authority to urge CMS, in its effort to overhaul clinical documentation guidelines, to ensure that the narrative of the patient's history can be easily documented, preserved, and accessible within the health record. The improvements CMS made to the E/M documentation requirements in the FY2019 Physician Fee Schedule should be implemented immediately and not coupled with the E/M payment policy reforms planned for 2021.

Who can I contact to learn more?
advocacy@acponline.org; Digital version of this issue brief can be found at: https://www.acpservices.org/leadership-day/policy-priority-issues