March 28, 2017

Mark E. Miller, Ph.D.
Executive Director
Medicare Payment Advisory Commission
425 I Street, NW
Suite 701
Washington, DC 20001

Re: Reducing Excessive Administrative Tasks in Health Care

Dear Dr. Miller,

On behalf of the American College of Physicians (ACP), I am writing to inform you of a set of recently published ACP policy recommendations on reducing excessive administrative burdens across the health care system. The full position paper titled, "Putting Patients First by Reducing Excessive Administrative Tasks in Health Care: A Position Paper of the American College of Physicians," was developed as part of the College's ongoing "Patients Before Paperwork Initiative" aimed at reinvigorating the patient-physician relationship by identifying and addressing unnecessary administrative tasks. The College is very interested in working with Medicare Payment Advisory Commission (MedPAC) staff to achieve the goals of our Patients Before Paperwork Initiative.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

<u>Summary of ACP Position Paper</u>

The paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. These lenses include the source of the administrative task; the underlying intent of the task; and the impact of that task on practicing physicians. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care due to the increase in administrative tasks. The findings from the

scoping review, in addition to the framework, provide the backbone of detailed policy recommendations regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

Some of the external sources of administrative tasks identified within the paper include both private and public payers as well as government oversight entities. As the Executive Director of MedPAC, you are aware of the administrative complexities associated with the health care system; specifically, how all payers have their own approaches, rules, and requirements related to their own business operations. Moreover, you are very familiar with the unique programs and requirements involved with participation in the Medicare and Medicaid programs, including but not limited to the use of different measure sets, reporting requirements, feedback mechanisms, payment approaches, criteria, and time frames. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) law's Quality Payment Program (QPP) is intended to better align many of these reporting and payment programs within Medicare Part B; however, concerns still exist regarding the potential administrative burden of the QPP as it is being rolled out. Further, complying with these varying programs, requirements, and tasks often result in substantial effects on the health care system, physicians, and most importantly patient outcomes and well-being. The College would like to invite further discussions with MedPAC as to how we can work together to further research on and dissemination of the impacts of administrative tasks and best practices to address administrative burden.

The full position paper describes in detail ACP's recommendations to key stakeholders on steps they can and should take to align and streamline, or remove entirely, existing and new administrative tasks. Below is a summary of the specific recommendations ACP developed to identify, address, and reduce excessive administrative tasks:

- **Stakeholders who develop or implement administrative tasks should provide financial, time, and quality of care impact statements for public review and comment.** This activity should occur for existing and new administrative tasks. Tasks that are determined to have a negative effect on quality and patient care, unnecessarily question physician and other clinician judgment, or increase costs should be challenged, revised, or removed entirely.

- **Stakeholders who identify administrative tasks that cannot be eliminated must regularly review, revise, align and/or streamline these tasks with the goal of reducing burden.** The ACP believes that many issues related to administrative tasks are a result of variation in the requirements across the U.S. health care system. Key stakeholders must work together and actively engage with clinician societies and frontline clinicians to harmonize their administrative policies, procedures, and processes. Stakeholders must also be fully transparent about their requirements in terms of their intent, expected effect, and specific implementation approaches.

- **Stakeholders should collaborate with professional societies, frontline clinicians, patients, and electronic health record vendors (EHR) to aim for performance measures**

that minimize unnecessary burden, maximize patient- and family-centeredness, and integrate measurement of and reporting on performance with quality improvement and care delivery. It is critically important to identify and mitigate any potential unintended consequences from the performance measurement system such as clinician burden and burnout as well as adverse effects on underserved populations and the clinicians who care for them. Many stakeholders have begun to address these issues and have outlined approaches to ease quality-reporting requirements and measurement processes, including proposals to adopt common quality designation standards and create a single health information database for quality determination.[1]

- **Stakeholders should collaborate in making better use of existing health information technology (health IT), as well as develop more innovative approaches to facilitate the elimination, reduction, alignment, and streamlining of administrative tasks.** The ability of health IT systems to support care delivery will not improve unless the functions needed by clinicians and their patients take priority over nonclinical requirements, such as billing documentation. All stakeholders must work to ensure that all the various reporting requirements are modified and standardized to take full advantage of the capabilities inherent in EHR technology. If all stakeholders agreed to use the same data and structure definitions, reporting burdens would be reduced dramatically and EHRs could become one of the key solutions to reducing administrative burden.

- **Stakeholders involved in transforming the U.S. health care system to focus on value of care over volume of services should focus on reviewing existing duplicative administrative tasks and consider streamlining or eliminating these tasks.** For example, physicians and other clinicians that take on more innovative and evidence-based care delivery approaches should be given exemptions from certain requirements. Moreover, physicians that move towards taking on more financial risk tied to the health outcomes and experience of their patients should also be given exemptions from certain requirements associated with the fee-for-service payment structure, such as prior authorizations.

- **Stakeholders should be involved in rigorous research on the impact of administrative tasks on our health care system.** Specifically, this research should focus on the overall effect in terms of quality, time, and cost to our system; the more direct effect on physicians, their practices, and other health care provider organizations; and, most importantly, the effect on patient outcomes and patient and family experience as a result of these tasks.

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[1] **UnitedHealth Group.** Health care cost containment—how technology can cut red tape and simplify health care administration. June 2009. Accessed at www.unitedhealthgroup.com/~/media/UHG/PDF/2009/UNH-Working-Paper-2.ashx?la=en

- **Stakeholders should be involved in research on and dissemination of evidence-based best practices to help physicians reduce administrative burden within their practices and organizations**.

The College believes that many of the recommendations we have offered in this letter can and should be voluntarily implemented by key stakeholders across the health care system.

<u>**Next Steps**</u>

Given MedPAC's expertise in Medicare payment issues as well as access to and quality of care within the program, the College believes your organization is uniquely positioned to lead the charge in further research on and dissemination of the impacts of administrative tasks and best practices to address administrative burden. We are pleased to share our position paper and policy recommendations with MedPAC and hope there is an opportunity in the near future to work collaboratively to address the issues around administrative burden. We welcome your feedback and ideas on any future collaboration.

As the health care system continues to evolve from one based on volume to one based on value of services provided, it is important to address the issue of excessive administrative tasks and the serious adverse consequences it has on physicians and patient care. Thank you for your time and consideration. Please contact Shari M. Erickson, MPH, Vice President, Governmental Affairs and Medical Practice, by phone at 202-261-4551 or e-mail at serickson@acponline.org if you have questions or need additional information.

Sincerely,

Nitin S. Damle, MD, MS, MACP
President
American College of Physicians