

How we're fighting administrative burdens and regaining time



An AMA [Viewpoints](#) post by [Barbara L. McAneny, MD](#), chair of the AMA Board of Trustees.

My fellow physicians know: The administrative burdens we shoulder every day in our practices take quite a toll in physician time and money.

Billing and insurance-related paperwork drain time and resources from physician practices. [One study](#) that appeared in *Health Affairs* estimated that in the United States, physician practices spend \$82,975 per physician, interacting with insurers each year. [Another study](#) estimates physicians spend an hour each week on prior authorization alone, with nurses spending more than 13 hours a week on the task. This means less time with patients, lower job satisfaction for us and more uncompensated work.

Fortunately, change could be on the horizon.

Solutions for physicians

The AMA's [Professional Satisfaction and Practice Sustainability](#) initiative is honing in on ways to put the joy back into practice. We've just launched an administrative burden study to get reliable data on exactly where physicians' time is going. This data will be gathered through direct observation of physicians and practice staff by trained observers and will inform efforts to put that time back into caring for patients.

We also are engaged in national advocacy to reduce the burdens associated with payer interactions. For example, we'll be speaking before the National Committee on Vital and Health Statistics next month. This testimony will evaluate how standard electronic transactions, mandated by the Health Insurance Portability and Accountability Act, are meeting physicians' needs and request transaction changes and enhancements to support further administrative simplification.

We're gathering intelligence and preparing to make recommendations on the various regulations that will be required to implement the newly passed H.R. 2 bill. Besides [repealing the sustainable growth rate formula](#) and removing the annual threat to Medicare patients' access to care, the bill also created a new program that aims to align and, hopefully, simplify all the existing quality reporting programs.

The new "merit-based incentive payment system" envelopes the Physician Quality

Reporting System, value-based modifier measures and the electronic health record meaningful use program. By 2019, this new program will be the only Medicare quality reporting program—which, if properly implemented, could mean physicians get some time back.

We're also working on automating prior authorization through federal and state advocacy. State medical societies and their partners are building coalitions to drive prior authorization reform, and the AMA offers support and assistance to states pursuing legislation to streamline the prior authorization system and improve transparency.

How to make immediate changes

The AMA has resources you can use right now to reduce your administrative burdens.

The AMA's [appeals resource](#) can help you navigate the process of identifying improper claims payments and appealing claims. Our online [overpayment recovery toolkit](#) helps you regain precious time with patients while still managing the process. And the [electronic remittance advice](#) toolkit helps you transition to using electronic versions of explanations of payment.

Get more assistance navigating the claims process with the AMA's [administrative simplification initiatives](#) resources, including:

- [How to handle overpayment recovery requests](#)
- [Tips for providing point-of-care pricing](#)
- [Ways to refine your patient payment management process](#)
- [How to make electronic payments work for your practice](#)
- [Ways to avoid high virtual credit card fees](#)

These resources can help you take action now. In the meantime, the AMA will continue to work for fewer administrative burdens so you can spend more time with patients.