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### **Physician Leadership to Reduce Regulatory Burdens**

Excessive regulatory documentation is a primary source of physician dissatisfaction, and one of several burnout triggers. The AMA is leading the effort against the growing regulatory and administrative burdens that block our path toward a patient-centered health care system founded on the key principles of accessibility, affordability, innovation and quality. To practice medicine today is to understand the depths of dysfunction built into the current clinical environment.

As a member of your AMA Board of Trustees, I serve as a member of the National Quality Forum and the PCPI Committees that are concerned with quality measures. As a primary goal, I am working to harmonize measures, eliminate meaningless measures, and reduce prior authorizations. To eliminate staff and physician time, I want to see these quality measures working in the background of the EMR.

The AMA is working to reduce the number of procedures that are subject to prior authorization, exempt those physicians who demonstrate high approval rates, improve transparency of requirements, protect patients who are already on treatment, and make submission of prior authorization requests easier.

As physicians, we see barriers to quality care at every turn, frustrating us and our patients. When these mounting frustrations lead to burnout, the fallout spreads to nearly every aspect of health care. Burnout boosts absenteeism and heightens the risk of medical errors. It can threaten the quality of care delivered to patients and lead to poorer health outcomes for physicians. Among physicians, professional burnout has been tied to higher rates of cardiovascular disease, problems with drug and alcohol abuse, failed interpersonal relationships, and symptoms of depression. Burnout sometimes prompts experienced and skilled physicians to leave the field entirely.

Apart from the psychological toll, the financial cost is staggering. Research published this summer in Annals of Internal Medicine (and co-written by Dr. Christine Sinsky, the AMA's vice president of professional satisfaction) found that approximately \$4.6 billion in costs related to physician turnover and reduced clinical hours is linked directly to burnout annually in the U.S.

Consider our response to the policy that the Center for Medicare and Medicaid Services (CMS) proposed last year for documenting and coding office visit evaluation and management (E/M) services. While there were some challenges with the initial CMS proposal, the AMA worked with the agency, specialty societies, and other health professionals over the last year to develop an alternative. The AMA sought out and received a wide range of input from physicians and other members of the medical community in drafting the proposal that is under consideration as part of the Medicare payment schedule rule. We are grateful that CMS made this a priority

and established a dialogue with medical community.

While respecting the complexity of E/M services and the considerable resources required to provide them effectively, our overarching goal is to streamline reporting requirements, speed workflow, and create a better environment for Medicare providers with improved outcomes for their patients. If CMS finalizes the proposal, the AMA is prepared to help implement this simplified approach to E/M documentation and coding across the entire house of medicine.

The need is pressing. Not only do overwrought E/M documentation rules reduce the time physicians can spend with patients, they also make it much more difficult to locate medical information in patient records that is essential to providing effective treatment. Multiple pages of redundant information can easily obscure pertinent data dealing with a patient's current condition or most recent test results.

Eliminating and streamlining reporting, monitoring, and documentation requirements will improve the health care delivery system by reducing unnecessary burdens for physicians and making the health care system more effective, simple, and accessible.

Quality patient care is our driving purpose – not paperwork, not keyboarding into an EHR, not government regulations. The AMA is addressing multiple sources of physician dissatisfaction so that we can spend more time addressing our patients' needs.

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