



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

Stakeholders should collaborate with professional societies, frontline clinicians, patients, and electronic health record (EHR) vendors 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. It is critically important to identify and mitigate any potential unintended consequences from the performance measurement system such as clinician burden and burnout as well as adverse effects on underserved populations and the clinicians who care for them. Many stakeholders have begun to address these issues and have outlined approaches to ease quality-reporting requirements and measurement processes, including proposals to adopt common quality designation standards and create a single health information database for quality determination.<sup>1</sup>

Stakeholders should collaborate in making better use of existing health information technology (health IT), as well as develop more innovative approaches to facilitate the elimination, reduction, alignment, and streamlining of administrative tasks. The ability of health IT systems to support care delivery will not improve unless the functions needed by clinicians and their patients take priority over nonclinical requirements, such as billing documentation. All stakeholders must work to ensure that all the various reporting requirements are modified and standardized to take full advantage of the capabilities inherent in EHR technology. If all stakeholders agreed to use the same data and structure definitions, reporting burdens would be reduced dramatically and EHRs could become one of the key solutions to reducing administrative burden.

Stakeholders involved in transforming the U.S. health care system to focus on value of care over volume of services should focus on reviewing existing duplicative administrative tasks and consider streamlining or eliminating these tasks. For example, physicians and other clinicians that take on more innovative and evidence-based care delivery approaches should be given exemptions from certain requirements. Moreover, physicians that move towards taking on more financial risk tied to the health outcomes and experience of their patients should also be given exemptions from certain requirements associated with the fee-for-service payment structure, such as prior authorizations.

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.

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<sup>1</sup> UnitedHealth Group. Health care cost containment – how technology can cut red tape and simplify health care administration. June 2009. Accessed at [www.unitedhealthgroup.com/~media/UHG/PDF/2009/UNH-Working-Paper-2.ashx?la=en](http://www.unitedhealthgroup.com/~media/UHG/PDF/2009/UNH-Working-Paper-2.ashx?la=en)

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 many of the recommendations we have offered in this letter can and should be voluntarily implemented by key stakeholders across the health care system. We have also sent similar letters to the other stakeholders identified as external sources of administrative tasks including private payer associations, EHR vendor associations, and medical device manufacturer associations.

### Next Steps

The College is pleased to share our position paper and policy recommendations with CMS and hopes there is an opportunity in the near future to work collaboratively to address our shared issues and concerns around administrative burden. Specifically, we look forward to participating in the Physician Engagement to update Medicare regulations and policies to address administrative burden as the QPP is rolled out. In addition, ACP would like to host a listening session with CMS staff 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.