

VIEWPOINTS

Regulatory Burdens



The Physicians Foundation believes there is an immediate need for conversations at the state and federal levels to address and reverse the increased regulatory burdens being placed on America's physicians.



Physicians have long endured interruptions to the physician-patient relationship and to the workflow of their practices from regulatory decisions affecting how they deliver high-quality, cost efficient health care.

According to the Foundation's 2018 Physician Survey, nearly 40% of physicians express that regulatory burdens are one of the least satisfying aspects of practicing medicine. In addition, it costs physicians over \$82,000 each year to deal with regulatory burdens.

Regulatory decisions encompass requirements established by state and federal governments, as well as requirements imposed by private insurers, which include, but are not limited to, electronic health records (EHRs) meaningful use requirements, Prior Authorization (PA) directives, The Medicare Access and CHIP Reauthorization Act (MACRA) reporting, Merit Based Incentive Payments System (MIPS) reporting, automatic generic substitutions and computerized physician order entry, among others.

The multitude of regulations and compliance requirements is creating limitations on physicians' practices that reduce efficiencies, increase compliance costs, affect the ability to deliver high-quality care and increase the incidence of physician burnout and early retirements, which directly impact patient care.

Physicians are devoting more and more time to complying with these regulations, which creates a series of cascading issues, including:

DIMINISHED QUALITY OF CARE

The quality of health care is **negatively impacted** when physicians are forced to comply with **time-consuming paperwork and processes**.

The use of Computerized Physician Order Entry (CPOE), a feature of EHRs that captures and sends medication orders and treatment instructions, requires physicians to partake in additional administrative tasks. Adapting to CPOE systems requires monetary investments and time that physicians just don't have. Diminished quality of care can also result from third party interferences, such as when insurance providers require PA.

40%

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Nearly 30% of physicians cite that PAs lead to serious adverse events such as a death, hospitalization or disability because the system is currently prioritizing authorization processes over urgent patient needs. Like insurers, pharmacy benefit managers (PBMs) place multiple hurdles for physicians to deliver timely, quality care. PBMs, seen more as unnecessary middlemen, continue to cause an increase in **drug prices**, delay treatment and limit treatment options for patients.

DAMAGED PHYSICIAN-PATIENT RELATIONSHIP

Spending time with patients is one of the most satisfying aspects of a physician's practice. Yet, mountains of paperwork and jumping through regulatory hoops means physicians are spending less time with their patients. EHRs are an example of how cumbersome technology and reporting requirements are detracting physicians from developing strong physician-patient relationships. **Most physicians** find their greatest joy in the meaningful relationships they have with their patients. When physicians are unable to spend the appropriate amount of time with patients, their relationships suffer.

INCREASED HOSPITAL CONSOLIDATION

The percentage of hospital-employed physicians continues to increase, yet, nearly 50% of physicians feel their relationships with hospitals are mostly negative. Why? Because ongoing consolidation is leading to a loss of autonomy, more paperwork and an uptick in burnout.

In addition, many physicians feel like they have little-to-no influence on the health care system as a whole. The loss of autonomy and decreased sense of purpose is making physicians feel they can't truly deliver for their patients.

Addressing Regulatory Burdens

The Physicians Foundation and its partners, such as Physicians Advocacy Institute (PAI), are at the forefront of mitigating and addressing regulatory burdens, including two particular areas of importance:

- Interventions and discussions addressing the need to modernize outdated, restrictive laws and regulations through **administration simplification**
- **Promotion of health data interoperability**, including improving the exchange of information (e.g. health information exchanges, known as HIEs) among physicians, other health care providers, patients and payers across the nation

ADMINISTRATION SIMPLIFICATION

In order to enable physicians to deliver high-quality, cost-effective care to their patients, the need to modernize outdated, restrictive laws and regulations that act as barriers is imperative.

Physicians are often left out of policy discussions, which results in outdated restrictions that unfairly restrain physicians' ability to establish physician-led initiatives on value-based care.

INTEROPERABILITY OF HEALTH INFORMATION

Adopting and utilizing health information technology (HIT), like electronic medical records (EMRs) and EHRs, is a significant challenge for physicians. There are current policies and industry practices in place that are slowing the momentum toward an improved system of interoperable data exchange among physicians, other health care providers, patients and payers.

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In collaboration with six state medical societies, The Physicians Foundation developed the first of its kind interoperability fund, which assists medical practices in effectively sharing clinical information with other physicians and hospitals through HIEs. Sharing timely clinical patient information among physicians and hospitals will improve clinical outcomes, reduce inefficiencies and improve patient safety when fully implemented.

Reversing Regulatory Overload

Addressing the various regulatory burdens requires a holistic approach, including comprehensive coordination among individual physicians, medical societies, health systems and policymakers.

Together, stakeholders must implement initiatives that reduce regulatory burden, diminish physician burnout, support the physician-patient relationship and enhance overall health outcomes.



Medical Societies

State medical societies have the capacity to share programs that improve health IT, CME courses and additional professional training services with their members, which will lift associated administrative burden off physicians and streamline processes. For example, societies can assist physicians in effectively sharing clinical information with one another and hospitals by encouraging the increased usage of HIEs.



Individual Physicians

Due to their firsthand patient interactions, the Foundation believes physicians are the most well-suited stakeholders to lead and inform any and all efforts aimed at health care regulation reform. Real-life experiences of physicians should be central to any discourse around improving quality of care and patient needs. Health systems should prioritize addressing practice inefficiencies in order to reduce administrative burden on physicians. With the constant evolution of the health care system, it's important that proposed changes reflect the needs of physicians and their patients.



Policymakers

Policymakers must include physicians in decision-making before legislation is proposed. This includes payment model reform, so that all types of practice settings and physicians are represented and can implement realistic solutions. Policymakers need to increase oversight on acquisitions and mergers to alleviate the associated burden on physicians. Without the physician perspective, health care regulation will only serve as a temporary fix for a system that needs to be completely rehailed.

The Physicians Foundation is committed to advancing the national health care dialogue, which recognizes that despite breathtaking advances in medicine, regulatory decisions that do not include the physician's perspective continues to impact the delivery of quality, cost-efficient care across the nation.

For more information on regulatory burdens, or to join our efforts, please contact: PFmedia@jpa.com