



March 28, 2017

Mark B. Leahey  
President and Chief Executive Officer  
Medical Device Manufacturers Association  
1333 H Street NW  
Suite 400 West  
Washington, DC 20005

**Re: Reducing Excessive Administrative Tasks in Health Care**

Dear Mr. Leahey

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 Medical Device Manufacturers Association's (MDMA's) members 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.

**Summary of ACP Position Paper**

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.

One of the external sources of administrative tasks identified within the paper includes durable medical equipment (DME) companies and sellers. As the President and CEO of MDMA, a leading trade association representing medical device companies, you are aware of the current administrative complexities faced by practicing physicians when interacting with various DME companies. Although your members provide important services and products, when physicians prescribe or order certain equipment for their patients, the processes and paperwork are very tedious and confusing, often leading to delays in patients receiving necessary devices. Physicians also may be frustrated by unsolicited requests by DME companies and sales representatives to prescribe DME, such as power wheelchairs and diabetic test strips, partly as the result of direct-to-consumer advertising as well as fraudulent tactics by some DME companies that are considered “bad actors” in the system.<sup>1</sup> The administrative tasks and requirements implemented to supply this type of equipment often result in substantial effects on the health care system, physicians, and most importantly patient outcomes and well-being.

ACP believes that the external sources of these administrative tasks have a responsibility to provide detailed assessments of the effects of their requirements and to work collaboratively to address excessive and duplicative tasks that are deemed burdensome. The College hopes that our nation’s medical device companies will continue to work with physicians and other stakeholders to achieve the goals of putting patient care first by reducing administrative complexities and burdens. 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 specific recommendations that ACP offers to MDMA to 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.

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<sup>1</sup> **Ventola CL.** Direct-to-consumer pharmaceutical advertising: therapeutic or toxic? P T. 2011;36:669-84.

- **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.
- **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 the recommendations we have offered in this letter can and should be voluntarily implemented by your members. We have also sent similar letters to the other stakeholders identified as external sources of administrative tasks including government oversight and regulatory agencies, public and private payer associations, and electronic health record (EHR) associations.

### **Next Steps**

The College is pleased to share our position paper and policy recommendations with MDMA and hopes there is an opportunity in the near future to work collaboratively to address our shared issues and concerns around administrative burden. Initially, the College would like to host a listening session with staff and members from both ACP and MDMA to shed light on some of the existing issues and provide ideas on how excessive and burdensome tasks can be revised or eliminated. We look forward to hearing from you regarding scheduling of the listening session and welcome your feedback and ideas on any future collaboration as well.

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](mailto:serickson@acponline.org) if you have questions or need additional information.

Sincerely,



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