



# Let's get serious about reducing the paperwork burden

By Stephanie Zaremba | April 7, 2017

Over the past few years, more and more health policy discussions in Washington, D.C., have focused on the need to reduce the administrative burden on physicians. Our nation's doctors are burning out at an alarming rate. Doctors went to medical school to care for patients, not master "administrivia."

But while everyone nods solemnly at the mention of the paperwork load, rarely do we unpack exactly what that load entails.

CMS's new Merit-based Incentive Payment System, or MIPS, is a case study in complexity. To receive Medicare reimbursement, physicians have to master an impossibly long and convoluted set of rules and requirements. These rules have been changing annually, typically through rule-making that is hundreds, if not thousands, of pages long. And failure to follow every single step results in serious payment penalties, ranging from 2 to 9 percent depending on the year and program.

These requirements are not intricate and difficult because of their relationship to important patient care. They have to do with money. How performance is measured and reported to the government determines payments.

Let's say your employer implemented a program that tied a percentage of your compensation each year to achievements of certain business objectives. At the outset, that would seem reasonable enough. But what if you had to spend eight hours every week just trying to keep up with the reporting requirements of that compensation program?

What if determining how you were doing in that program required figuring out multiple complicated formulas, incorporating base scores, pass/fail measures, scored measures, weighting factors, bonus categories, raw scores, and caps?

And what if, even if you did everything right, you might still end up with a compensation penalty because you were graded on a curve against your colleagues?

Would you take that job?

And even if you decided to play the game, how much would your performance – not to mention your happiness – suffer while you devoted significant energy to learning and staying on top of this performance incentive program?

This is the situation physicians face. The new requirements under MACRA are likely to be the final straw for many, setting up a baffling set of choices and calculations that the average physician cannot manage alone. Clinicians are asked to track dozens – sometimes even hundreds – of measures. And all of these requirements and measures change annually.

The good news is that the new administration seems to be hearing the pleas of physicians to reduce the burden of these performance programs. Physicians want to focus their attention back on patients. Policy should allow and enable that.

The way in which we measure physician performance should be simple and meaningful, not bloated with hundreds of requirements and metrics that are often redundant. Submission of this data to the government should be quick and easy, not slowed by outdated government systems.

And any program that purports to streamline and simplify, as MACRA is supposed to do, shouldn't require almost a thousand pages of rule-making to do so.

Transforming and simplifying these performance programs is a challenging undertaking. But regulators need to make good on their promises of reduced administrative burden before too many physicians decide to give up the practice of medicine altogether.

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