



HIMSS[®]18

The leading health information and technology conference

WHERE **THE WORLD** CONNECTS FOR HEALTH

Conference & Exhibition | March 5–9, 2018

Las Vegas | Venetian – Palazzo – Sands Expo Center

Putting Patients First by Reducing Administrative Tasks



American College of Physicians
Leading Internal Medicine, Improving Lives

Session 163, March 7, 2018

Shari M. Erickson, MPH, Vice President, Governmental Affairs and Medical Practice

American College of Physicians



Conflict of Interest

Shari M. Erickson, MPH

Has no real or apparent conflicts of interest to report.

Agenda

- Review learning objectives.
- Discuss ACP's Patients Before Paperwork Initiative and recent policy paper.
- Outline ACP framework for analyzing administrative tasks – including sources, intents, and impacts of tasks (from both the literature and front-lines), as well as recommended policy solutions.
- Discuss the College's action plan to implement our policy recommendations – in collaboration with key stakeholders – and if we are actually effecting change.
- Briefly describe ACP's critical related work – the Physician Well-being and Professional Satisfaction Initiative.
- Questions and Answers.

Learning Objectives

- Define administrative burdens through a framework used for analyzing administrative tasks in a comprehensive, cross-cutting, and holistic manner
- Identify the intents and impacts of administrative tasks
- Assess the effects on administrative tasks on physician time, practice, system cost, and patient care
- Evaluate comprehensive solutions to modify, mitigate, reduce, and even eliminate administrative tasks

ACP's Patients Before Paperwork Initiative – began in 2015

- ✓ **Identify and prioritize** which complexities are of the top concern for ACP members and their patients.
- ✓ **Educate** ACP members, other physicians, consumer advocates, and policy makers on what makes up administrative complexities, including the intent of the requirement and how the complexity impacts patients and physicians.
- ✓ **Implement** the most effective advocacy, stakeholder engagement, and practice support approaches to help mitigate or eliminate the top priority complexities and to help ACP members (and other physicians) address those complexities that cannot be eliminated.
- ✓ **Achieve results** that reduce physician burn-out, help restore the joy of practice, and reinvigorate the patient-physician relationship.

[HOME](#) > [ADVOCACY](#) > [WHERE WE STAND](#) > [PATIENTS BEFORE PAPERWORK](#)

Patients Before Paperwork

An ACP initiative to reinvigorate the patient-physician relationship by challenging unnecessary practice burdens.

ACP has long identified reducing administrative complexities or burdens as a priority. Ongoing actions to achieve this goal have included developing and maintaining related policy, participating in various efforts to work to alleviate specific regulatory and insurance requirements, and eliminating other unessential tasks that detract from patient care and contribute to physician "burn-out."

In March 2017, ACP published a foundational set of policy recommendations on reducing excessive administrative tasks. "[Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians](#)" provides a cohesive framework for identifying and evaluating administrative tasks and outlines detailed recommendations to reduce excessive administrative tasks across the health care system.

Additionally, in October 2017, ACP published a paper titled "[Promoting Transparency and Alignment in Medicare Advantage](#)." This paper calls on Medicare Advantage plans to increase transparency and align their processes, policies, and procedures in order to reduce excessive and burdensome administrative tasks.

<https://www.acponline.org/advocacy/where-we-stand/patients-before-paperwork>

Annals of Internal Medicine

POSITION PAPER

Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians

Shari M. Erickson, MPH; Brooke Rockwern, MPH; Michelle Koltov, MPH; and Robert McLean, MD*, for the Medical Practice and Quality Committee of the American College of Physicians

This American College of Physicians (ACP) position paper, initiated and written by the Medical Practice and Quality Committee, and approved by the Board of Regents on 21 January 2017, reports policy recommendations from the ACP to address the issue of administrative tasks to mitigate or eliminate their adverse effects on physicians, their patients, and the health care system as a whole. 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. 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 from the ACP to external stakeholders (such as payers, governmental oversight organizations, and vendors) regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

Ann Intern Med. 2017;166:xxx-xxx. doi:10.7326/M16-2697
Annals.org
For author affiliations, see end of text.

The American College of Physicians (ACP) has long identified reducing administrative tasks as an important objective, maintaining significant policy and participating in many efforts with this goal in mind, including developing the “Patients Before Paperwork” initiative in 2015. The growing number of administrative tasks imposed on physicians, their practices, and their patients adds unnecessary costs to the U.S. health care system, individual physician practices, and the patients themselves. Excessive administrative tasks also divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and improving quality, and may prevent patients from receiving timely and appropriate care or treatment. In addition, administrative tasks are keeping physicians from entering or remaining in primary care and may cause them to decline participation in certain insurance plans because of the excessive requirements. The increase in these tasks also has been linked to greater stress and burnout among physicians.

Moreover, defining administrative tasks in health care (also colloquially called *hassles* or *burdens*) is nearly as challenging as the tasks themselves. Tasks that become burdensome may differ from payer to payer; appear one month without notice, then reappear modified or changed the next; and often result from not using documentation that already exists in the medical record. Equally if not more challenging is to

However, taking an analytic approach to defining and mitigating administrative tasks is critical to addressing them in a more comprehensive, cross-cutting, and holistic manner, rather than fixing one problematic task only to have another arise in its place. The ACP developed a framework (Figure 1) and taxonomy (Figure 2) for evaluating the sources, intent, effect, and consequences of existing and new administrative tasks. It proposes recommendations to reduce excessive administrative tasks in health care.

This executive summary provides a synopsis of the full position paper (Appendix).

METHODS

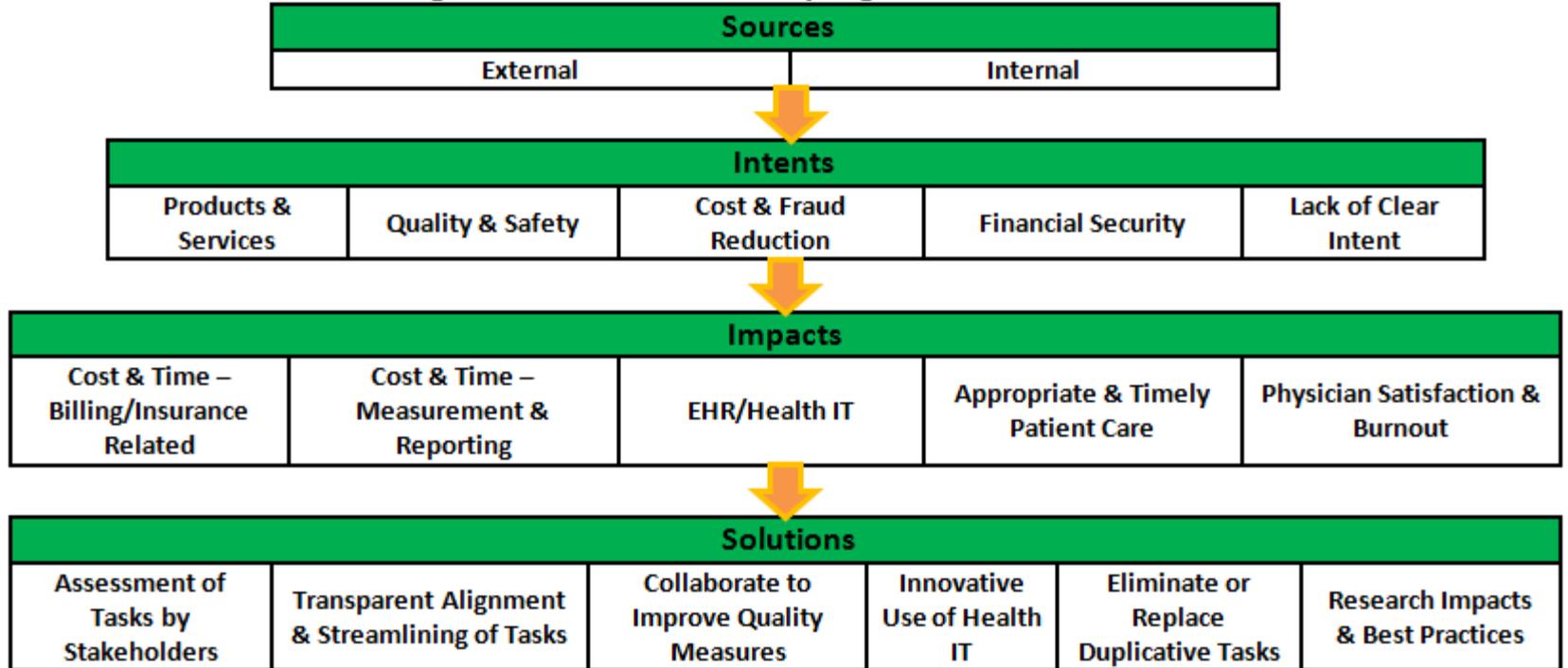
The ACP’s Medical Practice and Quality Committee developed these positions and recommendations. The committee is charged with addressing national, state, or local policies on improvement of access, payment, coverage, coding, documentation, and medical review, as well as developing programs to support the quality, safety, and affordability of patient care. To better understand the effects of administrative tasks on practicing clinicians, their patients, and the physician-patient relationship, the committee analyzed the literature by conducting a scoping review and environmental scan.

See also:

Recent PB4P work includes: ACP Position Paper, *Putting Patients First by Reducing Administrative Tasks in Health Care*

- Framework for analyzing administrative tasks
- Sources: External vs Internal
- Intents of the tasks
- Impacts of the tasks
- Solutions

Figure 1: Framework for Analyzing Administrative Tasks



External Sources of Administrative Tasks

- Public and Private Payers
- Government Entities and Oversight
- Oversight by Private Entities
- Vendors and Suppliers
- Other Healthcare Organizations
- Measurement of Patient Experience and Evolving Consumer Experience



Internal Sources of Administrative Tasks

- Inefficient Workflow
- Lack of Effective Team-based Care
- Inability to use Technology Effectively and Efficiently



Intents of Administrative Tasks

- Provision of Payment
- Ensuring Care is High-Quality & Safe
- Reduction of Excess Utilization, Fraud & Abuse
- Ensuring Financial Security & Profit for the Entity
- Lacking Clear Intent

Impacts of Administrative Tasks

- Billing & Insurance-Related Activities
- Measurement & Reporting Impacts
- EHR/Health IT Impacts
- Impact on Clinical & Patient Care
- Impact on Physician Satisfaction - ***Burnout***



Impacts of Administrative Tasks – from the literature

- Billing & Insurance-Related Activities
 - Clinicians & Staff Time: 3 to 5 hours per week
 - Quality measurement and reporting specifically could be up to 15 hours per week
 - EHRs/Health IT: every hour spent with patient leads to additional 2 hours on EHR and other “desk” work.
 - Cost: approximately 12% to 14% of revenue, or about \$68 000 to \$85 000 per year per full-time equivalent (FTE) physician.
 - Prior authorizations alone may cost around \$3000 per year per physician.

Impacts of Administrative Tasks – from the literature

- Impacts on Patient Care
 - A 2013 nationwide survey of residents found 73% of residents reporting compromises in patient care due to documentation requirements.
 - Time–motion study of hospitalists found that they spend more time reviewing and documenting EHRs than interacting with patients.

Impacts of Administrative Tasks – from the literature

- Impact on Physicians
 - Burnout* is more prevalent among physicians than other U.S. workers and is increasing.
 - Burnout caused by a variety of factors, but with regard to administrative tasks, EHRs and externally imposed regulations have been linked to increased stress and burnout.

* More to come on burnout/physician well-being in later slides...

Additional Real World Impacts of Administrative Tasks

Description of Administrative Task	Additional Time (est.)	Additional Cost (est.)
Clinical Documentation Requirements – Progress Note		
<ul style="list-style-type: none"> Open an appointment place holder, select note type, confirm/modify timing and duration of appointment. Complete numerous boxes set for information (e.g, CC, HPI) - Some are mandatory even if irrelevant to the visit Click radio buttons for forced Review Of Systems. The user cannot add or change systems and is locked into using the 10 presented – e.g., choosing 'musculoskeletal' or 'neurological' if user wants to enter 'fatigue.' There is a comments box, but no other place for free text physical exam findings. The PE is a separate note type - I use my own Word template, but all of the clicking and moving from box to box (you cannot tab between them) is very time consuming. Documentation barely meets my clinical needs. 	8 minutes	\$13
Prior Authorization for Diabetes Medication		
<p>For a patient who has been on a medication for two years for diabetes, each year, I am asked to fill out a form which asks:</p> <ul style="list-style-type: none"> what is the diagnosis (they should have that in claims) is the medication being used for weight loss (its not an indication) is it being used to treat DKA (a condition we treat in the ICU!) will the patient be using another med in the same class (who would do that?) 	10 minutes	\$20

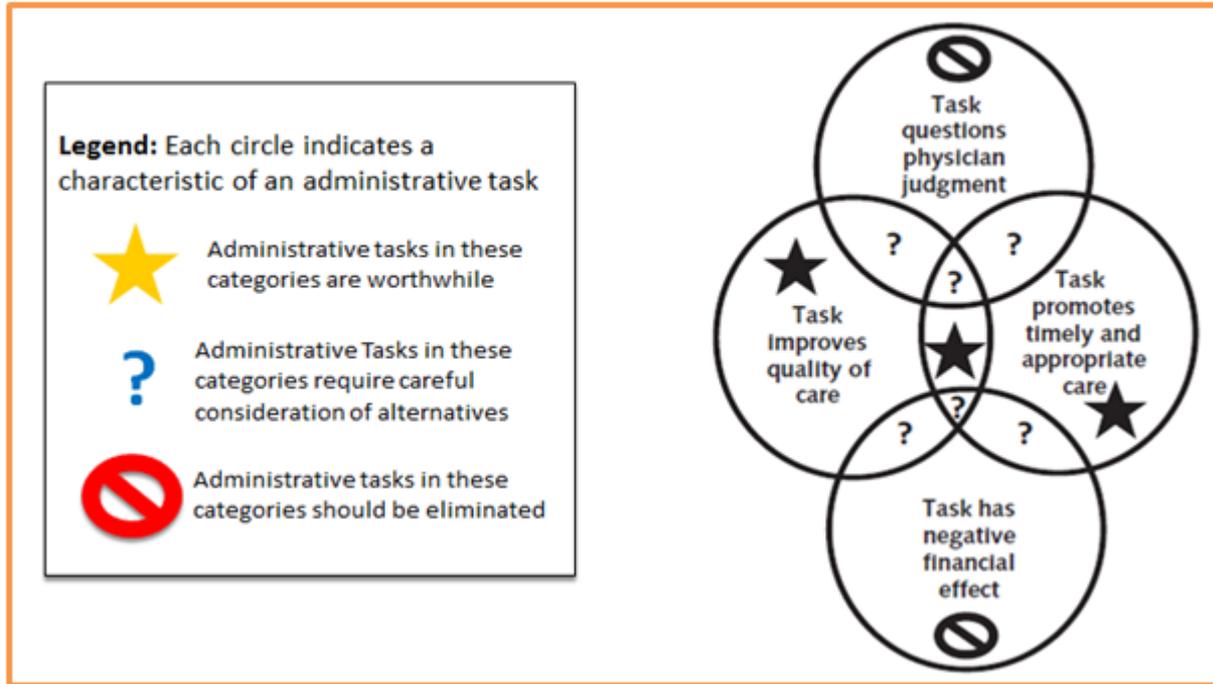
Solutions – ACP's Policy Recommendations

1. Stakeholders who develop or implement administrative tasks should provide financial, time, and quality of care impact statements for public review and comment.
2. Tasks that cannot be eliminated must be regularly reviewed, revised, aligned and/or streamlined with the goal of reducing burden
3. Stakeholders should collaborate 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
4. Stakeholders should collaborate in making better use of existing health IT, as well as develop more innovative approaches.

Solutions – ACP's Policy Recommendations (cont.)

5. As US health care systems evolves to focus on value, stakeholders should review and consider streamlining or eliminating duplicative administrative tasks
6. Rigorous research is needed on the impact of administrative tasks on our health care system
7. Research on and dissemination of evidence-based best practices to help physicians reduce administrative burden within their practices and organizations

Figure 2: Taxonomy for Categorizing Administrative Tasks as Worthwhile and Should Remain in Place, or Tasks that are Burdensome and Should Be Revised or Eliminated Entirely



Reducing Administrative Tasks Action Plan

ACP developed a post-publication work plan to operationalize the framework and recommendations outlined in the policy paper:

- **Further Policy Development (Published Oct 2):** [Promoting Transparency and Alignment in Medicare Advantage](#) – ACP policy recommendations to promote transparency and align MA policies to decrease administrative burdens associated with participating in MA
- **Comments to Regulatory and Legislative Groups:**
 - [Comments](#) to CMS on 2018 QPP Proposed Rule
 - [Comments](#) to CMS on 2018 PFS Proposed Rule
 - [Feedback](#) to Ways and Means Subcommittee on Health regarding Medicare Red Tape Relief Project

Reducing Administrative Tasks Action Plan (cont.)

- **Ongoing Outreach to External Sources of Administrative Tasks Identified in the Paper:**
 - Initial round of outreach letters sent to: CMS, ONC, AHIP, BCBSA, EHRA, MDMA, MedPAC
 - Meetings held with stakeholders to discuss policy and establish next steps for future collaboration – continue to move forward with next steps with these groups
- **Administrative Tasks and Best Practices Data Collection Tool**
- **Resources for Website Under Development:**
 - **Individual Advocacy Letters:** Letter templates for individual members to contact the External Stakeholders identified as sources of administrative burden.
 - **PowerPoint Presentations and Talking Points:** To be used for chapter presentations and other educational opportunities to educate members and provide guidance on how to communicate ACP's policy recommendations and framework for reducing administrative burdens

Administrative Tasks and Best Practices Data Collection Tool

- Enter either an administrative task or best practice – these entries will be added to the Administrative Tasks and Best Practices Library (hosted on ACP Online)
- Resource for physicians to communicate administrative pain points with staff and share and review best practices to address these issues
- It will also serve as a tool for staff to advocate and provide specific examples to the external sources of these tasks.

The image displays three overlapping screenshots of a survey tool interface. The top screenshot shows the title 'Administrative Tasks and Best Practices Survey' and a welcome message: 'We at ACP thank you in advance for helping us collect information from our members on the administrative tasks you are facing and also best practices to deal with those tasks. We recognize that completing online surveys is one more administrative task for you to perform and we appreciate your willingness to help us!'. The middle screenshot shows a question 'Q.2 How would you categorize this a...' with a list of categories: 'Clinical documentation requirements', 'EHR functionality-related tasks', 'Billing and insurance-related tasks', 'Quality measure reporting', 'Prior authorization tasks', 'Patient referral paperwork', 'Durable medical equipment paperwork', 'FMLA paperwork', and 'Other prescription-related paperwork'. Below the list is an 'Other:' field with a text input box. The bottom screenshot shows a 'Welcome back' message and a prompt: 'Now that you've told us a bit about yourself and your practice environment, please submit an: ADMINISTRATIVE TASK or BEST PRACTICE'.

Best Practice Examples from ACP Database

Best Practice Examples	Time or Cost Savings?
Integrating Macro Programs into EHRs	
<p>Macro programs are available off the shelf and can be over laid on EHRs. They can be programmed to do repetitive tasks quickly. (Gamers use them to improve performance.) My medical group built one from the ground up; my brother, also an internist, got one off the shelf and put it on his computer, and his quality of life increased measurably. His institution did not support it, so he bought everything himself, because it made his practice sustainable.</p>	<p>30-45 min per day and probably increases quality of care.</p>
Modification of In-Basket within Epic that Groups Messages:	
<p>Messages are grouped by type and urgency easily allowing the physician to quickly address the message. Options for response to the message are readily addressed without the need to move to other parts of the health record.</p>	<p>Reduction in time to complete messages</p>

Have we had an impact?

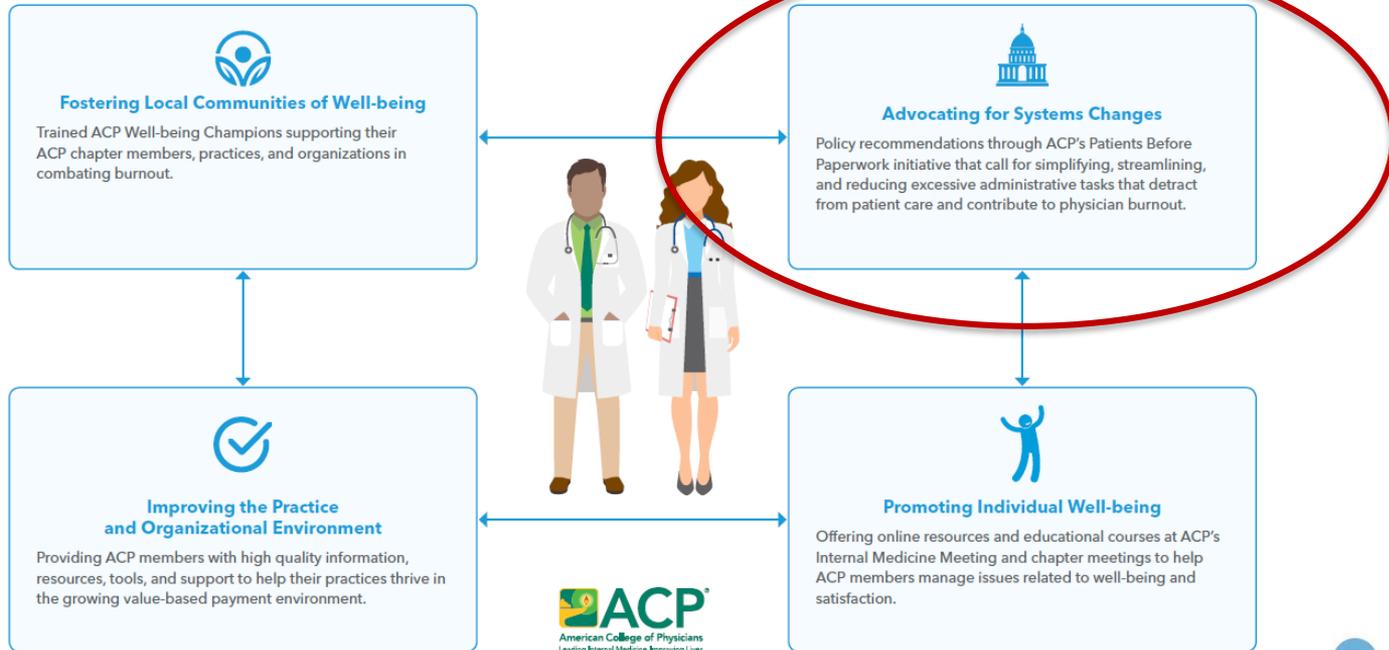
- YES! – CMS recently announced their own “Patients Over Paperwork” initiative and a “Meaningful Measures” initiative.
 - The language used by CMS directly reflects ACP’s input:

“At CMS, our top priority is **putting patients first**. CMS Administrator Seema Verma launched the “Patients over Paperwork” initiative. Through “Patients over Paperwork,” CMS established an internal process to evaluate and streamline regulations with a goal to **reduce unnecessary burden, to increase efficiencies, and to improve the beneficiary experience**. In carrying out this internal process, CMS is moving the needle and removing regulatory obstacles that get in the way of providers spending time with patients.”

Physician Well-being (aka burnout) – ACP Initiative

- Primary Aim:
 - Help ACP members experience greater professional satisfaction and fulfillment by identifying, promoting and disseminating changes that improve the practice environment.
 - This effort goes even broader than our work to reduce unnecessary administrative tasks.

ACP's Physician Well-being & Professional Satisfaction Initiative



Questions

- Shari M. Erickson (serickson@acponline.org)
- Please complete online session evaluation



Please use blank slide if more space is
required for charts, graphs, etc.

To remove background graphics,
right click on selected slide,
choose "Format Background" and check
"Hide background graphics".