

In the Journals

American College of Physicians (ACP) Internal Medicine Meeting

ACP: Excessive administrative tasks adversely affect physicians, patients

Erickson SM, et al. *Ann Intern Med.* 2017;doi:10.7326/M16-2697.

Sinsky CA, et al. *Ann Intern Med.* 2017;doi:10.7326/M17-0524.

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It is time for physicians to put patients before paperwork by reducing administrative tasks that negatively impact patient care, according to a position paper by the ACP, published in *Annals of Internal Medicine*.

“There are growing number of administrative responsibilities that physicians are subject to, due to regulations, insurer requirements and other factors,” Nitin S. Damle, MD, MS, MACP, president of ACP, said in a related press release. “These tasks are a diversion of physicians’ and their staff’s time and focus away from more clinically important activities, such as providing actual care to patients and improving quality.”

Shari Erickson, vice president, governmental affairs and medical practice, said at a press conference on the initiative at this year’s ACP Internal Medicine Annual Meeting that discussed the initiative that the suggestions don’t have to be a complete reinventing of the wheel, they just need to remove some of the burden.

“These changes can be small, they can be big, they can be somewhere in between ... [but] there’s got to be another way,” she said. “I understand that we want to prevent fraud and abuse, but does that mean a physician ... who has appropriately prescribed generics for the most part to their patients has to be bothered with a prior authorization the couple of times they order a non-generic medication?”

In the paper, the ACP provides a framework to guide physicians in evaluating administrative tasks and determining if the task needs to be challenged, revised or abolished. The framework classifies tasks according to four criteria: source, intent, impact and solution.

The ACP offers seven essential recommendations that should be considered after administrative tasks are assessed using the framework, including:

- Financial, time and quality of care impact statements for public review and comment and should be provided by stakeholders external to the health care environment who develop or implement administrative tasks. In addition, tasks with serious adverse consequences should be eradicated.
- Any administrative tasks that cannot be eliminated should be regularly reviewed, revised, aligned or streamlined to minimize burden.
- Stakeholders should collaborate with specialty societies, frontline clinicians, patients and EHR vendors to reduce unnecessary clinician burden and capitalize on patient- and family-centeredness, while integrating performance measurements and reports on quality improvement and care delivery.
- Stakeholders should collaborate to develop more advanced approaches, while improving upon existing health information technology.
- Stakeholders should review and consider value-focused methods to update or eradicate duplicative tasks.
- Research should be conducted to analyze the impact of administrative tasks — in relation to quality, time and cost — on the health care system.
- Research should be conducted to determine best practices for clinicians to reduce administrative burdens within practices and organizations.

“Stakeholders must work together to address the administrative burdens that fail to put patients first,” Damle said. “While there are necessary administrative tasks that need to be completed, it is important to make sure that those tasks happen in a way that improves, rather than interferes, with patient care or the patient-physician relationship.”

Erickson said at the press conference that early responses to the proposal have been positive from Washington bureaucrats.

“There’s real interest, based on the feedback I’ve been getting from our new administration, in really trying to work through ways to simplify regulations and simplify some of these rules, and to do things a little differently than we have been for a little while.”

In an accompanying editorial, Christine A. Sinsky, MD, vice president of professional satisfaction for the AMA, wrote that administrative tasks do not require physician expertise nor benefit patients, yet many clinicians are currently spending most of their day on them, contributing to high levels of physician burnout. Currently, burnout affects more than 50% of U.S. doctors and threatens the quality and safety of care, potentially contribute to increasing health care costs and worsen the predicted shortage of physicians in the workforce, she noted.

“Patients deserve the full and undivided attention of their physicians, populations deserve access to care, and society deserves more from its investment in medical education,” Sinsky wrote.

“The ACP recommendations are a timely call for greater evidence-based regulation and for a shared responsibility to create better value in health care,” she concluded.

Recently, researchers from Mayo Clinic have proposed strategies to reverse physician burnout, including mindfulness and stress management techniques. – by Alaina Tedesco

Disclosures: Damle and Sinsky report no relevant financial disclosures.
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