Joint Principles on Reducing Administrative Burden in Healthcare

American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association

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Our organizations represent a combined membership of over 560,000 physician and medical student members who provide front line care to patients throughout the United States. We appreciate both the Administration and Congress acknowledging, via the Patients Over Paperwork and the Medicare Red Tape Relief Project, the growing number of administrative tasks imposed on physicians and patients; the effects these tasks have on healthcare costs and timely and appropriate care; and the need to address the issues that contribute to administrative burden. As the healthcare system continues to evolve to one based on value of care over volume of services, we urge Congress, the Administration, payers, vendors, and other stakeholders to expand and accelerate efforts to reduce administrative burden and support the following principles:

Continuously Evaluate the Impact of Regulations and Administrative Tasks on Clinicians and Patients

- Provide financial, time, and quality-of-care impact statements for new and existing regulations and administrative tasks for public review and comment.
- Revise or remove entirely regulations or administrative tasks that negatively affect the ability to provide timely, appropriate, and high-value patient care.

Leverage Health IT to Improve Usability, Clinical Workflows, and Patient Access

- Collaborate with stakeholders, including front line clinicians, in making better use of new and existing health information technology (IT) to reduce administrative burden, advance care coordination, improve usability, enhance clinical workflows, and improve patient access to electronic health information.
- Harmonize health IT standards across all industry stakeholders to align varying quality measurement programs, streamline billing and documentation requirements, promote interoperability to support patient-centered care across the continuum, and prohibit information blocking.
    - Expand the U.S. Core Data for Interoperability (USCDI) to ensure inclusion of data points that meet the needs of different providers and patient populations.
- Revise the Advancing Care Information Performance Category of the Merit-based Incentive Payment System (MIPS) under Medicare's Quality Payment Program.

  - Refocus electronic health record (EHR)-functional-use measurement from a prescriptive, “one-size-fits-all” methodology to one that automatically captures what health IT works and what does not work for any given clinician and also facilitates health IT to improve quality and value of care.

Improve Performance Measurement

- Collaborate with specialty societies, frontline clinicians, patients, and health IT vendors in the development, refinement, testing, and implementation of measures with a focus on decreasing clinician burden and integrating the measurement of reporting on performance with quality improvement, care delivery, and clinical workflow.
- Implement the registry- and EHR-based clinical quality measures from the core measure sets developed by the Core Quality Measures Collaborative to ensure harmonization of measures across the industry.
- Provide transparency for the methodology used to rate physicians based on quality measures and simplify and standardize quality measure feedback reports across all payers.
  - Feedback must be delivered in near or real-time in order for clinicians to make changes to their practice and improve clinical care.
- Prioritize development of measures that matter to patients.

Simplify Clinical Documentation Requirements

- Ensure that current clinical documentation requirements are revised or simplified so that the clinical note within the medical record focuses on the essential elements of the patient encounter.
  - The essential elements from the clinician’s note should be automatically captured within the electronic health record (EHR) without the need for unnecessary and irrelevant documentation from the clinician.

Streamline and/or Eliminate Prior Authorization

- All industry stakeholders (e.g., private payers, public payers, and vendors) should standardize and automate prior authorization processes and requirements across the healthcare system in order to minimize restrictions that prohibit timely access to medically necessary healthcare services.
  - For clinicians who continue to engage in value-based payment models, prior authorization requirements should be removed entirely.

Moving Forward

We strongly urge that all healthcare stakeholders utilize the principles outlined above to facilitate the elimination, reduction, alignment, and streamlining of administrative tasks to improve patient care and decrease clinician burden. An integral component for reducing clinician burden throughout the healthcare system is for all necessary stakeholders, including patients, policymakers, payers, vendors, and oversight organizations, to collaborate with frontline clinicians.