What's the news: A transformation in clinical care in the U.S. has occurred during the COVID-19 pandemic. This has led to regulators and payers temporarily modifying long-standing policies, recognizing the need for trade-off between the costs and benefits of oversight during times of crisis, according to a recent commentary.

Published in the peer-reviewed journal *Health Affairs*, “Practice and Policy Reset Post-COVID-19: Reversion, Transition or Transformation?” was written by Christine Sinsky, MD, vice president of professional satisfaction at the AMA, and AMA member Mark Linzer, MD, director of the Institute for Professional Work Life at Hennepin Healthcare and professor of medicine at the University of Minnesota in Minneapolis. The commentary examines actions by regulators and payers to modify policies and lift administrative and technological burdens that allow health professionals to meaningfully care for patients with COVID-19.

Additionally, there has been greater receptiveness to the importance of preserving the time, cognitive bandwidth and emotional reserve of physicians and other health professionals to improve patient care rather than squandering these resources on low-value tasks and frustrating technology, the commentary explained.

Most ambulatory visits are now being conducted through telehealth and in places where COVID-19 is surging, there is a need for all hands-on deck. This has led health professionals to take on new roles to meet the demand. To support these changes, the Center for Medicare and Medicaid Services (CMS) and other regulators and payers have modified longstanding policies, eliminated some nonessential administrative tasks and reduced preexisting constraints on team-based care.

Why it’s important: While these changes are key to reducing administrative burden and improving care, some of them must remain long after the pandemic ends instead of reverting to past practices and policies. Lessons learned from COVID-19 should further transform health care to achieve
Quadruple Aim outcomes. This includes better care for individuals, better health for the population, better experience for physicians and other health professionals, and lower costs.

“COVID-19 provides an opportunity to critically evaluate the cost-benefit ratio of many administrative tasks,” said the commentary. “Despite an alarming degree of physician burnout documented in the past 10 years and widespread adoption of the Quadruple Aim as a health system goal, the willingness of leaders and regulators to address time pressure, bandwidth and emotional reserve has until now been only modest at best.”

Before the pandemic, the $3.6 trillion U.S. health care industry was underperforming because physicians were required to spend more time documenting than caring for patients. Physicians were “racing about, typing frantically, rushing physical exams, hurrying interpretation of labs, risking missed diagnoses, and navigating intrusive prior authorization and performance measurement,” the commentary said.

To add to that, physicians in ambulatory practice were spending nearly two hours on EHR and desk work per one hour of direct patient care. Physicians spent an additional one to two hours of “pajama time” or work outside of work on the EHR.

Since the onset of COVID-19, CMS has rapidly made policy and payment changes to help physicians and other health professionals contain the spread of the virus. Those changes are to continue through the end of the emergency declaration.

“The relief from extensive administrative burdens during the COVID-19 crisis is already being felt,” the commentary said. “When society emerges on the other side of COVID-19, medicine should not waste the many lessons of this crisis but should instead use this as an opportunity to further reduce administrative burdens for which there is limited or no evidence that the costs are justified by the benefits.”

Learn more: The AMA’s debunking regulatory myths series provides physicians and their care teams with resources to reduce guesswork and administrative burdens so the focus can be on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.

Physicians and members of their care team are invited to submit their queries about misinterpreted regulations that might be diverting their time from patients. Email the practice transformation team directly at Practice.Transformation@ama-assn.org.

The AMA continues to work across the health care industry to reduce administrative burdens and ensure the physician’s voice is heard.

Learn more about CMS payment policies and regulatory flexibilities during COVID-19 emergency.