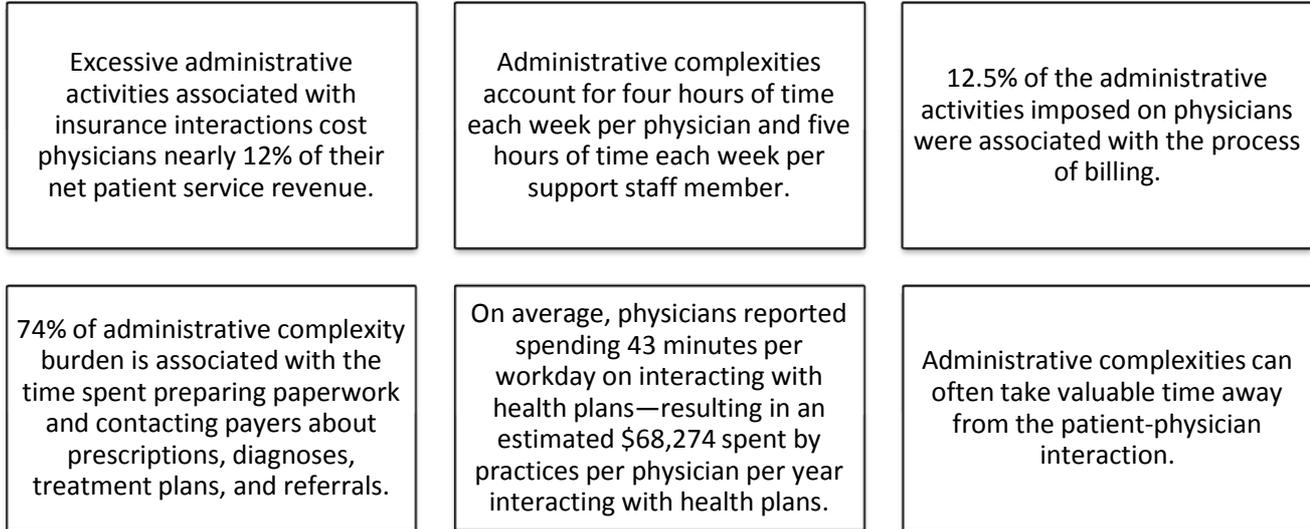


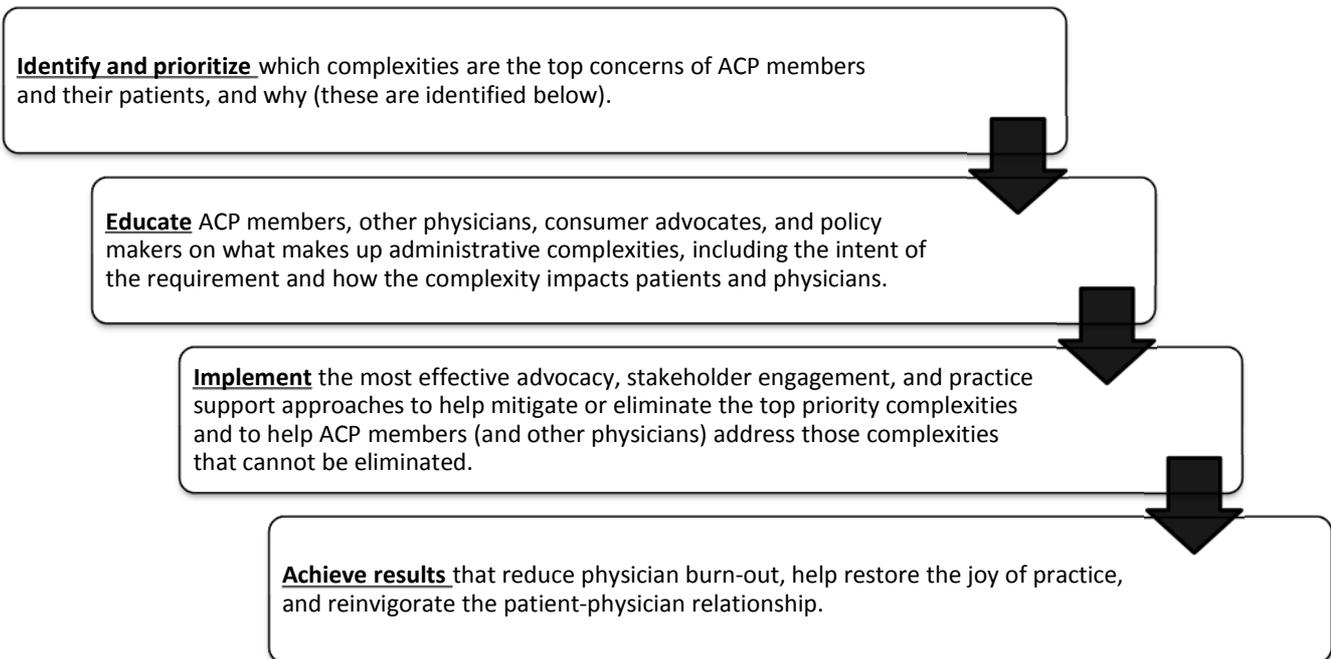
New ACP Initiative: *Patients Before Paperwork*

Reinvigorating the Patient-Physician Relationship, by Challenging Unnecessary Practice Burdens

What we already know... significant impact on time and resources¹:



What ACP has identified... goals and priorities² for action:



Top Priorities for ACP Members		
Electronic Health Record Usability	Quality Reporting	Dealing with Insurance Companies

¹ References for these data provided on the flip-side of this page.

² As identified via an ACP member and panel survey (in 2013-14) and a focus group in 2014.

What ACP is doing... overview and examples of activities to date:

ACP has long identified reducing administrative complexities or burdens as a priority for our members, maintaining significant policy and participating in various efforts to work to alleviate specific regulatory and insurance requirements, and other tasks that detract from patient care and contribute to physician “burn-out.” However, we are now working to develop an evidence-based, comprehensive approach to better address the top priority administrative complexities that are faced by ACP members.

• **Policy Development and Education:**

- “Clinical Documentation in the 21st Century.” *Ann Intern Med*. Online First February 17, 2015.
- Paper under development to set a public agenda and outline broad policy recommendations for how to define and address administrative complexities.
- Toolkit under development for use by ACP Chapters to facilitate the discussion of these issues and help identify solutions.

• **Feedback to Regulatory Agencies:**

- To the Centers for Medicare & Medicaid Services (CMS) regarding the Medicare Physician Fee Schedule.
- To CMS and the Office of the National Coordinator (ONC) regarding the Medicare EHR Incentive Program (i.e., Meaningful Use), Federal Health IT Strategic Plan, and the Nationwide Interoperability Roadmap.
- To the National Committee on Vital and Health Statistics (NCVHS) regarding prior authorizations.

• **Collaborations with Other Stakeholders:**

- To automate benefit eligibility criteria – led by NCPDP (a standards developer).
- On the CMS Electronic Submission of Medical Documentation (esMD) project to automate requests for further information by payers on medical documentation.
- To address potential increases in burden related to home visit documentation.
- To ensure minimal burden related to the implementation of appropriate use criteria requirements.

• **Tools and Services Offered by ACP:**

- ACP Practice Advisor® (<https://www.practiceadvisor.org>) – modules can help with achieving recognition as an alternative payment model (e.g., PCMH, PCMH-specialty practice), quality improvement work, and practice management.
- ACP Physician & Practice Timeline® (http://www.acponline.org/physician_practice_timeline/) – summary of upcoming important dates related to a variety of regulatory, payment, and delivery system changes and requirements; sign up for text alerts from the Timeline by texting **ACPTimeline** (no space) to 313131 from your mobile phone.
- ACP Website – Running a Practice section – includes numerous resources to help!

And more to come!!!

What ACP members can do to help... please contact us:

- Tell us about your **best practices** to address administrative burdens, especially in our top 3 identified priority areas: electronic health record usability, quality reporting, and dealing with insurance companies.
- Send in specific examples or vignettes explaining how these burdens have had an **impact on your ability to care for a patient**.
- And finally, **how can ACP best serve you to address these issues?**

Contact us at policy-regs@acponline.org

April 2015

References: (1) Saving Billions of Dollars – and Physician’s Time – By Streamlining Billing Practices. Health Affairs. <http://tinyurl.com/ogavinh>; (2) B. B. Blanchfield, J. L. Heffernan, B. Osgood et al., “Saving Billions of Dollars—and Physicians’ Time—by Streamlining Billing Practice.” Health Affairs Web First, April 29, 2010. <http://tinyurl.com/ohxog5>; (3) Casalino L, Nicholson S, et al. What Does It Cost Physician Practices To Interact With Health Insurance Plans? Health Affairs July/August 2009 28:w533-w543; published ahead of print May 14, 2009, doi:10.1377/hlthaff.28.4.w533. <http://tinyurl.com/pwrh4hk>; (4) Gottschalk A, Flocke S. Time Spent In Face-to-Face Patient Care and Work Outside the Examination Room. Annals of Family Medicine. November 1, 2005 vol. 3 no. 6 488-493. <http://tinyurl.com/nojedsl>.