

E/M overhaul aims to reduce physicians' documentation burdens

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A major overhaul in evaluation and management (E/M) office visit codes—the first in more than 25 years—has the potential to significantly reduce documentation burden and provide physicians with more time with patients.

The AMA worked with the Centers for Medicare & Medicaid Services (CMS) and convened a coalition of 170 state and specialty medical societies to simplify the requirements and make them clinically relevant.

“Physicians spend a huge amount time meeting burdensome documentation requirements during patient interactions, which takes time away from patients and contributes significantly to burnout and professional dissatisfaction,” said AMA President Patrice A. Harris, MD, MA. “Our aim is to reduce excessive documentation burden and provide physicians more time with patients, not paperwork.”

Key elements of the E/M office visit overhaul include:

- Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit's code level.
- Allowing physicians to choose whether their documentation is based on medical decision-making (MDM) or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
- Modifying MDM criteria to move away from simply adding up tasks to focus on tasks that affect the management of a patient's condition.

The AMA is concerned about significant payment reductions anticipated for some physicians. The Association will work through the course of the next year to convince CMS that all specialties' payment for office visits should be recognized as equivalent. This was demonstrated by the survey of 50 different specialties—a survey lauded by CMS.

Working together to reduce burden and increase time with patients

CMS Administrator Seema Verma told physicians at the 2019 AMA Annual Meeting that her agency's goal was to reward doctors for their critical thinking in caring for complex patients.

Verma “made it a priority to reduce documentation of evaluation and management (E/M) office-visit services as part of her Patients Over Paperwork initiative,” Dr. Harris said. “Over the past year, the AMA and CMS worked together to achieve the first overhaul of E/M office visit documentation and coding in more than 25 years. This new approach is a significant step in reducing administrative burdens that get in the way of patient care.”

The AMA and other state and specialty societies offered their assistance to help CMS find concrete solutions that the agency could include in the Medicare physician fee schedule.

In 2018, the AMA assembled a joint work group representing its Current Procedural Terminology (CPT®) Editorial Panel and the AMA/Specialty Society RVS Update Committee (RUC). The workgroup was led by Barbara Levy, MD, a former RUC chair, and Peter Hollmann, MD, former chair of the CPT Editorial Panel.

The time was right to solve the problem, said Dr. Levy.

“The documentation guidelines are things that doctors have been complaining about for a long time,” she said. “Then CMS and Administrator Verma threw down the gauntlet and said: ‘We’re going to fix this.’”

Dr. Levy described how a “strong consensus across the house of medicine” was built last summer and fall by an iterative process that involved assembling some 300 participants on group calls, surveying them, and then using the results to form the agenda for the next call.

“We designed this by getting a lot of input from a lot of people,” said Dr. Hollmann, AMA alternate representative to the RUC. “It wasn’t two or three people in a closed room.”

The product of this work is a “structure centered around taking care of the patient and getting away

from doctors writing things down for the sake of writing things down,” Dr. Levy said.

Ensuring an effective transition

The next part of the job is just as important as the work accomplished with CMS. In the coming months, the AMA will undertake an aggressive effort to ensure that EHR providers, coders, payers and other vendors implement the new codes and translate these changes into more time with patients.

The AMA offers tools and resources to help practices transition to the new reporting guidelines that take effect Jan. 1, 2021. That includes a checklist to help guide your practice through the E/M changes

That includes an AMA Ed Hub™ module, "Office Evaluation and Management (E/M) CPT Code Revisions," which will help physicians and practice staff understand how these foundational changes will impact their work.

Learn more from the AMA about physician payment and delivery models.

Dr. Hollman, a geriatrician and chief medical officer of the Brown Medicine faculty medical group, had some basic advice for physicians on this high-impact transition.

“Think about all the stuff that drives you crazy,” he said. “And then check to see if you have to do it anymore.”