

Feb. 23, 2017: Advocacy spotlight on Clinical technology in the age of the QPP

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With a new Medicare payment system in place this year, the Quality Payment Program (QPP), health care technology could be a physician's best friend—if it is designed in a way that works in everyday clinical practice. The question is: What are those things that take away from a physician's ability to provide that care to patients?

"Physicians are dissatisfied with anything that takes away from providing high-quality patient care," said Michael Tutty, PhD, AMA vice president of professional satisfaction and practice sustainability, speaking at the Healthcare Information and Management Systems Society's annual conference in Orlando, Fla. When it comes to electronic health record (EHR) systems, the "frustration that physicians experience with EHRs, in many cases—whether it be from government regulation or with [the] technology's design—is that the amount of time it takes to do documentation increases, taking valuable time away from direct patient care.

Insurance and government regulations, internal bureaucracy within an organization and frustration with EHRs are just a few of the factors in play, he said.

The AMA funded a study published last fall in the *Annals of Internal Medicine* that was conducted to better understand how the typical day of a physician is spent. "What was interesting ... is that for every hour that physicians spend with their patients, they spend almost two additional hours doing EHR and desk work," Dr. Tutty said.

The study also found that physicians spend an additional one to two hours accomplishing this clerical work at home. "No matter how you slice this, it seems like this is not the best use of physicians' time," he said. "And this time pressure is leading to physician burnout."

One of the coping mechanisms for this time struggle is for physicians to cut back on their hours, Dr. Tutty said. "And in an era where there are predictions that we will be short 25,000 physicians by 2025, having physicians cut back on their [hours] is not a good solution."

"If you think about technology and you think about the laws that are going to impact physicians, and you're in the technology space ... this is the environment facing our physician workforce," he said.

The Medicare Access and CHIP Reauthorization Act (MACRA) was enacted two years ago and is a bipartisan success story, said Rich Deem, AMA senior vice president of physician advocacy. The implementation of MACRA started this year under the QPP.

"Government and stakeholders worked together to implement a new payment framework. ... CMS conducted numerous engagements to listen to people on the front lines of care about their concerns," Deem said. Andy Slavitt, immediate-past administrator of the Centers for Medicare and Medicaid Services (CMS) and many others at CMS, "rolled up their sleeves to work with the AMA to make things works better for practicing physicians."

"I hope this process with CMS and with [the Office of the National Coordinator for Health Information Technology] continues, where people get out from behind their desks [and] they continue to engage front-line caregivers," Deem said.

The MACRA legislation had overwhelming bipartisan backing.

"We don't see that kind of bipartisan support too often these days, unfortunately," Deem said. "There's a lot of confusion about what's in the QPP," but physicians can visit the AMA's Medicare Payment and Delivery Changes webpage to make sure they are up to date on what they need to know.

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